

Hutton and Baylor, who have recently written on this subject, err in not immersing the valves they use in some antiseptic liquid. A bottle containing a 2 per cent. solution of carbolic acid in water to the depth of 2 or 3 inches, just to cover the valve, forms at once a handy and cleanly way of disposing of the discharge, while it also ensures the efficiency of the valve; the patient, too, is able to be up and about with the minimum of inconvenience; the bottle he usually deposits in one of his pockets. In my former article on the subject, washing out the chest was advocated; it was, however, only done in a few cases, and the practice is proved to be quite unnecessary, if not hurtful, in ordinary cases.

The following case of tuberculous empyema is, so far as I can ascertain, the only one of the kind that has been cured.

W. W., aged 37, was admitted into the Royal Southern Hospital on December 9th, 1897. He was suffering and in great distress from dyspnoea, which had come on three days previously, though he had been ailing altogether some six weeks. He was unable to lie on the right side. The whole of the left side of the chest appeared fuller than the right; it was motionless, or nearly so, during respiration, and the percussion note was super-resonant above and dull below. The right apex was dull, and there was much increase of vocal resonance, though not enough to prove the presence of a cavity at this point. Some thin watery pus was aspirated from the left base, and the case was entered as one of pyopneumothorax, with tuberculous of both lungs. The chest was now opened, and the above-described tube introduced, with much relief to the distress. The note next day was, "Temperature 100°; dyspnoea absent; cavity in the left apex." There were numerous whitish flakes in the discharge, and the tube often became blocked by them. Blocking of the drainage tube merely means that something which requires to be removed from within the chest has been sucked into it. All that is necessary to do on such occasions is to change the drainage tube in use for a fresh one.

He was soon up and about the ward; and steady progress took place in his general condition for four months. Weight, January 3rd, 8 st., 7 lb.; March 28th, 9 st., 3 lb. A fever of a hectic type, however, never left him, the temperature never going beyond 101° except on one occasion, when it reached 103°.

On April 1st he left for the convalescent home. On April 16th he returned. We now found that the tube had been forced out of the chest, and that the end of it lay doubled up beneath the shield, while the opening in the chest wall was healed. This is an experience generally met with in cases treated by this means. He had very little cough; he was thin, but always declared himself to be well. His empyema was cured, and he left the hospital on April 16th.

From time to time during the following two months I called to see him. Sometimes he would be out; but on each of the occasions on which I examined his chest I found ample evidence in both lungs that the tuberculous mischief was in rapid progress. The drying up of the empyema seemed to have caused this unfavourable change. He died towards the end of June. There was no return of the empyema.

MEMORANDA:

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

ACUTE ORCHITIS IN AN INFANT ELEVEN WEEKS OLD.

A CHILD, aged 11 weeks, born of healthy parents and itself free from any organic disease, was being hand-fed, and suffered considerably from dyspepsia. In consequence it was fretful, very restless, had bad nights, and required a great deal of the nurse's attention. Circumcision had been performed, and the wound was all but healed. On the morning of October 19th, 1899, the nurse reported that the child had been constantly vomiting throughout the night, had taken little or no food, and had severe crying fits. She also had noticed that morning a "swelling in the groin." The baby looked ill, was feverish, and evidently in pain. On examination I found the right side of the scrotum swollen, hot, and tender to the touch; there were no inguinal glands, and the circumcision wound was all but healed and healthy. The right testicle could be felt at the bottom of the scrotum; it was hard, double its natural size, and exquisitely tender. Above it, surrounding the cord, and extending up to the ring, the swelling felt almost boggy to the touch. The left side of the scrotum was natural.

Being in doubt as to the nature of the swelling above the testicle, I asked Mr. Clinton Dent to see the case with me, and this he did some twelve or thirteen hours after I had seen the child in the morning. The condition of the parts as far as the right side was concerned remained unchanged, but the left side was swollen, and this was due to a hydrocele. Mr. Dent considered the swelling above the inflamed testicle

to be due to an oedema of the tissues surrounding the cord, and from the termination of the case this was no doubt the correct explanation.

What was the cause of the orchitis? There had been no acute illness such as influenza or mumps, no injury to the urethral mucous membrane, and there was evidently no infection of the circumcision wound, as it was practically healed, and there were no inflamed inguinal glands.

I think the inflamed testicle was probably due to an injury, either by the infant itself in its restless state, or more probably by the nurse in washing the child or applying its nappkins. With opium internally and hot fomentations to the parts, followed up by cold, and support of the scrotum, the whole thing subsided. I saw the child on November 14th, a little over four weeks from the beginning of the attack, and there was no difference between the right testicle and its fellow.

South Kensington, S.W.

F. ASHTON WARNER, F.R.C.S.E.

FRACTURE OF BOTH CLAVICLES.

HAVING been interested by the account of the case of simultaneous fracture of both clavicles given in the BRITISH MEDICAL JOURNAL of December 9th, 1899, by Dr. Laing. I think it will be of advantage to record another case which came under my observation during my tenure of office as house-surgeon in the Glasgow Royal Infirmary. A powerful man, engaged in shunting waggons at a pithead, was struck on each shoulder by the buffers of two waggons which were being shunted against one another. He was admitted under Mr. H. E. Clark, senior surgeon, when he was found to have sustained a simple fracture of both clavicles, the obliquity of the fractures being in the usual direction. As far as I have been able to ascertain, the method of production in this case may be regarded as unique.

Glasgow.

JAMES BATTERSBY, F.R.C.S.

RECTAL FEEDING IN EXHAUSTION FOLLOWING CHILDREN'S AILMENTS.

DURING the past summer months I have found nutrient injections by the bowel very valuable for children suffering from extreme exhaustion following diarrhoea. I am confident that it has been the means of saving more than one child's life—especially where they were totally unable to take any nourishment by the mouth—and the same treatment will apply to the cases of bronchitis and bronchopneumonia. I attach importance to placing the nutrient enemata as high up into the large bowel as possible, instead of just injecting them within the rectum with a ball syringe, which is the usual custom when these injections are given. They are more likely to be retained, absorption takes place more quickly and readily, and the irritation usually caused is avoided.

Before commencing the injections it is as well, if the child is not too collapsed, to flush out the bowel with 2 or 3 pints of sterilised water at a temperature of about 90° F., to which has been previously added a little medical izar (1 drachm to a quart). The nutrient enemata may be prepared in various ways, but I have found the following answer admirably: One egg beaten up; Valentine's meat-juice, 1 tablespoonful; milk (sterilised), 4 ozs.; brandy, $\frac{1}{2}$ oz. (1 tablespoonful); salt, nearly $\frac{1}{2}$ teaspoonful; sterilised water, 5 ozs. This is mixed and 2 ozs. injected warm every two hours.

I use a Jacques soft red-rubber catheter, Nos. 10 or 12, and a glass syringe of the capacity of 2 fluid ounces. The syringe should first be filled with the injection, the catheter attached, and the piston pressed down until the injection reaches the eye of the catheter to expel all the air. The child should be placed on its back in the nurse's lap with its knees raised and legs separated. A soft towel having been placed beneath the child's buttocks, the end of the catheter is moistened and pushed gently into the rectum as far as it will go; a little of the fluid is injected, and it will then be found that the catheter can be pushed further on. This process is repeated until the catheter cannot well be got any higher. Sometimes the whole length may be introduced into the bowel in this way. The whole of the contents of the syringe is now injected slowly; if necessary, the syringe may be removed and filled again without removing the catheter. After a minute

or two, the catheter is withdrawn slowly, the child laid down gently in bed, with its legs and buttocks slightly raised.

It is wonderful how children revive even after the first injection; as a rule, they generally go off into a calm sleep, and awake quite bright. After the third or fourth injection, they are able to take nourishment freely by the mouth and retain it. However, the injections may still be continued with greater intervals for three or four days, or longer if necessary; but it is well to irrigate the bowel every twenty-four hours.

This may be carried out in the same way with the Jacques catheter attached to the end of a long tube connected with a douche can. The fluid will find a return channel by the side of the catheter and the bowel.

West Hampstead, N.W.

CHRISTOPHER A. A. COULTHARD.

A CASE OF EXCESSIVE HÆMORRHAGE FROM A VARICOCELE OF THE LABIA MAJORA.

On July 25th, 1899, I was called by Dr. A. T. Griffiths to see a case of flooding, to which he had been called about ten minutes before. I found the patient, a young woman about 22 years of age, lying on a couch, and looking very pale and anxious. On the floor there was a large quantity of blood (about a pint), and her clothes were saturated. On examination the blood was seen to flow from a rent in the upper third of the left labium majus. The edges were immediately secured and a catgut ligature applied. When the parts were cleansed a large network of veins was seen surrounding the upper third of the vulva in the shape of a crescent, the limbs extending downwards into the labia majora, and bulging forwards. The mass forming the left limb was very prominent, the size of a hazel nut. It had burst while the patient was stooping to take off her shoe.

This case is the more remarkable as there is no evidence of heart trouble and no trace of varicose veins elsewhere. She stated that she had always been well until that night. She had married about five months ago, and thought she was four and a-half months advanced in pregnancy. She had never felt any inconvenience or trouble about the private parts.

J. E. ROSENSTEIN, M.B., C.M. Edin.

Rowley Regis, Staffs.

HYPODERMIC ADMINISTRATION OF MERCURY IN SYPHILIS.

I was much interested in the notes on the intramuscular injections of mercurial cream as advised by Surgeon-Major Lambkin, Dr. Julius Althaus, and Surgeon-Captain Porter, and decided to give it a trial. I got the cream made according to Surgeon-Major Lambkin's formula as given on page 485 of the BRITISH MEDICAL JOURNAL for February 19th, 1898.

The first patient, a young woman, who had a hard chancre on her lip, followed by typical syphilitic symptoms, was given an injection of $\text{m} \text{v}$ of the cream on August 16th. On August 23rd there was decided improvement in the syphilitic symptoms, but the patient complained of considerable pain after the injection, lasting for two or three days, and there was induration round the puncture. On that date (August 23rd) I gave a second injection of $\text{m} \text{v}$, followed by further pain and induration, but improvement as regards the syphilis. Only after some persuasion would the patient submit to another injection of $\text{m} \text{v}$ on August 30th.

After this the patient would have no further injections, but took a mercurial mixture and then pills of the green iodide till about the middle of October, when she ceased to seek advice. On November 19th she had a female stillborn child at the eighth month.

The second case was a young man with early syphilis complicated by acute Bright's disease, in which mercury was not tolerated at first by the mouth, but on November 5th I gave him an injection of $\text{m} \text{v}$ of the cream, followed on November 12th by $\text{m} \text{v}$ and on November 19th by $\text{m} \text{v}$, when the urine was practically free from albumen.

On November 26th he received a fourth injection of $\text{m} \text{v}$. When I next visited him on December 3rd he had some soreness of the gums, so I gave him no further mercury until December 10th, when I injected $\text{m} \text{iv}$, and on the 17th $\text{m} \text{iv}$, this (the sixth) being the last injection on account of the

mercurialism produced. In this case also the injections caused considerable pain and induration, less marked after the smaller amounts. The patient later on had a further course of mercury by the mouth without untoward effects, and the albumen had quite disappeared.

My reason for giving these details is because the preparation, though effective as regards the syphilis, was evidently too strong, and caused pain and mercurialism; and I notice that Dr. J. Althaus's formula is weaker, being 1 part of mercury to 4 parts each of lanolin and 2 per cent. carbolic oil; and in the review of Major Lambkin's book on the method in the JOURNAL of June 17th, 1899 on p. 1469, the formula is given as 3j of mercury, 3ij of lanolin, and 3iv of carbolic oil (1 in 20). This preparation would therefore be only about half the strength of his previous cream.

I see Surgeon-Captain Porter, A.M.S., in the JOURNAL of May 14th, 1898, advises the use of Ash's pure dental mercury, and gives $\text{m} \text{v}$ instead of $\text{m} \text{x}$ as the maximum dose. The suggestion as to the dental mercury seems good, but (1) how much lanolin and carbolic oil (2 per cent.) should be incorporated with 3j of the mercury; and (2) what dose should be given at the commencement, and how rapidly increased; and for how long continued after the disappearance of the syphilitic symptoms?

Reading. W. HUBERT S. FOSBERY, M.A., M.D. Cantab.

A CALCIFIED LIPOMA IN A HERNIAL SAC.

A few months ago, during an operation for strangulated inguinal hernia, I found a loose body the size of a nut in the sac. It is quite hard and cannot be cut by a knife, and I have no doubt is calcareous. In the *Lancet*, vol. ii, 1888, Mr. J. Hutchinson, jun., describes such a body found in a hernia, and says that in the same subject he noticed an appendix epiploica, which was nearly free and about to form another loose body. I am of opinion there can be little doubt that the specimen I found was derived from a similar source.

The specimen I am sending to the museum of Guy's Hospital.

R. A. MILLIGAN,

Northampton.

Surgeon to the Northampton General Infirmary.

REPORTS

ON

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

CARDIFF INFIRMARY.

NOTES ON A CASE OF ECTOPIC GESTATION.

By THOMAS WALLACE, M.D., M.R.C.S., Surgeon to the Infirmary.

A. M., aged 28 years, a married woman, was admitted to the Cardiff Infirmary on November 16th, 1898, for an abdominal swelling.

History.—She was quite well up to twelve months ago, when she noticed a swelling commencing on the left side of the abdomen. She felt a throbbing pain in the tumour. Her medical attendant thought she was pregnant and she was treated accordingly. The tumour continued to increase in size, reaching its maximum in July, 1898; at the time of her admission it was somewhat smaller. The pain increased in intensity up to March, 1898, but after that it became less acutely felt. Her last menstruation was December 20th, 1897; in June, 1898, there was a slight show. In December, 1897, she had metritis, and was kept in bed for a week, being treated with medicine and poultices. In June, 1898, the womb became prolapsed and her medical attendant replaced it. He then introduced a pessary, which she kept in for two months. The womb did not descend afterwards, and for two months before entering the hospital she was free from pain.

Previous History.—She had an attack of pneumonia about May, 1897, and was in consequence kept in bed for a month.

Family History.—She was married for six years but had no children.

patient is, to the busy man, the absolute exclusion of another. It appears to us, therefore, not to be a question of rights, but to be a matter essentially between man and man, in which it is for each to take the course which commends itself to him.

THE COURTESY CALL.

OUTSIDER.—We believe the custom of the newly-arrived practitioner calling upon his well-established colleagues is a survival of old etiquette. In India a few years ago, if not now, it was the custom for each new arrival to call first upon all the old residents.

MEDICAL CARDS.

L. A.—Such a card as that submitted to us is not usual in this country, but we are not prepared to give any opinion upon what may be regarded as customary in the Colonies. We would recommend our correspondent to seek the advice of someone who knows the local conditions.

A QUESTION OF ETHICS.

J. J. A. S. states that the widow of a medical man having two sons being educated for the medical profession is anxious to retain his services until her sons, or one of them, are qualified. Our correspondent has agreed to do so upon being allowed a share of the practice and having entire control of same, in other words becoming a partner. He wishes to know if this is consistent with medical etiquette.

*Our correspondent does not explain with whom he proposes to enter into partnership, as it is clearly improper for him to enter into partnership with any unqualified person in order to carry on the practice.

YOUNG PRACTITIONER.—It is impossible to give a definite answer without a fuller knowledge of the circumstances of the case. A solicitor should be consulted.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF LONDON.

B.S. EXAMINATION FOR HONOURS.—The following have satisfied the examiners in the subject noted:

Surgery.—First Class: T. R. H. Bucknall, M.D., London Hospital; Mabel G. Stevenson (Gold Medal), Royal Free Hospital; W. B. L. Trotter, M.D. (Scholarship and Gold Medal), University College; Jane Holland Turnbull, Royal Free Hospital. Second Class: P. Turner, B.Sc., Guy's Hospital.

UNIVERSITY OF EDINBURGH.

Reopening of Classes.—The classes in the University and Extra-Academical School of Medicine were reopened after the Christmas recess on Tuesday, January 9th.

ANNUAL REPORT.

Number of Students.—During the past year the total number of matriculated students (including 239 women) was 2,848. Of this number, 836 (including 210 women) were enrolled in the Faculty of Arts, 176 (including 3 women) in the Faculty of Science, and 1,399 (including 9 women) in the Faculty of Medicine. Of the students of medicine, 600, or nearly 43 per cent., belonged to Scotland; 364, or over 26 per cent., were from England and Wales; 106 from Ireland; 75 from India; 216, or about 15 per cent., from British Colonies; and 38 from foreign countries. The number of women attending extra-academical lectures with a view to graduation in medicine in the University was 85.

Degrees Granted.—Among the degrees conferred during 1899 were: Bachelor of Science (B.Sc.), 22; Doctor of Science (D.Sc.), 5; Bachelor of Medicine and Master in Surgery (M.B., Ch.B.), 27 (including 8 women); Bachelor of Medicine and Bachelor of Surgery (M.B., Ch.B.), 177 (including 6 women); Doctor of Medicine (M.D.), 72 (including 1 woman). The General Council of the University now numbers 8,667.

Fellowships, Bursaries, etc.—The total annual value of the University fellowships, scholarships, bursaries, and prizes now amounts to about £17,790. Of this £3,500 belongs to the Faculty of Medicine. A number of bursaries are in the gift of private patrons, but the great majority of the University bursaries, prizes, etc., are awarded by the Senatus after competitive examination. In addition to the above, a sum of upwards of £600, being the income of the Earl of Moray Endowment Fund, is annually available for the encouragement of original research.

New Lectureships.—Under powers conferred by ordinance, the University Court has instituted two new lectureships during the year, namely, in diseases of tropical climates and in diseases of the skin, the lecturers appointed being respectively Dr. Andrew Davidson and Dr. W. Allan Jamieson. Dr. J. W. Ballantyne, who last spring delivered a short course of lectures on teratology and antenatal disease, has been appointed for one year University Lecturer in these subjects, and he is to deliver a second course in February.

Benefactions.—Among numerous benefactions, of which, as in previous years, the University has to make grateful acknowledgment, the following may be mentioned: A bequest by the late Mrs. M. A. Shaw, Ventnor, of £100, to be designated "The Dr. Shaw Gift," a bequest by the late Professor Rutherford of the diagrams and microscopical specimens in the department of physiology which belonged to him, and all his books on physiology, histology, anatomy, etc.; a bequest by the late Emeritus Professor Sir John Struthers of anatomical drawings; a bust in marble, by Mr. John Hutchinson, R.S.A., of the late Professor Rutherford, presented by past and present members of the class of physiology, and placed in the physiology class room; a prize of the value of about £26, given by Scottish medical graduates in the Straits Settlements, for a research in tropical diseases.

Library.—Although the University Library has not received during the year any great bequest, it has to acknowledge nearly 2,000 donations,

many of considerable value. A portion of the Sir William Fraser Bequest has been set apart to meet a much-felt want, namely, the re-cataloguing of the University Library, and this work is now being carried out by a special staff.

Institute of Public Health.—The John Usher Institute of Public Health, for which the University is indebted to the munificence of Sir John Usher of Norton, Bart., is in course of erection at Warrender Park, and will, when completed, afford accommodation for the Public Health Department of the University and also for the Public Health Department of the City of Edinburgh. When finished it will provide much more complete accommodation for the Public Health Department of the University than it has previously possessed, and will enable it to impart a full laboratory training in the branches of study required by medical officers of health.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

The Reuben Harvey Memorial Prize.—The sixth award of this triennial prize will be made on July 1st, 1900. The competition is open to students of the various schools of medicine in Dublin recognised by the medical licensing bodies in Ireland, and also to graduates and licentiates of these bodies of not more than three years standing. The prize, which is of the value of £25, will be awarded to the writer of the best essay, to be illustrated by drawings or preparations, on a subject to be chosen by the candidate evidencing original research in animal physiology and pathology. The essays, bearing fictitious signatures, are to be sent to the Registrar of the Royal College of Physicians of Ireland, 6, Kildare Street, Dublin, not later than June 1st, 1900.

SOCIETY OF APOTHECARIES OF LONDON.

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

Anatomy.—A. T. Barnard, Royal Free Hospital; T. J. M. Clapperton, King's College Hospital; P. S. Cooke, Charing Cross Hospital; A. W. Ellis, Edinburgh; H. R. Grellet, Guy's Hospital; F. H. Hand, St. Mary's Hospital; E. M. Handley, Royal Free Hospital; J. A. Kilpatrick, King's College Hospital; A. R. McEnery, Bristol; O. Millauro, Charing Cross Hospital; T. Scatchard, Leeds; R. H. Terry, Guy's Hospital; A. Turner, Charing Cross Hospital; F. J. Turner, Guy's Hospital; J. A. W. Webster, St. Mary's Hospital.

Physiology.—A. T. Barnard, Royal Free Hospital; F. G. Bourns, Westminster Hospital; E. M. de Wilton, St. Mary's Hospital; C. D. E. Forbes, St. George's Hospital; E. M. Handley, Royal Free Hospital; F. H. Mabberley, Birmingham; O. Millauro, Charing Cross Hospital; H. Morrison, Leeds; T. Scatchard, Leeds; R. H. Terry, Guy's Hospital; A. Turner, Charing Cross Hospital; J. A. W. Webster, St. Mary's Hospital; C. M. Woods, Charing Cross Hospital.

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

Biology.—B. F. Board, Royal Free Hospital; C. Kellgren, Royal Free Hospital; E. V. Khedkar, Bombay; D. Mann, Royal Free Hospital; A. Rogers, Cardiff; J. S. Wilkes, Birmingham.

Chemistry.—C. T. Price, St. Bartholomew's Hospital; G. W. N. Stevens, Charing Cross Hospital.

Materia Medica and Pharmacy.—K. C. Edwards, Cambridge and Glasgow; A. W. Ellis, Edinburgh; F. A. Segreda, Guy's Hospital; P. G. Sheppard, Cambridge and Liverpool; A. D. Sibree, Royal Free Hospital; D. A. Stepney, Royal Free Hospital; J. H. Williams, London Hospital.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

VITAL STATISTICS OF LONDON SANITARY DISTRICTS DURING THE FOURTH QUARTER OF 1899.

In the accompanying table will be found summarised the vital statistics of the forty-three sanitary areas of the metropolis based upon the Registrar-General's returns for the fourth or autumn quarter of the year. The mortality figures in the table relate to the deaths of persons actually belonging to the various sanitary areas, and are the result of a complete system of distribution of deaths occurring in the public institutions of London among the various sanitary areas in which the patients had previously resided.

The 32,179 births registered in London during the three months ending December last were equal to an annual rate of 28.4 per 1,000 of the population, estimated at 4,546,752 persons in the middle of the year; this rate was 0.5 per 1,000 below that recorded in the corresponding period of the preceding year, and was 1.7 per 1,000 above the average rate in the fourth quarters of the ten preceding years, 1889-1898. The birth-rates in the various sanitary areas showed, as usual, wide variations, owing principally to the differences in the sex and age distribution of the populations. In Kensington, St. George Hanover Square, St. James Westminster, Hampstead, St. Martin-in-the-Fields, and London City the birth-rates were considerably below the average; while they showed the largest excess in St. Luke, Bethnal Green, Whitechapel, St. George-in-the-East, Mile End Old Town, and Bermondsey.

The 23,657 deaths of persons belonging to London registered during the three months ending December last were equal to an annual rate of 20.9 per 1,000, against 16.7 in the fourth quarter of the preceding year; in the corresponding quarters of the ten years 1889-1898 the death-rate in London averaged 18.9 per 1,000. The lowest death-rates in the various sanitary areas were 11.8 in Hampstead, 13.2 in Stoke Newington, 15.8 in Plumstead, 15.9 in St. George Hanover Square and in Lee, and 16.5 in Paddington; the highest rates were 27.6 in St. George-in-the-East, 27.7 in Bermondsey, 27.9 in St. Luke, 28.6 in Limehouse, 30.4 in St. George Southwark, and 31.4 in St. Olave Southwark. During the quarter under notice 2,194 deaths resulted from the principal zymotic diseases in London; of these, 1 was referred to small-pox, 530 to measles, 131 to scarlet fever, 692 to diphtheria,

2,578 to 2,881 at the end of the seven preceding weeks, had further declined to 2,730 on Saturday last; 186 new cases were admitted during the week, against 180, 209, and 161 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, January 6th, 881 births and 792 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had increased from 20.0 to 27.2 per 1,000 in the four preceding weeks, declined again last week to 25.6, and was 5.3 per 1,000 below the average rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 14.6 in Leith and 18.5 in Perth, to 30.0 in Greenock and 35.2 in Paisley. The zymotic death-rate in these towns averaged 2.1 per 1,000, the highest rates being recorded in Glasgow and Paisley. The 429 deaths registered in Glasgow included 20 from measles, 4 from scarlet fever, 6 from whooping-cough, 2 from "fever," and 8 from diarrhoea. Four fatal cases of measles occurred in Paisley, and 2 in Greenock; and 2 deaths from whooping cough were recorded in Aberdeen.

THE NEW INFIRMARY, LISKEARD.

THE guardians of Liskeard are to be congratulated on having faced their responsibilities and erected a new infirmary. We remember the cries of indignation with which the report of our Special Commissioner condemning the infirmary as a hopeless building were received, that however is a thing of the past, and we are second to none in our appreciation of the business-like way in which the guardians have handled the question. Now that there is a new infirmary we hope soon to hear of a staff of trained nurses superseding the "feeble-minded and imbecile attendants" who at the time of our Commissioner's visit acted as assistants under the one trained nurse. Having provided the infirmary, it is true economy to place in it a staff of skilled officials who will understand the use of the appliances provided at so much cost.

SUPPERS FOR WORKHOUSE INMATES.

E. M. R., who is a workhouse medical officer, says the question has come up as to giving the inmates of his workhouse, who are not in the sick wards, herrings for supper. As many of these are very old he thinks it "wrong," and asks what he is to do?

"* We are not inclined to regard the proposal as wrong, but think it might be tried; if, however, our correspondent really thinks it to be so we should suggest (as it does not refer to the sick) that he should state his views in reference to it only if applied to for his opinion."

MEDICAL NEWS.

THE SANITARY INSTITUTE.—The twenty-ninth course of lectures and demonstrations for sanitary officers at the Sanitary Institute, Margaret Street, Regent Street, will commence on Friday, January 19th. The first part will conclude on February 7th, on which day the second part will commence; it will end on March 21st; and the third part will commence on March 23rd. Further information can be obtained from the Secretary of the Institute.

PRIZES OF THE ACADEMIE DE MEDECINE.—At the annual jubilee meeting of the Académie de Médecine on December 12th, the award of the prizes offered for the year was made known. The following are some of the principal awards. The Academy Prize (£40) for an essay on the physiology and pathology of the thyroid gland was divided between MM. Garnier, Enriquez, and Lamy, of Paris. The Argenteuil Prize (£272, sexennial) was divided in varying proportions between MM. Bazy and Chailloux, of Paris, and Escat, of Marseilles (Castration in Hypertrophy of the Prostate); Professors Poncet and Delore, of Lyons (Treatise on Suprapubic Cystotomy in Prostatics); MM. Wassermann and Halle, of Paris (Contribution to the Pathological Anatomy of Urethral Strictures), and several others. The Barbier Prize (£80) was divided among several candidates, M. P. L. Simond, Director of the Bacteriological Laboratory at Saigon receiving £60 of it for an essay (The Propagation of the Plague). The Laborie Prize (£200) was divided between MM. Delagénère, of Mans (The Surgery of the Uterus); Jeannel, of Toulouse (The Surgery of the Intestine), Cestan, of Toulouse (The Therapeutics of Empyema), who were awarded £60 each, the balance being distributed in smaller sums among other candidates. The François Joseph Audiffred (£960), Meynot (£104), Amussat (£40), and several other prizes were not awarded.

MEDICAL VACANCIES.

The following vacancies are announced:

ABERYSTWYTH INFIRMARY.—House-Surgeon. Salary, £150 per annum, with usual residential allowances (stimulants excepted). Applications to the Secretary by January 20th.
BIRKENHEAD BOROUGH HOSPITAL.—(1) Honorary Physician; (2) Two Honorary Surgeons. Applications, endorsed "Election of Hon. Medical Officer," to the Secretary by January 24th.

BIRMINGHAM: GENERAL HOSPITAL.—House-Surgeon. Appointment for six months. Residence, board, and washing provided. Applications to the House-Governor by January 27th.
BIRMINGHAM AND MIDLAND EYE HOSPITAL.—Assistant House-Surgeon. Salary, £50 per annum, with apartments and board. Applications to the Chairman of the Medical Board by January 15th.
BOLTON INFIRMARY AND DISPENSARY.—Junior House-Surgeon. Salary, £30 per annum, with furnished apartments, board, and attendance. Applications to Mr. F. Kevan, Honorary Secretary, 12, Acreefield, Bolton, by January 24th.
BRECON INFIRMARY.—Resident House-Surgeon, unmarried. Salary, £90 per annum, with furnished apartments, board, &c. Applications to the Secretary, No. 6, Bulwark, Brecon, by January 17th.
CANTERBURY: KENT AND CANTERBURY HOSPITAL.—Assistant House-Surgeon; must be married. Salary, £50 a year, with board, etc. Applications to the Secretary by January 25th.
CARDIFF INFIRMARY.—(1) Assistant House-Surgeon; (2) Assistant House-Physician. Appointments for six months, subject to re-election. Salaries at the rate of £50 per annum, with board, washing, and apartments. Applications to the Secretary by February 6th.
CHESTER GENERAL INFIRMARY.—Visiting Surgeon. Salary, £30 per annum, with residence and maintenance. Applications to the Chairman of the Board of Management, 29, Eastgate Row, North Chester, by January 27th.
DEBBYSHIRE ROYAL INFIRMARY.—(1) Resident House-Physician. Salary, £100 per annum, with apartments and board. (2) Resident Assistant House-Surgeon. Appointment for six months. Salary, £30, with apartments, board, etc. Applications to the Secretary by January 20th.
DONCASTER GENERAL INFIRMARY AND DISPENSARY.—Indoor Dispenser and Assistant to House-Surgeon. Honorarium, 20 guineas per annum, with board, lodging, and washing. Applications to the Honorary Secretary by January 17th.
DUNDEE COMBINATION POORHOUSES AND HOSPITAL.—Resident Medical Officer. Salary, £100 per annum, with board and furnished apartments. Applications to the Clerk to the Council, Parish Council Chambers, Dundee, by January 17th.
GLAMORGAN COUNTY ASYLUM, Bridgend.—Junior Assistant Medical Officer, unmarried, and not over 35 years of age. Salary, £150 per annum, with board, apartments, washing, and attendance. Applications to the Medical Superintendent by January 17th.
GLASGOW: EYE INFIRMARY.—Resident House-Surgeon. Salary, £50, with apartments and board. Applications to the Secretary, 88, W. A. Regent Street, Glasgow, by January 18th.
GREAT NORTHERN CENTRAL HOSPITAL, Holloway Road, N.—Assistant Anaesthetist. Appointment for six months, but eligible for re-election. Honorarium at the rate of 10 guineas per annum. Applications to the Secretary by January 15th.
GROV HALL ASYLUM, Bow, E.—Junior Assistant Medical Officer. Salary at the rate of £120 a year, with board, apartments, washing, and attendance. Personal application to the Medical Superintendent.
HOSPITAL FOR DISEASES OF THE THROAT, Golden Square, W.—Registrar and Pathologist. Honorarium 25 guineas per annum. Applications to the Secretary-Superintendent by January 30th.
HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—(1) Assistant Surgeon; must be F.R.C.S. or F.R.C.S. (Lond.). (2) Assistant Physician; must be F.R.C.P. (Lond.). Applications to the Secretary by January 23rd.
LEEDS: GENERAL INFIRMARY.—(1) Resident Casualty Officer. Salary, £100 per annum. (2) House Physician, appointment for six months. Board, lodging, and washing provided in each case. Applications to the Secretary of the Faculty by January 18th and 22nd respectively.
LEICESTER INFIRMARY.—House-Physician. Salary, £100 per annum, with board, apartments, and washing. Applications to the Secretary, 24, Friar Lane, Leicester, by February 3rd.
LONDON HOSPITAL, Whitechapel Road, E.—Assistant Physician, must be M.R.C.P. (Lond.). Applications to the House-Governor by January 26th.
MARGATE: ROYAL SEA-BATHING HOSPITAL.—Assistant Resident Surgeon. Salary, £52 per annum, with board and residence. Applications to the Secretary at the Office, 31, Claring Cross, S.W., by January 18th.
METROPOLITAN ASYLUM BOARD.—Assistant Medical Officer at the Imbecile Asylum, Osterham, unmarried, and not over 35 years of age. Applications, on forms provided, to be sent to the office of the Board, Norfolk House, Norfolk Street, Strand, London, W.C. by January 2th.
METROPOLITAN DISPENSARY, Cripplegate, E.C.—Resident Medical Officer, not over 35 years of age. Salary, £200 per annum, with furnished residence and allowance for coal and gas. Applications to the Secretary, Cripplegate Institute, Golden Lane, E.C., by January 20th.
NEWARK-ON-TRENT HOSPITAL AND DISPENSARY.—House-Surgeon, unmarried. Salary, £80 per annum, with board and lodging. Applications to the Secretary by January 20th.
NEW HOSPITAL FOR WOMEN.—Three Female Senior Assistants in the Out-patient Department. Appointments for two years. Applications to the Secretary by January 25th.
NORTHAMPTON GENERAL INFIRMARY.—Assistant House-Surgeon, unmarried, not under 23 years of age. Salary, £100 per annum, with furnished apartments, board, etc. Applications to the Secretary by January 18th.
NORTH LONDON HOSPITAL FOR CONSUMPTION, Hampstead.—Assistant Resident Medical Officer, appointment for six months. Honorarium at the rate of £60 per annum. Applications to the Secretary by January 37th.
NOTTINGHAM: GENERAL HOSPITAL.—House-Surgeon. Salary, £100 per annum, increasing to £120, with board, lodging and washing. Applications to the Secretary by January 27th.
NOTTINGHAM: GENERAL DISPENSARY.—Assistant Resident Surgeon. Salary, £140 per annum, etc. Application to the Secretary.
PLYMOUTH: BOROUGH ASYLUM.—Assistant Medical Officer, unmarried. Salary, £125 per annum, increasing to £150, with furnished apartments, board, and washing. Applications, endorsed "Assistant Medical Officer" to Dr. W. H. Bowne, Medical Superintendent, at the Asylum, Blockadon, Ivybridge, Devon, by January 26th.
PORTSMOUTH: ROYAL PORTSMOUTH, PORTSEA AND GOSPORT HOSPITAL.—Assistant House-Surgeon. Appointment for six months, remuneration at the rate of £50 per annum, with board and residence. Applications to the Secretary by January 18th.
ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN, Leicester Square, W.C.—Honorary Assistant Medical Officer. Applications to the Superintendent by January 15th.
SHEFFIELD ROYAL INFIRMARY.—Junior Assistant House-Surgeon. Salary, £50 per annum, with board, lodging, and washing. Applications to the Medical Staff, under cover to the Secretary, by January 24th.
TORQUAY: TORBAY HOSPITAL.—House-Surgeon. Salary, £100 per annum, and £5 for lectures, with board, lodging, washing, and attendance. Applications to the Secretary by January 18th.
WAKEFIELD: WEST RIDING ASYLUM.—Assistant Medical Officer for one month. Salary, £38s. per week, with apartments and board. Applications to the Medical Director.
WEST AFRICAN RAILWAYS.—Two Assistant Medical Officers on the medical staff of railways under construction. Salary, £30 to £35 per month, with free quarters first-class passage out and home, and four months' leave after eight months' residential service. Applications, marked "Assistant Medical Officer," to Messrs. Shelford and Son, 35A, Great George Street, Westminster, S.W.
WHITHEAVEN AND WEST CUMBERLAND INFIRMARY.—House-Surgeon. Salary, £120 per annum, and £30 a year for dispensing, with furnished apartments and attendance. Applications to the Secretary by January 20th.
WOVERHAMPTON AND STAFFORDSHIRE HOSPITAL.—Assistant House-Surgeon, appointment for six months, honorarium at the rate of £50 per annum. Applications to the House-Governor by January 15th.

MEDICAL APPOINTMENTS.

BAILLIE, Norman Christian, M.B., B.Ch.Durh., appointed Resident Surgeon to the General Dispensary, Birmingham.

BATEMAN, F. J. Harvey, B.A. Camb., M.B., C.M. Edin., appointed Resident Medical Officer to the Hertford British Hospital, Paris.

BLACK, John, L.D.S. Eng., appointed Dental House-Surgeon to Guy's Hospital.

CAMPKIN, Hugh T., L.D.S. Eng., appointed Dental Surgeon to Guy's Hospital.

CHAMPION, S. Gurney, M.B., C.M. Edin., appointed House-Surgeon to the Grimsby and District Hospital.

COLLIER, George, M.B.C.S., L.R.C.P., appointed Public Vaccinator for North-West District of Nottingham, vice J. E. Roberts, M.B., resigned.

DYER, S. Reginald, M.D. Brux., M.R.C.S. Eng., L.R.C.P. Lond., D.P.H. Eng., Barrister-at-Law of the Middle Temple, appointed Medical Officer to H.M. Prison, Stafford.

McGOWAN, J. S., B.Sc. Lond., M.D., appointed Medical Officer for the Fifth District of the Oldham Union, vice J. H. Fletcher, L.R.C.P. Edin., L.F.P.S. Glasg., resigned.

MORRISON, R., L.R.C.P., L.R.O.S. Edin., appointed Medical Officer for the Duffield District of the Belper Union, vice F. D. Holmes, B.A.R.U.I., L.R.C.P., L.R.O.S. Edin.

NORRIS, J. J., L.R.C.S., L.K.Q.C.P. Ire., appointed Medical Officer for the Alrewas District of the Leicestershire Union, vice J. J. Speers, L.S.A.

ORRICK, John, M.B.C.S., L.R.C.P. Lond., D.P.H. Edin., appointed Medical Officer for the Fourth District of the Coventry Union.

FRANCE, Frank J., L.D.S. Eng., appointed Dental Surgeon to Guy's Hospital.

ROWLAND, Frank, L.R.C.P., L.R.C.S. Edin., appointed Resident Surgeon to the Birmingham General Dispensary.

SCOTT, Norman H. H., M.B., Ch.B. Glasg. Univ., appointed House-Physician to the North-Eastern Hospital for Children, Hackney Road, Shoreditch, N.E.

YOUNG, A. G., M.B., appointed Medical Officer for the Castle Bytham District of the Bourne Union, vice R. B. Richardson, M.B.C.S. Eng., resigned.

NEWCASTLE ROYAL INFIRMARY.—The following appointments have been made:
 Senior House-Physician—Wm. Simpson, M.B., B.S. Durh.
 Junior House-Physician—Jas. Muirhead, M.B., B.S. Durh.
 House-Surgeons—Jas. McConnell, M.B., B.S. Durh.; L. J. Bradford, M.B., B.S. Durh.
 Assistant House-Surgeons—Edward Gorton, M.B., B.S. Durh.

DIARY FOR NEXT WEEK.

MONDAY.

Medical Graduates' College and **Polyclinic**, 22, Chancery Street, W.C., 4 P.M.—Dr. Galloway Consultation. (Skin.)

TUESDAY.

Medical Graduates' College and **Polyclinic**, 22, Chancery Street, W.C., 4 P.M.—Dr. Seymour Taylor: Consultation. (Medical.)

Chelsea Clinical Society, Trinity Parish Hall, Pavilion Road, Sloane Square, S.W., 8.30 P.M.—Dr. F. Vincent Dickinson: Gynecological Therapeutics.

Pathological Society of London, 30, Hanover Square, W., 8.30 P.M.—Dr. Walter Fakes: The Occurrence of the Proteus Vulgaris in a Venous Thrombus. Mr. Shattock: A specimen of Columnar-celled Carcinoma of the Uterus. Mr. Foulerton: Mycotic Tumour from Horse. Dr. Auld: Some results of Experiments with the Toxins of the P. mucrocoecus. And various card specimens.

WEDNESDAY.

Medical Graduates' College and **Polyclinic**, 22, Chancery Street, W.C., 5 P.M.—Sir W. H. Broadbent, Bart.: Clinical Lecture. 6 P.M.—Dr. Sclater Thomson: Fractures, Rhinology and Laryngology. Class demonstration.

Royal Microscopical Society, 20, Hanover Square, W., 8 P.M.

Royal Meteorological Society, 25, Great George Street, Westminster, S.W., 7.45 P.M.—Annual general meeting.

THURSDAY.

Medical Graduates' College and **Polyclinic**, 22, Chancery Street, W.C., 4 P.M.—Mr. Jonathan Hutchinson: Consultation. (Surgical.)

Charing Cross Hospital, Post-Graduate Course, 4 P.M.—Mr. Stanley Boyd: Surgical Cases.

Harveian Society of London, 8.30 P.M.—Annual general meeting and conversation.

West End Hospital for Diseases of the Nervous System, 73, Welbeck Street, W., 5 P.M.—Clinical demonstration. Dr. Harry Campbell: Cases of Locomotor Ataxia and other Disorders of the Gait.

Hospital for Sick Children, Great Ormond Street, W.C., 4 P.M.—Dr. Penrose: Demonstrations of Selected Cases.

FRIDAY.

Medical Graduates' College and **Polyclinic**, 22, Chancery Street, W.C., 4 P.M.—Dr. Dundas Grant: Consultation. (Eye, Ear, and Throat.)

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 ensure insertion in the current issue.

MARRIAGES.

HART-HAWKES.—On January 8th at the Congress Hall, Clapton, by Commissioner Polard, International Chancellor of the Salvation Army, Arthur Herbert Hart, M.B., M.D., M.R.C.S., L.R.C.P. Lond., Medical Superintendent to the International Headquarters, and of Bannockburn, Lordship Lane, Bruce Grove, to Kate, eldest daughter of Thomas Hawkes, of Boacombe, Bournemouth.

MORGAN-DOBIE.—December 9th, 1899, by Rev. Dr. Ross at the Parish Church, Pailston, Dr. Frederick Morgan, late of Lombard Street, Uffington, to Clara Elizabeth Dobie, of Bolebec, Pailston, youngest daughter of the late Francis Dobie, of Colepark, Kentisbury, Cullompton.

SEALY-POWELL.—On January 4th, at St. Barnabas, South Kensington, by the Rev. J. H. Browne, Vicar of St. Andrews, Stockwell, assisted by the Rev. W. B. H. Sotheby, Vicar of the parish, and the Rev. W. B. Sealy, Vicar of Christ Church, Newark, brother of the bridegroom, Francis Marmaduke Sealy, M.B., C.S. Eng., L.S.A., of Luton, Boston, youngest son of the late Rev. S. B. Sealy, Vicar of Gosherton, Spalding, to Harriet Catherine, daughter of the late James Turner Powell, of 29, Guildford Road, S.W. No cards.

DEATHS.

BULTELL.—At Havilland Street, Guernsey, January 4th, Ellen Grace, the beloved wife of Marcus Henry Bultell, L.R.C.P. Lond., M.B.C.S., aged 88.

CHEESMAN.—On January 2nd, 1900, at Bitterne Park, Southampton, George Cheesman, M.B.C.S., L.R.C.P., L.S.A., aged 77.

OUVER.—On January 4th, at his residence, Ha'ssy House, Cheltenham, Deputy Surgeon-General David Ouer, Army Medical Department, retired.

ELDER.—At 7, Leopold Place, Edinburgh, on January 6th, George Elder, M.D., F.R.C.P. Edin.

GRANT.—At 8, Connaught Square, Hyde Park, London, on January 3rd, Alexander Grant, F.R.C.S., Surgeon-Major, late of the Bengal Service, and Honorary Surgeon to the Queen, aged 83.

MORGAN.—December 25th, 1899, at the Grand Hotel, London, Frederick, the dearly-beloved husband of Clara Elizabeth Morgan, aged 61. Interred at Pailston Cemetery, Friday, 28th.

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*.—Ip. Tu. 2.30; o.p. F., 2.

CHARING CROSS. *Attendances*.—Medical and Surgical, daily, 1; Women, W., 1; S. 9.30; Skin, M. Th., 1; Dental, M. Th. 8.45; Throat and Ear, F., 9.30; Electro-Therapeutics, Tu. Th. 9.30; Children, Tu. F., 1; Roentgen, W., 9.45; Orthopaedic, Th., 1. *Operations*.—W. Th. F., 2.

CITY OF LONDON HOSPITAL FOR WOMEN. *Attendances*.—Daily, 1.30. *Operations*.—M. Th. F., 2.

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

EAST LONDON HOSPITAL FOR CHILDREN. *Attendances*.—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. Th. 1.30; Ophthalmic, M., 1.30; Th., 2.

HOSPITAL FOR WOMEN, Soho. *Attendances*.—M., 9; Tu. W., 12; Th., 9; F. S., 12. *Operations*.—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, M., 10. *Operations*.—W. Th. F., 2.

LONDON. *Attendances*.—Medical, daily, 1.30; o.p., 1.30; Surgical, daily, 1.30 and 2; Obstetric, M. Tu. Th. F., 2; o.p. W. S., 1.30; 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*.—Daily, 9.30.

METROPOLITAN. *Attendances*.—Medical and Surgical, daily, 2; S., 9; Obstetric, W., 2; o.p., 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 ORTHOPEDIC. *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, ex. S., 2; S., 10; Surgical, daily, ex. W., 2; W., 10; Obstetric, W., 2; Eye, W., 9; Skin, F., 2; Dental, F., 9. *Operations*.—Th., 2.30.

ROYAL EAB, 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. Th., 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 ORTHOPEDIC. *Attendances*.—Daily, 2. *Operations*.—M., 2.

ROYAL WESTMINSTER OPHTHALMIC. *Attendances*.—Daily, 1. *Operations*.—Daily, 2.

ST. BARTHOLOMEW'S. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, M. W. F., 2; o.p., W. S., 9; Eye, M. Tu. W. Th. S., 2; o.p., M. Th., 9; W. S., 2.30; Ear, Tu. F., 2; Skin, Tu., 9; Larynx, M. F., 2.30; Orthopaedic, M., 2.30; Dental, Tu. F., 8; Electrical, M. Tu. Th. F., 1.30. *Operations*.—Daily, 1.30; (Ophthalmic), Tu. F., 2; Abdominal Section for Ovariectomy, F., 2.

ST. GEORGE'S. *Attendances*.—Medical and Surgical, daily, 1.30; o.p., 1.30; Obstetric, Ip. 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, W., 2; Dental, Th., 9.

ST. MARK'S. *Attendances*.—Fistula and Diseases of the Rectum, males, S., 2; females, W., 9.30. *Operations*.—Tu., 2.30; Th., 2.

ST. MARK'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., 1.30; 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, ex. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Th., 1.30; Children, S., 1.30; Electro-Therapeutics, o.p., Th., 2; Dental Diseases, o.p., Th., 10; Dental, Tu. F., 10. *Operations*.—M. W. Th. S., 2; Tu. F., 8.30; (Ophthalmic), Th., 2; (Gynecological), Th., 2.

SAMARITAN FREE FOR WOMEN AND CHILDREN. *Attendances*.—Daily, 1.30. *Operations*.—Gynecological, M., 2; W., 2.30.

THROAT, Golden Square. *Attendances*.—Daily, 1.30; Tu. F., 6.30. *Operations*.—Daily, ex. M., 10.

UNIVERSITY COLLEGE. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetrics, M. F., 1.30; o.p., M. W., 1.30; Ear, M. Th., 9; Skin, Tu. F., 2; Throat, M. Th., 9; Dental, Tu. F., 9.30. *Operations*.—Tu. W. Th., 2.

WEST LONDON. *Attendances*.—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th., 2; Ear, Tu., 2; S., 10; Orthopaedic, W., 2; Diseases of Women, W. S., 2; Electric, 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 alone, unless the contrary be stated.

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

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

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

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

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

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