

there was some nausea and migraine it was found that the motility of the stomach was very markedly delayed.

In this case (Table VI) we see that although the stomach contents, as far as hydrochloric acid was concerned, were practically normal, the volatile acidity on the contrary was very markedly increased; in fact, the average was not less than 10, and in one examination the volatile acidity was as high as 16. We thus see that in a normal stomach during an attack of migraine, when the motility, no doubt from purely nervous causes, is delayed without any corresponding diminution in either the quantity of the free or proteid hydrochloric acid, there is a distinct increase in volatile acids.

In conclusion we can now briefly consider what appears to have been brought out. In the first place there is a method of estimating the volatile acids that is sufficiently simple, and at the same time accurate, as to be of value in the quantitative analysis of the stomach contents for clinical purposes.

The possible fallacy of the breaking up of proteids, etc., by the superheated steam leading to an increased quantity of volatile acids over that which ought really to be found, can apparently be negatived, in that in the first place the diet in all cases was exactly the same, and the period of time allowed after the tea and toast had been taken being exactly the same, one would expect, all things being equal, the amount of proteids would not vary very much, and in the next place, which is well borne out in Table I, the method yields results in the four control analyses, given in the table, which correspond so closely that for all purposes of comparison they are similar.

It is seen that the apparently normal stomach contains a certain amount of volatile acids, but so long as the quantity of free hydrochloric acid secreted by the stomach is sufficient and the gastric motility is not interfered with, this quantity averages not over 3.2. If, however, the free hydrochloric acid is decreased from any cause, even in spite of the motility being normal, the volatile acidity averages 7.6.

When we turn to cases in which the gastric secretion is apparently normal, although the motility is diminished, we find here that with a small excretion of hydrochloric acid the average is 3.7 of volatile acids, that is slightly higher than the average with normal motility, while when the free hydrochloric is low the volatile acids average 7.47.

In a case of migraine, where the chemical composition of the stomach is little altered as far as hydrochloric acid is concerned; in consequence of delayed motility there was a tendency to an increase in volatile acidity. So that these experiment with a more accurate method of estimating the volatile acids than others that have been employed, confirm the results of G. Hoppe-Seyler, etc., that the quantity of free hydrochloric acid influences the quantity of volatile acid in the stomach. The practical value of this in the treatment of stomach cases is, therefore, too apparent to need any comment.

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CASE OF MALIGNANT ŒDEMA: AMPUTATION AT THE THIGH: RECOVERY.

By J. MALCOLM MASON, M.D., D.P.H.CAMB.,
Otaki, New Zealand.

IN a recent number of the BRITISH MEDICAL JOURNAL Drs. Tubby and Wright gave a most instructive account of a disease which they rightly say is nowadays very rare, namely, malignant œdema. They state that as they could not obtain any antitoxin for malignant œdema they decided to use the antistreptococcic serum, and they say "it is difficult to explain the *modus operandi* of the injections of the antistreptococcic serum except on the supposition that the presence of the streptococcus is essential to the rapid development of the bacilli of malignant œdema." I would suggest that the antistreptococcic serum had little or nothing to do with the happy ending of their case. For when one bears in mind the characteristics of the bacillus of malignant œdema, that it is an anaërobic organism, we can at once see that in free oxygen we have an antidote to its growth, the value of which is far greater than can be that of any antitoxin. The fact that the

bacillus was not found in the discharge on the gauze is not to be wondered at, because, as they state, it does not usually appear in the blood till some fifteen or twenty hours after death; moreover, the wound, I take it, had been carefully washed with an antiseptic solution.

CASE I.—A healthy boy, aged 11, fell off a truck at a brickyard; the wheel of the waggon passed over his right leg in such a way that all the soft parts were peeled off the tibia from the ankle to the knee, and the freshly-cut tissues seem to have been rubbed along the surface of the ground. The boy was carried some three miles from the scene of the accident to my house. He was almost unconscious from loss of blood and shock when I saw him. The wound was carefully washed with 1 in 2,000 perchloride solution and the parts brought together by wire sutures. Constant irrigation was applied; but within twenty hours the foot showed signs of gangrene, which spread up the leg most rapidly. Dr. Anson saw the case with me about eight hours later, and by that time the skin was quite brown and emphysematous, and cracking could be felt as high up as the eighth rib on the right side. The boy was quite collapsed and unconscious. The limb was much distended with gas, and as the stitches were cut through the characteristic smell of malignant œdema was very apparent. An hour was allowed to elapse in order to see if any amelioration of the symptoms would take place; then amputation was decided upon, not with much hope of saving his life, but rather that he should not die without something being done. There being a small patch of uncoloured skin on the inner aspect of the thigh, I at first thought of doing an amputation at the hip; but, as there would not have been sufficient sound tissue to cover the wound, we decided to simply cut away the dead part, and I amputated about 2 inches above the knee. As indicating the condition of the parts, I may say that there was not the slightest bleeding, and I did not require to tie any vessels. The boy passed a bad night, and on two occasions seemed about to die, but the free exhibition of brandy by the bowel pulled him through. Within ten hours the emphysema disappeared from the chest and abdomen, and three days later, with the help of Dr. Anson, I did an amputation 2 inches higher up, in order to get a good flap. There was rather free bleeding at the second operation, but the boy made an uninterrupted recovery, with this exception, that the ligature on the femoral cut its way through, and I had to tie it higher up. He is quite well now, and has a very good stump.

In the fact that the bacillus is an anaërobic organism lies one of the great difficulties of cultivating it unless we have an apparatus by which pure hydrogen can be poured over the colony. I managed to raise a weak colony by sinking pieces of tissue deep in the nutrient media to which I added some glucose to act as an absorber of the oxygen. A small portion of this was injected into two guinea-pigs with the result that death took place in about 48 hours, with all the symptoms of malignant œdema. A solution was made of the soil from the place of the accident, and a portion of this was injected over the inside of the thigh of another guinea-pig. This again caused death in 44 hours, with the usual *post-mortem* signs of malignant œdema. The fact that we had to deal with an organism which can only thrive in the absence of oxygen accounts fully for the great and immediate benefit which resulted from the removal of the dead part of the limb and the consequent exposure of the stump to pure air. Reasoning back, I should advise the free use of hydrogen peroxide in the treatment of such a case, because the liberation of free oxygen would be offering the bacillus of malignant œdema the very set of conditions under which it cannot exist.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

THE DANGERS OF CHLOROFORM NARCOSIS.

It is a decided mistake to think that death or threatened death from chloroform must always be from the same cause, as a matter of fact this is not so. When lecturing upon this subject in Queen's College it is my custom to include under the "dangers" of anaesthetics six heads:

1. Sudden death at the beginning of inhalation ascribed to "irritation of the peripheral nervous system, accumulation of CO₂ in the blood, and stoppage of the heart." Bartholow says that in his opinion it is due to the fact that the first chloroform inhaled which reaches the cardiac ganglia paralyzes them, they being in an abnormal state of susceptibility from certain undefined causes.

2. Epileptiform syncope, described by Richardson. Death in this case is due to tetanic rigidity of the respiratory muscles, prior to muscular relaxation, consequently interfering with the pulmonary circulation, with venous engorgement and stoppage of the heart. In this case respiration ceases before the heart beats.

3. Paralysis of the respiratory muscles, which occurs during complete relaxation of the muscles, and is due to want of action of the respiratory centre. Again respiration ceases first.

4. Paralysis of the heart from too concentrated a chloroform vapour. The motor ganglia are paralysed and the heart ceases suddenly to act, the indications being sudden stoppage of the heart, paleness of the face, and dilatation of the pupil whilst respiration continues.

5. Death from depression of the functions by chloroform and the shock of the operation or accident requiring operation. This may occur during full anaesthesia, but may be the result of imperfect anaesthesia. Dr. Lauder Brunton reminds us that:

In very many cases of so-called death from chloroform during operations we find it noted as a matter of surprise that death should have occurred as the quantity of chloroform given was so small. The reason that death occurred probably was because the quantity of chloroform given was so small. Had the patient been completely anaesthetised the risk would have been very much less. The reason why imperfect anaesthesia is so dangerous is that chloroform does not paralyse all the reflexes at the same time. A very large proportion of the deaths from chloroform occur during the extraction of teeth, and we may take this operation as a typical one in regard to the mode of action, both of the sensory irritation and of the chloroform. When a tooth is extracted in a waking person the irritation of the sensory nerve produced by the operation has two effects: (1) It may, acting reflexly through the vagus, cause stoppage of the heart and a consequent tendency to syncope. (2) It causes reflex contraction of the arterioles, which tends to raise the blood pressure and counteract any tendency to syncope which the action of the vagus may have produced. In complete anaesthesia all these reflexes are paralysed, and thus irritation of the sensory nerves by the extraction of the teeth has no effect either upon the vagus or upon the arterioles. In imperfect anaesthesia, however, the reflex centre of the arterioles may be paralysed while the vagus centre is still unaffected. The irritation caused by the extraction of the tooth may then cause stoppage of the heart, and there being nothing to counteract the tendency to faint, syncope occurs, and may prove fatal.

6. Death from suffocation due to vomited matter, or blood getting into the trachea.

VICTOR G. L. FIELDEN, M.B.

Anæsthetist to the Ulster Hospital for Children and Women, Belfast.

LUMBAR COLOTOMY FOLLOWED BY THE PROTRUSION OF A POLYPUS.

M. W., aged 64, widow, applied to me on March 21st with advanced rectal cancer (cylindroma), which had evidently existed several years. The upper part of the rectum was deeply fixed, and all but occluded by a hard brawny mass.

On March 24th lumbar colotomy was performed. Four days afterwards the bowel spontaneously opened close to one of the silk sutures, and the aperture was soon enlarged by the fæces. Two days later a pedunculated growth larger than a cherry, with a stalk which must have been at least an inch long, was found resting on the skin. It was removed and the peduncle ligatured. Microscopically it shows the abnormal proliferation of Lieberkühn's follicles, characteristic of rectal malignancy. The patient is doing well, has fair control over the evacuations, and has ceased to pass any *per ano*.

Though clinically of no importance the above incident is unusual. There had been no symptoms of the condition apart from the ordinary ones of cancerous deposit. The polypus must have been attached to the colon, near the junction of the transverse and descending portions, where the opening in lumbar colotomy usually takes place. This constitutes the conspicuous advantage of that operation over the inguinal method, apart from the greater safety of the former. By dragging down the bowel as low as possible before suturing, an efficient spur is obtained and the rectum shut off. By separating the muscle fibres around instead of cutting, good muscular control of the new anus is ensured.

Gloucester Place, W.

HERBERT SNOW.

SUBCUTANEOUS RUPTURE OF HYDROCELE.

MAY I be allowed to add the following to the recorded cases of the above comparatively rare accident?

A slater and plasterer, aged 48, had both a hydrocele and a scrotal hernia on the right side. The hydrocele was of at least six years' duration, and had been tapped several times. A truss had been worn for the hernia for about three years. The last tapping of the hydrocele was three years ago, and it had become very full.

On April 3rd the patient was plastering the wall of a room, and, in reaching to a point below the scaffold, his truss pressed upon the top of his hydrocele. He felt something

burst, but without great pain. On examining himself he found that the swelling in his scrotum had disappeared, and that his penis was cedematous. He finished plastering the wall, and then came to me. I prescribed a purgative, rest in bed, and lead lotion. The swelling of the penis had almost disappeared next day. He stayed in bed three days, but, contrary to my advice, returned to work in a week.

There is some fluid in the hydrocele now, but it has not reaccumulated as it did after tapping.

DUNCAN J. MACKENZIE, M.D.,
Hon. Surgeon Wood's Hospital.

Glossop.

TREATMENT OF SCARLET FEVER WITH SODIUM SALICYLATE.

For the past few years I have been in the habit of treating scarlet fever patients by means of sodium salicylate added to their mixtures, with such promising results as to almost make this into a routine method. So far I have met with no untoward effects. Especially have I thought it beneficial in instances where other members of the patient's family have developed rheumatism after scarlet fever, or where there has been marked swelling of the tonsils, or vague forms of late rise of temperature. When procurable I always prescribe the salt that is physiologically pure.

Wolverhampton.

T. DOBSON POOLE, M.D.

A COLOUR-BLIND MYOPIC RAILWAY SERVANT.

A YOUNG man presented himself some time ago and gave the following history: He said he had always been a little near-sighted, but about five years ago he was accepted as a railway porter. Soon after, his vision having been tested, he was passed as a signalman. On examination now V. R.₆—2Sp.= $\frac{1}{2}$, L.₆—1Sp.= $\frac{1}{2}$. Tested with Holmgren's wools, he was found to confuse reds, greens, greys, and browns. There was no evidence of retrobulbar neuritis, and he was a very moderate smoker. He is conscious of his defect, and dreads dismissal. When he was "examined" by the superintendent a few weeks previously he was told that there was something wrong with his eyes, and that he had better have them seen to, as possibly in five years' time, when his next "examination" was due, he might not pass.

Comment on this case is unnecessary, for signalmen whose vision is one-sixth of the normal are not uncommon, and colour blindness complained of by a man in the out-patient room is presumptive evidence that he is a railway servant.

Bath.

W. M. BEAUMONT.

POISONING BY THE APPLICATION OF BELLADONNA PLASTER.

I THINK it well to mention that I have also attended a case of belladonna poisoning a few weeks ago. A clergyman procured an ordinary perforated belladonna plaster from a chemist and applied it to his back, after first rubbing the skin freely with a towel. In a few hours he could not read and was delirious all night. I was sent for early in the morning and found him with well-marked symptoms of atropine poisoning, and picking up "snakes" and other animals from his bed. Finding he had a plaster on, I removed it, but it was many days before he was able to read or do any mental work.

Christ's Hospital, E.C.

H. ALDERSMITH.

TREATMENT OF NOCTURNAL INCONTINENCE OF URINE.

I FIND antipyrin the most satisfactory drug for general use in functional nocturnal incontinence of urine in children. It soon gives obvious good effects, often in striking contrast to the doubtful results from such drugs as belladonna, pichi, and rhus aromatica. My use is to give one nightly dose say of 8 or 10 gr. for a boy 7 years old, and gradually increase. I have continued to do this for a period of four months without production of an exanthem or other bad symptom. As the habit appears to be broken or modified a course of arsenic may be added, pushing it if well borne. In one lad, aged 7, who had suffered since infancy, and whose incontinence occurred several times each night, the amendment was so marked that after a month's treatment (10-gr. nightly doses) he entirely escaped for a period of five weeks. Of course, any reflex cause must be treated, phimosis, oxyurias, etc. Scolding

children, or even appearing to unkindly blame them for this trouble, has a most evil effect on their buoyancy of temperament and character.

LESLIE PHILLIPS, M.D.,
Surgeon, Birmingham Skin and Urinary Hospital.

STRANGULATION BY A SOLITARY BAND: OPERATION: RECOVERY.

W. J., aged 20, a heavily-built farm labourer, came on August 10th complaining of pain in the belly and a feeling of nausea. He had felt uncomfortable for two days, his bowels being last open on August 8th. On August 11th he was sick and restless, and in a good deal of pain referred to the umbilicus. His temperature was normal, respirations 20, somewhat shallow, and pulse 90. He had passed flatus during the night but no fæces. A large plain water enema was given; the major part was retained the returned portion being tinged yellow. He was given nepochin every four hours. At 7 A.M. on August 12th, the pain was more severe, the vomiting incessant but not fæcal, and no flatus had passed; the pulse 114, of fair strength and not wiry. The peristaltic movements of distended coils of intestine were seen under the abdominal wall. The belly was round and prominent; there was no dulness, but a spot of slight tenderness just below the umbilicus.

At 2 P.M. the pulse was 116, the temperature 99°, and the respirations 20. He was sweating and weaker but not at all collapsed. After consultation with my partner, Dr. Wilson, the abdomen was opened in the middle line, and distended coils of small intestine bulged out. A band was felt on the anterior abdominal wall just to the right of the incision, in front of which was a loop of small intestine (ileum). This band was followed up, and felt to terminate about 1½ in. above the umbilicus, where it merged into the round ligament of the liver. It was tied at the junction with the round ligament and cut through; it was also attached to the belly wall, about 1 inch below and 2 inches to the right of umbilicus for about ¾ inch by adhesions easily broken down. Beyond this adhesion the band became much smaller and rounded into a cord, which went down behind the junction of ileum and cæcum; no trace of appendix was seen. About an inch above its termination it was twisted in a loop, through which a double coil of small intestine had slipped and become tightly constricted. The band was cut through at its inferior attachment, and the gut which was not adherent freed. The total length of the band was 15 ins. The abdomen was closed in the usual way. The vomiting ceased immediately and did not return, and flatus was passed the same afternoon.

The bowels opened naturally on the third day and the stitches were removed on the 6th. The recovery was uninterrupted, and there have been no attacks of pain or constipation since.

The previous history was very indefinite, but for two years the patient has been subject to attacks of bellyache and constipation, accompanied by nausea and vomiting. The attacks varied in severity, lasting from one day to seven days. They had always given way to purgatives, and he attributed that to indigestion as they came on more frequently if he ate very much or drank cold things. He did not remember any blow or injury to the abdomen.

Haverfordwest. Y. H. MILLS, M.B.Lond., F.R.C.S.Eng.

UNIVERSITY OF VIENNA.—The total number of students registered in the University of Vienna during the winter semester recently ended was 6,697. Of these 1,382 were ordinary, and 260 extraordinary students of medicine. There were, besides, 654 entered for special courses, of whom 102 were Americans.

THE report for 1898 of the Yarrow Convalescent Home, at Broadstairs, established for the children of middle-class people who are in reduced circumstances, has just been issued. The Home has accommodation for 50 girls and 50 boys, who are admitted between the ages of 4 and 16, and 4 and 14 respectively. The steady progress of the institution is indicated by the increased number of children admitted each year since its opening in August, 1895. For the seventeen months ending December, 1896, the number admitted was 661, for the twelve months ending December, 1897, the number was 601, and for the twelve months ending December, 1898, the number was 947.

REPORTS

ON

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

THE ESSEX HOSPITAL: COLCHESTER.

A CASE OF STONE IN THE BLADDER WHICH HAD FORMED
AROUND AN ORDINARY PIN AS ITS NUCLEUS.

(Under the care of Dr. B. H. NICHOLSON.)

[For the report of the case we are indebted to PERCY D. BARKER, M.R.C.S., L.R.C.P., House-Surgeon.]

S. H., a strong, healthy lad, aged 17 years, was admitted into this hospital on February 6th, complaining of pain in the lower part of the abdomen, greatly aggravated by riding in a cart or jumping about. He suffered also from pain at the end of the penis, and frequency of micturition with sudden cessation of the stream. These symptoms had persisted on and off for a period extending over three years. On admission a sound was passed, and two stones were quite easily detected. The urine was alkaline, of normal specific gravity, and contained a deposit of phosphates but no blood.

The bladder was washed out daily with a warm boracic solution, and on February 10th Dr. Nicholson performed suprapubic cystotomy, and removed the two stones, which are shown in the photographs to be three-quarters of their natural size. The urine being still alkaline, it was deemed advisable to insert a drainage tube into the bladder. This was left in for a week and the wound allowed to granulate. The patient made an uninterrupted recovery.

Upon making an examination of the two calculi, which were composed of phosphates, it was found that in the centre of the larger and mushroom-shaped stone was an ordinary pin, the point being enveloped by the larger end, the stem of the

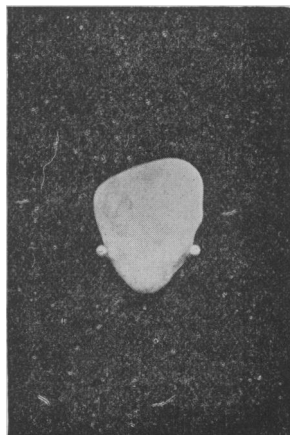


Fig. 1.

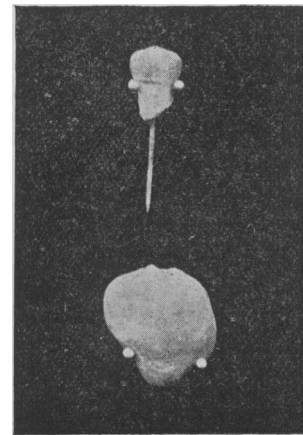


Fig. 2.

pin forming the stalk, whilst the head was enclosed in the smaller end of the stone. The patient denies all knowledge as to how the pin found its way into the bladder, but says that five years ago he was operated upon for an abscess in the abdomen, the scar of which is plainly visible slightly above and to the right of the umbilicus.

This case appears to be especially interesting from (1) the possibility of the pin having in the first instance been swallowed, afterwards perforating the intestine, and setting up the abdominal abscess for which the patient was operated upon five years ago; (2) the extreme rarity of an ordinary pin forming the nucleus of a vesical calculus.

AMERICAN MEDICAL ASSOCIATION.—The American Medical Association will hold its annual meeting this year at Columbus, from June 6th to 9th. Among the subjects proposed for general discussion are Specialism in Medicine; Advertising and the Medical Profession; and the Medical Service of the Army and Navy.

"systematic giving." He wrote articles and pamphlets to show that before we apply any portion of our income to personal uses it is required of us to set apart a tenth for sacred purposes, and though he was the most modest and retiring of men, he often took occasion in the Assembly of the Free Church, to impress his views on its ministers and elders. He had been a member of the Assembly for more than fifty years, and the appearance of his venerable figure on the opening day was wont, in recent times, to be greeted with a burst of applause.

In a sermon preached on Sunday evening, March 12th, the Moderator of the Free Church of Scotland (the Rev. Dr. Whyte, Free St. George's, Edinburgh) thus referred to Dr. Moir: "You may have been in the Assembly when Dr. John Moir rose to make his annual appeal for his scriptural and all-enriching method of laying by us in store, according as God in His goodness to us has prospered us. The moment the wise old saint rises the clerks look at the clock; the front seat reminds him how much business is on the table; the house empties, and all manner of indecent interruptions are heard. But let not his children blush for the noble old man's reception. They will yet see the Assembly garnishing his sepulchre. Like many more of God's servants, he has lived before his time, and the church, in this respect, has not been worthy of him." This reference to his action on a question regarding which he felt keenly, gave the old man, then so near his end, great pleasure. "The Assembly garnishing his sepulchre" was prophetic.

THE death of Mr. GEORGE JOHN HINNELL, of Bury St. Edmunds, occurred suddenly at his residence in that town on April 28th. He was born there in 1823, and educated at the Grammar School, and received his medical training at King's College Hospital, London. He matriculated at the University of London in 1845, and became L.S.A. in 1848, and M.R.C.S.Eng. in 1849. He was an assistant for some time at Tamworth, and House-Surgeon to the Stockport Infirmary, and he commenced practice in Bury about 1855. He was a District Medical Officer in the Thingoe Union for forty years, and Surgeon to various friendly societies. He had an extensive practice, and was held in much esteem by all classes of the community. He leaves a widow, two sons, and three daughters. His second son, Dr. J. S. Hinnell, had been for several years in partnership with him. Mr. Hinnell did his professional work as usual up to the date of his death, which was due to syncope.

THE senior member of the profession in Paddington, Mr. WILLIAM THORN, died on May 4th at his residence in the Harrow Road, at the age of 80. He was educated at St. George's Hospital, and became L.S.A. in 1840. He practised in Paddington for more than half a century, until, in fact, about a year ago, when his strength began to fail him. He was a kindly man, and benevolently disposed towards the poor; and was for some years a member of the Paddington Vestry. He published some years since papers on cases of cerebral and spinal disorders, and hysterical paralysis, and he was author of a work entitled, *The Thorn Tree: A History of the Lost Tribes of Israel*.

SURGEON-GENERAL ROBERT COCKBURN, who died on April 30th, entered the Bengal Medical Service as assistant-surgeon in January, 1847. He was in military employ with various regiments from April, 1847, to January, 1850, and then in civil employ in the North-West Provinces until January, 1857, when he was appointed to the medical charge of the Mussoori for two years. In 1859 he was reappointed to civil employ in the North-West Provinces, and subsequently held various military charges. He was promoted to be surgeon in September, 1860, and was in medical charge of Cawnpore levy and the 43rd regiment of native infantry to March, 1852, when he became officiating Civil Surgeon in Allahabad. In 1863 and 1864 he was in medical charge of the 39th and 9th regiments of native infantry, and in the latter year was appointed Civil Surgeon to Benares. He acted for a short time as Deputy-Surgeon-General of Hospitals of the late Benares circle for a few months in 1867, in which year he was promoted to Surgeon-Major. He was promoted to Deputy-Surgeon-General in August, 1874, and retired in 1879 with the rank of Surgeon

General. The most important charges which he held were those of the Civil Surgeoncy of Benares, and of Deputy-Surgeon-General of the Bengal Residency for five years 1874-79. He was deservedly popular and held in high esteem. He was in his 70th year at the time of his death.

MR. JOSEPH THOMAS COOKE, L.R.C.S., L.R.C.P. Edin., of Radcliffe, Lancashire, died at Buxton on May 2nd. He studied at the Edinburgh University, and after obtaining the qualifications of the Colleges of Physicians and Surgeons of Edinburgh, worked steadily as an assistant in Northumberland, and finally settled at Radcliffe, near Manchester, where he practised for about six years. Early in 1897 his health failed, and he was advised to take a six weeks' cruise in the Mediterranean. When ten days out, and nearing Tunis, he contracted pleurisy, which proved to be the commencement of the disease which caused his early death. On his return he visited Ventnor, where he rapidly improved, and was able to resume his work towards the end of 1897. This improvement, however, lasted only a few months, and he was again compelled to relinquish his practice, and was advised to take a sea voyage as surgeon on board one of the Ocean Steamship Company's boats voyaging to the East Indies. After eighteen months, however, he finally broke down, and was completely incapacitated for work. Early in April last he removed to Buxton, where he died of advanced phthisis and exhaustion at the early age of 35 years, leaving a widow and three young children aged respectively 10, 7, and 5 years, absolutely unprovided for. An appeal on behalf of his family made by Mr. E. Stanmore Bishop and Dr. J. C. Eames, was published in the BRITISH MEDICAL JOURNAL of April 29th, p. 1060.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. George Assaky, Professor of Gynaecology in the Medical Faculty of Bucharest, aged 44; Dr. Simon Samuel, Professor of General Pathology and of the History of Medicine in the University of Königsberg, aged 66; and Dr. Joao Baptista de Sá e Oliveira, Demonstrator of Forensic Medicine in the University of Bahia, author of important works on anthropology and other scientific subjects, and some time member of the constituent assembly of his State.

ROYAL NAVY AND ARMY MILITARY SERVICES.

ARMY MEDICAL STAFF EXCHANGE.

The charge for inserting notices respecting Exchanges in the Army Medical Department is 3s. 6d., which should be forwarded in stamps or post office order with the notice, not later than Wednesday morning, in order to ensure insertion in the current issue.

MAJOR, whose tour in the West Indies expires December, 1900, wishes to exchange home for full tour or with an officer recently home. Apply to Highlander, care of Josiah Payne, Bridgetown Club, Barbados.

ROYAL NAVY MEDICAL SERVICE.

THE undermentioned gentlemen who competed on the 8th May and following days at Examination Hall, Victoria Embankment, for appointment as surgeon in the Royal Navy have been granted commissions:

Name.	Marks.	Name.	Marks.
H. M. Hart-Smith, B.A., M.B.	2,538	T. Marles-Thomas	1,953
S. H. Woods, B.A., M.B.	2,451	A. W. Nourse	1,901
P. T. Sutcliffe, M.A., M.B.	2,451	J. H. Jones	1,878
J. P. H. Greenhalgh, M.B.	2,203	A. H. Prichard	1,826
L. A. Baiss	2,179	H. L. Geoghegan, B.A., M.D.	1,804
C. B. Nicholson	2,172	A. J. Laurie	1,804
J. T. M. McDougall	2,096	S. J. Haylock	1,687
E. T. Burton	2,066	J. E. Powell	1,685
R. Hughes	1,992	J. N. Robertson, M.B.	1,643
G. M. O. Richards	1,968	J. H. Lightfoot	1,632
N. J. Roche	1,959	P. G. Williams	1,612

THE following appointments have been made at the Admiralty: HOWARD TODD, Fleet-Surgeon, to the *Renown*, undated; SAMUEL KEAYS, Fleet-Surgeon, to the *Renown*, May 25th, for the *Ramillies*, undated; CHARLES E. GEOGHEGAN, Fleet-Surgeon, to the *Nile*, May 25th; JOHN L. THOMAS, Staff-Surgeon, to the *Endymion*, June 8th; ROBERT HARDIE, M.B., Staff-Surgeon, to the *Astræa*, June 15th; ERIC D. MACNAMARA, B.A., Surgeon, to the *Endymion*, June 8th; GODFREY TAYLOR, B.A., M.B., Surgeon, to the *Astræa*, June 15th; WALTER J. BEARBLOCK, Surgeon, to the *Cambridge*, May 23rd; GEORGE E. DUNCAN, Surgeon, to the *Renown*, May 23rd; GEORGE G. BORRETT, Surgeon, to the *Pembroke*, May 23rd.

grievance which he entertains, and make them the subject of comment at one of the Branch meetings of the Association, of which no doubt he is a member, and then a presentment might be made to the coroner in such a way as would relieve the individual member from the unpleasantness of a personal protest. The coroner would reply in writing, and probably all differences of opinion would be amicably settled.

CERTIFICATION OF DEATH.

M. B. CANTAB., M.R.C.S., attended for over a fortnight an old lady who was suffering from a fracture of the femur, supposed to have been caused by a fall. A few days before death she had an attack of cerebral hæmorrhage and died in a state of coma. Our correspondent then gave a certificate of the cause of death as follows: "Fracture of the femur, cerebral hæmorrhage, coma." This was taken by the friends to the registrar, and the body was interred. The coroner afterwards heard of the death, made inquiries, and decided not to exhumate the body.

*. The question arises whether under the circumstances the medical attendant should have withheld the certificate and at once informed the coroner or advised the friends to do so. Doubtless this would have been the wiser and usual course, as it is the duty of the coroner to inquire into all cases in which death has been caused or accelerated by injury, and on the face of the certificate given such appears to be the fact. It is no part of the duty of the medical man to determine whether the injury was accidental or otherwise, this being the special province of the jury to decide after hearing evidence on oath at the inquest. Under the provisions of the Registration of Births and Deaths Act it is the duty of the medical attendant who shall have attended a deceased person during his last illness to give a certificate stating to the best of his knowledge and belief the cause of death, unless he has a reasonable cause for withholding the same. In the case under consideration there was a reasonable cause for delaying the issue of the certificate until the coroner had decided as to the necessity of holding an inquest or otherwise. It is laid down in *Jervis on Coroners' Law* that "it is the duty of those about the deceased to give immediate notice to the coroner or his officer," and the medical attendant may not unreasonably consider himself as one of them. We would advise in similar cases that a concise statement of facts should be sent to the coroner or his officer before giving a certificate, and then all responsibility will be removed from the medical attendant.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

MEDICAL SCHOOL BUILDINGS.—The State Medicine Syndicate have made a grant of £1,000 towards the cost of the new Medical School, in which it is proposed to provide accommodation for teaching and examinations in sanitary science.

EXAMINERS.—Mr. B. Pitts, Professor Chiene, Professor Watson Cheyne, and Mr. Golding-Bird have been appointed Examiners in Surgery; Dr. Cullingworth and Dr. Barbour Examiners in Midwifery; Dr. D. B. Lees, Dr. D. MacAlister, Dr. Sidney Martin, and Dr. Mitchell Bruce, Examiners in Medicine for the ensuing academical year.

UNIVERSITY OF EDINBURGH.

THE CHAIR OF PHYSIOLOGY.—Saturday, May 20th, was the last day for receiving applications for the vacant Chair of Physiology in the University of Edinburgh. The following is the closed list of candidates:—1. Dr. E. W. W. Carlier, Lecturer on Experimental Physiology and Histology, and Senior Assistant to the late Professor Rutherford in the University of Edinburgh. 2. Dr. Diarmid Noël Paton, Superintendent of the Research Laboratory of the Royal College of Physicians of Edinburgh; Lecturer on Physiology in the School of Medicine of the Royal Colleges, Edinburgh, and in the Edinburgh School of Medicine for Women; Professor of Physiology in the Royal Dick Veterinary College, Edinburgh; and Examiner in Physiology for the Royal College of Physicians, Edinburgh. 3. Professor Edward Waymouth Reid, Professor of Physiology in University College, Dundee, and St. Andrews University. 4. Professor Ed. Albert Schäfer, Jodrell Professor of Physiology in University College, London. 5. Professor E. N. Stewart, Professor of Physiology and Histology in the Medical School of the Western Reserve University, Cleveland, Ohio. 6. Professor William Stirling, Brackenbury Professor of Physiology and Histology, Owens College, Manchester. 7. Professor T. P. Anderson Stuart, Professor of Physiology in the University of Sydney, New South Wales. The date for making the appointment has not yet been fixed. In the Annual Statistical Report of the University of Edinburgh, recently laid on the table of the House of Commons, the salary of the Professor of Physiology for the year 1897-98 is set down as £1,734.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.

The following gentlemen, having passed the requisite examinations, have been duly elected Ordinary Fellows of the College: J. B. Hall, M.R.C.S. Eng., L.R.C.P. Lond., etc.; C. W. Donald, M.B., C.M.; E. W. S. Carmichael, M.B., C.M.; R. B. Purves, M.B., C.M.; J. H. Gough, M.R.C.S. Eng., L.R.C.P. Lond.; J. W. McBrearty, L.R.C.S.E.; W. A. Milligan, M.B., C.M.; H. J. F. Simson, M.B., C.M.; and C. B. Rossiter, L.R.C.S.E.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

MESSRS. D. KENNEDY, J. M. Redington, and L. T. Whelan have been admitted Fellows of the College, and Messrs. J. F. L. Keegan, T. J. Nicholl, W. G. T. Posnett, and J. White have passed the Primary Examination for the Fellowship.

SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST, May, 1899.—The following candidates passed in: **Surgery.**—G. H. Bedford (Section II), Guy's Hospital; P. Cator, St. Bartholomew's Hospital; T. A. E. Fawcett (Section II), Leeds; A. Killick (Sections I and II), Cambridge and London Hospital; D. V. Lowndes (Section I), Westminster Hospital; A. Orme (Section I), London Hospital; V. S. Partridge (Section I), Charing Cross Hospital; W. Sisam (Section II), Birmingham; J. M. Twentyman (Cambridge and King's College Hospital; R. Le G. Worsley (Section II), St. George's Hospital and Durham. **Medicine.**—E. L. D. Dewdney, King's College Hospital; R. F. Ellery (Section I), St. Bartholomew's Hospital; T. A. E. Fawcett (Section II), Leeds; A. Orme (Section I), London Hospital; O. C. Sibley, Middlesex Hospital; W. Sisam (Section II), Birmingham; H. E. Weston (Section I), St. George's Hospital. **Forensic Medicine.**—E. L. D. Dewdney, King's College Hospital; S. H. Longhurst, Guy's Hospital; A. Orme, London Hospital; O. C. Sibley, Middlesex Hospital; H. E. Weston, St. George's Hospital. **Midwifery.**—T. Burdekin, University College Hospital; A. F. Carlyon, Middlesex Hospital; W. J. H. Hepworth, London Hospital; T. E. Holman, Guy's Hospital; H. N. Horton, Middlesex Hospital; A. Killick, Cambridge and London Hospital; W. Sisam, Birmingham; F. J. Waldmeier, London Hospital. The diploma of the Society was granted to Messrs. E. L. D. Dewdney, T. A. E. Fawcett, S. H. Longhurst, W. Sisam, J. M. Twentyman, and R. Le G. Worsley.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,700 births and 3,842 deaths were registered during the week ending Saturday last, May 20th. The annual rate of mortality in these towns, which had been 16.5 and 17.7 per 1,000 in the two preceding weeks, declined again to 17.6 last week. The rates in the several towns ranged from 9.8 in Croydon, 13.6 in Huddersfield, 13.8 in Bristol, and 13.9 in Portsmouth, to 21.7 in Wolverhampton, 23.8 in Plymouth, 23.9 in Norwich and in Liverpool, and 24.6 in Manchester. In the thirty-two provincial towns the mean death-rate was 18.4 per 1,000, and was 2.1 above the rate recorded in London, which was 16.3 per 1,000. The zymotic rate in the thirty-three towns averaged 1.6 per 1,000; in London the rate was equal to 1.6 per 1,000, and corresponded with the mean rate in the thirty-two provincial towns, among which the highest zymotic death-rates were 3.1 in Salford and in Blackburn, 3.4 in Leicester, 4.0 in Swansea, and 4.6 in Burnley. Measles caused a death-rate of 1.1 in Nottingham and 1.8 in Manchester; scarlet fever of 1.4 in Norwich and in Burnley; and whooping-cough of 1.0 in Plymouth, in Gateshead, and in Huddersfield, 1.1 in Cardiff, 1.2 in Blackburn, and 1.8 in Burnley. The mortality from "fever" showed no marked excess in any of the large towns. The 66 deaths from diphtheria in the thirty-three towns included 24 in London, 9 in Leicester, 7 in Sheffield, 6 in Swansea, 5 in Salford, and 3 in Leeds. One fatal case of small-pox was registered in Hull, but not one in London or in any other of the thirty-three towns; and only one small-pox patient was under treatment last week in the Metropolitan Asylum Hospitals. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had increased from 2,131 to 2,200 at the end of the three preceding weeks, had declined to 2,161 on Saturday last, May 20th. 211 new cases were admitted during the week, against 226, 219, and 259 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, May 20th, 999 births and 581 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 18.5 per 1,000 in each of the two preceding weeks, rose again to 19.0 last week, and was 1.4 per 1,000 above the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 10.2 in Greenock and 12.8 in Paisley to 20.5 in Glasgow and 22.2 in Leith. The zymotic death-rate in these towns averaged 2.0 per 1,000, the highest rates being recorded in Glasgow and Leith. The 200 deaths registered in Glasgow included 17 from measles, 5 from scarlet fever, 2 from diphtheria, and 2 from whooping-cough. Six fatal cases of whooping-cough were recorded in Leith, 2 of diphtheria in Dundee, and 2 of "fever" in Edinburgh.

PUBLIC VACCINATION AND DISTRICT MEDICAL OFFICERS.

A PUBLIC VACCINATOR wishes to ask if there is any possibility of his appointment as district medical officer (he is non-resident) being cancelled should he deem it necessary to decline the fees offered under the new Vaccination order. Such an eventuality was more than suggested at a recent conference with the Guardians of the Union under which he acts. Will the Local Government Board not protect him?

*. As the duties of a public vaccinator are altogether distinct from those of a district medical officer, the appointment held by the latter though a temporary one, ought not to be in any way endangered by our correspondent failing to arrange terms for vaccination. But he must be the best judge as to whether this is likely to be the case or not. Should he not be re-elected district medical officer for this, or any other cause it is impossible to say what course the Local Government Board would take.

MEDICAL NEWS.

THE Continental Anglo-American Medical Society, following the precedent set last year, will hold a lunch during the annual meeting of the British Medical Association at Portsmouth for members of the Society. Further particulars will be announced later.

VACCINATION IN THE ARMY.—The Secretary of State for War has decided that the unvaccinated wife or family of a soldier cannot be allowed to be brought into contact with the troops or with other families of soldiers in such a way as to jeopardise their health. They cannot, therefore, be allowed to live in barracks, nor will they be conveyed to any foreign station at the public expense.

A MUNICIPAL REFORMER.—The Guardians of the South Dublin Union were specially summoned recently to consider a motion by Mr. J. Byrne. He moved that the Mansion House should be converted into a hospital for the use of the working classes, and that the Lord Mayor's salary should be devoted to its support. The motion was seconded, but it was denounced by the meeting and finally when a division was taken the proposer was the only supporter.

EDINBURGH ROYAL INFIRMARY RESIDENTS' CLUB.—The annual general meeting of the club will be held in the Royal Hotel, Edinburgh, on Friday, June 9th, at 6.30 P.M., when the Secretary's and Treasurer's reports will be presented. The fifth annual dinner will be held on the same day at 7.15 P.M., when Professor Chiene, the President of the club, will take the chair. Members intending to be present are requested to send their names to the Secretary on or before June 5th.

MR. H. L. RAPHAEL, who died suddenly at Newmarket on May 11th, made in 1898 the munificent gift of £20,000 towards the building of a new nursing home for the nurses of Guy's Hospital, to be called the Henriette Raphael Home, in memory of his wife. Unfortunately, he lived only to see the beginning of this scheme. The site acquired for the purpose adjoins the present hospital grounds. The completion of the scheme cannot be reached for some time to come; meanwhile, temporary nursing accommodation has been provided.

THE CONSUMPTION OF QUININE IN THE UNITED STATES.—According to the New York *Medical Record*, it has been estimated that during the past year more than 125,000,000 gr. of quinine have been consumed by American soldiers suffering from various types of Southern fevers. The official figures of the Treasury Bureau of Statistics show that there were imported last year into the United States 1,539,056,750 gr. of quinine. As there were practically no exports of the article, this means something like 20 gr. for every man, woman, and child in the country.

DR. J. L. VANDERSTRAATEN, the Principal of the Ceylon Medical College, was entertained at dinner by Dr. Allan Perry, Principal Medical Officer, before his departure from the colony. On the same occasion the opportunity was taken to welcome Dr. Harvey Hilliard, the new Registrar. The Chairman, after the usual loyal toast, proposed the health of Dr. Vanderstraaten, and referred to his services in terms of high praise. Dr. Vanderstraaten, after thanking those present, among whom were included the Lecturers of the Ceylon Medical College, welcomed Dr. Hilliard to Colombo, and wished him a long, prosperous, and useful career.

FRENCH CONGRESS OF MEDICINE.—The fifth French Congress of Medicine will be held this year at Lille under the presidency of Professor Grasset, of Montpellier. The formal opening of the Congress will take place on Friday, July 28th. The following are the questions proposed for discussion: (1) The Forms of Myocarditis (to be introduced by Professor Renant, of Lyons, and Professor Huchard, of Paris); (2) Adenitis and Leukæmia (to be introduced by Professor Denys, of Louvain, and Professor Sabrazès, of Bordeaux); (3) The Establishment of Tolerance in regard to Drugs (to be introduced by Professors Simon, of Nancy, and Professor Heynaas, of Ghent).

THE ADVANTAGES OF OPEN-AIR LIFE.—During the recent mobilisation at the Cape the percentage of sick was only 3, and half of this was due to blistered feet. In fact the number

of admissions in proportion to strength was much below what it ordinarily is in barracks. This, the P.M.O. remarks, "is the more extraordinary having regard to the severe conditions under which the manoeuvres were conducted, the increased exertions the men were called upon to make, the changed circumstances from life in barracks to living in the open air, exposed to great heat during the day and equally severe cold at night, with only the protection of one blanket and a great coat. It might have been expected that these extremes of heat and cold would be the causes of pneumonia, bronchitis, and other chest affections, as well as rheumatism, more especially as there was an extremely heavy dew on the nights when the wind dropped; but such was not the case. There was not a single case of any form of chest affection, and one case only of rheumatism in a man who previously suffered from this disease."

THE BRITISH MEDICAL TEMPERANCE ASSOCIATION.—A brass tablet to the memory of Sir B. W. Richardson was unveiled on May 18th at the London Temperance Hospital, Hampstead Road. Professor Sims Woodhead, who occupied the chair, mentioned that the Association now had 484 medical men as members, and a still larger number of student associates. Mrs. Woodhead unveiled the tablet, which bore a memorial portrait, and the following inscription: "In memory of Sir Benjamin Ward Richardson, Knt., M.D., LL.D., F.R.S., F.R.C.P., who died on Nov. 21st, 1896; for 17 years the honoured and esteemed President of the British Medical Temperance Association, and for 4 years Senior Physician to this hospital. This tablet is placed here by Members of the Association, with the sympathy and by the kind permission of the Board of the London Temperance Hospital in affectionate remembrance of his invaluable services to the cause of temperance."

LIFE ASSURANCE CONGRESS.—The Organising Committee of the International Life Assurance Congress, which, as announced in the BRITISH MEDICAL JOURNAL some time ago, is to be held in Brussels from September 25th to 28th, has received a large number of applications for membership from the principal countries of Europe and from the United States. The questions proposed for discussion are the following: (1) The Admissibility of Syphilitics (to be introduced by Dr. Bayet); (2) Traumatic Neuroses (by Dr. Crocq); (3) Alcoholism from a Life Assurance Point of View (by Dr. De Boeck); (4) Certain Skin Affections Considered from a Life Assurance Point of View (by Dr. Dubois-Havenith); (5) Anthropometry in Relation to Life Assurance (by Dr. Houzé); (6) The Admissibility of Glycosurics (by Dr. Le Bœuf); (7) Radiography in regard to Life Assurance (by Drs. Maffei and Hannecart); (8) Neurasthenics who May be Accepted, and those who May Not (by Dr. Mahillon); (9) Tuberculous Heredity from a Life Assurance Point of View (by Dr. Meyer, of Metz); (10) The Examination of the Heart for Insurance Purposes (by Dr. Moritz, of St. Petersburg); (11) The Utility of a Universal Pharmacopœia (by Dr. Poëls); (12) Medical Statistics (by Dr. Thompson, of London, Dr. Poëls, and others); (13) Medical Secrecy and Assurance Companies (by Dr. J. Van Geuns, of Amsterdam); (14) The Early Diagnosis of General Paralysis (by Dr. R. Verhoogen); (15) The Continuity of Morbid Conditions Throughout Life (by Dr. Verriest); (16) Fraud in regard to Life Assurance (by Dr. Weill-Mantou, of Paris); (17) The Admissibility of Albuminurics (by Dr. Wybauw). All communications should be addressed to Dr. Poëls, 2, Rue Marie-Thérèse, Brussels.

THE ST. JOHN AMBULANCE ASSOCIATION IN STOCKPORT.—A special meeting of the Committee formed for the purpose of furthering the work of the St. John Ambulance Brigade was held at the Church Club, Stockport, on May 5th. The deputation appointed by this Committee having reported that Mr. Ferns declined to call a meeting of the Committee of the Stockport Centre of the St. John Ambulance Association as requested by the Committee, it was unanimously resolved that "This Committee do adjourn until July 7th, 1899, to give an opportunity for a settlement of the differences existing between Mr. Ferns and the Medical Society, failing which this Committee will proceed to form an independent ambulance society." This resolution was communicated to Mr. Ferns, the Honorary Secretary of the Local Centre, who stated in reply that it was incorrect to

say that he had declined to call a meeting of the Committee of the Centre. The Chairman of the Centre on April 28th said to a deputation that he did not see that any good object would be gained by calling a meeting of the Committee at the present juncture, the matter in question having been referred by the Central Executive Committee in London to the President of the Centre who had put himself in communication with the Stockport Medical Society.

"A CURE FOR CONSUMPTION."—One of our daily contemporaries, echoing reports which have found their way into the Italian newspapers, publishes a long telegram from Rome announcing that Professor Cervello, of Palermo, "has discovered a rapid and absolutely efficacious cure for tuberculosis." Signor Florio is said to have invested three million lire in a large sanatorium and a factory for the manufacture of the disinfectant which is stated to be the essential part of the cure. The treatment is to cost the patient about 50 lire a day. This is admitted to be "somewhat expensive," but it is excused on the ground that "the disinfectant is difficult to produce." Dr. Cervello, who by the way is Professor of Materia Medica and Pharmacology in the University of Palermo, we are told, "has invented an instrument in which formalina is made to give off a gas." Can this be our old friend formalin? Formalin is a solution of formic aldehyde (40 per cent.), and has been widely employed as a disinfectant for various purposes for some years. It has been in use as a remedy for consumption in this country for two years or more, and five or six months ago Dr. Murrell made a report to the Scientific Grants Committee of the British Medical Association (BRITISH MEDICAL JOURNAL, January 28th, 1899, p. 202), in which he related some encouraging results from the use of formic aldehyde inhalations.

THE TUBERCULIN TEST IN LIFE ASSURANCE.—There seems to be a tendency in the present day to increase the range and severity of the medical examination for life assurance. For the simple forms in use when a medical examination was first started about fifty or sixty years ago have been substituted forms of the most elaborate description and requiring a detailed report on every organ in the body. Quite a new departure, however, has been suggested by some American physicians. It has been seriously proposed that, in view of the mortality arising from consumption, applicants should submit to the tuberculin test. One American examiner writes: "Insurance is a too well-established necessity for this addition to the examination to work much hardship to the agent by making it more difficult to secure applications, as few men who really want insurance will object to the extra annoyance when assured that it will be followed by no risk or ill result." He goes on to say that he has several times employed this measure in applications for large policies where the family history was suggestive and the physical signs not satisfactory. Whatever may be done on the other side of the Atlantic, we very much doubt whether applicants for assurance in this country would submit to so stringent a test. It is possible that an applicant who would otherwise be declined might, if he knew of the test, suggest its application in his case, in the hope of its yielding a favourable result; but we cannot believe its general adoption is likely to be sanctioned by the directors even if it were proposed by the medical adviser.

MEDICAL VACANCIES.

The following vacancies are announced:—

- ARMAGH DISTRICT LUNATIC ASYLUM.**—Assistant Medical Officer; unmarried, and over 32 years of age. Salary, £100 per annum, with furnished apartments, rations, fuel, light, washing and attendance. Applications to the Resident Medical Superintendent by June 8th.
- ASTON UNION.**—Resident Assistant Medical Officer for the Workhouse at Erdington. Salary, £130 per annum, rising annually to £150 per annum, with furnished apartments, rations, washing, etc. Applications to the Clerk to the Guardians, Union Offices, Vauxhall Road, Birmingham, by May 31st.
- BATH: EASTERN DISPENSARY.**—Resident Medical Practitioner. Salary, £130 per annum, with furnished apartments, coals, gas, and domestic attendance. Applications to Colonel F. V. Eyre, B.A., Honorary Secretary, Rockville, Lansdown, Bath, by June 1st.
- BEDFORD COUNTY HOSPITAL.**—House-Surgeon; under 27 years of age. Salary, £100 per annum, with apartments, board, lodging, and washing. Applications to the Secretary by June 2nd.
- BETHNAL GREEN BOARD OF GUARDIANS.**—Second Assistant Medical Officer at the Workhouse and Infirmary, Waterloo Road, Victoria Park, N.E. Salary at the rate of £80 per annum, with rations, furnished apartments, and washing, and £3 in lieu of beer. Applications, on forms provided, to the Clerk to the Board, Bishop's Road, Victoria Park, N.E., by June 1st.
- BIRMINGHAM GENERAL DISPENSARY.**—Two Resident Locum Tenens, for about two months. Salary, 4 guineas a week, without board. Applications to the Secretary by June 2nd.

- BIRMINGHAM: MASON UNIVERSITY COLLEGE.**—Professor of Pathology and Bacteriology. Applications to the Secretary by May 31st.
- BIRMINGHAM AND MIDLAND FREE HOSPITAL FOR SICK CHILDREN.**—Ophthalmic Surgeon. Applications to the Medical Committee, Children's Hospital, Steelhouse Lane, Birmingham, by June 7th.
- BIRMINGHAM PARISH.**—Assistant Medical Officer to the Workhouse Infirmary. Appointment for one year, but renewable. Salary, £100 per annum, with furnished apartments, rations, coals, gas, laundry, and attendance. Applications, on forms provided, to the Clerk to the Guardians, Parish Offices, Edmund Street, Birmingham, by May 29th.
- BIRMINGHAM: ROYAL ORTHOPEDIC AND SPINAL HOSPITAL.**—Honorary Surgeon. Applications marked outside. Application for Post of Honorary Surgeon, to the Honorary Secretary, 9, Bennett's Hill, Birmingham, by June 1st.
- BOURNEMOUTH: ROYAL VICTORIA HOSPITAL.**—House-Surgeon. Salary, £80 per annum, with board. Applications to the Chairman of the Committee, by July 15th.
- BRADFORD CHILDREN'S HOSPITAL.**—House-Surgeon. Salary, £70 per annum, with board, residence, and washing. Applications to the Secretary by May 29th.
- BRIGHTON, HOVE, AND PRESTON DISPENSARY.**—House-Surgeon to the Western Branch; unmarried. Salary, £140 per annum, with furnished apartments, coals, gas, and attendance. Applications to the Assistant Secretary, Queen's Road, Brighton, by June 6th.
- BUXTON: DEVONSHIRE HOSPITAL.**—Assistant House-Surgeon. Salary, £50 per annum, with furnished apartments, board, and washing. Applications, endorsed "Assistant House-Surgeon," to the Secretary.
- CAMBRIDGE: ADDENBROOKE'S HOSPITAL.**—Resident House-Surgeon. Salary £65 per annum, with board, lodging, and washing. Applications to the Secretary by June 10th.
- CARDIFF UNION.**—Assistant Medical Officer for the Workhouse. Salary, £100 per annum, with rations, apartments, attendance, and washing. Applications to the Clerk, Queen's Chambers, Cardiff.
- CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST.** Victoria Park, E.—Second House-Physician. Appointment for six months. Salary at the rate of £80 per annum, with board and residence. Applications to the Secretary by June 3rd.
- DUBLIN: MERCER'S HOSPITAL.**—Resident Medical Officer. Applications to the Secretary by May 30th.
- EAST LONDON HOSPITAL FOR CHILDREN.** Shadwell, E.—House-Physician. Appointment for six months. Board, residence, etc., are provided, and an honorarium of £25. Applications to the Secretary by June 10th.
- EDINBURGH: CRAIGLEITH POORHOUSE AND HOSPITAL.**—Medical Officer. Salary, at the rate of £80 per annum, with board. Applications to A. Ferrier, Clerk, Parish Council Chambers, Castle Terrace, Edinburgh, by June 1st.
- GLAMORGAN COUNTY ASYLUM.**—Junior Assistant Medical Officer. Salary, £130, rising £10 a year to £150, with board, lodging, and washing. Applications to the Medical Superintendent by May 20th.
- GREAT NORTHERN CENTRAL HOSPITAL.**—Junior House-Physician. Appointment for six months. Salary at the rate of £30 per annum, with board, lodging, and washing. Applications to the Secretary by June 12th.
- HOSPITAL FOR SICK CHILDREN.** Great Ormond Street, W.C.—(1) Medical Registrar and Pathologist. Honorarium 50 guineas. (2) Surgical Registrar. Honorarium £40. (3) House-Surgeon. Appointment for six months. Salary, £20, with board and residence. (4) House-Physician. Appointment for six months. Salary, £20, with board and residence. (5) Assistant Physician; must be F.R.C.P. Lond. (6) Anesthetist. Appointment for one year. Honorarium, £15 15s. Applications to the Secretary by June 15th.
- KENSINGTON DISPENSARY.** Church Street, W.—Vacancy on Honorary Medical Staff. Applications to Mr. T. W. O. Wheeler, Honorary Secretary, 138, Kensington High Street, W., by June 5th.
- KIDDERMINSTER INFIRMARY AND CHILDREN'S HOSPITAL.**—House-Surgeon; unmarried. Salary, £46 per annum, increasing to £70, with rooms in the Infirmary and attendance. Applications to the Secretary before June 1st.
- KING'S LYNN: WEST NORFOLK AND LYNN HOSPITAL.**—House-Surgeon. Salary, £80, rising to £100 per annum, with board, residence, and washing. Applications to the Chairman at the hospital by June 9th.
- LIVERPOOL: ROYAL SOUTHERN HOSPITAL.**—Honorary Anesthetist. Applications to the Medical Board by June 1st.
- LONDON COUNTY ASYLUM.** Claybury, 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 Clerk of the Asylums Committee, 6 Waterloo Place, S.W., by May 31st.
- LONDON THROAT HOSPITAL.** 204, Great Portland Street.—House-Surgeon for six months. Applications to the Honorary Secretary, Medical Committee, before June 1st.
- MANCHESTER: VICTORIA DENTAL HOSPITAL.**—Honorary Anesthetist. Applications to Mr. C. E. Marshall, Secretary, 31, Barton Arcade, Manchester, by June 10th.
- METROPOLITAN ASYLUMS BOARD.**—Assistant Medical Officer for the South Eastern District, New Cross, S.E. Unmarried; not more than 35 years of age. Salary, £160 the first year, rising to £200, with board, lodging, attendance, and washing. Applications, on forms provided, to be sent to the office of the Board, Norfolk House, Norfolk Street, Strand, by June 1st.
- NORTH-EASTERN HOSPITAL FOR CHILDREN.**—(1) Surgeon. (2) House-Surgeon. Both salaries at the rate of £50 per annum, with board and lodging. Applications to the Secretary, 27, Clement's Lane, Lombard Street, E.C., by June 15th.
- NORTH LONDON HOSPITAL FOR CONSUMPTION.** Hampstead.—Assistant Resident Medical Officer. Appointment for six months. Honorarium at the rate of £30 per annum. Applications to the Secretary by May 31st.
- NORTH-WEST LONDON HOSPITAL.** Kentish Town Road, N.W.—(1) Assistant Resident Medical Officer. Salary at the rate of £33 per annum. Appointment for six months, when eligible for election to Senior post (Salary, £50). (2) Dental Surgeon, must be L.D.S. Applications to the Secretary by May 30th.
- ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—Election to the Court of Examiners. Applications from Fellows to be sent to the Secretary by May 31st.
- ROYAL EAR HOSPITAL.** Frith Street, Soho, W.—Non-Resident House-Surgeon. Appointment for six months. Honorarium at the rate of £24 per annum. Applications to the Honorary Secretary before June 3rd.
- ST. ANDREWS UNIVERSITY.**—Professor of Pathology. Application to the Secretary of the University by June 21st.
- ST. PETER'S HOSPITAL FOR STONE AND GENITO-URINARY DISEASES.** Henrietta Street, W.C.—House-Surgeon. Appointment for six months, but eligible for re-election. Salary, at the rate of £100 per annum, with board, lodging, and washing. Applications to the Secretary by May 31st.
- SCHOOL BOARD FOR LONDON.**—Medical Officer for the Shaftesbury Training Ship at Graves. Salary commencing at £100 per annum, rising to £150. Applications to the Clerk, School Board Office, Victoria Embankment, S.E., by June 7th.
- SOUTHAMPTON: ROYAL SOUTH HANTS INFIRMARY.**—Assistant House-Surgeon. Appointment for six months. Honorarium £10, with board and rooms. Applications to the Secretary by June 6th.
- STAFFORDSHIRE GENERAL INFIRMARY.**—House-Surgeon and Assistant House-Surgeon. Salary £100 and £50 per annum respectively, with board, lodging, and washing. Applications for the former to the Secretary by May 31st; and for the latter to the House-Surgeon at once.
- UNIVERSITY COLLEGE, LONDON.**—Jodrell Professorship of Zoology. Applications to the Secretary by June 5th.
- VICTORIA HOSPITAL FOR CHILDREN.**—House-Physician. Appointment for six months. Honorarium 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 June 17th.
- VIRGINIA WATER: HOLLOWAY SANATORIUM.**—Senior Assistant Medical Officer. Salary commencing at £300 per annum, with board, lodging, and washing. Applications to the Medical Superintendent by June 5th.

WAKEFIELD: WEST RIDING ASYLUM.—Fourth Assistant Medical Officer. Salary, £100 per annum, increasing to £150, with furnished apartments, board, washing, and attendance. Applications to the Medical Director at once.

WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.—House-Surgeon. Salary, £100 per annum, with board, lodging, and washing. Applications to the Chairman of the Medical Committee by June 5th.

MEDICAL APPOINTMENTS.

ALCOCK, G. H., M.R.C.S., L.R.C.P.Lond., appointed Medical Officer for the Pinchbeck District of the Spalding Union.

ANDREWS, Henry Russell, M.D.Lond., M.R.C.S., L.R.C.P., appointed Obstetric Registrar and Tutor to the London Hospital.

ASPENWALL, J. F., M.R.C.S., L.R.C.P.Lond., appointed Medical Officer for the Marsden District of the Huddersfield Union.

DAVEY, S., M.R.C.S., L.R.C.P., D.P.H.Lond., appointed Medical Officer of Health to the Urban District Council of Caterham.

DUNCAN, Alex. M.B., C.M., D.P.H., reappointed Clinical Assistant to the Chelsea Hospital for Women.

FRATHERSTONE, G. W. B., M.R.C.S., L.R.C.P.Lond., appointed Medical Officer for the Radnorshire District of the Hay Union.

GREY-EDWARDS, C., B.A., M.B., B.Ch., appointed Medical Officer for the No. 1 Anglesey District of the Bangor and Beaumaris Union.

HAWKINS-AMBLER, G. A., F.R.C.S.E., appointed Assistant-Surgeon to the Liverpool Stanley Hospital.

JACKSON, T. M.D., appointed Medical Officer for the First Division of the Greystoke District of the Fenrth Union.

MACKAY, Sutherland, M.D.St.And., D.P.H., R.C.P.Edin., appointed Physician to the new Infectious Diseases Hospital of the Kirkcaldy Town Council.

MALINS, H., M.B., C.M.Edin., appointed Assistant Medical Officer at the St. Marylebone Infirmary.

MATHEW, C. P., L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer for the Tregony District of the R.O.P. Union.

NEAVE, Edward F. M., M.B., B.Ch.Edin., appointed House-Physician to the Hospital for Women, Soho Square, London.

PAINE, H., M.D.Toronto, L.R.C.P., L.R.C.S.Edin., appointed Medical Officer of Health to the Bampton Urban District Council.

POWELL, L., M.R.C.S.Eng., L.S.A., reappointed Medical Officer for the Shobrooke and Newton St. Cyres District of the Crediton Union.

READ, B. T., M.R.C.S., L.R.C.P.Lond., appointed Medical Officer for the Odiham District of the Hartley Urban Union.

TODD, G. D., L.R.C.P.Edin., M.R.C.S.Eng., appointed Medical Officer for the Selby District and the Workhouse of the Selby Union.

YONGE, Eugene S., M.D., appointed Honorary Assistant Physician to the Manchester Hospital for Consumption and Diseases of the Throat, *viz* W. Milligan, M.D., resigned.

DIARY FOR NEXT WEEK.

MONDAY.

West London Post-Graduate Central London Throat, Nose, and Ear Hospital, 5 P.M.—M. Lennox, 5 P.M.—Dr. Abraham: Diagnosis and Treatment of some Diseases of the Skin. (Lecture I).

TUESDAY.

Hospital for Diseases of the Nervous System, 73, Welbeck Street, W., 4 P.M.—Dr. T. D. Savill: Neuroasthenia.

National Hospital for the Paralysed and Epileptic, Queen Square, W.C., 3.30 P.M.—Sir W. Gowers: Epilepsy.

WEDNESDAY.

St. John's Hospital for Diseases of the Skin, 49, Leicester Square, 4.30 P.M.—Dr. Morgan Dockrell: Eczema.

Hospital for Consumption, Brompton, 4 P.M.—Dr. Maguire: Mitral Regurgitation.

THURSDAY.

West London Post-Graduate Central London Throat, Nose, and Ear Hospital, 5 P.M.—Dr. Dundas Grant: Diagnosis and Treatment of Nerve Deafness.

British Bacteriological and Climatological Society, 30, Hanover Square, W., 4 P.M.—Dr. W. H. Murray: Scarborough as a Health Resort in Phthisis. Dr. Shirley Jones: Treatment of Neuralgia by the Droitwich Brine Baths.

Charing Cross Hospital, Post-Graduate Course, 4 P.M.—Dr. William Hunter: Pathological Demonstration of Hospital for Sick Children, Great Ormond Street, W.C., 4 P.M.—Dr. W. S. Colman: Demonstration of Selected Cases.

FRIDAY.

Laryngological Society of London, 20, Hanover Square, 5 P.M.—Cases and Specimens will be shown by Drs. Permevan, St. Clair Thomson, Jobson Home, Scanes Spicer, Herbert Tilley, William Hill, Messrs. De Santi, R. Lake, and others.

West London Medio-Chirurgical Society, West London Hospital, W., 8.30 P.M.—Clinical evening. Cases will be shown by Mr. C. B. Keetley, Dr. L. Dobson, Mr. R. Lake, Mr. L. A. Bidwell, Mr. McAdam Eccles, and others.

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.

BARCLAY-SMITH.—On May 20th, at 57, Bateman Street, Cambridge, the wife of E. Barclay-Smith, M.D., of a daughter.

LUSK.—At Rowson House, New Brighton, Cheshire, the wife of T. Gibson Lusk, M.B., C.M., of a daughter.

PELLARD.—On May 1st, at Tollesbury, Bearwood Road, Birmingham, the wife of W. H. Pellard, M.B., of a son.

SANDWITH.—On May 15th, at Cairo, Egypt, the wife of F. M. Sandwith, M.D., M.R.C.P., of a daughter.

MARRIAGES.

BOASE-DRYSDALE.—At Essequibo, British Guiana, on May 4th, by the Rev. Father Smith, William George, Government Medical Officer, British Guiana, eldest son of late Lieutenant-Colonel Boase, R.M.L.I., to Marie, youngest daughter of the late James Drysdale, of St. Lucia.

COCKILL-BEET.—On May 18th, at the College Chapel, Richmond, Surrey, by the Rev. W. Ernest Beet, B.A. (brother of the bride), Thomas Trevelyan Cockill, M.R.C.S., L.R.C.P., younger son of the Rev. W. C. Cockill, of Clevedon, to Josephine Mary, only daughter of the Rev. Dr. and Mrs. Agar Beet, of Richmond.

GERMAN-JONES.—May 17th, at St. Thomas's, Seaford, Liverpool, by the Rev. E. F. G. Smithwick, M.A., Vicar, assisted by the Rev. B. E. Tarbut, B.A., Vicar of St. Paul's, Warrington, Arthur William German, L.R.C.P.Lond., M.R.C.S.Eng., of 296, Kensington, Liverpool, to Alice Hannah, eldest daughter of the late Hugh Jones, Tudor Villa, Seaford.

HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

CANCER, Brompton (Free). Attendances.—Daily, 2. Operations.—Tu. W. F., 2.

CENTRAL LONDON OPTHALMIC. Attendances.—Daily, 1. Operations.—Daily, 1.

CENTRAL LONDON THROAT, NOSE, AND EAR. Attendances.—M. W. Th. S., 2; Tu. F., 5. Operations.—I.p., Tu. S., 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.

CHLORIS HOSPITAL FOR WOMEN. Attendances.—Daily, 1.30. Operations.—M. Th. F., 2.

CITY ORTHOPEDIC. Attendances.—M. Tu. Th. F., 2. Operations.—M., 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., 2.

GUY'S. Attendances.—Medical, daily, 2; 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. S., 2.30; Throat, M., 1.30 F., 2; Dental, M. Th., 10; Skin, W., 10. 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., 4.30.

LONDON THROAT, Great Portland Street. Attendances.—Daily, 2; Tu. F., 6. Operations.—Th., 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., 2; Ear and Throat, Tu. F., 2; Skin, Tu., 4; Th., 9.30; Dental, M. F., 9.30; W., 9.30. Operations.—Daily, 1.30.

NATIONAL ORTHOPEDIC. Attendances.—M. Tu. Th. F., 2. Operations.—W., 2.

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 BAL, Frith Street. Attendances.—M. W. F., 3; Tu. F., 9.30 and 7.30. Operations.—Th., 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 OPTHALMIC. Attendances.—Daily, 9. Operations.—Daily, 10.

ROYAL ORTHOPEDIC. Attendances.—Daily, 2. Operations.—M., 2.

ROYAL WESTMINSTER OPTHALMIC. Attendances.—Daily, 1. Operations.—Daily, 2.

St. BATHOLOMEW'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. Th., 9; W., 2.30; Ear, Tu. F., 2; Skin, Tu., 9; Larynx, Tu. F., 2.30; Orthopedic, M., 2.30; Dental, Tu. F., 9; Eleical, 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., 2; F., 1.45; o.p., M. Th., 1; Eye, Tu. F., 2; Ear, M. Th., 2; Skin, M., 2.45; Throat, F., 2; Orthopedic, F., 12; Dental, M. Tu. F., S., 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., 1.45; o.p., M. Th., 1; Eye, Tu. F., 9; Ear, M. Th., 9; Throat, Tu. F., 9; Skin, M. Tu. F., 9; Dental, W. S., 9; Electro-Therapeutics, 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., 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, Tu. 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, 1.30.

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, Th., 2; Ear, Tu., 2; S., 10; Orthopedic, W., 2; Diseases of Women, W. S., 2; Electro-Therapeutics, 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. London; 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, 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 *Articulate, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.