

surface by the paraffin process. The growth is carcinomatous. The sections consist of irregular solid masses of cells, of large size, and clearly epithelial in nature, embedded in a rather scanty fibrous stroma, which is well formed and carries numerous blood vessels. Beautiful karyokinetic figures are seen in considerable number in the epithelial cell masses, which may be regarded as indications of active growth. The edge of the section corresponding to the free surface is partly ulcerated, partly covered with the usual stratified squamous epithelium of the fauces."

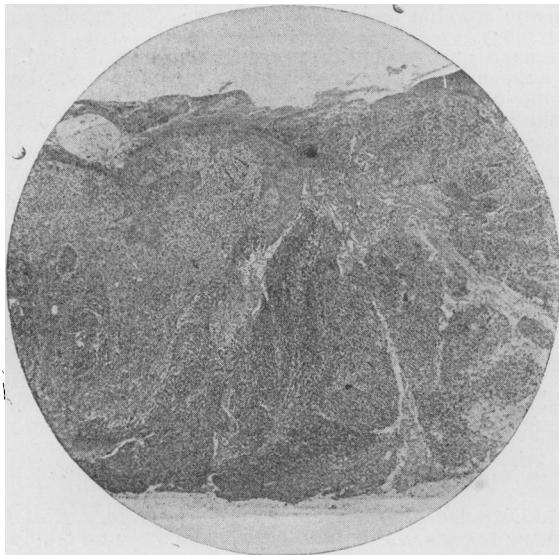


Fig. 1.—Section showing the ulcerated surface and epithelial cell processes—fibrous stroma scanty.  $\times 25$ .

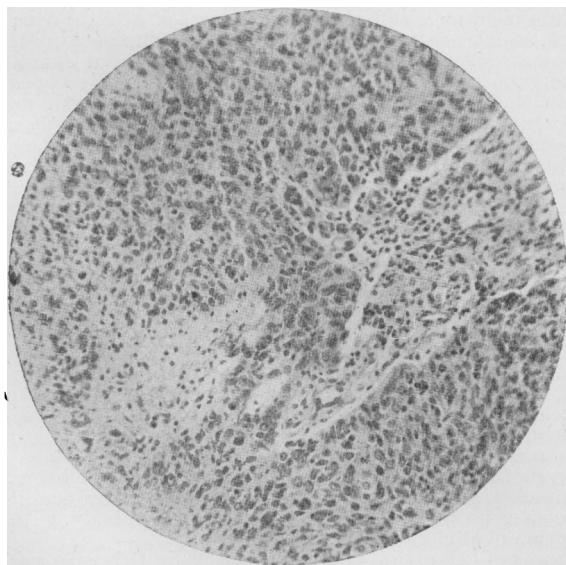


Fig. 2.—Section showing two of the cell processes and a broad band of fibrous stroma.  $\times 150$ .

At first she absolutely declined all operative treatment, but as the tonsil enlarged and pressed up the soft palate it gave rise to a little difficulty in swallowing. On four different occasions portions of the tonsil have been removed, which has always afforded the patient relief.

In the diagnosis of malignant disease of the tonsil, as of the larynx, pain is one of the prominent, and as a rule one of the early, symptoms. In the present case, though there has been at times a slight difficulty in swallowing, pain has not

been a characteristic symptom. About a fortnight ago she complained of acute pain shooting up to the right ear, but this only continued intermittently for a few hours, and has not since recurred.

I am indebted to Dr. J. H. Teacher for the micro-photographs.

#### A NOTE ON FIBRO-ADENOMA OF THE MALE BREAST.

By R. GLASGOW PATTESON, B.A., B.CH. UNIV. DUB., Fellow and Examiner in Surgery, Royal College of Surgeons, Ireland Surgeon to the Meath Hospital and County Dublin Infirmary.

DEVIATIONS from what Sir James Paget has happily termed the "chronometry of disease" are always of pathological as well as of clinical interest; and every case which serves to elucidate or exemplify this phenomenon is therefore deserving of record from a twofold standpoint. Some years ago I published<sup>1</sup> two cases of this affection occurring in girls under the age of puberty, being up to that time the only recorded cases; but until quite recently no example of this neoplasm in the male breast had come under my observation.

J. G., aged 24, a labourer, was admitted into the Meath Hospital on October 8th, 1898, suffering from a small and painful tumour in the left breast. He stated that almost twelve months previously he had begun to feel an occasional stinging pain in this region, which he thought was due to the rubbing of his braces whilst working. He accordingly dispensed with this means of support, but found that no relief from the pain was experienced, and soon afterwards he noticed just under the nipple a small hard kernel about the size of a pea. As this had gone on slowly increasing in size and becoming more painful, he was advised to come up to town for further treatment.

*Condition on Admission.*—A small tumour about the size and shape of a bean could be felt lying immediately below the left nipple and areola, adherent superficially and with only limited mobility over the underlying tissues. It was painful and extremely tender to the touch, so that the rubbing of the clothes caused constant discomfort, and it was at first thought that possibly some active inflammation might have supervened on a more chronic process.

*Treatment.*—On this chance glycerine and belladonna were applied under hot fomentations for some days, but without affording any relief. Accordingly, on October 17th, I removed the tumour, which was deeply attached to the pectoral fascia; and in the surrounding fat a similar small but quite separate growth was found, which was also taken away. The wound healed by first intention; the sutures were removed on the fourth day, and the patient was discharged four days later.

On fresh section the little growth presented appearances identical with those found in the two previous cases—dense greyish bands of fibrous tissue, among which the remains of glandular tissue could be easily differentiated with a pocket lens. It was handed to Professor O'Sullivan, of Trinity College, who kindly examined it, and reported it to be a typical fibro-adenoma in which the arrangement of the glandular epithelium conformed mainly to a tubular type.

Mr. Roger Williams<sup>2</sup> gives references to several recorded cases of this affection, though no mention is made of it in Mr. Marmaduke Sheild's later work;<sup>3</sup> and it seems, therefore, as if its occurrence justifies one in calling the attention of surgeons once more to the condition, and urging at the same time the collection of any cases which may come under observation.

#### REFERENCES.

<sup>1</sup> *Journal of Anatomy and Physiology*, vol. xxvi, July, 1892, p. 509. <sup>2</sup> *Diseases of the Breast*, London, 1894, p. 510. <sup>3</sup> *Diseases of the Breast*, London, 1898, pp. 482, 599.

#### MEMORANDA:

##### MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

**TYPHOID POISONING AND SEWER GAS.**  
THE following is an interesting pendant to Mr. Gifford Nash's series of cases of sewer-gas poisoning published in the BRITISH MEDICAL JOURNAL of January 28th.

In 1890 a cook was admitted into the British Hospital, Buenos Ayres, under my care, suffering from typhoid fever, and was shortly followed by the housemaid, who had temporarily assumed her duties. For weeks neither had been beyond the garden of the well-appointed house where they were employed; the water supply was not under suspicion, and the milk came from cows kept on the premises. Both

complained of a horrible smell from the scullery sink on first coming down in the morning, which smell each had stopped for the day by running a little water down the waste pipe. On examination, a leak was found in the U-tube of this waste pipe in the ground outside the scullery wall. This waste pipe emptied into a hermetically-sealed and unventilated cesspit, which also received the outflow from the well-trapped servants' watercloset. The servants some short time before had been visited by a friend suffering from diarrhoea, who had used their watercloset. I found this friend convalescent, in the German Hospital, from what had almost been a case of ambulant typhoid, and was not surprised, a few days later, to receive, also suffering from typhoid fever, the third servant who had acted as cook over the drain before it was put right. A new trap having been supplied, and the cesspit disinfected and ventilated, my series of cases of typhoid poisoning from sewer gas ended with the third.

Reigate.

F. WYATT-SMITH, M.B., B.C.

**VENESECTION IN CEREBRAL HÆMORRHAGE.**  
CEREBRAL hæmorrhage is a not infrequent accident in the most active period of life, and at present far too fatal. I have recorded in the BRITISH MEDICAL JOURNAL some years since the successful use of venesection. Freely and promptly done, this alone may often save life. It is especially in the case of energetic, full-blooded persons that the attack occurs almost without warning. The ingravescient symptoms clearly point to increasing effusion and pressure on the brain. Hours may pass before consciousness is lost. The direct effect of a considerable blood-letting in lowering the arterial tension counts for much; but its indirect tranquillising effect on the circulation—well seen in small venesectiōn in the case of febrile disease—is no doubt still more important. And, considering the otherwise fatal tendency of this form of cerebral hæmorrhage and the ease and safety of venesection, I think it should be always and at once resorted to.

London, W.

R. FORTESCUE FOX, M.D.

**VAGINAL FIXATION OF THE UTERUS.**  
IN May, 1898, I first saw Mrs. B., 3-para, aged 27. She complained of constant sacral pain with menorrhagia, and latterly of an almost continuous slight hæmorrhage. I found an acutely retroflexed tender uterus, incarcerated by swelling under the sacral promontory. I was unable to replace it digitally in any position of the patient. I therefore put her to bed, and placed her for a fortnight on ergot, hot douching, and glycerine plugs, with a view to reducing the congestion of the fundus. I was loth to pass a sound, in view of the possibility of conception. However, as irregular slight hæmorrhages continued, I did so, but was unable to replace the uterus by gentle manipulation. Under an anaesthetic, however, I readily replaced it with the sound, the incarceration being probably due, in large measure, to the contraction of the muscular fibres in the utero-sacral ligaments. I curetted the endometrium, in view of its probable congested condition, and I kept the cervix backwards by means of a vaginal tampon, as the uterus had a tendency to spring back to its old position.

After a suitable period in bed, I put in a Hodge pessary, and allowed the patient to get up. She now had no hæmorrhage, but painful menstruation and constant backache remained. During the next three months, I tried every conceivable shape of pessary (except the stem), but invariably found, the day after its insertion, that the fundus was sagging behind the top bar of the pessary. Although the fundus was usually jammed, it could now always be replaced by posture and digital manipulation. The patient was not a neurotic woman, and fought against her trouble; but the constant sacral pain was making her life a misery, and each month saw an exacerbation of it. The only rational method of treatment remaining seemed to be fixation of the uterus, and on my putting the matter clearly before her, the patient readily consented to a radical cure.

In August, 1898, I performed vaginal fixation, assisted by my partner, Dr. A. C. Mackenzie, by Dührssen's method of anterior colpotomy, inserting three silkworm-gut sutures. She made an uninterrupted recovery. It is now nearly six months since the operation; she is quite free from sacral pain,

her periods are normal in every respect, and she looks, and is a different woman. The uterus is in a position of anteversion.

The operation of vaginal fixation is one which finds little favour either on this Continent or in America, Alexander's operation being preferred. I was always taught, however, that the latter had little to recommend it; and I certainly think that, except in skilled hands, it must be fraught with many difficulties and dangers, even if its ultimate results are good. Whereas vaginal fixation presents no great difficulty to anyone who has had opportunities of seeing much operative gynaecology.

As regards my patient, her present condition is ideal. What will happen if she becomes pregnant I cannot say. Perhaps at some future date I may be able to record the sequel. I should be glad to hear from others who have met with difficulties in labour after this operation.

EDWIN TEMPLE SMITH, M.B., M.R.C.S.Eng.  
Mount Morgan, Queensland.

## REPORTS ON MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF THE BRITISH EMPIRE.

**MONSALL FEVER HOSPITAL, MANCHESTER.**  
SCARLET FEVER, AND INTRACRANIAL SUPPURATION OF RHINITIC ORIGIN.

(By A. J. TONKIN, M.B., Assistant Medical Officer to the Hospital.)

THE occurrence of intracranial suppuration in scarlet fever, following disease of the middle ear, is fairly common, but the rarity of its incidence in the same disease, but following diseases of the nose, merits a description of the two following cases which have recently occurred in this hospital.

**CASE I. Clinical History.**—G. M., aged 5 years, was admitted on June 16th, 1898, suffering from an attack of scarlatina anginosa, which progressed favourably, the temperature falling to normal by the 30th, and the throat and gland symptoms clearing up entirely. On July 8th severe rhinitis appeared, and on the 12th double otitis, both continuing until death. On August 3rd the temperature began to rise irregularly until it reached 103.6° on August 12th, the day on which death occurred. Until August 5th the urine had remained normal; on that day a cloud of albumen appeared, and the urine became scanty, averaging from 2 ounces to 10 ounces daily. On August 8th the patient complained of frontal headache, which symptom continued with increasing severity until death. On the morning of August 12th the patient's head was very strongly retracted; the face was turned to the left, and there were some general convulsions. Towards evening he gradually became comatose and died.

At the necropsy an abscess about the size of a walnut was found in the substance of the left inferior frontal convolutions, limited by and involving the pia mater. The inner surface of the dura mater was perfectly smooth and bright, and the subdural space contained neither pus nor lymph. There was no osseous erosion at any point, and no pus was observed in any of the foramina. The rest of the brain, its membranes, and the calvarium were in a healthy condition. There were no lesions in any other part of the body, with the exception of slight scarlatinal nephritis.

**REMARKS.**—That the source of infection in this case was the nose may be judged from the position of the abscess over that cavity, which at the time contained and was discharging infective matter, and also by the fact that the rest of the calvarium and its contents, and of the body generally, were healthy, thus excluding all the usual causes of cerebral suppuration. And inasmuch as the cribriform bone and the dura mater on its outer and inner surfaces were found to be healthy, it must be inferred that the infective organisms travelled from the nasal cavity along some minute route not observable by the naked eye, such as some minute venous trunk, the perineural fibrous sheaths, or some small lymphatic vessels.

great miners' strike occurred, with a huge amount of concomitant distress and local excitement, which added much to the Mayor's anxiety and responsibility; but he steered a wise and conciliatory course through the trouble, and when he retired received cordial thanks for his services. He was soon afterwards chosen as an Alderman of the Borough, and appointed J.P. for the West Riding, and afterwards for Barnsley. He was a consistent Roman Catholic, but very tolerant of the religious views of his neighbours, and on good terms with ministers and members of all denominations. He was Surgeon to the West Riding Constabulary and the Barnsley Post Office officials; and Medical Inspector on behalf of the Yorkshire Coal Owners under the Workmen's Compensation Act. Dr. Halton's death was due to influenza complicated by pneumonia. He leaves a widow, two sons, and a daughter. The funeral took place on March 10th amidst signs on every side of deep regret and respect.

DR. SAMUEL LEONARD CRANE, C.M.G., late of Trinidad and Jamaica, who died recently at the age of 68, was born in 1830, his father being James Noble Crane of Nova Scotia. Dr. Crane obtained the M.D. degree of Pennsylvania in 1850, and in that same year entered the Civil Service as Assistant Surgeon to the hospital ship *Tenedos*. He became M.R.C.S. Eng. in 1855, and was Surgeon-Superintendent to the Commissioners of Emigration from 1855 to 1871. He was appointed Surgeon-General of Trinidad in 1871, Medical Officer of Health 1872, a J.P. 1884, a member of the Legislative Council of that Colony in 1893, Superintendent Medical Officer of Jamaica in the same year, a post which he retained until his retirement in 1897. He was appointed a member of the Legislative Council of Jamaica in 1894, having been already created C.M.G. in 1888. He married in 1887 the daughter of Mr. William Crane, Speaker of the House of Assembly, New Brunswick, but was left a widower in 1892.

MR. H. J. KNIGHT, of Rotherham, Yorkshire, died there under very sad circumstances on Sunday, March 12th. He was the youngest son of the late Rev. James Knight, who for thirty-six years was vicar of St. Paul's, Sheffield. His training for the medical profession was begun at the Sheffield Medical School and completed at St. Bartholomew's Hospital, London. He became M.R.C.S. and L.S.A. in 1858, and was appointed House-Surgeon to the Sheffield Infirmary, filling that position from 1858 to 1863. In 1864 he went to Rotherham and commenced to practise there. The practice was highly successful, and he was joined in partnership by Mr. W. A. Garrard in 1876, and later by his son (Dr. H. E. Knight). Mr. Knight was for years churchwarden of Rotherham. He was passionately fond of good music, and for several years President of the local orchestral society. He was appointed a magistrate in 1893, and was for years a member of the Council of the Yorkshire Branch of the British Medical Association. He contributed reports of cases to the BRITISH MEDICAL JOURNAL, amongst them being two cases of poisoning, one by bichromate of potassium (1885) and another by sicherheit explosive (1889). He was genial, and uniformly beloved and respected, and his sudden death caused a painful shock to his patients and friends in Rotherham, and elicited a spontaneous expression of sympathy for his widow and family. In 1865 he married Miss Barton, of Easingwold, and that lady and four sons survive him. At an inquest held by the Deputy Coroner, Mr. B. Bagshawe, on the following Tuesday, it was proved that Mr. Knight had died from prussic acid administered by himself. He was found at 1 P.M. on Sunday, lying unconscious on the floor of the consulting room, and breathing stertorously. The stomach pump and various remedies were applied, but without avail; consciousness was never regained, and death resulted at about 2.30 P.M. Mr. Knight had been subject to fits of despondency, and had expressed the belief that he had ceased to be possessed of professional skill. The verdict was one of "suicide during a state of temporary insanity." The funeral was attended by a large concourse of friends and neighbours.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries and the Colonies who have recently died are Dr. Bouchard, Professor of Ana-

tomy in the Medical Faculty of Bordeaux, author of *Les Nouveaux Éléments d'Anatomie Descriptive et d'Embryologie*; *Précis d'Anatomie et de Dissection*; *Nouveaux Éléments de Pathologie Externe*, and other valuable contributions to medical literature; Dr. Julius Samelsohn, a well-known ophthalmologist of Cologne, aged 57; and Dr. John A. Mullin, of Ontario, one of the leading physicians of Canada, a past President of the Canadian Medical Association, aged 64.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

### USE OF PHOSPHORUS IN THE MANUFACTURE OF LUCIFER MATCHES.\*

THE REPORT OF THE HOME OFFICE COMMITTEE. In June of last year, owing to the attention which had been called to the matter in Parliament, the Home Secretary invited three experts to make an inquiry into the effect of work in lucifer match factories on the health of the workpeople. That inquiry is now completed. The reports, which bear the signatures of Professor Thorpe, Principal Chemist of the Government Laboratory; Professor T. Oliver, Physician to the Royal Infirmary, Newcastle-upon-Tyne; and Dr. George Cunningham, Senior Dental Surgeon to the London Hospital, form a bulky Blue Book of 236 pages. We question whether in this or any other country there has ever been given to the public such an accumulation of knowledge and experience as is to be found within this Government publication. The Home Secretary is now in possession of an amount of scientific and trustworthy information in regard to the matchmaking industry, both at home and abroad, which cannot fail to be of the greatest assistance to him in framing regulations which, when loyally carried out, will remove from the trade the stigma that has so long lain upon it.

CHEMICAL INVESTIGATIONS. To Professor T. E. Thorpe, whose name has so long been known in connection with all that relates to phosphorus, was entrusted the duty of making the chemical investigation, and of carrying out in the laboratory such experiments as might help to a solution of certain unsettled problems relating to the effects of phosphorus upon health. He tells us that eight-tenths of the "fume" arising from phosphorus consist of the oxides of phosphorus, and that although this substance is prone to become oxidised it does so only when oxygen is operating in the presence of moisture. Phosphorus does not ignite in dry oxygen. The glow of white phosphorus is due to oxidation, and this can be checked by the vapours of certain hydrocarbons, for example, oil of turpentine, eucalyptus, and other essential oils. Experiments were carried out in the Government Chemical Laboratory with the view of ascertaining what effects might be produced upon teeth by the action of (1) phosphorus fumes and of (2) phosphoric acid. In the one experiment Dr. Thorpe found that teeth lost 0.37 per cent. of their weight, and in the other that 8.9 per cent. of the weight was lost. The fume of phosphorus when dissolved in the saliva is, therefore, capable of exerting a marked solvent action upon the teeth. Dr. Thorpe visited every match-works at home and several on the Continent. He contrasts our own factories with those abroad, and concludes in favour of the latter. His report is embellished by drawings showing how machinery may with advantage replace hand labour, and how ventilation of the various departments in match factories may be improved.

#### THE NATURE AND PREVENTION OF PHOSPHORUS NECROSIS.

Dr. Oliver deals with the medical aspects of the question generally, with the causes of phosphorus necrosis, and with the means that ought to be adopted for the removal of danger. From one of the appendices we learn that he had already reported upon the French match industry, but in the present report he enters into details concerning the lucifer industry both at home and abroad. Attention is drawn by him to the

\* Reports to the Secretary of State for the Home Department on the Use of Phosphorus in the Manufacture of Lucifer Matches. Published by Messrs. Eyre and Spottiswoode. Price 4s. id.

important one, on which he writes. The arrangements regarding native cooks are, as we have often stated, not satisfactory, but if the experiments to make British soldiers do all their cooking, already made on a small scale with such beneficial results to health, be extended largely in India, there will be no need for enlisting native cooks at all. The experiments to which allusion is made have been noted in past issues of the BRITISH MEDICAL JOURNAL.

**PROMOTION TESTS IN THE ARMY MEDICAL SERVICE.**  
In an article in a recent issue of the *Times of India* the following passage occurs: "At present medical officers once they have left Netley have to pass no such tests" (for instance, examination tests, by passing which the combatant ranks of Captain, Major, and Commanding Officer are attained). Our contemporary appears to have been unaware that the Army Medical Regulations of 1896 show in Appendix No. 1 "regulations for the examination of Surgeon-Captains before promotion to Surgeon-Major." The examination for Lieutenant-Colonels (Brigade-Surgeons) rank was abolished some time ago.

## MEDICO-LEGAL.

*Replies in this column are limited to questions affecting the legal interests and privileges of the medical profession at law. The column is not to be used as a medium for affording legal advice in private or personal matters as to which the applicant ought to consult his own solicitor.*

### THE ROYAL BLUE BOOK.

MR. CHARLES F. MARTELLI (10, Staple Inn, London) writes: Referring to a note of the BRITISH MEDICAL JOURNAL of March 11th under the above heading, I beg to inform you that my client, the physician therein referred to other than the lady (for whom I am not concerned), for the first time learnt that he had been given an unsolicited advertisement in the Blue Book, on having his attention called to your editorial note, and being told that he was one of the two professional persons alluded to.

This gentleman's name was inserted in the Trades and Professional Section of the Blue Book absolutely without his authority or knowledge. Immediately on its being pointed out to him he instructed me to address a communication to the proprietors of the Blue Book, the purport of which will be apparent to you from the reply received from Messrs. Kelly's, a copy of which I append hereto.

From that copy I omit only the name of my client, who does not desire a second advertisement.

(COPY.)

"Kelly's Directories, Ltd.  
"Post Office Directory Office, 182, 183, 184, High Holborn,  
"London, March 15th, 1899.

"To C. F. Martelli, Esq., Solicitor.

"Sir.—We have given instructions that no further copies of the Blue Book with the matter at page 1,438 of which your client complains left in are to be sold here.

"We are also taking immediate steps to have the matter complained of eliminated from every book which may be in the hands of booksellers.

"We can only express our regret that any mistake should have been made in the matter, and your client may rely upon it not being in any way repeated in the forthcoming edition of the Blue Book.

"We are, Sir, yours obediently,

"KELLY'S DIRECTORIES, LIMITED  
(J. R. Kelly, Managing Director.)"

### SALARY OF ASSISTANT DURING ILLNESS.

A CORRESPONDENT writes as follows: I am assistant to a medical man, with whom I have a mere verbal arrangement to stay with him, living indoors, all found, for the winter months. Unfortunately I have been laid up for the last month with influenza and pneumonia, and shall not in all probability be able to resume work for some time yet. I wish to know what is the usual custom with regard to salary during illness and convalescence. My employer also called in two nurses to look after me. I suppose I myself must settle their account.

\* \* \* We are not aware that questions of this nature are governed by any special custom, and in the absence of such custom the matter is regulated by ordinary legal principles. We are therefore of opinion that our correspondent is entitled to receive his salary during the period of disablement, but must himself pay for the nursing.

### UNQUALIFIED DISPENSING.

A CORRESPONDENT states that he is visiting medical officer (non-resident) to a convalescent hospital under the management of a Sisterhood. The dispensing of the medicines that he orders for the patients is done by a Sister, who is not legally qualified as a dispenser but who has received instruction at one or other of the establishments of the Sisterhood. Our correspondent wishes to be informed if he would be held responsible should any mistake occur in the dispensing.

\* \* \* We consider that a grave moral responsibility would attach to our correspondent, should a mistake occur, for knowingly allowing his prescriptions to be made up by an unqualified person, and we should recommend him to take steps to procure the appointment of a proper dispenser.

THE Association of German Railway Surgeons will hold its annual meeting this year at Nuremberg on September 12th.

## UNIVERSITIES AND COLLEGES.

### SOCIETY OF APOTHECARIES OF LONDON.

**PASS LIST, March, 1899.**—The following candidates passed in: *Surgery*.—C. J. Coleman, Cambridge and Birmingham; A. G. C. Davies (Section I), Guy's Hospital; E. L. Gowland (Sections I and II), St. Mary's Hospital; H. W. Hues, Birmingham; W. A. H. B. Smith, King's College Hospital.

*Medicine*.—H. S. A. Davies (Section I), Michigan; H. H. J. Edwards (Section I), St. Thomas's Hospital; F. Golding Bird, Guy's Hospital; V. S. Partridge (Section I), Charing Cross Hospital; R. C. Robertson, Charing Cross Hospital; W. P. Williamson, McGill.

*Forensic Medicine*.—H. S. A. Davies, Michigan; H. H. J. Edwards, St. Thomas's Hospital; P. J. Fitzgerald, Dublin; V. S. Partridge, Charing Cross Hospital; R. C. Robertson, Charing Cross Hospital; H. Whittaker, Cambridge; W. P. Williamson, McGill.

*Midwifery*.—W. P. Allen, Birmingham; J. T. Crowe, St. Mary's Hospital; H. H. J. Edwards, St. Thomas's Hospital; W. M. Hocken, Liverpool; H. L. Laidman, Manchester; C. C. Morgan, St. Bartholomew's Hospital; F. C. Torbitt, Manchester; W. P. Williamson, McGill; T. Young, St. Bartholomew's Hospital.

The diploma of the Society was granted to W. A. H. B. Smith and H. W. Hues.

### CONJOINT BOARD IN IRELAND.

**PRELIMINARY EXAMINATION.**—Candidates have passed this examination as undernoted:

*Honours Division (in order of merit)*.—A. J. Conroy,\* B. A. C. Neville, E. Purcell, J. Quicke.

*Pass Division (alphabetically)*.—H. I. Anderson, Miss G. W. Clarke, W. P. Cussen, L. L. Davys, T. J. Fenning, J. D. Flood, J. M. Galway-Foley, E. P. Harding, J. C. Heelan, S. G. Howle, P. M. Keane, E. Kemp, M. Kennedy, W. F. B. Loughnan, D. de C. O'Grady, F. A. C. Salmon, J. Smith, S. M. Smyth, A. M. Walsh, J. W. M. Winckworth.

\*Scored 90 per cent. on the entire examination.

## INDIA AND THE COLONIES.

### JAMAICA.

**ANNUAL REPORT OF THE SUPERINTENDING MEDICAL OFFICER.**—From the annual report of Dr. Mosse, the Superintending Medical Officer of Jamaica, for the year ending March, 1898, we learn that, notwithstanding the outbreak of yellow fever during the year, the general health of the island did not compare unfavourably with previous years. There was no unusual prevalence of disease except under the head of fevers. The mortality statistics of Kingston show an increase for the year, and reached 30.9 per 1,000. This high figure was due partly to the occurrence of yellow fever, but also largely to the want of attention to simple hygienic principles amongst the poorer classes; and overcrowding, imperfect ventilation, unwholesome and insufficient food, and general neglect are responsible for a large amount of avoidable disease and death. In his remarks on the epidemic of yellow fever in Kingston in 1897, Dr. Mosse contends that the disease is not directly communicable from the sick to the healthy. During the last decade sporadic cases have been admitted to the general wards of the Public Hospital, and though there have been as many as 14 cases at one time in the wards of a severe type, yet no instance of infection extending from them to anyone connected with the institution has occurred. He holds that aerial convection and not direct infection explains the spread of the disease. The other most prevalent diseases on the island are enteric fever (39 deaths), malarial fever (73 deaths), and dysentery (66 deaths). The high mortality from phthisis, 150 deaths—a rate of 2.76 per 1,000 living—is due mainly to the insanitary conditions generally, and to the apparent absence of any systematic attempt to prevent the spread of tuberculosis. The mortality-rate among children was also very high, 26.22 and 36.4 per cent. of the total number of deaths registered occurred respectively in infants under 1 year, and in children under 5 years of age. The high percentage (63.2) of illegitimate births to the total number registered in Kingston contributes in some measure to the high rate of infant mortality. The general prevalence of syphilis all over the island is again referred to, and the reintroduction of the Contagious Diseases Acts is urged as the only remedy for checking the spread of the disease. At the Public Hospital at Kingston 3,359 in-patients were treated during the year, with a mortality of 9.02 per cent. The average number of beds occupied was 200, and the expenditure about £8,324. From the report of the Victoria Jubilee Lying-In Hospital it appeared that 444 patients were admitted; 78 only were married women. Ten deaths occurred, 8 being due to puerperal convulsions. The report of the Lunatic Asylum shows an increase in the number of patients, and the general health of the inmates was not so good, several having died from dysentery and diarrhoea, and 2 from yellow fever. At the Leper's Home, on the contrary, the general health was much better, and the death-rate much lower than in former years. There were 145 cases under treatment, and of them 13 died.

A PROVISIONAL Committee, under the presidency of Dr. Théophile Roussel, Senator, Member of the French Institute and of the Academy of Medicine, has been formed for the purpose of organising an International Congress of Public Assistance and Private Benevolence, to be held in Paris in 1900.

**INFLUENZA IN MEXICO.**—During the months of January and February a very severe epidemic of influenza prevailed in Mexico. More than 35,000 persons have been attacked, and there have been many deaths, particularly among the poorer classes of the population.

## MEDICAL NEWS.

DR. RONALD DANIEL recently organised an amateur performance at the Tasso Theatre, Sorrento, in aid of the Sorrento Hospital, and, with the help of many English visitors, was able to hand over a handsome sum to the charity.

**CEREBRO-SPINAL FEVER AT OMDURMAN.**—Private communications allude to an outbreak of cerebro-spinal fever at Omdurman. The symptoms were somewhat vague at first, but generally consist of pain in the head and back of the neck, with high fever, and retraction of the head. *Post-mortem* examinations have shown acute inflammation of the membranes of the brain and spinal cord. Cases of recovery usually have paralysis of one or more limbs. Up to the early part of February about fifty men had been attacked. The mortality, it is stated, closely approaches 50 per cent.

A FURTHER illustration of the need for passing into law of the Bill approved by the Council of the British Medical Association at its last meeting, to give Poor-law medical officers in Scotland the right to appeal to the Local Government Board of Scotland in case of dismissal by parish councils, is afforded by a motion brought forward at a recent meeting of the Medical Committee of the new amalgamate Glasgow Parish. We are informed that on that occasion a motion was made to dismiss the whole of the medical staff, sixteen in number, and advertise the appointments as vacant. We are glad to learn that when the proposal came before the parish council as a whole this extraordinary proposal was rejected by 25 votes to 5.

**EDINBURGH CITY NURSES' "AT HOME."**—The Town Council of Edinburgh gave their annual "at home" to the nurses of the City Hospital for Infectious Diseases on March 15th in the music hall and adjacent assembly rooms. The company, to the number of between 500 and 600, was received by Bailie Kinloch Anderson, in the absence abroad of the Lord Provost Mitchell Thoms, the Convener of the Public Health Committee (Bailie Pollard), and several other members of the city corporation. Nurses from over twenty hospitals or nursing institutions in the city and district were present. Dancing, music, cinematographic exhibitions, etc., made the evening from 7.30 till midnight very pleasant and enjoyable. The nurses appeared in their respective uniforms.

**MEDICO-PSYCHOLOGICAL ASSOCIATION.**—The spring meeting of the Northern and Midland Division will be held at the County Asylum, Hatton, near Warwick, on Wednesday, April 12th, 1899. A discussion on "The Nursing Staff in Public Asylums" will be opened by Dr. Macphail, of Derby Borough Asylum. A paper will be read by Dr. Wilcox, Senior Assistant Medical Officer, Hatton Asylum, Warwick, on "Some Cases of Insanity treated by Various Animal Extracts." In order to enable members to see something of Shakespeare's birthplace, it is proposed to have a slip coach attached to the 12.20 train from Snow Hill Station (G.W. Railway), Birmingham, which will go through to Stratford-on-Avon. After spending two hours at Stratford, means will be provided for conveying members to Hatton Asylum in time for the meeting at 4 P.M. Dr. Miller kindly invites members to dine with him at the asylum at 6.30 P.M.

**DINNER TO DR. JOHN WYLLIE.**—The members of Professor Fraser's clinic at Edinburgh entertained Dr. J. Wyllie at dinner on March 16th, when Mr. Arthur Preston presided over a company of between seventy or eighty. Mr. T. Grainger Stewart and Mr. Ramsey Munro acted as croupiers; Dr. Slight and Dr. Gilmour, the resident physicians, were also present as guests. In proposing "The Health of Dr. Wyllie," the Chairman said that at the time when Professor Fraser announced that Dr. Wyllie would discharge his duties he was known to the present generation of medical students only by reputation. They now knew how well earned was that reputation. Personal contact with Dr. Wyllie had endeared him to all who had the fortune to be members of his clinic. Dr. Wyllie, in replying, expressed the pleasure it had been to him to be once again among medical students, whom he delighted to teach and have around him. Professor Fraser's health was proposed by Mr. Bashford. Mr. Munro proposed "The Ward, its Residents, and Nurses." Dr. Slight, Dr. Gilmour, and Mr. Stewart replied. "The Health of the Chairman" was proposed by Dr.

Wyllie. Members of the company provided singing and music, and a most enjoyable evening was spent.

**THE CLIMATOLOGICAL LABORATORY OF THE UNIVERSITY OF MEXICO.**—During the past two years the University of New Mexico has been carrying on a scientific investigation of the climatology of the Mexican plateau, especially with respect to its beneficial effects in cases of tuberculosis and analogous diseases. Statistical information has been collected and special studies in the variation in vital capacity among students in the University and the public schools of the territory have been carried on. The biological and bacteriological departments, under the special direction of President Herrick and Professor Weinzirl, have taken up the study of air and water and the conditions of sepsis, etc. It has been hoped to extend this investigation to include the physical and chemical characteristics of the climate, and also a study of the blood changes due to altitude, with special reference to the virulence and curtailment of the diseases in question. Not long ago Mrs. Walter C. Hadley made to the University a proposal to give the sum of \$10,000, to be used towards the erection of a building to contain the laboratories for these and allied researches. The gift is made conditional upon the authorities raising a further sum of \$5,000 for the completion of the building and a similar sum for equipment. The Regents have agreed to establish the chair necessary to continue and prosecute the research, and have undertaken to do their best to obtain the supplemental moneys required by the terms of Mrs. Hadley's donation.

## MEDICAL VACANCIES.

The following vacancies are announced:—

**BELGRAVE HOSPITAL FOR CHILDREN.**—House-Surgeon. Appointment for six months. Board and residence provided, and allowance of £5. Applications to the Secretary, 77 and 79, Gloucester Street, S.W., by March 29th.

**BIRMINGHAM: GENERAL HOSPITAL.**—Two Assistant House-Physicians. Appointments for six months. Residence, board, and lodgings provided. Applications to the House Governor by April 1st.

**BIRMINGHAM AND MIDLAND FREE HOSPITAL FOR SICK CHILDREN.**—Ophthalmic Surgeon. Applications to the Secretary, Children's Hospital, Steeple Lane, Birmingham, by April 5th.

**BRACEBRIDGE ASYLUM.** Lincolnshire.—Senior Assistant Medical Officer, unmarried, and not over 30 years of age. Salary, £50 per annum, with furnished apartments, board, attendance, and washing. Applications to Mr. W. T. Page, Jun., Clerk to the Visitors, Bank Street, Lincoln, by April 1st.

**BRIGHTON SUSSEX COUNTY HOSPITAL.**—Fourth Resident Medical Officer, unmarried and under 30 years of age. Salary, £50 per annum, with board, washing and residence. Applications to the Secretary by March 29th.

**CENTRAL LONDON OPHTHALMIC HOSPITAL.** Gray's Inn Road, W.C.—House-Surgeon. Board, residence, etc., provided. Applications to the Secretary by April 10th.

**CHARING CROSS HOSPITAL.** W.C.—Resident Medical Officer. Salary, £100 per annum with board and residence. Applications to the Secretary by March 27th.

**CHELTEHAM GENERAL HOSPITAL.**—Assistant House-Surgeon; unmarried. Salary, £40 per annum, with board and lodgings. Applications to the Honorary Secretary by April 8th.

**CHESTER COUNTY ASYLUM.**—Junior Assistant Medical Officer, unmarried, and not more than 30 years of age. Salary, £100 per annum, rising to £150; also, Pathologist. Salary, £150 per annum. Board, lodgings, and washing provided in each case. Applications to Dr. Lawrence, County Asylum, Chester, by April 12th.

**CHORLTON-UPON-MEDLOCK DISPENSARY.** Manchester.—Resident House-Surgeon; unmarried. Salary, £100 per annum, with furnished rooms and attendance. Applications to the Secretary by March 29th.

**DERBY COUNTY ASYLUM.**—Assistant Medical Officer. Salary, £100 per annum, rising to £120, with board, lodgings, and washing. Applications to Mr. B. Scott Currey, St. Michael's Churchyard, Derby, by March 30th.

**EAST LONDON HOSPITAL FOR CHILDREN, SHADWELL, E.**—Medical Officer for the Casualty Department. Appointment for six months but renewable. Salary at the rate of £100 per annum. Applications to the Secretary by April 15th.

**FOLKESTONE: VICTORIA HOSPITAL.**—House-Surgeon. Salary, £80 per annum, rising to £100, with board, residence, and washing. Applications to the Secretary by April 8th.

**GLASGOW EYE INFIRMARY.**—Resident Assistant House-Surgeon. Salary, £50, with apartments and board. Applications to the Secretary, 88, West Regent Street, Glasgow, by March 28th.

**HOLBEACH UNION.**—District Medical Officer and Public Vaccinator. Salary, £50, and usual fees. Applications to the Clerk to the Guardians by April 5th.

**HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST.** Brompton, S.W.—Resident House-Physician. Applications to the Secretary by March 29th.

**HOSPITAL FOR WOMEN.** Soho Square, W.—Assistant Physician. Applications to the Secretary by April 6th.

**ISLE OF MAN LUNATIC ASYLUM.**—Assistant Medical Officer. Salary, £100, with laundry and board. Applications to Dr. Richardson, Lunatic Asylum, Isle of Man.

**LEICESTER INFIRMARY.**—Assistant House-Surgeon. Appointment for twelve months subject to re-election. Honorary, £42. Board, residence, and washing provided. Applications to the Secretary, 24, King Lane, Leicester, by April 10th.

**LIVERPOOL INFIRMARY FOR CHILDREN.**—Assistant House-Surgeon. Appointment for six months. Salary, £25, with board and lodgings. Applications to the Honorary Secretary by March 31st.

**LONDON TEMPERANCE HOSPITAL.** Bannister Road, N.W.—Assistant Resident Medical Officer. Appointment for six months. Residence, board, and washing provided, and honorarium of £5 5s. Applications to the Secretary by March 28th.

**NORTH LONDON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST.** Junior Non-resident Medical Officer. Appointment for six months. Honorarium at the rate of £45 per annum. Applications to the Secretary, 41, Fitzroy Square, W., by April 6th.

**NORTH RIDING ASYLUM.** Clifton, York.—Junior Assistant Medical Officer. Salary, £110 per annum rising to £150, with board, lodgings, washing, and attendance. Applications to the Medical Superintendent.

**NORTH-WEST LONDON HOSPITAL.** Kentish Town Road, N.W.—Honorary Assistant. Applications to the Secretary by April 3rd.

**PADDINGTON GREEN CHILDREN'S HOSPITAL, W.**—House-Surgeon. Appointment for six months. Salary at the rate of £50 a year, with board and residence. Applications to the secretary by April 8th.

**ROXBURGH DISTRICT ASYLUM, Melrose, N.B.**—Assistant Medical Officer. Salary, £100 per annum, with furnished quarters, board, washing, and attendance. Applications to the Medical Superintendent.

**ROYAL EYE HOSPITAL, Southwark, S.E.**—Assistant Surgeon. Applications to the Secretary by April 4th.

**ROYAL HOSPITAL FOR CHILDREN AND WOMEN, Waterloo Bridge Road, S.E.**—Surgeon to In-patients and Assistant Surgeon to Out-patients. Must be F.R.C.S. Eng. Applications to the Secretary by March 30th.

**ROYAL FALMOUTH DISPENSARY**—Attending Medical Officer: must reside in the district. Application to the Secretary, 104, Buckingham Palace Road, by April 3rd.

**ST. LEONARD'S HOSPITAL, Southwark**—Second Assistant Medical Officer for the Infirmary. Appointment for six months. Salary at the rate of £70 per annum, with board, washing, and furnished apartments. Applications on forms provided to the Clerk to the Guardians, 218, Kingsland Road, N.E., by March 27th.

**ST. PANCRAS WORKHOUSE**—Assistant Medical Officer. Salary, £120 for the first year and £135 for the second. Residential allowances (for a single man), and paid substitute during annual leave. Applications on forms provided, to be sent to the Clerk to the Guardians, Vestry Hall, Pancras Road, N.W., before March 28th.

**SALISBURY**—FISHERTON ASYLUM.—Assistant Medical Officer. Salary to commence £100 per annum, with board, lodging, and washing. Applications to Dr. Finch, 1, c. Asylum, Salisbury.

**STOCKPORT INFIRMARY**—Assistant House and Visiting-Surgeon. Salary, £70 per annum; also a Junior Assistant House-Surgeon. Salary, £2 per mensem. Board, washing, and residence provided in each case. Applications to the Secretary by April 3rd.

**STOKE-UPON-TRENT UNION**—Resident Medical Officer of the Workhouse. Salary, £100 for the first year, £110 for the second, and £120 for the third, with board, washing, and furnished apartments. Applications to the Clerk to the Guardians by April 7th.

**WESTMINSTER HOSPITAL, Broad Sanctuary, S.W.**—Resident Obstetric Assistant. Board and lodging provided. Applications to the Secretary by March 29th.

#### MEDICAL APPOINTMENTS.

**ARKWRIGHT, J. A.**, M.D.Camp., B.C., appointed Medical Officer for the Halesowen District of the Stourbridge Union.

**BROWNE, B. S.**, L.R.C.P. & S.E., appointed Medical Officer and Public Vaccinator of the L.R.C.P. and Leicester District of the Leicester Union.

**BURT, W. C.**, M.R.C.S., L.R.C.P., appointed Medical Officer of the Torrington Union Workhouse.

**CAVE, Edward**, J. M. D. Lond., M.R.C.P. Lond., appointed Physician to the Royal United Hospital, Bath, vice Dr. Fox, appointed Consulting Physician.

**COLES, A. C.**, M.D., appointed Medical Officer of Health to the Winton Urban District Council.

**DE JERSEY, E. F. L.**, M.B., Ch.B. Glasg., L.R.C.P. & S.E., L.F.P.S.G., appointed House-Surgeon to the McPhee Dispensary.

**DUN, Robert**, Craig, M.B., B.Sc. Edin., M.R.C.S. Eng., L.R.C.P. Lond., appointed Honorary Surgeon to the Liverpool Infirmary for Children.

**FULLERTON, Robert**, M.D. Edin., appointed Honorary Consulting Surgeon on Diseases of the Throat, Ear, and Nose at the Greenock Infirmary.

**HECTOR, C. Menz**, M.D. Edin., appointed Demonstrator of Bacteriology, the University College, Sheffield.

**HORDE, Thomas J.**, M.B. Lond., M.R.C.P., appointed Casualty Physician to St. Bartholomew's Hospital.

**MACKENZIE, D. J.**, M.D. Aberd., reappointed Medical Officer of Health to the Glossop Dale Rural District Council.

**MUSSON, A. W.**, B.A.Camp., M.B., B.C., appointed Medical Officer for the Workhouse of the Clitheroe Union.

**POTTER, B. E.**, L.R.C.P. Lond., M.R.C.S. Eng., appointed Resident Medical Officer to the St. George's Hanover Square Dispensary.

**ROBERTS, E. B.**, L.R.C.P. Edin., L.F.P.S.Glasg., appointed Medical Officer for the Hawarden District of the Hawarden Union.

**THOMAS, J.**, Tubb, L.R.C.P., L.R.C.S., D.P.H., appointed Medical Officer of Health for the County of Wiltshire.

**WRIGHTMAN, E. J.**, M.B., C.M. Edin., appointed Resident Medical Officer of Walton Workhouse of the West Derby Union.

**WHITFIELD, Arthur**, M.D. Lond., M.R.C.P., appointed Assistant Physician in charge of the Skin Department of King's College Hospital.

#### DIARY FOR NEXT WEEK.

##### MONDAY.

**Medical Society of London**, 8.30 P.M.—**Royal Institute of Public Health**, 20, Hanover Square, W., 8.30 P.M.—Mr. W. J. Dibdin: On Sewage Disposal.

##### TUESDAY.

**Royal Medical and Chirurgical Society**, 8.30 P.M.—Mr. Reginald Harrison: Two cases where Multiple Calculi were removed from Large Narrow-necked sacculi connected with the Male Urinary Bladder.—Dr. C. T. Williams and Dr. H. Horrocks: On the Treatment of Pulmonary Tuberculosis by Antituberculous Serum.

##### WEDNESDAY.

**Evelina Hospital**, S.E., 4.30 P.M.—Mr. W. Edmunds: Clinical Demonstration on Surgical Cases. Post-Graduate Course.

##### THURSDAY.

**London Temperance Hospital**, 2 P.M.—Dr. Soltan Fenwick: Clinical and Pathological Demonstration to Senior Students.

#### BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in post office order or stamps with the notice not later than Wednesday morning in order to insure insertion in the current issue.

##### BIRTHS.

**HARPER**—On March 18th, at 25, Rosary Gardens, South Kensington, S.W., the wife of James Harper, M.D., of a son.

**D'ABREU**—On March 21st, at Rugby House, Holyhead Road, Handsworth, the wife of John F. D'Abreu, L.R.C.P., etc., of a daughter.

##### MARRIAGE.

**HOWDEN-SCOTT**—On March 15th, Benwell Parish Church, Newcastle-on-Tyne, by the Very Rev. the Dean of Durham, D.D., assisted by the Rev. John Robertson, M.A., Robert Howden, M.A., M.B., Professor of Anatomy in the University of Durham, to Gertrude Mary, daughter of the late Alderman John O. Scott, J.P., and Mrs. Scott, of The Cottages, Benwell, Newcastle-upon-Tyne. At home, 24, Burdon Terrace, Newcastle-upon-Tyne, April 12th, 13th, and 14th.

#### HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

**CANCEE, Brompton (Free)**.—*Attendances*—Daily, 2. *Operations*—Tu. W. F., 2. **CENTRAL LONDON OPHTHALMIC**.—*Attendances*—Daily, 1. *Operations*—Daily. **CENTRAL LONDON THROAT, NOSE, AND EAR**.—*Attendances*—M. W. Th. S., 2; Tu. F., 5. *Operations*—I.p., Tu., 2.30; o.p., F., 2. **CHARING CROSS**.—*Attendances*—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.30; Skin, M. Th., 1.45; Dental, M., 9; Throat and Ear, F., 9.30. *Operations*—Th. F. S., 2. **CHELSEA HOSPITAL FOR WOMEN**.—*Attendances*—M. Tu. Th. F., 2. **CITY OSTEOPEDIC**.—*Attendances*—M. Tu. Th. F., 2. **EAST LONDON HOSPITAL FOR CHILDREN**.—*Operations*—M. W. Th. F., 2. **GERALD NORTHERN CENTRAL**.—*Attendances*—Medical and Surgical, M. Tu. W. Th. F., 2.30; Obstetric, W., 2.30; Eye, M. Th., 2.30; Throat and Ear, Tu. F., 2.30; Skin, W., 2.30. **GUY'S**.—*Attendances*—Medical, daily, 1.30; Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu., 1; Skin, Tu., 1; Dental, daily, 9; Throat, F., 2. **HOSPITAL FOR WOMEN, SOHO**.—*Attendances*—Daily, 10. *Operations*—M. Th., 2. **KING'S COLLEGE**.—*Attendances*—Medical and Surgical, daily, 2; Obstetric, daily, 2; o.p. daily, 1.30; Eye, M. W. Th., 1.30; Ear, Th., 2.30; Throat, M., 1.30; F., 2; Dental, M. Th., 10; Skin, W., 1.30. *Operations*—W. Th. F., 2. **LONDON**.—*Attendances*—Medical, daily, i.p., 2; o.p., 1.30; Surgical, daily, 1.30 and 2; Obstetric, M. Tu. Th. F., 2; o.p., W. S., 1.30; Eye, Tu. S., 9; Ear, W., 9; Skin, Th., 9; Dental, W., 9. *Operations*—Daily, 2. **LONDON TEMPERANCE**.—*Attendances*—Medical, M. Tu. W. Th. F., 1.30; Surgical, M. Th., 1.30. *Operations*—M. Th., 4.30. **LONDON THROAT**, Great Portland Street. *Attendances*—Daily, 2; Tu. F., 6. *Operations*—Daily, 2. **METROPOLITAN**.—*Attendances*—Medical and Surgical, daily, 2; S., 9; Obstetric, W., 2; Eye, W., 2; Throat and Ear, Th., 2; Dental, Tu. Th. S., 9. *Operations*—Tu. W., 1.30; Th., 4. **MIDDLESEX**.—*Attendances*—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th., 1.30; Dental, M. F., 9; Eye, Tu. F., 9; Ear and Throat, Tu. F., 9; Skin, Tu., 4; Th., 2.30. **NATIONAL OSTEOPEDIC**.—*Attendances*—M. Tu. Th. F., 2. *Operations*—W., 10. **NEW HOSPITAL FOR WOMEN**.—*Attendances*—Daily, 2; Ophthalmic, W. S., 9.30. *Operations*—Tu. F., 9. **NORTH-WEST LONDON**.—*Attendances*—Medical, daily, exc. S., 2; S., 10; Surgical, daily, exc. W., 2; W., 10; Obstetric, W., 2; Eye, W., 9; Skin, F., 2; Dental, F., 9. *Operations*—Th., 2.30. **ROYAL EAR**, Finsbury Street. *Attendances*—M. W. F., 3; Tu. F., 9.30 and 7.30. *Operations*—Tu., 3. **ROYAL EYE, Southwark**.—*Attendances*—Daily, 2. *Operations*—Daily. **ROYAL FREE**.—*Attendances*—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Skin, Th., 9; Throat, Nose, and Ear, W., 9. *Operations*—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9. **ROYAL LONDON OPHTHALMIC**.—*Attendances*—Daily, 9. *Operations*—Daily, 10. **ROYAL OSTEOPEDIC**.—*Attendances*—Daily, 2. *Operations*—M., 2. **ROYAL WESTMINSTER OPHTHALMIC**.—*Attendances*—Daily, 1. *Operations*—Daily, 2. **ST. BARTHOLOMEW'S**.—*Attendances*—Medical and Surgical, daily, 1.30; Obstetric, M. W. F., 2; o.p., W. S., 9; Eye, M. Tu. W. Th. S., 2; o.p., M. Tu., 9; W. S., 2.30; Ear, Tu. F., 2; Skin, Tu., 9; Larynx, Tu. F., 2.30; Orthopaedic, M., 2.30; Dental, Tu. F., 9; Electrical, M. Tu. Th. F., 1.30. *Operations*—Daily, 1.30; (Ophthalmic), Tu. F., 2; Abdominal Section for Ovariectomy, F., 2. **ST. GEORGE'S**.—*Attendances*—Medical and Surgical, daily; i.p., 1; o.p., 12; Obstetric, i.p., Tu. F., 1.45; o.p., M. Tu., 2.30; Eye, W. S., 1.30; Ear, Tu., 2; Skin, W., 2.45; Throat, F., 2; Orthopaedic, F., 12; Dental, M. Tu. F., 12. *Operations*—Daily, 1; Ophthalmic, M., 1; Dental, Th., 9. **ST. MARK'S**.—*Attendances*—Fistula and Diseases of the Rectum, males, S., 2; females, W., 9.30. *Operations*—M., 9; Tu., 2.30. **ST. MARY'S**.—*Attendances*—Medical and Surgical, daily, 1.45; o.p., 12.45; Obstetric, Tu. F., 45; o.p., M. Tu., 1; Eye, Tu. F., 9; Ear, M. Th., 9; Throat, Tu. F., 3; Skin, M. Th., 9. *Operations*—M., 2.30; Tu. W., F., 2; Th., 2.30; S., 10; (Ophthalmic), F., 10. **ST. VINCENT'S**.—*Attendances*—M., 2; and 5; Tu., 2; W., 5; Th., 2; F. (Women and Children), 2; S., 4. *Operations*—W. F., 2. **ST. THOMAS'S**.—*Attendances*—Medical and Surgical, M. Tu. Th. F., 2; o.p., daily, 1.30; Obstetric, Tu. F., 2; o.p., W. S., 1.30; Eye, Tu. F., 2; o.p., daily, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Th., 1.30; Children, S., 1.30; Electro-therapeutics, o.p., Th., 2; Mental Diseases, o.p., Th., 10; Dental, Tu. F., 10. *Operations*—M. W. Th. S., 2; Tu. F., 3.30; (Ophthalmic), Th., 2; (Gynaecological), Th., 2. **SAMARITAN FREE FOR WOMEN AND CHILDREN**.—*Attendances*—Daily, 1.30. *Operations*—Gynaecological, M., 2; W., 2.30. **THROAT, Golden Square**.—*Attendances*—Daily, 1.30; Tu. F., 6.30. *Operations*—Daily, exc. M., 10. **UNIVERSITY COLLEGE**.—*Attendances*—Medical and Surgical, daily, 1.30; Obstetrics, M. F., 1.30; Eye, M. W., 1.30; Ear, M. Th., 9; Skin, Tu. F., 2; Throat, M. Th., 9; Dental, Tu. F., 9.30. *Operations*—Tu. W. Th., 2. **WEST LONDON**.—*Attendances*—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th., 2; Ear, Tu., 2; S., 10; Orthopaedic, W., 2; Diseases of Women, W. S., 2; Electrical, M. Th., 2; Skin, M. F., 2; Throat and Nose, Tu., 2; S., 10. *Operations*—Daily, about 2.30; F., 10. **WESTMINSTER**.—*Attendances*—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, Tu. F., 9.30; Ear, Tu., 1.30; Skin, W., 1.30; Dental, W. S., 9.15. *Operations*—M. Tu. W., 2.

#### LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS FOR THE CURRENT WEEK'S JOURNAL SHOULD REACH THE OFFICE NOT LATER THAN MIDDAY ON WEDNESDAY. TELEGRAMS CAN BE RECEIVED ON THURSDAY MORNING.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 1, Agar Street, Strand, W.C.; those concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, Strand, W.C., London.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone, unless the contrary be stated.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Manager, 429, Strand, W.C., on receipt of proof.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

CORRESPONDENTS not answered are requested to look at the Notices to Correspondents of the following week.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

In order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL, and not at his private house.

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Artiology, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.