

TABLE III.—To Determine whether the Serum of Rats has any Power of Protecting more Susceptible Animals against Diphtheria Toxin.

—	Date.	Weight of Guinea-pig in grams.	Diphtheria filtrate in c.c.m.	Rat's serum.	Result.
Serum of white rat mixed with the toxin before injection.	Oct. 18th.	300	0.30	1.0	† In 2 days.
	" "	290	0.03	1.0	† In 2 days.
	" 19th.	260	0.01	1.0	† In 2 days.
Serum of white rat subcutaneous, toxin 20 hours later in another place.	Oct. 18th.	275	0.024	1.0	† In 24 hours.
	" "	280	0.010	1.0	† In 3 days.
Serum of brown rat mixed with the toxin.	Oct. 25th.	235	0.001	2.25	† In 3 days.

For control experiments with this toxin (No. 1) alone, see Table I.

† = Death of the animal.

The filtrate used in this experiment was the same as used in the first series of experiments made to compare the susceptibility of the rat and guinea-pig. The smallest quantity fatal within four days to a guinea-pig of about 250 grams was 0.008 c.c.m. When mixed with 1.0 c.c.m. of rat's serum and injected, or when injected eighteen hours after 1.0 c.c.m. of rat's serum, 0.01 c.c.m. of this filtrate (=  $1\frac{1}{4}$  minimal fatal dose) proved fatal to guinea-pigs in less time than did the same dose of the filtrate alone. Thus it may be that the serum even shortened life. The serum alone, however, seemed to have at least no marked toxic action, for no immediate ill-effects (as is usually the case when one animal's serum which is toxic for another is injected into the latter) followed the injections.

The serum used in all cases but one was obtained from white rats; in the exceptional instance 2.25 c.c.m. of the serum of a brown (wild) rat was mixed with 0.01 c.c.m. of the filtrate and injected into a guinea-pig of 235 grams, with the result that no immediate ill-effect was observed, and the animal died in three days.

The comparative insusceptibility of the rat to diphtheria toxin is, therefore, like that of the fowl to tetanus toxin, not due to an antitoxic action of its blood serum.<sup>3</sup> And in these respects it differs from the acquired immunity of animals which have been immunised to these poisons.

#### CONCLUSIONS.

1. The white or black and white rat of 100 grams weight is only relatively insusceptible to the action of the products of the diphtheria bacillus, and succumbs to the subcutaneous injection of filtered cultures, in quantities which are, weight for weight, from 1,500 to 1,800 times as great as those which suffice to kill guinea-pigs of 250 grams.

2. Its tissues are but little affected locally by the injection of large quantities of filtrate, and have not been observed to suffer necrosis.

3. The serum of these refractory animals, in doses of 1.0 c.c.m., does not protect guinea-pigs against quantities of filtrate which are little greater than the minimal fatal.

#### NOTES AND REFERENCES.

<sup>1</sup> *Annales de l'Institut Pasteur*, vol. ii, p. 661. <sup>2</sup> *Ibid.*, vol. iii, p. 278. <sup>3</sup> This filtrate contained 119.4 equivalents of protoxoid and syntoxoid, 56 units of toxin, and 24.6 equivalents of epitoxoid in the quantity (0.45 c.c.m.) which was exactly neutralised by 1 unit of standard serum; compare Ehrlich, Die Wertbemessung des Diphtherieheilserums, *Klinisches Jahrbuch*, Jena, 1897. <sup>4</sup> This filtrate contained 97.5 equivalents of protoxoid and syntoxoid, 70 units of toxin, and 32.5 equivalents of epitoxoid in the quantity (0.45 c.c.m.), which was exactly neutralised by 1 unit of standard serum. <sup>5</sup> Kuprianow found that rat's serum did not protect guinea-pigs against living cultures of *B. diphtheriae*; *Centrals. f. Bakter. u. Parasit.*, Bd. xvi, p. 415.

Two municipal institutes for the gratuitous examination and treatment of cases of diphtheria have recently been established in Moscow.

## MEMORANDA:

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

#### IPECACUANHA IN DYSENTERY.

In the BRITISH MEDICAL JOURNAL of February 4th Dr. Day of the Niger Protectorate compares his results obtained with magnesium sulphate and with ipecacuanha in the treatment of dysentery. He concludes that magnesium is much the superior drug. I think that some grave objections can be raised against this deduction from his cases.

1. He gave the ipecacuanha in the form of tablets. Is he quite sure that these tablets were thoroughly broken up in the intestinal tract? Ready-made pills, tablets, and the multitude of similar preparations have many drawbacks, and not the least of these is their tendency to get hard. It is no uncommon thing to find a case of malarial fever which seems to resist quinine, the patient declaring that he is taking large doses daily, but on inquiry one finds that the quinine is in the pilular form. Such pills, if got from home, are usually like little bullets in consistence, and it is little wonder that the disordered stomach is unable to disintegrate them; hence they are passed only partially dissolved, doing little good and leading one to a fallacious conclusion. Might not the same apply to the tablets of ipecacuanha given by Dr. Day?

2. He gave ipecacuanha *sine emetine*. Is ipecacuanha any use without its emetine? Emetine is said to be the active principle of the ipecacuanha root, and it is perhaps exactly this emetine which is the antagonist to the *matrices morbide* of dysentery. At any rate it is well known that vomiting is not readily caused by ipecacuanha when it is given for dysentery.

3. He gave two 5-grain tablets every two hours. This dose is too small to do justice to the drug. Nothing less than 40 grains should be given as the first dose. Quinine in malarial fever shows the great advantage of a single large dose over several small doses. It seems to require a thorough saturation of the system, so to speak, to destroy the morbid factor at work. There is little fear of emesis occurring if the ipecacuanha is properly given. Amongst the thousands of coolies on tea gardens dysentery is constantly present, and the plan I always adopt is this:

1. Apply a large mustard blister over the stomach.
2. Give 20 minims of tincture of opium.
3. Ten minutes afterwards give 40 gr. pulv. ipecac. in four 10-grain pills freshly made up.
4. The horizontal position to be kept for two hours.
5. No food nor drink to be allowed within that time. This treatment to be repeated in eight hours if no improvement has taken place; if there has then a smaller dose with the same precautions.

The result will almost invariably justify the name—radix antidyserterica.

South Sylhet, India.

A. B. DALGETTY, M.B., C.M.

#### CHLOROFORM PARALYSING THE RESPIRATORY CENTRE BEFORE THE HEART.

THE following case is a good illustration of the Edinburgh teaching as regards the action of chloroform in causing paralysis of the respiratory centre before cardiac paralysis occurs:

A Chinese coolie, aged 51, had for the last fifteen years suffered from intractable supraorbital neuralgia. After finding treatment by sedatives ineffectual, we decided to resect the supraorbital nerve. The operation could not be performed at his own residence, so we arranged to do it in our surgery. The patient was emaciated, but the heart was quite sound, and there was no evidence of any organic disease. He was placed on his back, and chloroform was administered on a piece of lint. He took the anæsthetic well, and there was no struggling or excitement. The corneal reflex had just disappeared, and the skin incision was being made, when he suddenly stopped breathing, and his lips became livid. The pupils were not markedly dilated. The radial pulse could still be felt, but the heart sounds were feeble and the cardiac impulse weak.

Artificial respiration was at once begun, and a hypodermic injection of ether given. The air could be heard freely entering and leaving the lungs with each movement of the arms,

but no attempt at voluntary respiration was made. During this time it was noticed that the radial pulse could only be felt once for every three beats of the heart. After performing artificial respiration for fifteen to twenty minutes, we found the circulation improving, but it was only after the tongue had been forcibly pulled out that he drew a deep breath; he then went on breathing steadily. The operation was finished without more chloroform. The anaesthetic used was Duncan and Flockhart's pure chloroform, and the quantity given up to the cessation of respiration was 3 drachms, a considerable quantity of which must have been lost by evaporation.

The case is one in which it was quite evident that the respiratory centre ceased to act while the heart continued to beat.

Apart from laboratory views as to the *modus operandi* of the chloroform, we, as practitioners cannot afford to lose sight of the fact that frequently the respiration fails before the heart ceases to beat.

Singapore. LIM BOON KENG, M.B., C.M.Edin.

T. HILL JAMIESON, M.B., C.M.Edin.

#### THREATENED DEATH UNDER CHLOROFORM.

THE case of threatened death under chloroform related by Mr. Thomas Stevenson, of Liverpool, in the BRITISH MEDICAL JOURNAL of March 18th, page 661, is a counterpart of a case I had not long ago. A young man, aged 25, a heavy cigarette smoker (a fact told me only after the operation), was given chloroform for removal of teeth. The stage of complete anaesthesia was arrived at before operation was commenced. All usual precautions were taken, and for about 7 minutes, or thereby, all went well; respiration was satisfactory, and pulse good. Suddenly, and without any interruption of breathing, the face became pale and livid, and the pulse stopped.

Ether was administered hypodermically; the head was lowered, and artificial respiration was begun. In a short time a wave of colour swept over the patient's face, the pulse at the wrist resumed beating. Artificial respiration was not continued and the patient gradually recovered.

In spite of the weight of testimony in favour of the belief that the respiratory centre becomes paralysed first, I can only emphatically say that, like Mr. C. W. Catheart's case and that of Mr. Stevenson, the heart in this case showed signs of failing, as evidenced by loss of radial pulse, while the respiration was still quiet and regular, though somewhat shallow.

Edinburgh. R. J. ERSKINE YOUNG, M.D., C.M.Edin.

#### VENESECTION IN CEREBRAL HÆMORRHAGE.

WITH reference to a memorandum of Dr. Fortescue Fox in the BRITISH MEDICAL JOURNAL of March 25th, in which he states that venesection if freely and promptly done alone may save life, I had occasion to be present at a football match two weeks ago; among the spectators near me was a man apparently about 40 and probably about 13 st., thick-necked, plethoric, and, in fact, a "typical apoplectic." Without warning, he suddenly raised his hands to his head and exclaimed to his companion, "Oh, ma head," and then fell into a state of collapse. We carried him into the pavilion where I examined his pulse at both wrists and briefly stated the gravity of the case to his companion, who was his brother-in-law.

I opened the median basilic vein and allowed a large quantity of blood to escape, after which we bound him up with the aid of several handkerchiefs. He was shortly afterwards taken home in a cab, where he was seen by his medical attendant. I have since heard from that gentleman that he is progressing as favourably as can be expected.

Although venesection will not remove the effused blood in cases of cerebral haemorrhage, it may sometimes be usefully employed to prevent further escape when the heart is acting too forcibly.

Glasgow. WM. GLADSTONE COOK, L.R.C.P., L.R.C.S.Edin.

#### A CASE OF ACUTE GASTRO-DUODENITIS.

SOME three weeks ago I was called to see a lady who had developed a rash, supposed to be scarlet fever, as she had been

exposed to infection and laid up with a sore throat. After keeping her under observation for a day I decided that the rash was the result of digestive derangement, and obtained a history of the patient having taken two glasses of cold water when very hot after a long bicycle ride two days previously. The third day after the appearance of the rash she complained of great pain in the epigastric region, which was worse after food. Intense vomiting set in and she was only able to retain small quantities of iced fluids. On the fourth day there was well-marked jaundice. With the aid of counter-irritants and gastric sedatives she made a fairly quick recovery.

I think this case worth recording, as it shows how intense gastro-duodenitis may be set up by drinking large draughts of cold water when heated, and gives a clue to the causation of some cases of idiopathic peritonitis.—I am, etc.,

H. HUNTER WOODS, M.R.C.S.Lond., D.P.H.Camb.  
Barton-on-Sea, Hants.

IMPERFORATE ANUS: OPERATION: RECOVERY. On March 3rd I delivered Mrs. G. of a male child. No anus was to be found, nor even a dimple in its normal position.

The infant was chloroformed, and I made an incision an inch in length from the tip of the coccyx forwards, and after dissecting through fat and muscular fibres the little finger entered the areolar tissue filling the lower part of the pelvis. On dilating the wound with forceps a round cord, feeling like empty bowel, was found lying in the hollow of the sacrum, which could be rolled under the tip of the finger. Above this, at the extreme length of the finger from the surface, was felt something bulging downwards at each inspiration, which was evidently the upper part of the rectum. The lower portion was separated by the finger and director, dragged down to the wound, and notched with scissors; a director passed into the opening returned with some meconium. The opening was then enlarged, and its edges sutured to the skin, this part of the operation being rendered difficult by the flow of meconium. (The infant had been dosed with castor oil by the nurse.) A large rubber tube was tied in for several days, and as there was some tendency to contraction of the anus when it was removed, a bone enema-nozzle was supplied, and directed to be inserted for an hour daily. The child now has an efficient anus, which gives no trouble.

The chief difficulties arose from the smallness of the parts and the depth at which the finger had to work in order to reach and bring down the bowel. The curve of the sacrum appears to be the best guide, in order to avoid wounding the bladder.

R. CARMICHAEL WORSLEY, M.R.C.S., L.R.C.P.,  
Honorary Surgeon to the Ramsgate and St. Lawrence Royal Dispensary.

#### HYPODERMIC MEDICATION IN SKIN DISEASE.

THE following method of treatment for certain forms of skin diseases is one for which I believe I can claim originality, and its success in suitable cases is constant. The method is tattooing, and it is more specially applicable to those forms of skin disease which depend for their cause on the presence of the vegetable parasites. The mode of operation is as follows:

The parts are thoroughly soaked for twenty-four hours with a compress of 1 in 30 carbolic acid, and the affected parts are then tattooed in the ordinary way with two or three fine needles fixed in a handle, the needles from time to time being dipped into a solution of acid carbol. (1 in 30). The part should be tattooed for at least one-eighth of an inch outside the affected area, and it is not necessary for the tattooing to be done deeply. The handle holding the needles should be grasped firmly by the right hand, the extremity resting on the inner side of the joint of the left thumb, and in this way, as in ordinary tattooing, great precision and delicacy can be given to the movement of the needles.

For localised patches of ringworm, etc., this method of treatment proves eminently successful. I have not as yet tried the treatment for skin diseases depending upon constitutional conditions, but I see no reason why the result of tattooing some of the chronic localised rashes of syphilis with liq. hydrarg. perchlor. should not prove successful. As may

be readily understood, this method of treatment is more specially applicable to chronic and *localised* affections of the skin.

Chapeltown, Leeds. C. BUTLER SAVORY, M.D., M.Ch.Edin.

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

### THE ADELAIDE HOSPITAL, DUBLIN.

#### NOTES OF A CASE OF "VANISHING TUMOUR" OF THE ABDOMEN.

(By T. E. GORDON, M.B., F.R.C.S.I., Surgeon to the Hospital.)

THE patient, a man, aged 40, was admitted under my care in the Adelaide Hospital in May, 1898. I had treated him for secondary syphilis four years previously. On May 19th I performed a radical cure for an irreducible, right-sided, inguinal hernia. I excised a very large mass of omentum and ligatured its broad base, which appeared to be quite healthy, with rather thick interlocking catgut sutures. The course of the case after operation was all that could be wished. The temperature never reached even 99°, and the appearance of the scar now is sufficient evidence that there was no sepsis.

On June 7th he left the hospital apparently well. A few days later he had slight pain in the left side, and attacks of similar pain recurred at progressively shorter intervals, until during the week before readmission he had never more than a few hours freedom. His bowels were very constipated, and he took much aperient medicine. When the bowels acted the pain became less. He felt better when lying down than when walking about. He only once vomited, and that after a dose of castor oil. The urine was high coloured, but otherwise normal.

On examining the abdomen there was found an obvious fulness of the left flank, which further investigation showed to be due to the presence of a large tumour. In front this was not perfectly defined, but it reached to within 2 inches of the umbilical line. Below it could be felt as far as the level of the anterior iliac spine. Above it passed beneath the the costal margin, and posteriorly it had a rounded margin occupying the costo-iliac space. A dull note was obtained everywhere on percussion over the tumour. It did not move with respiration, and only a very limited movement could be given to it from without.

The diagnosis was obscure; whether the tumour was splenic or renal, and whether inflammatory or sarcomatous.

The man had been in India, but had not suffered from malaria, and, with the exception of syphilis, had been in excellent health since his return home in 1882. Moreover, the tumour was not in all respects like an enlarged spleen, and it was at this time almost absolutely fixed. (Professor Scott examined the blood, and found it practically normal). Against its being connected with the kidney were the facts that the urine was normal, that the mass did not fill up the costo-iliac space after the manner of a renal tumour, and that there was no overlying line of resonance.

To help in deciding whether or not the tumour was a sarcoma, the excised omentum was examined. It contained hard nodules, sections of which were kindly prepared by Dr. Peacocke. The structure of these nodules was clearly not sarcomatous.

On the other hand, I found it difficult to believe that an inflammation could give rise to the enormous mass present without giving rise to other and more distinct evidence, and, besides this, the case, after operation, ran a typically aseptic course. I decided to wait and watch the progress of tumour and patient.

On August 15th it was found that he had lost 3 st. in weight since his illness commenced. The tumour remained about the same, excepting that it was somewhat larger in the flank. Pitting could be produced on its surface by deep pressure, that did not, however, cause pain. His appetite and general state were fairly good. There was no fever.

On October 3rd the swelling was much reduced in size; it was more mobile and was very hard, so that pitting could not be produced. The abdomen was now being massaged. He left hospital during the first week of October. On December 6th he looked and felt quite well. The tumour had almost disappeared. On pressure in the left flank below the ribs, when he took a deep breath, a tumour could be felt to descend upon the finger. A week or two later, when I showed the man to the Biological Club, no distinct trace of the tumour could be detected.

Reviewing the facts of the case, it appears most probable that the tumour was inflammatory in nature, and was in some way the result of the operation. A considerable length of somewhat coarse catgut was used to ligature the large mass of omentum, and it is quite possible that this contained some irritant—probably not of the nature of septic organisms—which was sufficient to excite an extensive and possibly aseptic inflammation. It was suggested that a haemorrhage from the omental stump would account for the condition, but the history of the case affords no grounds for such a hypothesis.

## REPORTS OF SOCIETIES.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

T. BRYANT, M.Ch., F.R.C.S., President, in the Chair.

Tuesday, April 11th, 1899.

#### ON PREVESICAL HERNIA, WITH THE RELATION OF A CASE IN WHICH SUBACUTE STRANGULATION OCCURRED.

MR. G. H. MAKINS read this paper, which was founded on the following case: H. H., aged 40, tailor, a healthy man, after getting wet through, was attacked with violent pain in the right iliac fossa, attended with retching and some rise of temperature. He was found to have a reducible right inguinal hernia that was replaced without any definite influence on the symptoms, which, however, subsided under treatment by rest in bed, poulticing, and light diet. On resuming his ordinary mode of life, three weeks later, the man was again attacked in a similar manner. The symptoms were again relieved by the same treatment, but tenderness persisted in the right iliac region. He was admitted into St. Thomas's Hospital under Dr. Hawkins, and examined under an anaesthetic, when a hard nodular tumour was discovered in the right iliac fossa, extending across the hypogastric region into the left iliac fossa. An abdominal exploration, performed eight weeks after the first attack, revealed a subperitoneal tumour, to the upper surface of which small intestine was adherent as the result of previous peritonitis. The urinary bladder was found to be displaced backwards and to the left. The tumour was stripped out of the pelvis, but a small area of peritoneum was removed with it, and a continuous stalk of great omentum needed division for the complete liberation of the tumour. This proved to be a large reniform hernial diverticulum containing adherent omentum. The sac had been removed entire, with its neck, without in any way influencing the descent of the coexisting right inguinal hernia. The patient made a rapid recovery without any untoward incident. The author quoted similar case recorded by Parise, which he considered identical in nature with his own. Four cases of properitoneal hernia in which the internal sac projected into the vesical region were also quoted. An attempt was made to distinguish between the two "true prevesical" cases and the properitoneal, the former being regarded as herniae into special peritoneal diverticula independent of pre-existing or subsequent inguinal herniae, while in the latter the sac formed an integral part of the inguinal hernia. The author considered his own case to be an instance of a hernial pouch forming in the position of a direct inguinal hernia—that was, in the middle inguinal fossa, between the epigastric and obliterated hypogastric arteries; that this pouch, being opposed in its further development by the resistance of the conjoined tendon and being diverted, took an internal course in front of the bladder in the subperitoneal space; he considered, further, that the prevesical sac was in all respects independent of the coexisting acquired right inguinal hernia.

MR. J. HUTCHINSON, jun., referred to a case that had come under his own observation recently which he thought might

The Coroner: Did you believe Madame Comber was a qualified person? —From what my wife said I did. She said she was a certified woman, and had walked the hospitals in France. Witness had several times advised his wife to send for a doctor, but she had great faith in Madame Comber, who gave the names of several persons she had attended.

Replying to Madame Comber, witness said she had told him she held diplomas.

Madame Comber: No such thing: I never told him that.

Evidence was given by Louise Harriet Groser, a niece of the deceased (who had been living with her for fourteen years) as to treatment of the deceased by Madame Comber, and, after some further evidence, the inquest was adjourned to April 5th.

On the inquest being resumed, and some further evidence being given by Mr. West Louise Harriet Groser, and Nurse King,

Madame Comber was called, and expressed her willingness to give evidence.

The Coroner: Are you a married woman? —Yes, but my husband has been in the workhouse for years.

What was he? —A carpenter.

What do you describe yourself as? —I was a chemist.

What do you call yourself now? —Nothing. I only go out as a nurse if anyone sends for me, as Mrs. West did. Then, if there is anything I can do, I do it, but I do not put myself up as a doctor.

You describe yourself then as a nurse? —As a nurse.

And if anyone sends for you, you go and nurse them? —I do anything I can, and if I can mix anything I do it for them.

What do you mean? The same as I did for Mrs. West. I sent her medicine which contained bitterwood to create an appetite, and a little rhubarb.

If necessary you send your patients medicines? —Yes, and send for a doctor.

Where do you procure the medicine from? Do you mix it yourself? —Yes.

Where? —In my house at Pitsea, and I buy my drugs at King's, in High Street, Southend.

When called in to the deceased, Mrs. West complained of a pain in the side, and a poultice was applied. A week or two after she said, "I have got a pain in my back. I think I have a cold from sitting in the chair." I then applied a poultice as hot as she could bear it. I then prepared a medicine consisting of quassia chips and isinglass and a little syrup of sugar. I kept on attending her, and gave a draught containing rhubarb, peppermint, and sugar, but no other drugs. I afterwards gave her some antiphilic pills. On March 9th Mrs. West was much worse, and I told Mr. West he had better have further advice, and he said, "I will."

Examined by Mr. Hempson on behalf of the Medical Defence Union, it was elicited from Madame Comber that she had formerly carried on business with a qualified practitioner as surgeons and apothecaries, and she received half fees; but that was in 1875. She had not received anything for twenty years. It also appeared that Madame Comber was formerly known as Madame Voter when in France, where she was a dentist.

Witness, being asked if she diagnosed diseases, replied: No, only temporary cases. Did not know of such a disease as peritonitis.

Dr. Waters said he had attended the family for several years, and on March 9th was called to attend deceased, whom he found in a more or less collapsed condition and suffering from symptoms pointing to acute peritonitis. He attended her until her death on Saturday morning. On the Sunday he made a *post-mortem* examination, and found signs of a recent commencement of inflammation of the bowels, commonly called peritonitis. There was no evidence of pregnancy nor of any injury. The cause of death was heart failure consequent upon commencing peritonitis and distension of the stomach with gas. The distension of the stomach was caused partly by the peritonitis and partly, witness should say, from paralysis of the bowels.

The Coroner: Can you say that the treatment deceased received did accelerate her death? —I should not like to say definitely that it did. That it was inadvisable I am quite prepared to say. It was certainly not the right thing to give rhubarb or to manipulate the stomach, bearing in mind the vomit of blood. But that is an opinion. There would obviously have been a better chance if better treatment had been procured earlier.

Dr. Cleveland Smith corroborated Dr. Waters's evidence.

The Coroner having summed up, the jury, after some minutes' private consultation, returned a verdict in accordance with the medical evidence. They also wished Madame Comber to be severely censured for practising without any qualification, and expressed their sympathy with Mr. West, to whom in their opinion no blame whatever attached.

The Coroner addressed Madame Comber, and pointed out the risk she would incur if she continued to attend and prescribe for people as she did in this case.

When closing the inquest the Coroner is reported to have remarked: "A thing that passes my comprehension is that people should be so ignorant as to employ a silly old woman of this description, paying her more than they can get medical attendance for."

#### PROSECUTION BY THE GENERAL MEDICAL COUNCIL: USING THE TITLE M.D. FALSELY.

At Pontefract Borough Police Court on Thursday, April 6th, before the Mayor and other magistrates, Joseph Tempest, of Priory Glen, Pontefract, was charged on three counts with having (1) pretended to be a doctor of medicine, (2) pretended to be a medical practitioner, and (3) with having used the title of physician. The prosecution was at the instance of the General Medical Council, for whom Mr. Riley, barrister-at-law, appeared, and Mr. H. S. Schultess-Young represented defendant.

In opening the case Mr. Riley said the defendant was not on the *Medical Register*, and he thought he would be able to convince the Bench that he was nothing more or less than a quack, and had no right whatever to make use of the letters M.D. after his name as he had been doing. Defendant had already been fined the full penalty, £20, at Blackburn County Court, a year ago, in an action by the Society of Apothecaries for unqualified practice as an apothecary. Four months after that he moved to Pontefract.

Thomas Stroyan, an ex-police constable, of Accrington, proved having visited defendant at Pontefract. He was given some pills and medicine for an imaginary ailment, and on the bottle label was the title M.D., the glass over the front door having the words "Dr. Tempest" upon it. Cross-examined, witness said he was not deceived, as he knew the defendant was not a proper doctor.

Joseph Grimshaw, a weaver, of Oswaldtwistle, said he was attended some time ago by defendant, whom he believed to be a duly qualified medical practitioner, as he lived opposite to him, and he had "Dr. Tempest" upon his door-plate. He found out that he was not a proper doctor and he then refused to pay his bill, and told defendant he had been deceiving him. After defendant came to Pontefract he wrote to him twice, signing himself M.D. in each case, asking for the money. In one he stated that witness's honour went no further than the law compelled him, and said he must remind him that they would both have to go before another tribunal which would not consist of "a guild of medical vipers to assist rogues in dishonest schemes."

Mr. Schultess-Young contended, in defence, that defendant had no intention to wilfully deceive the public by using the title M.D. He advertised himself largely as a medical botanist, giving a lengthy description of his various certificates and diplomas, and taking the whole of the circumstances together he failed to see how anyone could have been deceived.

"Dr. Tempest gave evidence, and the Bench, having retired, decided to convict, and the last two summonses being withdrawn at their suggestion, they decided on the first summons that defendant had pretended to be a doctor of medicine, and fined him £20 and the costs of the case.

#### ASSISTANTS AND FEES.

QUERIST.—Notification fees, or any other professional fees, received by an assistant or *locum tenens* for work done in his principal's practice must be paid to the principal. In some cases an assistant or *locum tenens* might be entitled to certain fees where there is an agreement to this effect, but, in the absence of this, the assistant or *locum* is entitled to nothing beyond his salary.

W. M. O'C.—The validity of the dismissal depends upon the rules and by-laws of the society and the nature of the agreement (if any) entered into between the parties. A solicitor should be consulted.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF EDINBURGH.

SECOND PROFESSIONAL EXAMINATION FOR THE DEGREES OF M.B., CH.B.—The following candidates have passed this examination under the new regulations.

Final Examination.—D. M. Aitken, M.A.; J. F. Allen, C. M. Anderson, C. R. V. Ash, A. A. Ayton, R. T. Baillie, A. C. Begg, R. A. Belelios, J. H. M. Bell, A. Brown, E. E. Brown, G. M. Brown, J. Browne, R. W. Buchanan, H. Buist, E. P. Calder, R. A. Cameron, S. M. W. Campbell, C. C. Choyce, B.Sc.; P. T. Copeland, C. G. Cumming, B. N. Cunningham, W. H. Dickinson, A. Scott Dickson, W. E. C. Dickson, B.Sc. (with distinction), H. Dodgson, J. W. Duffus, M.A.; R. S. Ellis, B. G. Firman, Cath. Fraser, S. Garvin, A. L. Gurney, A. M. Hamilton, E. R. Henderson, C. E. P. Husband, W. Hutchison, C. H. Lindsay, C. B. M'Conaghay, E. M'Elney, A. F. Mackay, H. J. C. MacLaren, A. M. Malcolmson, J. G. Munro (with distinction) J. H. C. Orr, H. M. Roberts, M. M. Smith, Kate Southen, B. A. Spence, G. L. Thompson, J. O. Thorne, G. R. Turner, A. S. Watson, P. Weatherbe, A. J. Williamson, J. M. Dupont, J. R. Edward, R. A. Glagg, R. M. Grant, A. R. Hallam, R. A. J. Harper, D. C. Henry, C. W. Howe, A. Hunter, M.A.; A. E. Hunter, E. M. G. Jayne, G. A. Jolly, A. C. Keay, J. P. Kennedy, G. J. Licesne, W. Lee, S. Lyle, J. G. M'Brude, L. T. M'Clintock, J. B. M'Cutcheon, W. Macdougall, P. F. M'Farlane, G. M'Farland, J. M'Kenzie, K. D. C. Macrae, W. Mair, G. R. Mill (with distinction), W. Miller, J. Morrison, D. Munro, A. C. Murray, G. S. Murray, D. A. Ogilvie, W. Paterson, S. G. Peill, C. E. Pepper, G. Pereira, H. G. Pesel, L. W. Pole, E. J. Porteous, W. G. Porter, E. T. Potts, W. H. Prentice, H. St. J. Randell, G. C. J. Robertson, J. S. Robertson, M. W. Robertson, C. W. Salesby (with distinction), T. B. Shaw, M. W. Smart, G. C. Strathavon, D. Sutherland, P. Telles, E. J. Tyrell, E. A. Walker, J. A. L. Walker, A. G. Waugh, E. Wells, T. S. B. Williams (with distinction), F. E. Wilson, J. Woods.

Anatomy and Physiology.—M. Agnew, R. V. Clark, J. Dalgleish, C. Douglas, J. L. Duncan, N. C. R. Hausein, A. R. Johnston, E. Jones, N. F. Macardie, W. S. Patton, J. H. H. Pirrie, L. T. Price, T. A. Smyth, H. L. Spark, P. S. Tillard, O. J. Evans, J. Halliday, P. Murray, M.A.; H. E. Wareham.

### UNIVERSITY OF ABERDEEN.

#### GRADUATION CEREMONY.

HONORARY DEGREES.—Among those on whom the Honorary Degree of LL.D. was conferred at the graduation ceremony of April 5th were James Frederick Goodhart, M.D., F.R.C.P.; Professor Charles Stewart, F.R.S., Conservator of the Museum of the Royal College of Surgeons; George Frederick Stout, M.A., late Lecturer on Comparative Psychology, Aberdeen University.

ORDINARY DEGREES.—The following received the degrees undermentioned:

Degree of M.D.—W. Findlay, M.A., M.B.—Thesis: *Conium Maculatum: Observations on its Pharmacology and its Preparations*; G. A. Reid, M.B.—Thesis: *Pernicious Anæmia*; G. Savage, M.B.—Thesis: *The Preservation of the Perineum*; A. M. Sims, M.B.—Thesis: *On the Use of Quinine in the Treatment of Congo Fevers*; R. B. T. Stephenson, M.B.—Thesis: *The Height and Weight of the Negro and Coolie Races in British Guiana, with the Effect of Acute Mental Disease on their Bodily Weight*. The thesis of Dr. Findlay was considered worthy of commendation

Degrees of M.B. and C.M. (*Old Ordinances*).—R. A. Batchan, L. Cotterill, A. B. Cruickshank, J. Halley, D. Mackenzie, R. N. Petrie, A. C. Profeit, J. S. de Silva.

Degrees of M.B. and Ch.B. (*New Ordinances*).—A. H. Cran, M.A.; J. M. Duncan, M.A.; C. Le Fanu; G. A. Finlayson, M.A. (with credit); J. C. Galloway, M.A.; A. R. Haig, M.A.; C. Hunter, M.A.; F. A. Innes, M.A.; J. W. Lindsay, M.A.; J. H. Mackay, M.A.; J. McPherson; G. A. Mavor, M.A. (with honourable distinction); A. M. Mitchell, M.A.; C. Murray, M.A.; A. B. Simpson; J. A. Stephen, M.A.; L. P. Stephen, M.A. (with honourable distinction); W. E. Taylor; J. A. Toimie, M.A.; J. H. Wilson.

PRIZES.—The following obtained the University prizes and gold medals in the Faculty of Medicine:—Fife Jamieson Memorial Gold Medal in Anatomy, Robert Aird, M.A.; Keith Gold Medal for Systematic and Clinical Surgery, Henry Fraser; Shepherd Memorial Gold Medal for Systematic and Practical Surgery, John C. Galloway, M.A.; Matthews Duncan Gold Medal in Obstetrics, J. W. Lindsay, M.A.; Dr. James Anderson Gold Medal and Prize in Clinical Medicine, G. A. Finlayson, M.A.

RECEPTION.—A highly successful reception was held by the Principal and Professors of the University on the evening of the graduation day in the Mitchell Hall at Marischal College in honour of the graduates.

THE CHAIR OF NATURAL HISTORY.—The Queen has been pleased to appoint Mr. J. Arthur Thomson, M.A., F.R.S.E., to the Chair of Natural History in Aberdeen University, rendered vacant by the death of Professor H. Alleyne Nicholson. After graduating at Edinburgh in 1886, Mr. Thomson devoted himself to the study and teaching of zoology. He worked in Edinburgh under Professors Nicholson, Geikie, Cossar, Ewart, and others, and in Germany under Professor Haeckel at Jena, and under Professor Schulze in Berlin. Since 1886 he has been Extramural Lecturer on Zoology in Edinburgh, where his teaching, both in the theory and practice of his subject, has met with marked success. He has delivered courses of lectures at Dublin, Glasgow, and in Aberdeen, and in 1892 he was appointed by the Town Council of Edinburgh Lecturer on Zoology, and in 1895 on Botany also, in the Royal (Dick) Veterinary College. Besides holding these and other lectureships, Mr. Thomson has served as Examiner in Zoology at Aberdeen and St. Andrews, and in Biology for the triple qualification in Medicine at Edinburgh. Mr. Thomson, besides numerous papers on biological subjects, has written several books, of which both his *Outlines of Zoology* and *The Study of Animal Life* are now in their third edition. Aberdeen University thus gains a young and energetic zoologist with a wide knowledge of his subject and with an exceptional experience in teaching. His popularity when serving here as an examiner will ensure him a welcome from the students.

#### CONJOINT BOARD IN SCOTLAND.

AT the quarterly examinations in Edinburgh, the following candidates satisfied the Examiners:

First Examination, *Four Years' Course*.—R. E. Turner, N. Oliphant, E. Saxton, and F. C. H. Dady.

One passed in the division of Elementary Anatomy and Histology.

First Examination, *Five Years' Course*.—E. H. Knowles, G. H. van Zyl, H. F. Walker, C. Macaskie (with distinction), G. L. Baker, A. E. Griffith, H. Carlaw, R. N. Macdonald, and J. H. Stewart (with distinction).

Three passed in the division of Physics, 2 in Biology, and 2 in Chemistry.

Second Examination, *Four Years' Course*.—R. B. Sandiford, J. C. Franklin, and A. J. Morkill.

Two passed in the division of Anatomy and 1 in Physiology.

Second Examination, *Five Years' Course*.—Catharine Francis Marianne Leach (with distinction), W. S. Cowin (with distinction), J. B. Mason, L. Beesly, G. C. Ghose (with distinction), B. K. Chatterjee; Jeanie Newton, A. T. Hoskins (with distinction), H. F. Wilkin (with distinction), P. G. Marshall, H. E. J. Batty, J. D. J. Bruce, A. W. Frew, W. E. Graves, A. L. White (with distinction), R. H. Crombie, H. E. Staniforth.

Third Examination, *Five Years' Course*.—E. C. K. Murray (with distinction), D. Mitchell (with distinction), A. Brownlee; G. H. Usmar, W. A. O. Cole, D. L. Williams, E. Hill, W. M. Browne, L. R. Popham, E. F. Cox, E. MacKenzie, G. S. Coghlan, T. R. Leohard, E. Khamis, and D. Jeaffreson.

One passed in the division of Anatomy and 1 in Pathology.

Final Examination.—W. C. Carnegie, H. H. E. Russell, E. P. Maret, J. G. W. Pauli, J. E. Ratcliffe, W. Carey Haywood, R. F. N. Overton, W. M. Paul, Katharine Constance Sampson, W. A. Pitt, I. Daniels, L. W. Cock, C. L. Dunn, F. C. Ackland, C. A. Fortin, W. L. Cockcroft, R. M. Quin, R. N. Woodley, R. W. Jubb, R. Tarbuck, R. S. Muir, R. C. Morris, R. D. C. Rose, J. W. Barber, G. Young, G. E. A. Thomas, D. P. G. O'Sullivan, W. Campbell, R. R. Lakhadhir, and C. G. Etches.

One passed in the division of Medicine and Therapeutics, 1 in the division of Surgery and Surgical Anatomy, 6 in the division of Midwifery, and 4 in the division of Medical Jurisprudence.

#### CONJOINT BOARD IN ENGLAND.

SECOND EXAMINATION.—THE following gentlemen have passed the Examination in the subjects indicated:

Anatomy and Physiology.—T. C. Rutherford, St. Thomas's Hospital; C. H. Robertson, W. H. Cole, G. H. H. Mansfield, A. H. E. Wall, W. E. J. Tuohy, J. T. Hicks, and E. Faulds, Guy's Hospital; J. H. D. Bolton, H. A. Lyth, G. F. I. Harkness and C. A. Hewavitarana, University College, London; H. T. Seymour and M. T. Williams, London Hospital; C. F. Day, C. J. A. N. Mercier, and J. Couper, Charing Cross Hospital; E. A. Bell, King's College, London; G. S. Hughes, W. A. Rees, Middlesex Hospital; G. T. D. Elder, Cambridge University and St. Mary's Hospital; F. H. Nock and T. C. Neville, St. Bartholomew's Hospital; C. U. Ind, St. Thomas's Hospital; J. H. Hurst, Yale University and St. Thomas's Hospital; A. E. Pinniger and D. Smith, Middlesex Hospital; L. W. Forsyth, Cambridge and Middlesex Hospital; E. Roberts, F. L. Thomas, M. W. Cohen, H. T. Palmer, K. Anderson, and T. M. Smith, Guy's Hospital; F. M. G. Tullock, H. M. Major, and F. S. Langmead, St. Mary's Hos-

pital; R. H. Lee, King's College, London; L. R. Tosswell, L. C. Ferguson, N. Macfadyen, F. E. Waterfield and L. Galsworthy, St. Bartholomew's Hospital; J. Jones, London Hospital; J. W. W. Adamson, St. George's Hospital.

Anatomy only.—E. W. Toulmin, St. Mary's Hospital; S. B. Atkinson, St. Bartholomew's Hospital.

Physiology only.—F. J. Russell, London Hospital; U. M. Asplin, Cambridge University and King's College, London.

Twenty-six gentlemen were referred in both subjects, four in anatomy, and two in physiology.

FIRST EXAMINATION UNDER THE "FOUR YEARS" REGULATIONS.—The following gentlemen have passed this Examination in the subjects indicated:

Part I. Chemistry.—R. A. Robinson, University College and School of Science, Technology and Art, Liverpool.

Part II. Materia Medica.—J. R. Clements, Jefferson Medical College, Philadelphia, Cambridge University, and St. Thomas's Hospital; W. S. Armstrong, St. George's Hospital; A. Gentel, St. Mary's Hospital; M. B. Oliver, University College, London; and E. R. L. Thomas, London Hospital.

#### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

PRELIMINARY SCIENCE EXAMINATION FOR THE LICENCE IN DENTAL SURGERY.—The following gentlemen have passed this Examination:

H. Chapman, B. S. Dewhurst, and H. C. Highton, Victoria Science and Art School, Southport; L. Myer and W. S. Rose, Birkbeck Literary and Scientific Institute; J. G. Morrell, High School, Middlesbrough; and T. Stordy, Harris Institute, Preston.

Fourteen gentlemen were referred for three months.

#### ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

DR. J. B. COLEMAN, Physician to the Richmond, Whitworth, and Hardwicke Hospitals, and Dr. F. C. Martley have been elected Fellows of the College.

#### SOCIETY OF APOTHECARIES OF LONDON.

PRIMARY EXAMINATION, PART II.—The following candidates have passed in:

Anatomy.—J. M. Barlet, St. Mary's Hospital; J. H. Bennett, Birmingham; C. C. Bernard, Royal Free Hospital; W. E. Cuthbertson, Bristol and Glasgow; H. J. Gater, Guy's Hospital; S. K. K. Haslam, Royal Free Hospital; F. Heffer, Cambridge, S. F. Hickman, Royal Free Hospital; G. W. C. Hollist, Guy's Hospital; R. L. Jones, Cambridge and Middlesex Hospital; A. Kellgren, Royal Free Hospital; J. M. King, Edinburgh and University College Hospital; C. E. H. Leggett, St. Mary's Hospital; F. Marriott, Edinburgh; J. L. Martin, St. Mary's Hospital; A. E. Maturin, Guy's Hospital; O. C. H. L. Moll, Durham and Guy's Hospital; G. Raymond, St. Thomas's Hospital; D. Roberts, University College Hospital; W. Thorp, Royal Free Hospital; J. E. Turle, University College Hospital.

Physiology.—J. M. Barlet, St. Mary's Hospital; J. H. Bennett, Birmingham; C. C. Bernard, Royal Free Hospital; E. J. Crew, Guy's Hospital; S. R. Dudley, St. Bartholomew's Hospital; H. J. Gater, Guy's Hospital; F. Heffer, Cambridge; S. F. Hickman, Royal Free Hospital; G. W. C. Hollist, Guy's Hospital; R. L. Jones, Cambridge and Middlesex Hospital; F. P. Joscelyne, Leeds; A. Kellgren, Royal Free Hospital; C. E. H. Leggett, St. Mary's Hospital; N. Lipscomb, St. Bartholomew's Hospital; F. Marriott, Edinburgh; J. L. Martin, St. Mary's Hospital; H. Mills, St. Bartholomew's Hospital; O. C. H. L. Moll, Durham and Guy's Hospital; D. Roberts, University College Hospital; W. Thorp, Royal Free Hospital; J. E. Turle, University College Hospital; F. J. Turner, Guy's Hospital.

PRIMARY EXAMINATION, PART I.—The following candidates have passed in:

Biology.—E. J. Howes, Liverpool; A. J. O'Leary, Liverpool; D. Roberts, University College Hospital; E. P. Turner, Birmingham; E. N. L. Wilson, Royal Free Hospital.

Chemistry.—A. J. Ambrose, Westminster Hospital; L. Denny, Royal Free Hospital; G. P. K. Grey, Middlesex Hospital; E. M. Handley, Royal Free Hospital; E. J. Howes, Liverpool; A. H. Muirhead, St. Bartholomew's Hospital; A. J. O'Leary, Liverpool; H. G. Peel, Leeds; Z. Rowlands, Royal Free Hospital; E. N. L. Wilson, Royal Free Hospital.

Materia Medica and Pharmacy.—St. C. G. Ballenden, Birmingham; T. Burdekin, University College Hospital; J. C. S. Dunn, St. Bartholomew's Hospital; A. B. Dunne, Cambridge and Leeds; F. R. Featherstone, Guy's Hospital; T. L. A. Jones, Cardiff; A. J. O'Leary, Liverpool; G. H. Watson, St. Bartholomew's Hospital.

FEMALE INEBRIETY.—In an address to the Charity Organisation Society on the Industrial Farm Colony at Duxhurst, Lady Henry Somerset stated that inebriety among women was not diminishing, but rather increasing. This has been the testimony of the managers of homes for female inebriates for a number of years before the Reigate undertaking was established four years ago. The accumulated experience of such judiciously conducted institutions as the old-established Brownsland Home in Scotland and Bergmont Sanatorium at Liverpool, confirmed by that at Duxhurst, completely disposes of the traditional disbelief in the curability of female inebriates. The accommodation for female inebriates committed under the new Inebriates Act has been increased by the licensing of an inebriate reformatory for twelve women at Duxhurst, and of another for Roman Catholic women at Ashford, Middlesex, to be known as St. Joseph's Home.

## MEDICAL NEWS.

THE date of the Cavendish Lecture before the West London Medico-Chirurgical Society is Friday, June 16th, and not June 13th, as stated in a previous issue.

A STATE SCHOOL OF PUBLIC HEALTH.—A Bill is now before the Legislature of New York providing for the establishment of a State school of public health, in which there will be carried on scientific and laboratory investigations into the character of infectious and contagious diseases, and analyses of water, milk, and other food supplies. The Bill also provides that free instruction in sanitation and the prevention of disease shall be given to all members of local health Boards who may apply for such instruction. An appropriation of \$25,000 (£5,000) is made for fitting up the building of the New York University in East Twenty-sixth Street near the First Avenue as such a State school of public health, and \$25,000 additional is appropriated for the purchase of supplies and apparatus for the proposed school. Dr. Henry, who is the promoter of the Bill, has succeeded in securing a favourable report on it by the Ways and Means Committee, whereby it is brought before the Assembly for consideration. Some active opposition to the Bill may, it is said, be looked for.

RAID ON MASSAGE HOUSES.—The police, at the instigation of the Vestry of St. James's, have at last taken a decided step with regard to the West End massage houses, and on Saturday last at Marlborough Street three women were charged on a warrant with keeping a common, bawdy, ill-governed, and disorderly house in Jermyn Street. On the same day Mrs. Lavender Ross and two other women were charged with keeping a similar establishment in Cork Street. On Monday, Thomas William Hill Wilson, aged 29, was arrested on charges connected with the house in Jermyn Street. It was stated that he had other establishments, and that he moved the women from one to another. He had been warned by the Vestry in January last, but had declared his intention of carrying on the business, which was advertised by sandwichmen in the street. His bank-book showed that the takings in January were £180, and in March £232. The women were allowed out on bail, but in the case of Wilson bail was refused. During the last few days the sandwichmen have practically disappeared from the streets, and the brass plates have been hastily removed from most of the massage houses. Now that the police have turned their attention to the matter, they are likely to have their hands full.

A MEETING of registered dentists was held in Manchester last month to discuss the desirability of withdrawing the keeping of the *Dentists' Register* and the administration of the Dentists Act from the General Medical Council, to form a separate dental council, and to discuss the subject of safety in the administration of anaesthetics. We are informed that the meeting was chiefly composed of dentists registered without qualification under the waiver clauses of the Act. The character of the meeting is, however, stamped by two things: first, that a public lecture upon anaesthesia reform was proposed, a thing which can hardly be productive of any effect beyond the advertisement of individuals who are hardly in a position to throw much light on this subject; and secondly, that the ground of complaint against the General Medical Council was the report of the committee appointed to procure an amendment of the law respecting company practice; it was alleged that the interests of the dentists were being betrayed by the reticence of that report, and that incomplete and confidential communications with a Government department should have been disclosed. Had this sort of thing been done it is hardly likely that the committee would have conducted their negotiations to the successful issue now reached.

## MEDICAL VACANCIES.

The following vacancies are announced:—

BATH: EASTERN DISPENSARY.—Resident Medical Practitioner. Salary, £100 per annum, with furnished apartments, coals, gas, and domestic attendance. Applications to Colonel F. V. Eyre, Honorary Secretary, Rockville, Lansdown, Bath, by April 22nd.

BETHNAL GREEN BOARD OF GUARDIANS.—Second Assistant Medical Officer for the Workhouse and Infirmary, Waterloo Road, Victoria Park. Appointment for six months, subject to re-election. Salary at the rate of £80 per annum, with rations,

furnished apartments, and washing, and £8 per annum in lieu of beer. Application on forms provided, to the Clerk to the Board, Guardians' Administrative Offices, Bishop's Road, Victoria Park, N.E., by May 4th.

BIRMINGHAM CITY ASYLUM.—Resident Clinical Assistant. Board and lodging provided. Applications to the Medical Superintendent.

BIRMINGHAM: GENERAL HOSPITAL.—House-Surgeon. Appointments for six months. No salary, but residence, board, and washing provided. Applications to the House Governor by April 29th.

BIRMINGHAM AND MIDLAND EAR AND THROAT HOSPITAL.—House-Surgeon. Appointment for six months, subject to re-election. Salary at the rate of £42 per annum, with board, lodging, and washing. Applications to the Secretary at the Hospital, Edmund Street, Birmingham, by April 16th.

BLACKBURN AND EAST LANCASHIRE INFIRMARY.—Junior House-Surgeon. Salary to commence at £60 per annum, with board, washing, lodgings, etc. Applications to the Secretary, 15, Richmond Terrace, Blackburn, by April 22nd.

BRISTOL ROYAL HOSPITAL FOR SICK WOMEN AND CHILDREN.—House-Surgeon. Salary, £100 per annum, with room and attendance. Applications, endorsed "House-Surgeon," to be addressed to the Secretary by April 26th.

CARLISLE DISPENSARY.—House-Surgeon. Salary, £180 per annum, with apartments. Applications to Mr. G. A. Lightfoot, Hon. Secretary, 14, Bank Street, Carlisle, by April 22nd.

DARLINGTON HOSPITAL AND DISPENSARY.—House-Surgeon; unmarried. Salary, £140 per annum with rooms. Applications to the Secretaries, 80, Bondgate, Darlington, by April 20th.

DENTAL HOSPITAL OF LONDON MEDICAL SCHOOL, Leicester Square.—Demonstrator on Dental Surgery. Honoraryarium, £25 a year. Applications to the Dean by April 19th.

GREAT NORTHERN CENTRAL HOSPITAL, Holloway Road, N.—Assistant Anaesthetist. Appointment for six months. Salary at the rate of 10 guineas per annum; and Surgeon to Out-patients, must be F.R.C.S.Eng. Applications to the Secretary by April 17th.

HOSPITAL FOR WOMEN, Soho Square, W.—House-Physician. Appointment for six months. Salary, £30. Applications to the Secretary by April 22nd.

KILBURN, MAIDEN VALE, AND ST. JOHN'S WOOD GENERAL DISPENSARY.—Vacancy on Honorary Medical Staff. Applications to the Secretary, 13, Kilburn Park Road, by April 22nd.

KNIGHTON UNION.—Medical Officer and Public Vaccinator for the Llanbister Union. Assistant to the district. Salary, £90 per annum, with usual medical fees, and fees for vaccination. Applications to the Clerk by April 19th.

LEEDS HOSPITAL FOR WOMEN AND CHILDREN.—House-Surgeon (non-resident). Appointment for twelve months. Salary, £90 per annum. Applications to the Secretary of the Faculty by April 10th.

LEWES DISPENSARY AND INFIRMARY AND VICTORIA HOSPITAL.—Resident Medical Officer. Salary, £90 per annum, with furnished apartments, board, coal, gas, and attendance. Applications to the Hon. Secretary, Mr. Reginald Blakey, Lewes, by April 22nd.

LONDON COUNTY ASYLUM, Claybury, Woodfordbridge, Essex.—Junior Assistant Medical Officer, between 23 and 30 years of age. Salary, £150 per annum, with board, furnished apartments, and washing. Applications on forms provided to be sent to the Asylums Committee, Office, 6, Waterloo Place, S.W., by April 9th.

LONDON HOSPITAL, Whitechapel, E.—Obstetric Registrar. Application to the House-Governor by May 4th.

LONDON TEMPERANCE HOSPITAL, Hampstead Road, N.W.—Medical Registrar. Salary, 50 guineas per annum. Applications to the Secretary.

MANCHESTER: CHORLTON-UPON-MEDLOCK DISPENSARY.—Resident House-Surgeon. Salary, £120 per annum, with furnished rooms and attendance. Applications to the Hon. Secretary by April 26th.

NORTH-WEST LONDON HOSPITAL, Kentish Town Road.—Resident Medical Officer and Assistant Resident Medical Officer. Appointments for six months. Salary at the rate of £50 per annum attaches to the senior post. Applications to the Secretary by April 24th.

NOTTINGHAM GENERAL HOSPITAL.—Assistant House-Physician. Appointment for twelve months. Salary £50, with board, lodging, and washing. Applications to the Secretary by April 22nd.

READING: ROYAL BERKS HOSPITAL.—Vacancy on Medical Staff. Applications to the Secretary by May 8th.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.—House-Physician. Appointment for six months. Salary at the rate of £40 per annum, with board, lodging, and washing. Applications to the Secretary by April 19th.

ST. GEORGE'S UNION.—Second Assistant Medical Officer at the Infirmary, Fulham Road. Salary, £50 per annum with board, residence, and washing. Applications to Dr. H. W. Webster at the Infirmary.

SHEFFIELD ROYAL INFIRMARY.—Junior Assistant House-Surgeon. Salary, £50 per annum, with board, lodgings, and washing. Applications to the "Medical Staff of the Royal Infirmary, Sheffield," care of the Secretary, by April 19th.

STOKEPORE INFIRMARY.—Assistant House- and Visiting-Surgeon. Salary £70 per annum, with board, washing, and residence; also a Junior Assistant House-Surgeon. Salary £2 per mansein, with board, washing, and residence. Applications to the Secretary by April 18th.

SWANSEA GENERAL AND EYE HOSPITAL.—House-Surgeon. Salary, £50 per annum, with board, apartments, and attendance. Applications to the Secretary by April 25th.

VICTORIA HOSPITAL FOR CHILDREN.—House-Physician. Appointment for six months. Salary at the rate of £50 per annum, with board and lodging. Applications to the Secretary, at the Hospital, Queen's Road, Chelsea, S.W., by April 29th.

WEST LONDON HOSPITAL, Hammersmith Road, W.—Assistant Physician: must be F. or M.B.C.P. Lond. Applications to the Secretary-Superintendent by May 3rd.

WREXHAM INFIRMARY.—House-Surgeon. Salary £90 per annum, with board, washing, and furnished apartments. Applications on forms provided to be sent to the Secretary, by April 17th.

## MEDICAL APPOINTMENTS.

AMBROSE, W. C., M.R.C.S., L.R.C.P., appointed House-Surgeon to the East London Hospital for Children, Shadwell, vice Stuart B. Reid, M.A.Camb., M.R.C.S., L.R.C.P., resigned.

ANDERSON, A. C., M.B., C.M.Edin., appointed Assistant House-Surgeon to the Taunton and Somerset Hospital.

BODINGTON, A. E., L.S.A., appointed Clinical Assistant to the Chelsea Hospital for Women.

BRICKWELL, F., M.B.Lond., M.B.C.S., L.R.C.P., appointed Junior Assistant Medical Officer in the Cumberland and Westmorland Asylum, Carlisle.

GAYLOR, Edward, L.R.C.P. Edin., L.F.P.S.Glasg., appointed Medical Superintendent Belper Joint District Isolation Hospital.

GIMBLETT, W. H., M.D.Durh., appointed Medical Officer of Health to the Buckhurst Hill Urban District, vice H. Brown, L.R.C.P. Edin., resigned.

GRAHAM, F. M., F.R.C.S., L.R.C.P. Edin., appointed Medical Officer for the Whitmore District of the Newcastle-under-Lyme Union.

HILL, Charles A., M.B., B.C., M.A.Camb., M.R.C.S.Eng., appointed Assistant to the Bacteriologist to the Royal Commission on Sewage Disposal.

JONES, Hugh Edward, M.R.C.S., L.R.C.P., late Senior Assistant-Surgeon, appointed Honorary Surgeon to the Liverpool Eye and Ear Infirmary.

MCHILLIGOTT, Maurice G., D.P.H., L.R.C.P.I., L.R.O.S.I., appointed Deputy Medical Superintendent Belper Joint District Isolation Hospital.

MACLAAREN, J. P., M.A., M.B., C.M., appointed Clinical Assistant to the Chelsea Hospital for Women.

MARTIN, E. C., M.R.C.S., L.R.C.P., appointed [Junior House-Surgeon] to the Great Northern Central Hospital.

SMITH, J. M., M.D.Glasg., D.P.H.C.P. Edin., appointed Parochial Medical Officer Dundonald, vice Wm. Alexander, M.D., C.M.Glasg., retired.

TINSLEY, S., L.F.P.S., Glasg., appointed Medical Officer for the Huggarts District of the Pocklington Union.  
 VOORTMAN, John Bernard, L.R.C.S.E., L.R.C.P.E., and L.F.S., and P.Glasg., appointed Government District Surgeon for the Town and District of Fauresmith, Orange Free State, South Africa, *vice Dr. A. E. W. Ramsbottom*, resigned.  
 WILSON, Geo. O'Keeffe, L.R.C.P., L.M., L.R.C.S.I., etc., appointed Assistant Temporary Physician to Cork Street Fever Hospital and Houses of Recovery, Dublin.  
 WILLOUGHBY, W. G., M.D. Lond. (Med. and State Med.), D.P.H. Camb., M.R.C.S., L.R.C.P., reappointed Medical Officer of Health to the Borough of Eastbourne.

## DIARY FOR NEXT WEEK.

## TUESDAY.

## Pathological Society of London.

20, Hanover Square, W., 8.30 P.M.—Mr. T. P. Chavasse: Note on a Case of Gastrectomy with special reference to Dr. Banting's "Two Cases of Spontaneous Amputation with Internal Haemorrhage in Infants."—Dr. J. H. Drysdale: Three Cases of Sprue.—Dr. Stacey Wilson: Cysts of Hearts with Dilated Eight Ventricles.—Dr. Russell and Mr. Buzzard: Cysts in Human Liver containing Paramaecia.

Dr. W. J. Hadley: Peculiar Lardaceous Liver.—Dr. H. Morley Fletcher: Atrophy of Parietal Bones.  
 Chinese Clinical Society, Jenner Institute of Preventive Medicine, New Square, W., 8.30 P.M.—Discussion on Recent Investigations into the Etiology and Pathology of Tuberculosis, in which Professors Sims Woodhead, Sidney Martin, and Watson Cheyne will take part.

## WEDNESDAY.

## Royal Meteorological Society.

25, Great George Street, Westminster, S.W., 7.30 P.M.

Royal Microscopical Society, 20, Hanover Square, W., 8 P.M.—Papers by Dr. G. H. Savage and Dr. H. G. Turney.

## THURSDAY.

## Harveian Society of London.

8.30 P.M.—Clinical Evening.

## FRIDAY.

## Epidemiological Society of London.

11, Chandos Street, Cavendish Square, W., 8.30 P.M.—Dr. F. R. Blaxall: The Relations of Bacteriology to Epidemiology.

Society of Anæsthetists, 20, Hanover Square, W., 8.30 P.M.—Papers by Dr. G. H. Savage and Dr. H. G. Turney.

## 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.

FEATHERSTONE.—On Thursday, March 30th, at Ballandalloch, Blackheath, the wife of J. A. Featherstone, M.B., of a daughter.

HOSSACK.—On April 9th, at The Pentlands, Woodbridge Road, Ipswich, the wife of James Hossack, F.R.C.S. Edin., of a son.

NEWBOLT.—On April 12th, at 42, Catherine Street, Liverpool, the wife of George Palmerston Newbolt, M.B. Dur., F.R.C.S., of a daughter.

## MARRIAGES.

CARTER—RICHARDSON.—On April 5th, at the Magheragall Parish Church, Lisburn, co. Antrim, by Rev. J. P. Maud, M.A., Vicar of Magheragall, Lisburn, assisted by the Rev. Dr. Walker, L.L.D., Rector of Magheragall. Eustace George Carter, M.R.C.S. Eng., of Chapel Allerton, Leeds, youngest son of the late Joseph Barron Carter, M.R.C.S. Eng., to Josephine Mary (Euse) youngest daughter of Joseph Richardson, Esq., Springfield, Lisburn, co. Antrim.

CROSS—BERGER.—On April 5th, at Holy Trinity Church, New Barnet, by the Rev. G. E. Gardner, Ernest William Cross, M.R.C.S. Eng., L.R.C.P. Lond., of Leytonstone, Essex, son of William Henry Cross, of St. Bartholomew's Hospital, to Constance Mary, daughter of the late Rev. H. J. Berger, of St. Philip's, Ilford. No cards.

EDWARDS—LUCAS.—On April 11th, at the Church of King Charles the Martyr, Falmouth, Edward Charles Edwards, M.D. Edin., of Swan, Penzance, second son of Henry Charles Edwards, of Woodbridge, to Elen Bagcome, second daughter of the late Frederic Lucas, Paymaster R.N., and of Mrs. Lucas, of Falmouth.

HALL—BITCHIE.—On the 8th inst., at St. Anne's Church, Wandsworth, by the Rev. Norman Campbell, M.A., Thomas Lambert Hall, M.R.C.S., L.S.A., Townsend House, Dilwyn, Herefordshire, to Grace Agnes Harbottle, fourth daughter of the late Dr. Bitchie, of Ousey, Yorkshire, and Mrs. Bitchie, of 30, Earlsfield Road, Wandsworth.

HUNTER—FREW.—At 12, St. James's Terrace, Hillhead, Glasgow, on April 5th, by the Rev. Thomas Adamson, D.D., assisted by the Rev. J. Dykes Lang, brother-in-law of the bride, James Ewing Hunter, M.B. and C.M., to Margaret Scott Frew, youngest daughter of the late Alexander Frew, Glasgow. At home Duncairn, Helensburgh, first, second, third Fridays after August.

MASON—LANGHORNE.—On April 6th, at St. Peter's Church, Woolley, Wakefield, George A. Mason, M.A., M.B., F.R.Cantab., of 45, George Street, Portman Square, W., to Alice Wood, eldest daughter of Mr. Ernest Langhorne, Solicitor, Woolley Moor House, Wakefield.

MORICE—SEDDON.—On November 29th, 1893, at Wellington, New Zealand, Charles G. F. Morice, F.R.C.S. Edin., of Greymouth Hospital, to Louise Jane Spottwood, third daughter of the Right Hon. Mr. J. Seddon, P.C., L.L.D., Premier of New Zealand.

STEPHENS—BROWNE.—On January 14th, at St. George's Cathedral, Cape Town, by the Rev. W. Sarkey, Henry Woolcott, M.R.C.S., second son of the late Daniel Woolcott Stephens, of Woodford, Essex, to Margaret Mabel, third daughter of Joseph Liasing Browne, of Cardiff.

TIDSWELL—CALLEY.—On the 11th inst., at St. Mark's Church, Surbiton, Surrey, by the Rev. J. H. Calley, brother of the bride, and the Venerable Archdeacon Burney, Herbert Henry Tidwell, M.R.C.S., L.R.C.P. Lond., of Camborne, Cornwall, to Agnes Elizabeth Calley, youngest daughter of the late Rev. Charles Calley, Rector of Blunsdon St. Andrew, Wiltshire.

## DEATHS.

GIBBINGS.—On the 9th inst., at his residence, 33, Richmond Road, Dalston, London, Alfred Thomas Gibbings, M.D. Lond., aged 50 years.

HAYDON.—In loving memory of William Chatterley Haydon (eldest son of the late William Rudall Haydon, M.D.), born May 20th, 1877; died asleep April 8th, 1899, at 37, St. Peter's Street, Tiverton, the result of his unfeeling, unselfish devotion to his father during his last illness. Friends will kindly accept this, the only intimation.

RENTON.—On March 31st, at Brighton, suddenly, William Renton, L.R.C.S., L.R.C.P., L.M. Edin., L.S.A. Lond., late of Knaresborough, aged 52 years. Interred in the family vault at Knaresborough Parish Church, April 4th.

ROWLANDS.—James Rowlands, F.R.C.S., 51, King Street, Carmarthen, in his 85th year.

SCOTT.—On the 23rd ult., at Worthing Sussex, Alice Godwyn, wife of Kenneth Scott, Cairo, Egypt.

## DIARY.

## [APRIL 15, 1899.]

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

CANCER, 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.  
 CHAING CROSS. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Skin, M. Th., 1.45; Dental, M., 9; Throat and Ear, F., 9.30. *Operations*.—Th. F., 8.  
 CHELSEA HOSPITAL FOR WOMEN. *Attendances*.—Daily, 1.30. *Operations*.—M. Th. F., 2.  
 CITY ORTHOPÆDIC. *Attendances*.—M. Tu. Th. F., 2. *Operations*.—M. Th. F., 4.  
 EAST LONDON HOSPITAL FOR CHILDREN. *Operations*.—M. W. Th. F., 2.  
 GREAT 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; Dental, W., 2. *Operations*.—M. W. Th. F.  
 GUY'S. *Attendances*.—Medical and 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. *Operations*.—Tu. F., 1.30; (Ophthalmic), M., 1.30; Th., 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, Tu., 9. *Operations*.—Daily, 2.  
 LONDON TEMPERANCE. *Attendances*.—Medical, M. Tu. W. Th. F., 1.30; Surgical, M. Th., 1.30. *Operations*.—M. Th., 4.  
 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., 2.30; Th., 4.  
 MIDDLESEX. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th., 1.30; o.p., M., 9; W., 1.30; Eye, Tu. F., 9; Ear and Throat, Tu. F., 9; Skin, Tu., 4; Th., 9.30; Dental, M. F., 9.30; W., 9. *Operations*.—Daily, 1.30.  
 NATIONAL ORTHOPÆDIC. *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, Frith 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 ORTHOPÆDIC. *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, Tu. W. Th. S., 2; o.p., M. Tu. F., 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. *Electro-ribo*, M. Tu. Th. F., 1.30. *Operations*.—Daily, 1.30; (Ophthalmic), Tu. F., 2; Abdominal Section for Ovariotomy, 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., S., 12. *Operations*.—Daily, 1; Ophthalmic, M., 1; Dental, Th., 9.  
 ST. MARY'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., 1.45; o.p., M. Th., 1; Eye, Tu. F., 9; Ear, M. Th., 9; Throat, Tu. F., 3; Skin, M. Th., 9; Dental, W. S., 9; Electric-Therapeutic, M. Th., 2.30; Children's Medical, Tu. F., 9. *Operations*.—M., 2.30; Tu. W. F., 2; Th., 2.30; S., 10; (Ophthalmic), F., 10.  
 ST. PETER'S. *Attendances*.—M., 2 and 5; Tu., 2; W., 2; 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; Ophthalmic, Tu., 1.30; Eye, W. S., 1.30; Ear, F., 2; Skin, M. Th., 9; Throat, M. Th., 1.30; Children, S., 1.30; Children's, 1.30; Electro-therapeutic, 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 FEE 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. Th., 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; 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., London; those concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 420, 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, 420, 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 *Articulat*, London. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate*, London.