

then had three fits in a fortnight. The last was the most serious of all, for it was followed by absolute paralysis of the right arm and leg, but without any loss of sensation. During the fits it was observed that the right arm was always more convulsed than any other part of the body, and sometimes was the only part so affected. The paralysis passed off in three weeks. On March 12th, 1895, he had a still more severe fit whilst standing in the house; he "fell down, was convulsed in the right arm, turned blue in the face, and then breathed very hard." It was followed by complete loss of the use of the right arm and leg lasting three days. The next fit occurred on April 12th, 1895. He fell down, turned very red in the face, but did not lose consciousness. Another fit occurred as he was going to bed at night, and on April 21st he had another.

On April 23rd I explained to him and his friends that he was losing ground, for his mental faculties were certainly getting duller, and he was now never free from pain in the head, and as no treatment hitherto adopted (including, for instance, potassium iodide and mercury in large doses) had proved of any benefit, I proposed trephining the skull, and they readily gave their consent.

Seeing that the convulsions were most marked in, and sometimes actually confined to, the right arm and leg, it seemed pretty certain that their cause was situated in the neighbourhood of the ascending frontal convolution of the left side, and most probably near its lower part, as the speech was affected. During the last three weeks the patient had noticed, every evening after going to bed, a twitching of the right arm and hand, which he was often unable to arrest.

The pain in the head was always much worse immediately after the fits than at any other time. I had repeatedly asked the patient whether he had ever sustained any injury to his head, and he always declared most emphatically, and so did his mother, his brothers, and sisters, that he never had been hurt about the head, and on examining it I failed to find any evidence of injury.

For the last week I found that on pressing firmly over the region of the left ascending frontal convolution, about its middle portion, he complained of pain, and so also on percussing the same spot. On April 25th I operated (he had a fit early in the morning). On shaving the scalp a linear cicatrix an inch long was discovered just half an inch above the point at which I had intended to trephine. It was an old scar, proving that my suspicion of injury was well founded. The patient can tell us nothing about it. On dissecting a rectangular flap down a portion of the bone was laid bare that had evidently been fractured in a radiating manner, the fracture being limited to the outer table, as the rounded portion of bone showed no sign of fracture on the inner aspect. The depressed portion, that removed by the trephine, was exactly over the area which I thought was being irritated, and half an inch below the cicatrix. The bone had evidently suffered from inflammation, as it was of similar structure throughout its entire thickness. The appearance of the dura mater was quite healthy.

On changing the dressing the day after the operation, primary union was found to have occurred throughout the whole extent of the wound. Up to April 30th he had had no sensations since the operation, such as were of daily occurrence before it.

By May 16th all discharge from the wound had ceased. Before the operation he had had very little control over the right arm and hand; for example, he could not use a knife and fork. But from May 6th he had been able to use the knife a little, and his grip was rapidly becoming stronger. On this day he laced his boots himself for the first time for some months. His articulation had improved, though it was still not quite distinct; the most noticeable defect being with the labials, especially *f* and *v*.

On May 16th I was called to him at 8.30 A.M. He had passed a bad night. His brother, who was sleeping with him, was awakened at 5 o'clock by hearing him breathing heavily. He found him "lying on his face, and he soon after began to tremble all over." He thought he had had a fit. His temperature was normal, wound looked all right, and there was no return of pain in the head. On the previous day a pedlar had called at the door, and wanted to fight. This had upset the patient very much at the time.

On May 20th the wound was completely healed. In the evening he had "two faints" like the old feelings, but very much milder, and again on the 23rd, 27th, and 30th. The administration of potassium iodide was recommenced.

On June 7th he felt much better, and had no pain in the head. His mother said that he now joined in conversation, whereas before the operation all he said was "Yes" or "No," or "I don't know." He had not had any feeling of "faintness" since May 30th.

On June 8th the optic discs were found to be normal.

On June 22nd, whilst walking, he "felt his face flush;" he rested against a wall for a few seconds, and then walked on. He had no feeling of falling. He was now very much sharper in every way. Before the operation the shortest time he took to count 20 was seven seconds, and many numbers were very indistinct. Now he says the same distinctly in four seconds.

On July 15th he resumed work.

On August 8th, whilst at work, he fell down, and bruised his forehead. This was the first attack since May 30th.

In April, 1896, he complained of pain above the site of operation. As I was doubtful about his habits as to alcohol, I sent him to the Northern Hospital, Liverpool, to be under observation. He remained there eight weeks.

The man is now (December, 1899) in good health, and working regularly at his trade, and has had no return of the old trouble for which the operation was performed, more than four years and a-half ago.

LIVERPOOL MEDICAL INSTITUTION.—At the annual meeting held on January 11th, Mr. Edgar A. Browne, F.R.C.S. Edin., was elected President; Mr. H. Briggs, F.R.C.S., Hon. General Secretary; Dr. J. E. Gemmell, Hon. Librarian; and Mr. F. C. Larkin, one of the Hon. Secretaries to Ordinary Meetings and the Pathological Section.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL, THERA- PEUTICAL, PATHOLOGICAL, ETC.

A CASE OF IMPERFORATE VAGINA.

A GIRL, aged 17, unmarried, was seen by me about eighteen months ago, owing to the non appearance of menstruation. As there was a family history of delayed menstruation—her mother not having menstruated before 17 years of age—I advised waiting until the same age before submitting her to an examination. Hysterical seizures having appeared in a severe form, I was again consulted, and decided on an examination.

She was slim and very tall for her age. The breasts were firm and well developed. The abdomen showed no swelling above the pubes, but was sensitive to the touch in the ovarian region. The mons veneris was normal, and the vulva seemed normally developed. In the position of the vaginal orifice was a small round aperture that did not admit the little finger. A sound was passed in, but only entered to about half an inch into a very small *cul-de-sac*. On passing the finger into the rectum the point of the sound could be felt. Passing beyond this nothing could be felt like the cervix or body of the uterus. The most careful recto-abdominal examination failed to demonstrate the presence of a uterus. With a sound in the bladder the septum between the urethra and rectum was felt to be exceedingly thin, and no trace of a vagina could be found. The ovaries were next searched for, and an elongated thickening could be felt on the two sides in the ovarian region, and more marked on the right side. There was some sensitiveness on pressure, especially on this side. The patient was examined by two other medical men, one of whom entirely agreed with my diagnosis of complete absence of vagina, uterus, and tubes, with slight hypertrophy of the ovaries. While concurring in the absence of uterus and vagina, the other failed to find any trace of ovaries.

Such is the brief statement of the physical condition found by examination.

In cases like this *post-mortem* examination has sometimes shown that the absence of the uterus has been apparent and not absolute, the organ being represented by a muscular band closely applied to the posterior bladder wall. Hence it can here only be asserted that the uterus is not discoverable by clinical examination.

An interesting point in this case is that, although there is apparently complete absence of the uterus and vagina, there is a perfectly normal development of vulva, mons veneris, and mammae. This fact inclines me to think that the thickenings felt at the sides are really ovaries, especially as the patient is possessed of the ordinary amorous feelings, as evinced by her manner of acceptance of the attentions of a suitor who has since offered marriage. As marriage is impossible and surgical interference not warranted, the question of the presence of ovaries is important, as, if the hysteria—which has already caused the loss of her situation—be persistent and incapacitates her for work, removal of the ovaries must be considered.

Port of Spain, Trinidad.

STEPHEN M. LAURENCE.

TWIN PREGNANCY WITH CENTRAL PLACENTA PRÆVIA.

On October 17th, 1899, at 5 P.M., I was urgently summoned to attend C. W., aged 26, suffering from severe flooding. She had borne one full-term child two years previously. There had been more or less hæmorrhage for three weeks, but the sudden and severe attack rendered immediate aid necessary. The patient was in the eighth month of pregnancy. On vaginal examination the cervix admitted three fingers, and the placenta only could be felt lying over the centre of the internal os. The pains were feeble and irregular, and with each pain there was a considerable loss of blood. Forcing two fingers of the right hand through the presenting body (the placenta), whilst pressure was maintained over the abdomen with the left, the fetal head was reached enclosed in its membranes. These were punctured and internal podalic version performed with difficulty. The right hand being again passed

into the uterus the placenta was peeled off, when a second fetus was felt, lying high up and to the right enclosed in its membranes, and presenting by the feet. These membranes were punctured and the child brought down and delivered. After applying restoratives expression of the placenta was attempted, but not maintained for long owing to continued hæmorrhage and the collapsed state of the mother. The hand was reintroduced, and could feel the placenta freed and lying in the uterus. This was pushed up, when a second placenta, firmly attached to the right side of the lower segment of the uterus, was felt. This was peeled off and the uterus emptied.

The placenta were both well formed, the first one showing where it had been broken by the hand, the second intact. There were two distinct cords. The children, male and female, were both dead. The mother made an uninterrupted recovery.

The case is interesting, inasmuch as it presents a condition of double placenta prævia, both complete and partial in its characters.

COLLINGWOOD FENWICK, M.R.C.S., L.R.C.P., L.S.A.
Clapham, S.W.

IMPERFORATE ANUS.

I was interested in the case recorded in the *BRITISH MEDICAL JOURNAL* of November 11th, 1899, and discussed at the meeting of the Liverpool Medical Institution, having had a similar case a dozen years ago, of which the following is the history: The patient, a male child, was found the day after birth passing faecal matter by the urethra. The anus was imperforate. A deep incision was made on the fourth day, after giving time for the rectum to become distended with the hope of finding the bowel. This did not succeed. A large-eyed probe was passed through the urethra and its point cut down upon in the anal wound; a narrow strip of green silk was threaded into the eye of the probe, drawn through the anal wound, and the ends tied. This was allowed to remain for a week. The anal wound was plugged to keep it open. The faecal matter passed by the urethra gradually diminished and after a time ceased. The child was under observation for more than a year, since which time I have lost sight of it. It would be interesting to speculate why the two passages opening into a common receptacle each selected its own proper excretion; but I have no time to enter into it. The result of the operation was to make a sort of cloaca, which was less objectionable than an artificial anus.

Workington

F. ORMROD, L.R.C.P. and S. Edin.

A CASE OF BRAIN TUMOUR SIMULATING MYXEDEMA.

A MAN, aged 56, consulted me in February, complaining of weakness in his lower limbs, some loss of memory, and slight general headache. As a young man he had lived in China, but was not sure whether he had ever suffered from malaria. Venereal diseases were denied, and I was unable to find any signs of syphilis. His eyegrounds were normal, and there was no history of sickness or vomiting. The patellar reflexes and sensation were normal. His speech was slow, articulation poor, and at times he seemed to fail to grasp the meaning of ordinary conversation. I could not arrive at a definite diagnosis, and prescribed a tonic containing small doses of strychnine.

About three months from this time he complained of having fallen in the street twice within a week, and on particular inquiry I found that on both occasions he came down on the outer and posterior aspect of his right shoulder, that is, he fell backwards and to the right.

A second opinion was obtained, and as now his bodily weakness had much increased, and the headache had become more located in the occipital region and right side of the neck, I mentioned the possibility of cerebral tumour, but finally acceded to my friend's view that myxœdema was perhaps the trouble. It must be confessed that the condition of skin, slow perception, cold, spade-like hands, slow pulse, and general weak condition of body, pointed in that direction. Optic neuritis and vomiting were never found. Our patient was at once put on tabloids of thyroid extract. After six weeks' treatment he had so far recovered that from a condition of inability to walk alone, he was able to journey by himself to Wales, where he spent another six weeks. On his

return in September he expressed himself as "feeling remarkably well," although it was easy to see that he was still weak; moreover, his headache, which had completely disappeared, now troubled him a little at times. Shortly after this he suddenly became ill, developing signs of paraplegia, with loss of function of the bladder and rectum, and died about the middle of October.

The necropsy revealed a large glioma, $3\frac{1}{2}$ inches by $2\frac{1}{2}$ inches, situated superficially in the right occipital lobe. The thyroid gland was normal.

The uselessness of the thyroid extract as a therapeutic test in the diagnosis, as is in so many cases potassium iodide in the diagnosis of syphilis is apparent.

Brunswick Square, W.C.

DAVID SOMMERVILLE, B.A., M.D.

REPORTS

ON

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

ROYAL SOUTHERN HOSPITAL, LIVERPOOL.

A SUCCESSFUL CASE OF CHOLECYSTOMY.

By G. P. NEWBOLT, F.R.C.S., Honorary Surgeon to the Hospital.

C. M., aged 47, married, was admitted on April 29th, 1889, suffering from severe pain in the right hypochondriac region and slight jaundice.

Previous History.—She had been married twenty-one years, and, with the exception of bilious attacks, had always been healthy. About the middle of March, 1899, patient was washing, when quite suddenly she felt a very severe pain shooting from the right hypochondriac region through to the back. Thinking it was indigestion she rested. The next day she had similar pain, felt very sick, and vomited a large quantity of bile, and finally was laid up in bed for two weeks. Getting no better she consulted a medical man, and as the attacks of pain got more frequent and more severe she was sent to the hospital.

She remained in the Royal Southern Hospital three weeks under observation, and during this time had eight attacks of biliary colic. These were relieved by morphine to a certain extent, but on one occasion chloroform had to be administered before relief was obtained. After the attacks bile appeared in the urine and the patient became jaundiced. Her temperature ran up to 102° , but there was no rigor. During the attacks of colic the pain was most intense and agonising and the vomiting distressing, but no stones were detected in the fæces.

On examination the patient, who looked older than her years, was in fairly good condition. A distinct resistance was felt in the right hypochondriac region, but no definite tumour could be made out. There was some tenderness over the region of the gall bladder.

On May 23rd an exploratory incision was made over the region of the gall bladder, extending from the margin of the ribs downwards for $3\frac{1}{2}$ inches in the right linea semilunaris. On opening the peritoneum it was found that the omentum was adherent to the liver, and covered the gall bladder. After some trouble the latter, which was only slightly enlarged, was exposed, but it lay tucked up and bound down to the liver, and was almost inaccessible. Having failed to free and bring up the gall bladder, I packed in sponges to shut off the peritoneal cavity, opened the fundus and extracted some seventy small stones, the largest of which was about the size of a pea. These stones could be felt from the outside packed into the neck of the gall bladder. A little muco-pus was also evacuated. I next examined the interior of the bladder with my finger, but finding nothing more, the cavity was packed with a sponge, and the cystic and common bile ducts were examined from outside. Nothing, however, was detected in them; so I proceeded to shut off the peritoneal cavity by suturing the gall bladder to the peritoneum, using omentum in some places to fill the gaps. After some trouble this was satisfactorily carried out. The sponge was now removed, a tube inserted, and the gall bladder washed out, the tube remaining in. The rest of the cavity was packed with gauze, except above

Lieutenant-Colonel F. C. BARKER, M.D., Bombay Establishment, has retired from the service from January 3rd. He was appointed Assistant Surgeon, October 1st, 1869, and became Brigade-Surgeon-Lieutenant-Colonel, August 31st, 1895.

THE VOLUNTEERS.

SURGEON-LIEUTENANT J. CROMIE, the Tynemouth Artillery (Western Division Royal Garrison Artillery) is promoted to be Surgeon-Captain, January 17th.

The undermentioned gentlemen are appointed Surgeon-Lieutenants in the corps respectively specified, dated January 17th: JOHN H. TEACHER, M.B., 1st Lanarkshire Artillery; HARRY ROBERTS, 1st Volunteer Battalion the Duke of Cornwall's Light Infantry; THOMAS THOMPSON, 1st Volunteer Battalion the South Staffordshire Regiment; JOHN G. FRASER, M.B., 19th Middlesex Rifles.

Surgeon-Lieutenants H. S. HUGHES, 1st Volunteer Battalion the South Staffordshire Regiment, and A. GRANT, M.B., 6th Volunteer Battalion the Gordon Highlanders, have resigned their commissions, January 17th.

Surgeon-Lieutenant-Colonel P. F. ROBERTSON, M.D., 1st Dumbartonshire Volunteer Rifles, is promoted to be Brigade-Surgeon-Lieutenant-Colonel on appointment as Senior Medical Officer to the Clyde Volunteer Infantry Brigade, January 17th.

VOLUNTEER MEDICAL STAFF CORPS.

FIRST-CLASS STAFF-SERGEANT EDMUND W. HERRINGTON is appointed Surgeon-Lieutenant in the London Companies, January 17th.

CHANGES OF STATION.

THE following changes of station amongst the officers of the Royal Army Medical Corps have been officially reported to have taken place during the last month:

| | From | To |
|--|-------------|-----------------|
| Surgeon-General G. J. H. Evatt, M.D. | Hong Kong | Devonport |
| Lieut.-Col. J. A. Gormley, M.D. | Shorncliffe | South Africa. |
| " J. C. Dorman, M.B. | Dublin | " |
| " M. R. Ryan, M.D. | Gosport | Hong Kong. |
| " J. F. Williamson, M.B. | " | Cork. |
| " J. L. Peyton, M.B. | Limerick | " |
| " R. Drury, M.D. | Bengal | Curragh. |
| " K. T. Beamish, M.D. | Punjab | Colchester. |
| " J. J. Falvey | Weedon | South Africa. |
| Major F. R. Barker, M.B. | Shorncliffe | " |
| " J. D. Day, M.B. | Chester | " |
| " P. M. Carleton, M.D. | Kinsdale | " |
| " D. F. Franklin | Gibraltar | " |
| " R. W. Ford | Gosport | " |
| " J. Gibson, M.B. | Netley | " |
| " T. B. A. Tucke | Cork | " |
| " J. R. Yourd, M.B. | " | Madras. |
| " R. H. S. Sawyer, M.B. | Dublin | South Africa. |
| " R. J. L. Fayle | Devonport | " |
| " J. W. Jerome | Malta | Aldershot. |
| " W. W. Pike | Aldershot | South Africa. |
| " G. T. H. Thomas | Woolwich | " |
| " C. E. Faunce | " | " |
| " R. J. Geddes, M.B. | Bombay | " |
| " G. Wilson, M.B. | Chatham | " |
| " J. I. P. Doyle | Kilkenny | Limerick. |
| " L. R. Colledge | Gosport | South Africa. |
| " R. Crofts | Aldershot | Sierra Leone. |
| " S. E. Duncan | Londonderry | South Africa. |
| " S. Hickson, M.B. | Devonport | " |
| " R. E. Molesworth | Aldershot | " |
| " D. R. Hamilton, M.B. | Bengal | " |
| " M. O'Halloran, M.D. | Colchester | " |
| " W. H. Pinches | Curragh | " |
| " A. A. Sutton | Devonport | " |
| " J. F. Burke | " | York. |
| " C. H. Melville, M.B. | Aldershot | Punjab. |
| " T. G. Lavie | Dublin | South Africa. |
| " H. T. Baylor | Tipperary | " |
| " J. Moir, M.B. | Nova Scotia | Esquimaux, B.C. |
| " J. Fallon | Leeds | South Africa. |
| " A. A. Cummins, M.D. | Woolwich | " |
| " R. N. Buist, M.B. | Half Pay | Netley. |
| " T. du B. Whaithe, M.B. | Dublin | South Africa. |
| " B. H. Scott, M.D. | Portsmouth | Tower of Lond. |
| " G. Raymond, M.B. | Cahir | South Africa. |
| Captain G. S. McLoughlin, M.B., D.S.O. | East Africa | Aldershot. |
| " J. D. Ferguson, D.S.O. | " | South Africa. |
| " A. Pearse | Aldershot | " |
| " E. C. Anderson | Bengal | " |
| " C. O'C. Hodgins | Dublin | " |
| " T. P. Jones, M.B. | Bombay | Colchester. |
| " R. C. Lewis | " | Kinsale. |
| " B. W. H. O'Reilly, M.B. | Madras | Aldershot. |
| " H. W. Loughurst | Punjab | South Africa. |
| " A. J. Chambers | Aldershot | " |
| " G. E. F. Stammers | " | " |
| " M. M. Rattray, M.B. | Colchester | " |
| " J. G. Berne | " | Cork |
| " F. Ashe | Aldershot | " |

The undermentioned newly appointed Lieutenants have proceeded to South Africa: L. W. Harrison, M.B., F. S. Irvine, M.B., H. M. Morton, M.B., M. H. Babington, F. G. Richards, E. B. Knox, H. S. Roch, F. Harvey, C. E. Trimble, J. Matthews, W. M. McLoughlin, E. W. Siberry, B. F. Wingate, P. S. O'Reilly, F. H. Merry, M.B., A. M. MacLaughlin, M.B., J. A. Hartigan, M.B., J. F. Martin, M.B., C. S. Smith, M.B., A. H. Safford, A. J. M. Cuddon-Fletcher, J. M. Buist, M.B., R. L. Davis, C. R. Evans, W. C. Croly.

Of the newly-appointed Quartermasters, E. P. Moss is stationed at

Devonport; B. E. Essex, S. Duffield, and J. Glennon have proceeded to South Africa.

Lieutenant-Colonel W. Temple, M.B., V.C., retired pay, has relinquished the medical charge of troops in London, and been succeeded by Lieutenant-Colonel W. Johnston, M.D., retired pay.

POPULARITY OF THE ARMY MEDICAL SERVICE.

Our contemporary, *Truth*, says that the effect of the war has been a remarkable growth in the popularity of the Army Medical Service in the army at large, and that a sanguinary campaign was the one thing needed to effect that. There is no word of sitting on the "doctors" now. We are delighted to hear it; the medical service is nobly doing its duty in South Africa and deserves every recognition. But our contemporary hopes there will be no revulsion or such services forgotten when the war is over. Was the writer thinking of the proverbial effect of sickness on a certain historical personage?

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

FIRST EXAMINATION FOR THE DEGREE OF M.B.—The following have satisfied the examiners as undermentioned:

Organic Chemistry.—G. D. Allen, Non-coll.; G. H. Almond, Hertford; L. T. Burra, University; E. Burstal, Trinity; D. Davidson, Brasenose; H. R. Dean, New; J. Freeman, University; R. C. Jewsbury, Christ Church; H. A. Philpot, New; E. Whitley, Trinity; A. R. Wilson, Wadham.

Materia Medica and Pharmacy.—T. E. C. Cole, Christ Church; W. L. M. Day, Exeter; A. C. Le Rossignol, Exeter; A. J. Wigmore, Non-coll. *Human Anatomy and Human Physiology*.—E. L. Farncombe, St. John's; A. H. Hogarth, Christ Church; C. M. H. Howell, Trinity; L. D. Neave, Mertou; P. F. Tinne, Magdalen; H. M. Turnbull, Magdalen.

FINAL EXAMINATION FOR THE DEGREE OF M.B.—The following have passed the examination:

Entire Examination.—A. C. Goodwin, B.A., Keble; F. P. T. Hilliard, B.A., Magdalen; F. O. Stocks, B.A., Trinity; J. A. Willett, B.A., University.

Pathology only.—E. D. Bond, B.A., Keble; J. D. Rolleston, B.A., Brasenose; J. E. Sawyer, B.A., Christ Church; W. V. Shaw, B.A., Christ Church; F. J. Stevens, M.A., Exeter; A. E. Thomas, B.A., Merton; R. Warren, B.A., New.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A QUARTERLY Council was held on January 11th; Mr. H. G. Howse, Senior Vice-President, in the chair.

COURT OF EXAMINERS.

Mr. William Anderson, Mr. Herbert W. Page, and Mr. Bernard Pitts made declarations in the terms of the oath prescribed by the Charter of 1800, and were admitted Members of the Court.

THE LATE SIR JAMES PAGET.

The Council adopted a resolution expressing deep regret at the death of Sir James Paget, Bart., D.C.L., LL.D., F.R.S., and sincere sympathy with his family in their loss. The Council gratefully remember the many services rendered to the College by Sir James Paget during his long association with it, and they desire to record their appreciation not only of his eminence as a surgeon, his ability as a teacher, and his grace and eloquence as a speaker, but also of his admirable personal character, which won for him the warm regard of all who knew him. The Council believe that no member of the surgical profession more fully enjoyed the confidence and esteem of his colleagues, and they are assured that his loss will long be felt, and that his name will ever be placed in the foremost rank of those who have done good in their time, and brought honour to their profession.

COOKE'S SCHOOL.

The Council recognised this school for the performance of the extra six months' dissections required for the Primary Fellowship Examination for one year.

RESOLUTIONS PASSED AT THE MEETING OF FELLOWS AND MEMBERS.

Resolution 1.—"That this meeting of Fellows and Members of the College would respectfully urge on the Council the desirability of due notice of the annual meeting of Fellows and Members being given by the College to each Fellow and Member by post or otherwise, together with a copy of the report from the Council."

The answer to this resolution is

"That as the date of the annual meeting of Fellows and Members is announced in the College Calendar, and regularly advertised in the principal medical journals, and as it is made known that any member of the College may on application receive a copy of the annual report, the Council are of opinion that sufficient notice is given of the meeting, and that it is not necessary or desirable to further notify the date of the meeting, or to send a copy of the report through the post as suggested in Resolution No. 4 passed on November 16th, 1899."

Resolution 2.—"That in the opinion of this meeting no Fellow or Member of the College ought to be allowed to act as medical officer to any association (whether a registered friendly society or not) which has for one of its objects the provision of medical attendance, and which in pursuance of that object advertises and canvasses for patients; and the Council is once more urged to announce that the holding of such appointments is contrary to the declaration made by Fellows and Members on their admission."

The Council formally expressed their disapproval of Fellows and Members of the College associating themselves with medical aid institutions which systematically canvass and advertise for the purpose of procuring patients.

USE OF MISLEADING TITLES BY UNQUALIFIED REGISTERED DENTISTS.

The following resolution was adopted:

The Council of the Royal College of Surgeons of England have to inform

the General Medical Council that their attention has from time to time been called to the conduct of certain persons whose names are entered on the *Dentists Register* with the description "In practice before July 22nd, 1878."

The persons in question adopt such titles and descriptions as "R.D.S., R.C.S. Eng.," "R.D.S. Eng.," "R.D.S.E.," "Registered by the Royal College of Surgeons," thereby causing it to be inferred that they are connected with this College or the Scotch or the Irish College of Surgeons, and thus infringing the privileges of the Licentiates of Dental Surgery of these Colleges.

The Council are of opinion that such conduct would be "disgraceful in a professional respect," and that the persons in question should be deemed to have rendered themselves liable to removal from the *Dentists Register* under Section XIII of the Dentists Act 1878.

BOARD OF EXAMINERS IN DENTAL SURGERY.

Mr. William Anderson was elected to fill the vacancy occasioned by the retirement of Mr. Edmund Owen.

RESIGNATION OF MR. J. N. C. DAVIES-COLLEY.

The resignation of Mr. J. N. C. Davies-Colley of his membership of the Court of Examiners was accepted, the Council at the same time expressing sympathy in his illness which necessitated his resignation. The vacancy will be filled up at the ordinary Council on February 5th next.

HUNTERIAN ORATION FOR 1901.

Mr. MacNanara was appointed to this office.

SUPPLEMENTAL CHARTER.

The Secretary placed before the Council the new supplemental charter under the Great Seal, dated December 22nd, 1899.

GENERAL MEDICAL COUNCIL.

The thanks of the Council were given to Mr. Bryant for his services as the representative of the College on the General Medical Council.

CONJOINT BOARD IN ENGLAND.

The following gentlemen passed the Second Examination of the Board, at the January quarterly meeting of the Examiners, in Anatomy and Physiology:

Messrs. J. B. Albury, St. Mary's Hospital; E. W. Alment, St. Bartholomew's Hospital; O. F. H. Atkey and H. Balme, King's College, London; F. Barton, University College, Liverpool; A. J. Beadel, Guy's Hospital; S. Bennett, Cambridge University and St. Bartholomew's Hospital; C. R. Bradley, St. George's Hospital; G. R. H. Chell, Mason College, Birmingham; G. M. Clowes, London Hospital; R. H. L. Cordner, St. George's Hospital; T. R. Coudrey, St. Bartholomew's Hospital; H. J. Cundall, St. Mary's Hospital; H. S. C. Darbyshire, University College, Sheffield, and St. Thomas's Hospital; E. D. Davis, University College of South Wales, Cardiff; H. B. Day, King's College, London; W. F. L. Day, Cambridge University; P. T. Drabble, University College, Sheffield; R. M. Grogons, London Hospital; C. W. C. Harvey, St. Bartholomew's Hospital; P. A. Hendley, King's College, London; V. Hetherington, St. George's Hospital; J. Howard, Owens College, Manchester; E. C. Hodgson and G. Hughes, St. Bartholomew's Hospital; W. Ibbotson, University College, Sheffield; R. L. Jones, Cambridge University and Middlesex Hospital; E. H. Kenderdine, Mason College, Birmingham; C. S. Kingsdon, St. Bartholomew's Hospital; J. L. Lewis, London Hospital; J. D. S. Lloyd, Mason College, Birmingham; A. D. Low, N. Low, O. L. Lowley, W. T. McCowen, and E. H. Milner-Moore, St. Mary's Hospital; L. H. Moiser, Yorkshire College, Leeds, and Guy's Hospital; C. M. Murray, Cambridge University and Guy's Hospital; J. P. Nettell, London Hospital; E. Newton, Cambridge University and St. George's Hospital; G. B. Norman, Cambridge University and St. Mary's Hospital; L. Orton, Cambridge University and St. Bartholomew's Hospital; T. H. Ollerhead, A. F. Pilkington, and E. A. Price, St. Mary's Hospital; F. Payne, Middlesex Hospital; J. D. Pearson, Guy's Hospital; J. H. Porter, London Hospital; G. H. Richards and P. J. Robbins, St. Mary's Hospital; E. A. Roberts and J. L. Rushton, King's College, London; F. E. Roberts, St. George's Hospital; R. P. Septon, Cambridge University and Owens College, Manchester; E. B. Smith, St. Bartholomew's Hospital; F. N. V. Smith, Guy's Hospital and Mr. Cooke's School of Anatomy and Physiology; D. J. Thomas, University College of South Wales, Cardiff; J. H. Timothy, King's College, London; F. J. Turner, Guy's Hospital; H. Waddell, Queen's College, Belfast; H. J. D. Walker, London Hospital; C. M. Woods, Charing Cross Hospital.

Passed in Anatomy only—Mr. J. Wilding, St. Bartholomew's Hospital.

Passed in Physiology only—Messrs. J. Ewing, Yorkshire College, Leeds; and G. L. Wilson, St. George's Hospital.

Forty-four gentlemen were referred in both subjects and 1 in Physiology only.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At a stated business meeting of the President and Fellows held on Friday, January 13th, the President admitted to the Membership of the College the following candidates, who were successful at the examination held on Tuesday and Wednesday, January 9th and 10th:

Edmund Joseph McWeeney, M.B., M.Ch., M.A.O., R.U.I., 1887; M.D., R.U.I., 1891; L.R.C.P.I., 1896.
William Arthur Winter, M.B., B.Ch., B.A.O. Univ. Dubl., 1891; M.D. Univ. Dubl., 1895; L.R.C.P.I., 1898.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

MR. ARTHUR CHANCE has been elected a member of the Council of the above College.

THE occurrence of dengue in epidemic form is reported in Cuba, especially among the United States troops.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 7,128 births and 6,474 deaths were registered during the week ending Saturday last, January 13th. The annual rate of mortality in these towns, which had increased from 18.9 to 30.9 per 1,000 in the six preceding weeks, declined again to 29.1 last week. The rates in the several towns ranged from 15.6 in Burnley, 16.1 in Cardiff, 17.5 in Huddersfield, and 17.7 in Oldham, to 34.6 in Liverpool, 37.4 in Croydon, 43.6 in Norwich, and 44.9 in Nottingham. In the thirty-two provincial towns the mean death-rate was 26.3 per 1,000, being 7.0 below the rate recorded in London, which was 33.3 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.0 per 1,000, and corresponded with the death-rate from the same diseases in London; while the mean rate was 2.1 in the thirty-two provincial towns, among which the highest zymotic death-rates were 3.8 in Blackburn, 3.9 in Preston, 4.0 in Salford, 4.3 in Sheffield, and 4.7 in Wolverhampton. Measles caused a death-rate of 1.2 in West Ham and in Wolverhampton, 1.3 in Bradford, 1.4 in Sunderland, 2.0 in Hull, 2.1 in Salford, 2.4 in Sheffield, and 2.6 in Preston; scarlet fever of 1.1 in Blackburn; whooping-cough of 1.1 in Leeds, 1.2 in Wolverhampton, 1.3 in Newcastle, and 1.6 in Portsmouth; and "fever" of 1.2 in Wolverhampton. The mortality from diarrhoea showed no marked excess in any of the large towns. The 89 deaths from diphtheria in the thirty-three towns included 49 in London, 7 in Sheffield, 4 in Leeds, and 3 in Portsmouth, in Bristol, in Swansea, in Leicester, and in Blackburn. Three fatal cases of small-pox were registered last week in Hull, but not one in any other of the thirty-three large towns. There were 18 small-pox patients under treatment in the Metropolitan Asylums Hospitals on Saturday last, January 13th, against 5, 7, and 8 at the end of the three preceding weeks; 10 new cases were admitted during the week, against 5, 2, and 1 in the three preceding weeks. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had declined from 1,578 to 2,730 at the end of the eight preceding weeks, had further fallen to 2,560 on Saturday last; 80 new cases were admitted during the week, against 209, 161, and 136 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, January 13th, 1,022 births and 711 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 27.2 and 25.6 per 1,000 in the two preceding weeks, further declined to 23.0 last week, and was 6.1 per 1,000 below the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 20.5 in Dundee and 20.6 in Greenock, to 24.5 in Leith and 34.6 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 334 deaths registered in Glasgow included 12 from measles, 3 from scarlet fever, 3 from diphtheria, 8 from whooping-cough, 4 from "fever," and 7 from diarrhoea. Four deaths from measles occurred in Dundee; 2 from measles and 2 from whooping-cough in Paisley; and 2 from measles in Greenock.

ENGLISH URBAN MORTALITY IN THE FOURTH QUARTER OF 1899.

[SPECIALLY REPORTED FOR THE BRITISH MEDICAL JOURNAL.]
THE vital statistics of the thirty-three large English towns dealt with by the Registrar-General in his weekly returns are summarised in the accompanying table. During the three months ending December last, 83,574 births were registered in the thirty-three towns, equal to an annual rate of 29.4 per 1,000 of the aggregate population, estimated at 11,404,408 persons in the middle of the year. In the corresponding periods of the three preceding years the birth-rates in these towns were 31.3, 30.1, and 29.7 per 1,000 respectively. In London the birth-rate last quarter was 28.4 per 1,000, while it averaged 30.1 in the thirty-two provincial towns, among which it ranged from 21.1 in Halifax, 22.3 in Bradford, 22.9 in Huddersfield, and 23.4 in Burnley to 34.0 in Sunderland, 35.1 in Sheffield, 35.4 in Liverpool, 36.5 in Wolverhampton, and 36.7 in Gateshead.

During the quarter under notice 59,213 deaths were registered in the thirty-three towns, corresponding to an annual rate of 20.8 per 1,000, against 18.8, 19.0, and 18.1 in the fourth quarters of the three preceding years. In London the rate of mortality was 21.4 per 1,000, while it averaged 20.5 in the thirty-two large provincial towns, among which it ranged from 14.7 in Huddersfield, 15.5 in Derby, 15.8 in Croydon, and 16.1 in Cardiff to 22.6 in Portsmouth and 15 in Wolverhampton, 23.0 in Salford, 24.7 in Preston, and 26.6 in Liverpool. The 59,213 deaths registered in the thirty-three towns last quarter included 6,182 which were referred to the principal zymotic diseases, equal to an annual rate of 2.18 per 1,000, against 1.47, 2.34 and 2.14 in the corresponding periods of the three preceding years. In London the zymotic death-rate last quarter was equal to 1.96 per 1,000, while it averaged 2.32 in the thirty-two provincial towns, among which it ranged from 0.69 in Derby, 0.85 in Huddersfield, 0.91 in Croydon, and 0.99 in Bristol, to 3.65 in Salford, 4.02 in Preston, 4.63 in Hull, and 4.65 in Sheffield. The 6,182 deaths referred to the principal zymotic diseases in the thirty-three towns during the quarter under notice included 100 which resulted from small pox, 136 from measles, 458 from scarlet fever, 1,521 from diphtheria, 761 from whooping-cough, 1,014 from "fever" (principally enteric), and 662 from diarrhoea. The fatal cases of measles, which had been 1,529 and 1,226 in the two preceding quarters, rose again to 1,366 during the three months ending December last, and were equal to an annual rate of 0.48 per 1,000; in London the death-rate from this disease was equal to 0.47 per 1,000; while it averaged 0.49 per 1,000 in the thirty-two provincial towns, among which measles was proportionally most fatal in Birkenhead, Salford, Preston, Bradford, Sheffield, and Hull. The deaths from scarlet fever, which had been 337 and 359 in the two preceding quarters, further rose to 458 during the three

Analysis of the Vital and Mortal Statistics of Thirty-three of the Largest English Towns during the Fourth Quarter of 1899.

| Towns. | Estimated Population middle of 1899. | Births. | Deaths. | Annual Rate per 1,000 Living. | | | Deaths from Principal Zymotic Diseases. | Small-pox. | Measles. | Scarlet Fever. | Diphtheria. | Whooping-Cough. | Fever. | Diarrhoea. | Deaths of Children under one year of age to 1,000 Births. | Rate per cent. of Uncertified Deaths. |
|---------------------|--------------------------------------|---------|---------|-------------------------------|---------|-----------------------------|---|------------|----------|----------------|-------------|-----------------|--------|------------|---|---------------------------------------|
| | | | | Births. | Deaths. | Principal Zymotic Diseases. | | | | | | | | | | |
| 32 Towns | 11,404,408 | 83,574 | 59,231 | 29.4 | 20.8 | 2.18 | 6,182 | 100 | 1,366 | 458 | 1,521 | 761 | 1,014 | 962 | 159 | 1.8 |
| 32 Provincial Towns | 6,857,656 | 51,395 | 35,029 | 30.1 | 20.5 | 2.32 | 3,962 | 99 | 836 | 327 | 825 | 545 | 633 | 697 | 105 | 1.8 |
| London | 4,546,752 | 32,179 | 24,202 | 28.4 | 21.4 | 1.96 | 2,220 | 1 | 530 | 131 | 696 | 216 | 381 | 265 | 151 | 0.5 |
| West Ham. | 300,241 | 2,217 | 1,252 | 29.6 | 16.7 | 2.14 | 161 | — | 33 | 6 | 50 | 13 | 43 | 16 | 160 | 1.05 |
| Croydon | 127,759 | 816 | 503 | 25.6 | 15.8 | 0.91 | 46 | — | 2 | — | 5 | 8 | 8 | 6 | 131 | — |
| Brighton | 123,226 | 734 | 613 | 23.9 | 20.0 | 1.50 | 29 | — | — | 2 | 27 | 1 | 7 | 9 | 132 | 0.5 |
| Portsmouth | 190,741 | 1,205 | 1,076 | 25.3 | 22.6 | 2.58 | 123 | — | 7 | 3 | 40 | 20 | 24 | 23 | 183 | 0.7 |
| Plymouth. | 100,637 | 748 | 584 | 29.1 | 21.4 | 1.12 | 80 | — | 6 | — | 8 | 2 | 4 | 8 | 131 | 0.2 |
| Bristol | 320,911 | 2,332 | 1,710 | 27.8 | 16.1 | 1.23 | 57 | — | 15 | 6 | 13 | 10 | 11 | 25 | 161 | 0.4 |
| Cardiff | 185,826 | 1,286 | 747 | 27.8 | 18.8 | 1.47 | 38 | — | 9 | 3 | 18 | 10 | 5 | 12 | 173 | 0.3 |
| Swansea | 103,722 | 659 | 485 | 25.5 | 22.6 | 2.03 | 45 | — | 12 | 1 | 18 | 1 | 4 | 4 | 172 | 1.0 |
| Wolverhampton | 88,821 | 809 | 501 | 38.8 | 20.9 | 2.19 | 279 | — | 61 | 6 | 48 | 54 | 54 | 56 | 162 | 2.6 |
| Birmingham | 514,956 | 4,205 | 2,681 | 27.7 | 16.5 | 1.57 | 44 | — | — | 1 | 16 | 18 | 5 | 4 | 166 | 1.1 |
| Norwich | 113,266 | 783 | 466 | 28.7 | 19.5 | 3.07 | 104 | — | 19 | 16 | 62 | 31 | 15 | 21 | 188 | 1.7 |
| Leicester | 213,851 | 1,530 | 1,037 | 27.5 | 19.9 | 2.63 | 157 | — | 28 | 20 | 8 | 2 | 72 | 27 | 175 | 1.3 |
| Nottingham | 239,384 | 1,639 | 1,188 | 28.0 | 15.5 | 0.69 | 18 | — | 5 | 2 | — | — | — | 6 | 142 | — |
| Derby | 100,401 | 744 | 411 | 28.6 | 18.4 | 2.47 | 71 | — | 45 | 1 | 2 | 1 | 16 | 6 | 156 | 0.4 |
| Birkenhead | 115,162 | 851 | 527 | 35.4 | 26.6 | 2.93 | 464 | — | 35 | 45 | 62 | 121 | 65 | 86 | 170 | 4.4 |
| Liverpool. | 634,212 | 5,596 | 4,208 | 29.0 | 19.3 | 1.92 | 78 | — | 6 | 11 | 1 | 15 | 24 | 21 | 169 | 0.8 |
| Bolton | 162,221 | 1,173 | 782 | 31.1 | 21.3 | 1.57 | 213 | — | 47 | 19 | 34 | 30 | 22 | 61 | 157 | 0.8 |
| Manchester | 543,902 | 4,210 | 2,894 | 33.9 | 23.0 | 3.05 | 199 | — | 54 | 10 | 25 | 45 | 23 | 36 | 170 | 0.6 |
| Salford | 218,244 | 1,846 | 1,250 | 25.1 | 18.8 | 1.42 | 53 | — | 10 | 16 | 3 | 7 | 5 | 12 | 163 | 0.3 |
| Oldham | 150,772 | 943 | 706 | 23.4 | 17.2 | 2.40 | 68 | — | 19 | 20 | 6 | 2 | 4 | 17 | 211 | 1.4 |
| Burnley | 113,081 | 659 | 484 | 25.5 | 19.9 | 3.21 | 108 | — | 13 | 9 | 33 | 18 | 13 | 22 | 177 | 3.6 |
| Blackburn | 135,154 | 858 | 669 | 28.5 | 24.7 | 4.02 | 118 | — | 42 | 6 | 10 | 4 | 15 | 35 | 251 | 4.0 |
| Preston | 117,622 | 837 | 725 | 22.9 | 14.7 | 0.85 | 22 | — | 6 | 1 | — | 5 | 4 | 6 | 127 | 3.2 |
| Huddersfield | 103,464 | 590 | 379 | 21.1 | 16.5 | 1.19 | 29 | — | 8 | 2 | — | — | 8 | 7 | 146 | 3.7 |
| Halifax | 97,721 | 515 | 403 | 22.3 | 18.6 | 2.08 | 122 | — | 47 | 28 | 10 | 7 | 13 | 17 | 155 | 0.5 |
| Bradford | 236,241 | 1,311 | 1,095 | 30.0 | 19.0 | 2.48 | 262 | — | 35 | 14 | 112 | 52 | 24 | 25 | 155 | 0.1 |
| Leeds | 423,889 | 3,172 | 2,009 | 35.1 | 21.8 | 4.05 | 418 | — | 90 | 24 | 174 | 8 | 78 | 44 | 148 | 3.8 |
| Sheffield | 361,169 | 3,162 | 1,960 | 33.7 | 21.4 | 4.03 | 269 | 99 | 86 | 19 | 6 | 18 | 19 | 22 | 165 | 2.9 |
| Hull | 234,270 | 1,965 | 1,250 | 34.9 | 20.8 | 1.63 | 59 | — | 5 | 15 | 2 | — | 19 | 18 | 160 | 2.3 |
| Sunderland | 145,612 | 1,267 | 755 | 36.7 | 19.3 | 1.43 | 38 | — | 5 | 3 | 2 | 12 | 4 | 12 | 171 | 2.0 |
| Gateshead | 100,352 | 975 | 513 | 30.7 | 20.5 | 1.79 | 102 | — | 36 | 11 | 8 | 22 | 6 | 19 | 184 | 1.0 |
| Newcastle-on-Tyne. | 228,625 | 1,752 | 1,166 | | | | | | | | | | | | | |

months under notice, and were equal to an annual rate of 0.16 per 1,000; in London the scarlet fever death-rate was 0.12 per 1,000, while it averaged 0.19 in the thirty-two provincial towns, among which this disease showed the highest proportional fatality in Nottingham, Oldham, Burnley, Bradford, Hull, and Sunderland. The fatal cases of diphtheria, which had been 1,128, 889, and 1,013 in the three preceding quarters, were 1,521 during the three months ending December last, and were equal to an annual rate of 0.53 per 1,000; in London the death-rate from this disease was 0.61 per 1,000, while it averaged 0.48 in the thirty-two provincial towns, among which diphtheria was proportionally most fatal in Brighton, Portsmouth, Leicester, Blackburn, Leeds, and Sheffield. The deaths from whooping-cough, which had been 1,417, 1,289, and 878 in the three preceding quarters, further declined to 761 during the three months under notice, and were equal to an annual rate of 0.27 per 1,000; in London the death-rate from whooping-cough was 0.19 per 1,000, while it averaged 0.32 in the thirty-two provincial towns, among which this disease showed the highest proportional fatality in Norwich, Leicester, Liverpool, Salford, Blackburn, and Leeds. The deaths referred to different forms of "fever" (including typhus, enteric, and simple and ill-defined forms of fever), which had been 499, 352, and 607 in the three preceding quarters, further rose to 1,014 during the three months ending December last, and were equal to an annual rate of 0.36 per 1,000; in London the "fever" death-rate was 0.34 per 1,000, while it averaged 0.37 in the thirty-two provincial towns, and was highest in West Ham, Wolverhampton, Nottingham, Birkenhead, Bolton, and Sheffield. The 962 fatal cases of diarrhoea were equal to an annual rate of 0.34 per 1,000; in London the rate of mortality from this disease was 0.23 per 1,000, while it averaged 0.41 in the thirty-two provincial towns, among which diarrhoea showed the highest proportional fatality in Wolverhampton, Liverpool, Salford, Burnley, Blackburn, and Preston. One death from small-pox was registered last quarter in London, and 99 in Hull, but not one in any other of the thirty-three large towns.

Infant mortality in the thirty-three towns, measured by the proportion of deaths under one year of age to registered births was equal to 159 per 1,000 during the three months ending December last, against 150, 160, and 159 in the corresponding quarters of the three preceding years. In London the rate of infant mortality was equal to 151 per 1,000, while it averaged 161 in the thirty-two provincial towns, among which it ranged from 127 in Huddersfield, 131 in Croydon and in Plymouth, 132 in Brighton, and 142 in Derby to 183 in Portsmouth, 184 in Newcastle, 188 in Leicester, 211 in Burnley, and 251 in Preston.

The causes of 736, or 1.2 per cent., of the deaths in the thirty-three towns during the three months ending December last were not certified, either by a registered medical practitioner or by a coroner. The proportion of uncertified deaths in London did not exceed 0.5 per cent., while it averaged 1.8 in the thirty-two provincial towns. The causes of all the deaths during the quarter were duly certified in Croydon, Derby, and

Gateshead, and only one was uncertified in Plymouth; while the largest proportions of uncertified deaths were registered in Liverpool, Blackburn, Preston, Huddersfield, Halifax, and Sheffield.

MEDICAL NEWS.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—A quarterly court of the Society was held on January 10th, Mr. Christopher Heath, Vice-President, in the chair. Two new members were elected, and the death of Sir J. Paget (President) and Mr. Gimson (a director) reported. Mr. Christopher Heath from the chair proposed the following resolution: "The quarterly court of directors of the Society for Relief of Widows and Orphans of Medical Men desires to record its great regret at the death of Sir James Paget, Bart., the President of the Society, who has for many years taken the greatest interest in the Society's welfare, and until recently has regularly taken the chair at the meetings of the court." There were no fresh applications for grants, and the death of a widow was announced, who had received since January, 1875, £1,333 10s. from the funds. It was resolved that £1,205 10s. be distributed among the 48 widows, 11 orphans, and the 6 recipients from the Copeland fund. The Christmas presents—£531—had been given on December 18th, 1899. The expenses of the quarter amounted to £77 14s. 6d. The nomination of a President was postponed to the April court.

OSTEOPATHY, one of the new 'pathies invented in the United States, does not seem to find much favour with the authorities of its native country. We learn from the *New York Medical Journal* that the Medical Council of the State of Pennsylvania has declared the practice illegal, while the Governor of Georgia has vetoed a Bill passed recently by both Houses of the General Assembly to provide for the practice of osteopathy in the State of Georgia.

MEDICAL VACANCIES.

The following vacancies are announced:

- BATH GENERAL OR ROYAL MINERAL WATER HOSPITAL.**—Resident Medical Officer; salary, £210 per annum, with board and apartments. Applications to the Secretary by February 5th.
- BIEKENHEAD BOROUGH HOSPITAL.**—(1) Honorary Physician; (2) Two Honorary Surgeons. Applications, endorsed "Election of Hon. Medical Officers," 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 MASON UNIVERSITY COLLEGE.**—Lecturer on Osteology and Chief Demonstrator of Anatomy. Applications to the Secretary by February 24th.
- BOLTON INFIRMARY AND DISPENSARY.**—Junior House-Surgeon. Salary, £20 per annum, with furnished apartments, board, and attendance. Applications to Mr. P. Kevan, Honorary Secretary 12, Acresfield, Bolton, by January 24th.
- BRIXTON DISPENSARY.**—Resident Medical Officer; unmarried. Salary, £150 per annum, with furnished apartments, etc. Applications to the Secretary at the Dispensary, Water Lane, Brixton, S.W., by January 31st.
- 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. Appointment 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.
- CENTRAL LONDON OPHTHALMIC HOSPITAL, Gray's Inn Road.**—House-Surgeon. Salary, at the rate of £50 per annum, with board and residence. Applications to the Secretary by February 6th.
- CHELSEA HOSPITAL FOR WOMEN, Fulham Road, S.W.**—Clinical Assistant. Applications to the Secretary.
- CHESTER GENERAL INFIRMARY.**—Visiting Surgeon. Salary, £20 per annum, with residence and maintenance. Applications to the Chairman of the Board of Management, 29, Eastgate Row North, Chester, by January 27th.
- CROYDON.**—Medical Officer of Health for the Borough. Salary, £500 per annum, increasing to £600. Applications, on forms provided, to be endorsed, "Applications for appointment of Medical Officer of Health," and sent to the Town Clerk by February 3rd.
- DUBLIN: NATIONAL HOSPITAL FOR CONSUMPTION FOR IRELAND.**—Resident Medical Officer and Registrar. Salary, £100 per annum, with apartments, board, etc. Applications to the Honorary Secretary, 5, Leinster Street, Dublin, by January 22nd.
- DUBLIN: NATIONAL MATERNITY HOSPITAL.**—Resident Surgeon. Salary, £100 per annum. Applications to the Secretary by February 6th.
- GLASGOW UNIVERSITY.**—Three Examiners for Degrees to examine in Midwifery, Medical Jurisprudence, and Botany respectively. Salary, £20 per annum each. Applications to the Secretary of the Glasgow University Court, 21, West Regent Street, Glasgow, by February 3rd.
- HOSPITAL FOR DISEASES OF THE THROAT, Golden Square, W.**—Registrar and Pathologist. Honorarium, 25 guineas per annum. Applications to the Secretary Superintendent by January 3rd.
- HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.**—(1) Assistant Surgeon; must be F.R.C.S. Eng.; (2) Two Assistant Physicians; must be F. or M.R.C.P. Lond. Applications to the Secretary by January 23rd.
- LEEDS GENERAL INFIRMARY.**—House-Physician. Appointment for six months. Board, lodging, and washing provided. Applications to the Secretary of the Faculty by January 22nd.
- 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 25th.
- LONDON LOCK HOSPITAL, Harrow Road, W.**—House-Surgeon to the Female Hospital. Salary, £20 per annum, with board, lodging, and washing. Applications to the Secretary by January 25th.
- METROPOLITAN ASYLUMS BOARD.**—Three Assistant Medical Officers at the Fever and Small-pox Hospital; unmarried, not exceeding 35 years of age. Salary, £100 during the first year, £150 the second, and £200 the third and subsequent years, with board, lodging, attendance, and washing. Applications, on forms provided, to the Office of the Board, Norfolk House, Norfolk Street, Strand, W.C., by January 25th.
- NEW HOSPITAL FOR WOMEN.**—Three Female Senior Assistants in the Out-patient Department. Appointments for two years. Applications to the Secretary by January 25th.
- 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 30th.
- NOTTINGHAM CITY ASYLUM.**—Second Assistant Medical Officer; unmarried. Salary, £125 per annum, with board, apartments, and washing. Applications to the Medical Superintendent.
- NOTTINGHAM: GENERAL HOSPITAL.**—House-Surgeon. Salary, £100 per annum, increasing to £110, with board, lodging, and washing. Applications to the Secretary by January 27th.
- PAIDINGTON GREEN CHILDREN'S HOSPITAL, W.**—House-Surgeon from February 1st to May 7th. Salary at the rate of 50 guineas per annum, with board and residence. Applications to the Secretary by January 27th.
- 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. Bowes, Medical Superintendent at the Asylum, Blockadon, Ivybridge, Devon, by January 26th.
- ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—Member of the Court of Examiners. Applications to the Secretary by January 31st.
- ST. GEORGE'S HOSPITAL, S.W.**—(1) Curator of the Museum. (2) Assistant Curator. Salary, £100 and £50 a year respectively. Applications to the Secretary by January 24th.
- ST. MARK'S HOSPITAL FOR FISTULA, City Road, E.C.**—House-Surgeon, must be M.R.C.S. Eng. Salary, £50 per annum, with board, lodging, and washing. Applications to the Secretary by January 29th.
- SALISBURY INFIRMARY.**—House-Surgeon; unmarried. Salary, £100 per annum, with board, lodging, and washing. Applications to the Secretary by February 2nd.
- 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.
- TRURO: ROYAL CORNWALL INFIRMARY.**—House-Surgeon, unmarried. Salary, £8 per annum, with board and apartments. Applications to the Secretary.
- UNIVERSITY COLLEGE, LONDON.**—(1) Assistant Physician. (2) Assistant Surgeon. Applications to the Secretary by January 30th.
- WALSALL AND DISTRICT HOSPITAL.**—Resident House-Surgeon. Salary, £100 per annum, with board, lodging, and washing. Applications to the Chairman by January 20th.
- WESTERN DISPENSARY, Rochester Row, S.W.**—Resident Medical Officer; unmarried. Salary, 10 guineas per annum, with furnished rooms, etc. Applications to the Secretary by January 27th.
- WEST HERTS INFIRMARY.**—Locum tenens. Salary at the rate of £100, with board, etc. Applications to Percy Hall, Holly Grove, Boxmoor.
- WEST LONDON HOSPITAL, Hammer Smith Road, W.**—Acting Assistant Surgeon. Applications to the Secretary-Superintendent by February 7th.
- WORCESTER GENERAL INFIRMARY.**—Assistant Surgeon and Dispenser. Salary £70 per annum, with board, residence, and washing. Applications to the Secretary Worcester Chambers, Pierpoint Street, Worcester, by January 27th.

MEDICAL APPOINTMENTS.

- BRAMWELL, Edwin, M.B. Edin.**, appointed Senior House-Physician to the National Hospital for Paralyzed and Epileptic, vice Dr. Collier, appointed Registrar.
- BURZAN, E. Farquhar, M.A., M.D. Oxon.**, M.R.C.P., appointed Junior House-Physician to the National Hospital for the Paralyzed and Epileptic, vice Dr. Bramwell, promoted.
- DOWLING, Arthur, L.R.C.P., L.R.C.S. Edin.**, appointed Medical Officer for the Haycock District of the Warrington Union.
- FOSTER, Laura, M.D. Berne, L.R.C.P., & S. Edin.**, appointed Medical Officer to the Cutler Boulter Provident Dispensary, Oxford.
- JAMES, M. B., M.B., Ch.B. Viet.**, appointed Assistant Medical Officer of the St. Mary Islington Workhouse and Infirmary, vice M. G. Dyson, M.R.C.S., L.R.C.P. Lond., resigned.
- LEADER, Harold, M.B.**, appointed House-Physician to the East London Hospital for Children, Shadwell, E., vice Mr. Percy S. Blaker, resigned.
- ROSSITER, C. B., F.R.C.S. Ed.**, etc., appointed Clinical Assistant to St. John's Hospital for Diseases of the Skin, Leicester Square.
- SAUNDERS, E. Syme, M.D., O.M. Aberd.**, appointed Medical Officer to the Dispensary, Royal Albert Hospital, Devonport, vice Dr. Alonso Eider, resigned.
- SAXBY, T. Edmonston, L.R.C.P., L.R.C.S. E.**, etc., appointed Medical Officer of Health for the District of Unst, Shetland, N.B.
- SLADE, G. W. B., L.S.A., L.R.C.S.I.**, reappointed Medical Officer of Health to the Gainsborough Rural District Council.

DIARY FOR NEXT WEEK.

MONDAY.

- Medical Society of London, 8.30 P.M.**—A discussion on the Pathology and Treatment of Appendicitis will be opened by Mr. C. B. Lockwood and Dr. W. H. Allen. Mr. Lockwood's remarks will be illustrated by a series of lantern slides from micro-photographs.
- Medical Graduates' College and Polyclinic, 22, Chancery Street, W.C., 4 P.M.**—Dr. J. F. Payne: Consultation. (Skin.)

TUESDAY.

- Royal Medical and Chirurgical Society, 8.30 P.M.**—Mr. C. A. Ballance: On the Conduct of the Mastoid Operation for the Cure of Chronic Purulent Otitis Media. Sir William Dalry will make remarks on the Cases requiring the Mastoid Operation. Mr. A. E. Chamberlath: The Complete Mastoid Operation for the Cure of Chronic Suppurative Disease of the Middle Ear.
- Observations on the Selection of Cases for Operation.
- Medical Graduates' College and Polyclinic, 22, Chancery Street, W.C., 4 P.M.**—Sir W. H. Broadbent: Consultation. (Medical.)
- West London Post-Graduate Course, West London Hospital, Hammer Smith, W., 5 P.M.**—Mr. H. Lloyd Williams: Some Dental Lesions.

WEDNESDAY.

- Dermatological Society of Great Britain and Ireland, 20, Hanover Square, W., 5 P.M.**—Informal exhibition of cases at 4.30 P.M.
- Medical Graduates' College and Polyclinic, 22, Chancery Street, W.C., 5 P.M.**—Mr. E. W. Roughton: Consultation. (Surgical.) 5.15 P.M.—Discussion on Skin Diseases produced by the Tubercle Bacillus.

THURSDAY.

- Medical Graduates' College and Polyclinic, 22, Chancery Street, W.C., 4 P.M.**—Dr. Sciarra Thomson: Consultation. (Surgical.)
- West London Post-Graduate Course, West London Hospital, Hammer Smith, W., 5 P.M.**—Mr. Swinford Edwards: Common Affections of the Rectum and Anus.
- Hospital for Sick Children, Great Ormond Street, W.C., 4 P.M.**—Dr. Garrod: Demonstrations of Selected Cases.
- British Bacteriological and Climatological Society, 20, Hanover Square, W., 8.30 P.M.**—Dr. Harry Campbell will introduce a discussion on the Treatment of Nervous Diseases and Affections by Baths and Climate.
- Successful Primary Resection of Gangrenous Small Intestine. Mr. Pearce Gould: A case of Bullet Wound of the Abdomen, with four Wounds of Small Intestine and two of the Mesentery; Operation; Recovery. Dr. Rolleston: A case of fatal Hemorrhagic Pneumothorax of Unexplained Origin.

FRIDAY.

- Medical Graduates' College and Polyclinic, 22, Chancery Street, W.C., 4 P.M.**—Dr. Sciarra Thomson: Consultation. (Eye, Ear, Nose, and Throat.) 2 P.M.—Dr. Harry Campbell: Clinical Examination of the Nervous System. Class demonstration of the Nervous System.
- Clinical Society of London, 8.30 P.M.**—Mr. J. Hutchinson, jun.: Two cases of

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.

BIRTHS.

- CULHANE.**—On January 14th, at Glin House, Hastings, the wife of Frederick William Slater Culhane, of a daughter.
- MARTIN.**—At 8, Fernwood Road, Jesmond, Newcastle-on-Tyne, on January 9th, the wife of William Martin, M.A., M.D., M.S., of a son.
- PARSEY.**—On January 12th, at Glenavon, King's Norton, the wife of E. W. Parsey, M.A., M.B. Cantab., of a son.

MARRIAGES.

- EDDOWES-ATKIN.**—On January 9th, at St. Augustine's, Sheffield, by the Rev. A. Pearson, Alfred Eddowes, M.D., M.R.C.P., of London, to Ellen, daughter of the late George Atkin, surgeon, of Sheffield.
- HUGHES-BOLDERO.**—On January 10th, at St. Michael and All Angels, Penkridge, Staffordshire, by the Rev. H. H. Jevons, M.A., assisted by the Rev. W. Titchhurst Corfield, M.A., Vicar of the parish, Robert Hughes, M.B. Lond., M.R.C.S., L.R.C.P., M.P.C., of Fenton, Staffordshire, youngest son of Arthur Hughes, of Walton-on-Thames, to Ella, eldest daughter of Frederick Boldero, M.R.C.S., of the Ivy House, Penkridge.
- JONES-BURMAN.**—On January 16th, at St. Matthew's Church, Uppercross Clapton, by the Rev. J. Cullin, M.A., William Black Jones, M.D., B.S. Lond., of Liangarmarsh Wells, Gloucestershire, elder son of the late Rev. William Mead Jones, D.D., to Elizabeth Ada, third daughter of William Kimin Burman, of Clapton, N.E.
- ROGER-SMITH-WOODD.**—On January 10th, at the Parish Church of Hollington, St. Leonards-on-Sea, by the Rev. Trevor Basil Woodd, of St. Peter's, Earon Square, assisted by the Rev. T. W. Adam, Rector of the Parish, Hugh E. Roger Smith, M.D., M.R.C.P., third son of Professor T. Roger Smith, of University College, London, to Dorothy Evelyn, third daughter of the late Rev. Basil Woodd, of Lecky, Hollington Park, St. Leonards.

HOURS OF ATTENDANCE AND OPERATION DAYS AT THE
LONDON HOSPITALS.

CANCER, Brompton (Free). *Attendances*.—Daily, 2. *Operations*.—Tu. W. F. 2.
CENTRAL LONDON OPHTHALMIC. *Attendances*.—Daily, 1. *Operations*.—Daily.
CENTRAL LONDON THROAT, NOSE, AND EAR. *Attendances*.—M. W. Th. S. 2; Tu. F. 5. *Operations*.—I. p. Tu. 2.30; o. p. F. 2.
CHAMBER 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. 3; S. 2.
CHURCH FOR WOMEN. *Attendances*.—Daily, 1.30. *Operations*.—M. Th. F. 2.
CITY OPHTHALMIC. *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.
GUYS. *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*.—M. Tu. F. 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, Tu. 2.30; Throat, M. 1.30 F. 2; Dental, M. Th. 10; Skin, M. 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. F. 2. *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; Eye, W. 2; Throat and Ear, Th. 2; Dental, Tu. Th. S. 9. *Operations*.—Tu. W. 2.30; Th. 4.
MIDDLESEX. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. 1.30; o. p. M. 9; W. 1.30; Eye, Tu. F. 9; Ear and Throat, Tu. F. 9; Skin, Tu. 4; Th. 9.30; Dental, M. F. 9.30; W. S. *Operations*.—Daily, 1.30.
NATIONAL OPHTHALMIC. *Attendances*.—M. Tu. Th. F. 2. *Operations*.—W. 10.
NEW HOSPITAL FOR WOMEN. *Attendances*.—Daily, 2; Ophthalmic, W. S. 9.30. *Operations*.—Tu. F. 9.
NORTH-WEST LONDON. *Attendances*.—Medical, daily, exc. S. 2; S. 10; Surgical, daily, exc. W. 2; W. 10; Obstetric, W. 2; Eye, W. 9; Skin, F. 2; Dental, F. 9. *Operations*.—Th. 2.30.
ROYAL EAR, Frith Street. *Attendances*.—M. W. F. 3; Tu. F. 9.30 and 7.30. *Operations*.—Tu. 3.
ROYAL EYE, Southwark. *Attendances*.—Daily, 2. *Operations*.—Daily.
ROYAL FREE. *Attendances*.—Medical and Surgical, daily, 2; Diseases of Women, Tu. S. 9; Eye, M. F. 9; Skin, Th. 9; Throat, Nose, and Ear, W. 9. *Operations*.—W. S. 2; (Ophthalmic), M. F. 10.30; (Diseases of Women), S. 9.
ROYAL LONDON OPHTHALMIC. *Attendances*.—Daily, 9. *Operations*.—Daily, 10.
ROYAL OPHTHALMIC. *Attendances*.—Daily, 2. *Operations*.—M. 2.
ROYAL WESTMINSTER OPHTHALMIC. *Attendances*.—Daily, 1. *Operations*.—Daily, 3.
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, Tu. F. 2.30; Orthopaedic, M. 2.30; Dental, Tu. F. 9; Electrical, M. Tu. Th. F. 1.30. *Operations*.—Daily, 1.30; (Ophthalmic), Tu. F. 2; Abdominal Section for Ovariotomy, F. 2.
ST. GEORGE'S. *Attendances*.—Medical and Surgical, daily, i. p. 1; o. p. 1.2; Obstetric, i. p. Tu. F. 1.45 o. p. M. Tu. 2.30; Eye, W. S. 1.30; Ear, Tu. 2; Skin, W. 2.45; Throat, F. 2; Orthopaedic, F. 12; Dental, M. Tu. F. S. 12. *Operations*.—Daily, 1; Ophthalmic, W. 1; 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. MARY'S. *Attendances*.—Medical and Surgical, daily, 1.45 o. p. 12.45; Obstetric, Tu. F. 1.45 o. p. M. Th. 1; Eye, Tu. F. 9; Ear, M. Th. 9; Throat, Tu. F. 3; Skin, M. Th. 9; Dental, W. S. 9; 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. M. Th. 2; Eye, Tu. F. 2; o. p. daily, exc. S. 1.30; Ear, M. 1.30; Skin, F. 1.30; Throat, Th. 1.30; Children, S. 1.30; Electro-Therapeutics, o. p. Th. 2; Mental Diseases, o. p. Th. 10; Dental, Tu. F. 10. *Operations*.—M. W. Th. S. 2; Tu. F. 3.30; (Ophthalmic), Th. 2; (Gynaecological), Th. 2.
SAMARITAN FREE FOR WOMEN AND CHILDREN. *Attendances*.—Daily, 1.30. *Operations*.—Gynaecological, M. 2; W. 2.30.
THROAT, Golden Square. *Attendances*.—Daily, 1.30; Tu. F. 6.30. *Operations*.—Daily, exc. M. 10.
UNIVERSITY COLLEGE. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetrics, M. F. 1.30; Eye, M. W. 1.30; Ear, M. Th. 9; Skin, Tu. F. 2; Throat, M. Th. 9; Dental, Tu. F. 9.30. *Operations*.—Tu. W. Th. 2.
WEST LONDON. *Attendances*.—Medical and Surgical, daily, 2; Dental, Tu. F. 9.30; Eye, Tu. Th. 2; Ear, Tu. 2; S. 10; Orthopaedic, W. 2; Diseases of Women, W. S. 2; 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 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 *Antiquary, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Antiquary, London*.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

QUERIES.

J. P. asks for informations as to a suitable, light, and cheap instrument or of any institution that would render assistance in obtaining a more costly appliance for the following case: A single woman, aged 27 years, is the subject of infantile paralysis, with about 4 inches' shortening. Out of doors she wears a high cork sole, indoors she declines to wear this thick sole on account of the fatigue incurred. She cannot afford an expensive instrument, as she now earns about £18 a year indoor.

J. R. asks for hints as to the pathology and treatment of the following case: A gentleman, aged 56, married, with no history of syphilis, has been troubled for twelve months past with an upward curve of the glans penis upon erection. The curvature is so great as to render connection impossible. A hard knotty cord can be felt upon the dorsum of the penis corresponding to the dorsal vein. Painting with iodine, inunction of iodine valsol and mercurial vasogen, both locally and at the same time in the groin, have been tried. 10 iode of potassium has been given, but had to be discontinued on account of coryza.

TREATMENT OF TÆNIA IN AN INFANT.

M.B. would be glad of advice as to the treatment of tapeworm in a child 6 months old. She has passed the segments twice in the last eight weeks. She is a rather weakly infant, but has been steadily improving in health for the last two months.

TREATMENT OF ACNE ROSACEA.

M. writes: I have a patient—a youngish lady—who for years has suffered from a gradually increasing acne rosacea. I think the case is one which accords with the form to which Mr. Balmanno Squire has given the name of *vespertilio*. There are large triangular patches on each cheek, a few spots between the eyebrows, and the end of the nose is very red, swollen, and vascular. Acneiform pimples often form here, which I have incised, and the flow of dark thick blood is astonishing. I should be obliged to any member who will tell me of a successful plan of treatment. I have greatly improved the cheeks, but I have been rather afraid of meddling with the nose.

MEDICAL PARTNERSHIP.

X. Y. Z.—A correspondent asks the following question: A. and B. are general practitioners practising in partnership. Should fees obtained for (1) examining ambulance classes, and (2) lecturing to School Board ambulance classes, be treated as personal, or should they go to the partnership?

** Generally speaking such fees would be personal, and a partner could not claim to share them. One partner, however, might object to the other undertaking such work unless the remuneration were shared if neglect of the partnership practice was likely to arise from it.

ANSWERS.

INQUIRER.—We are informed that the report of the Committee is approaching completion. No part of it has yet been published.

E.—We do not think that our correspondent would be justified in issuing the advertisement which he submits.

KIRIN.—There is no doubt that a competent young man could be obtained for the post at the salary named, and we know of no rule of medical etiquette against it. But we do not recommend the arrangement. When the "clever young doctor" ceased to be young he would cease to be satisfied with the salary named. Further, he would soon get rusty. What is called a "clever doctor" is only made by constant practice, and the larger his field of practice, other things being equal, the "cleverer" he will be. The best plan would be to point out the grounds of dissatisfaction and to mention the possible, but, as we think, undesirable alternative. Probably an arrangement could be made under which a partner or assistant could undertake the special duties required with the desired promptitude. In large places of business employing many persons who reside on the premises it is often found advisable to arrange for a daily visit at a fixed hour.

NOTES, LETTERS, Etc.

ERRATA.

IN Dr. E. Percy Paton's article on a Case of Ruptured Ureter or Renal Pelvis, in the BRITISH MEDICAL JOURNAL of January 13th, p. 71, col. 2, line 30, "vertical" should read *actual*. There should be no point after the bracket in line 37; on line 39 "cases" should read *case*; and on line 45 "slight pus" should read a *little* pus.

In the second line of the notice of eucaine hydrochloride published in the BRITISH MEDICAL JOURNAL of January 13th, p. 82, the word "cocaine" was in error printed for "eucaine."

OPEN-AIR SANATORIA.

A HOME called Brinklea Sanatorium has been opened at Bournemouth under the medical direction of Dr. A. Kinsey-Morgan for the application of the open-air treatment of consumption on the Nordrach system. The nursing is under the supervision of a lady who was for some considerable time with Dr. Walther at Nordrach. Further particulars can be obtained on application to the matron.