

CASES COMPLICATED WITH MENTAL DISORDER TREATED BY THYROID EXTRACT.

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THE first case in which I used thyroid extract was one of myxoedema complicated by mental symptoms.

T. R. P., aged 24, was admitted on February 24th, 1888, in a maniacal condition. She had been very troublesome at home, and latterly had developed symptoms of myxoedema. She had after some time passed into a condition of apathetic delusional insanity, with occasional outbursts of excitement, in which she was noisy and obscene in her language. Her features were expressionless, her speech thick, and her movements slow and deliberate. No thyroid gland could be felt in her neck. Her catamenia were irregular, and she was obstinately constipated. The temperature and pulse were subnormal. Thyroid treatment had been tried, but had been abandoned as of no use. On March 22nd, 1899, I ordered her to bed and again commenced thyroid treatment. In this case I used the liquor thyroïdii of the B.P., as recommended by Dr. Murray, and gradually increased the dose to m₁₅ per day. There was an interval of nearly two months between the commencement of the treatment and the period of reaction. From this period she gradually gained ground. The tachycardia was at no time great, and the treatment had but to be once suspended owing to an attack of syncope. Her bowels resumed their action, the catamenia became regular, and the mental symptoms entirely disappeared, the patient becoming bright, cheerful, and ladylike. As no thyroid gland could be felt in the neck I ordered her to continue the treatment at home. When last heard of she was doing well, and taking 5 grs. of the extract daily with small doses of iron.

J. B., aged 23, was admitted to the hospital I then had charge of on July 22nd, 1897. The family history was very bad; the father had been a drunkard, and subject to attacks of mania, the mother had also been intemperate. The patient's mental condition was one of acute mania, being boisterous, violent, and hilarious. She had been eccentric in her conduct for about three days, the attack coming on suddenly. Her eyeballs were exceedingly prominent; the carotids and indeed the entire front of the neck was visibly pulsating. The thyroid gland was considerably enlarged, and a loud *bruit* could be heard all over it. The pulse was too rapid to count accurately, and the excitement being continuous I feared she would die from exhaustion. She was with difficulty kept in bed. A mixture of bromides, digitalis, and diffusible stimulants was ordered, and she was carefully watched for symptoms of cardiac failure. She remained for seven days in this condition, when the pulse-rate became slower, and she gradually quieted down. All medicinal treatment was now discontinued, and she gradually sank into a semi-stuporose condition; she could be induced to speak with difficulty, and she was apathetic and apparently demented. Her temperature was subnormal. She remained in this condition for over a month, when, as she was becoming dirty in her habits and showing no signs of improvement, I commenced to treat her with thyroid extract. She rapidly responded to the treatment; 5 grs. of the extract had been given for a week daily, when tachycardia commenced to return, and with it came back her intelligence. She steadily improved, and was discharged on November 15th of the same year completely recovered mentally. The period of her illness was a complete blank to her. At the time of her discharge the neck tumour was slightly decreased in size. When last heard of she was still doing well and had no return of her mental symptoms. In this case it would appear that the condition of apparent dementia was directly due to thyroid hunger, and the smallness of the dose of the gland substance which produced the reaction was noteworthy.

C. L., aged 20, was admitted in 1897. Her case was one of delusional stupor, apparently passing into dementia. It rapidly yielded to treatment by thyroid extract and iodide of potassium in 10-gr. doses. She belonged to a neurotic family, and was highly educated and accomplished. Her illness was of six months' duration, and she had been apathetic and semi-stuporose from the first. There was no organic disease. She suffered from delusions of unseen agency, and had hallucinations of sight. From this condition she at one time recovered, but relapsed almost immediately into her former state, and became dirty in her habits, resistive, and dumb. She had to be carried to and from the grounds, and required to be forcibly fed at times. I commenced thyroid feeding on June 4th, 1899, when no thyroid body could be felt in her neck. She had been gaining in weight but the mental condition seemed to steadily grow worse. From the commencement of the treatment the dose of thyroid extract was increased to 20 grs. per day. In August she had reacted well, had become brighter, and had developed a thyroid body, the lobes and isthmus of which could be distinctly felt. The tachycardia, owing to the long period the treatment was persisted in, was considerable. The dose of extract was gradually lessened as the patient got better. She was discharged on September 11th, 1899. Iron and strychnine were ordered in completion of the medicinal treatment of the case. She remembered all the events which occurred during her stuporose state, and told me the reason she would not speak or sit down or walk was to express her disapproval of mesmeric influences exercised upon her and her fellow patients. This influence was shown, she said, by the changing colours—red, yellow, and violet—in which the patients were dressed, and which changed rapidly before her as "the result of witchcraft."

This treatment is, I consider, an imperative one in all cases of insanity showing a steadily downward course in which there is reason to suspect thyroid insufficiency. No drug has hitherto produced in so speedy and safe a manner such remarkable results. Bearing in mind the cumulative property of the substance, its effects must be carefully watched, but the risks should be small if the patient be free from

organic disease at the commencement of the treatment and if it be conducted under careful systematised observation.

The administration of thyroid extract owes its remedial results to its direct stimulation of the cortex and the increased metabolism thereby induced amongst its elements. The rise of temperature is, however, not the most constant symptom of reaction. To the increased pulse-rate and quickened circulation must presumably be attributed most of the good effects of the treatment.

If conditions of mental exaltation and depression are due to alterations in the cerebral circulation, then in thyroid substance we possess a remedy capable of influencing mental symptoms in no small way. Its usefulness in melancholia has been widely proved, and its action in reducing blood pressure must not be lost sight of in this affection. With an increase of our knowledge of the functions and mode of action of the secretions of the ductless glands, will be found a solution to many of the problems of psychiatry.

MEMORANDA:

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

POISONING BY SODIUM SALICYLATE.

MR. HILTON HEFFERNAN's instructive and interesting case showing the effect of 130 grains of sodium salicylate taken at one time calls for comment.

This patient voluntarily performed a useful experiment for us, and it has been shown by Mr. Heffernan that the salicylate produced no depression. Somehow it has crept into the textbooks that sodium salicylate is a depressing agent, and each author has handed it on to his successor. Now I hold that the salicylate within reasonable limits is not a cardiac depressant, but on the contrary is often a calnative of the greatest usefulness. Sodium salicylate is one of our most useful remedial agents, and can even be prescribed in such a depressing malady as diphtheria with the utmost safety.

Leeds.

GORDON SHARP, M.D.

POISONING BY OLEUM EUCALYPTI.

AT 4 P.M., a child, aged 3 years, swallowed between two and three teaspoonfuls of oleum eucalypti. Two hours afterwards it was violently sick, and as drowsiness supervened, and it was unable to keep its eyes open, I was sent for shortly after 8 P.M.

I found the child lying upon its mother's knees in a state of stupor and insensibility; the conjunctivæ were almost insensible to touch; both pupils were contracted to pin point and insensible to light; the temperature was subnormal, respirations were quick and shallow but not stertorous, the pulse frequent and weak; the extremities were cold and clammy, cyanosis being well marked.

The child remained in this condition until 4 A.M. next morning, when she rapidly recovered consciousness, and when I called at 11 A.M. she was running about the house.

The symptoms were identical with those of opium poisoning, with one single exception, namely, absence of stertorous breathing.

Ripley, Derby.

FREDERIC C. WOOD, L.S.A.Lond.

FORMALIN IN RODENT ULCER.

ON June 17th, 1899, E. H., aged 76, labourer, had a rodent ulcer the size of a sixpence on the right cheek, for which he refused operation. Acting on suggestions which had lately appeared in the *BRITISH MEDICAL JOURNAL*, I packed the ulcer with a 20 per cent. solution of formalin in glycerine and water on a pledget of cotton wool, kept in place by strapping over protective, the sound skin having first been guarded by a coating of liquid gutta serena. Two days later the granulations were white and friable, and I picked their tops off with dissecting forceps and repeated the dressing. This process was repeated every other day. On reaching the lowest layer of malignant cells the tissues below bled freely, but at the next dressing these tissues would be found to be protected by a firm scab of blood clot unaffected by the formalin. On

July 6th, after seven dressings, the wound appeared to be completely filled by organised clot. On October 19th the patient returned with a small spot of recurrence in one angle of the wound. This was dressed as before on three occasions.

On January 11th I had an opportunity of examining the wound. It was firmly healed by a thin, smooth, perfectly supple, white scar, the margin of which shaded off quite smoothly into the surrounding normal skin, and the whole lesion would scarcely be noticeable on the cheek of a woman. The dressings smarted sufficiently to bring tears to the eyes for a moment, and the pain could be felt for an hour. The patient is very satisfied with the result, as is

Reigate.

F. WYATT-SMITH, M.B.

FRACTURE OF BOTH CLAVICLES.

IN the BRITISH MEDICAL JOURNAL of December 9th, 1899, Dr. Henry W. Laing reports an interesting case of fracture of both clavicles, and this has led me to look over my notes of a somewhat similar case which came under my care in 1896.

The patient was a little boy, aged 6. He was standing in a cart which was being taken from a field to the farm steading, and just as the horse approached the stable the little lad pulled one rein tightly. As a result the cart collided with the wall, and was at once overturned.

The boy was found under it, with one edge resting across the upper part of his chest. He was released from his position as soon as possible, and I was at once sent for. On my arrival I found the boy delirious, and the curious spasmodic movement of the arms attracted my attention. It was as if the patient wanted to raise them to his shoulders, and could not do so. On examination I found that both clavicles were fractured. The boy did not recover consciousness until the next morning.

I placed the bones in the best position possible, crossed the hands over the chest, put cotton-wool pads in the armpits, and secured all in position by means of straps of Mead's adhesive plaster. Over all I applied a roller bandage, which I carefully stitched so as to retain it in position. The patient was a very good one, and I had little difficulty in treating the case in the recumbent position. After three weeks all strapping, etc., was removed, and I then found that the bones had united well.

While treating this case I noted a peculiarity which I have never seen before. The boy never had any teeth on the left side in the upper jaw during the first dentition. All his other teeth, however, came quite normally.

Garliestown, N.B.

WM. SEMPLE YOUNG, M.D.

A CASE OF ENTERIC FEVER WITH ACUTE NEPHRITIS.

E. E., aged 30, was first seen by me on November 4th, 1899. He had been feeling "out of sorts" for about a fortnight. He had some "shivering fits" on October 30th, and since then had felt ill. He complained of severe headache, with pain in the back and limbs. There was no diarrhoea, abdominal tenderness, or pain, and no splenic enlargement or rash. The tongue was foul, and red at the edges. The urine was scanty, and contained much blood, numerous tube casts, and over 20 grams per litre of albumen. Strange to say, he had not taken to bed. On the next day the temperature was 105° morning and evening, and diarrhoea had set in. He was delirious at night. On November 6th typical typhoid spots made their appearance. His temperature remained at from 104.5° to 105° till the 9th, when it remitted to 103.5° in the morning. His condition was worse, however; his pulse was weak, and he had delirium. This condition continued on the 10th and 11th, when he died comatose. There were no convulsions.

The only treatment seriously attempted was by the hot pack and intestinal antiseptics; strychnine, strophanthus, and alcohol were all tried cautiously, but all produced violent vomiting. Citrate and acetate of potash were, however, given, along with milk and aerated water. Free diaphoresis was kept up, and any treatment by cold was avoided for fear of checking this.

As the complication is, I believe, a rare one, it would be interesting to hear of other cases of enteric with acute nephritis, and of suggestions as to treatment.

Maldon.

H. REYNOLDS BROWN, M.B., C.M.

REPORTS

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

GLEN INNES HOSPITAL, NEW SOUTH WALES.

TWO CASES OF GANGRENOUS APPENDICITIS.

(Reported by JOHN MACPHERSON, M.A., B.Sc., M.B.,
Ch.M.Sydney, Surgeon to the Hospital.)

THE two following cases possess features of interest, and illustrate a remarkable degree of endurance in patients suffering from a most severe physical disorder:

A young and strong labouring man, aged 20, who had suffered at times from pain in the right iliac region, but had never been really disabled by it, began four days before admission to have severe pain in the right iliac region, and the hypogastrium, finally becoming localised to the right iliac region, where there was great tenderness. The bowels were confined, and there was bilious vomiting. The urine was dark red and scalding. He did not consider himself very ill, and rode on horseback to Glen Innes, a distance of sixteen miles. When I saw him shortly after his arrival his temperature was 104.6° F., and his pulse 134. On examination of the abdomen there was no actual dullness, but its normal resonance was everywhere slightly impaired, except in the right iliac region, where the tympanic note was greatly exaggerated. There was extreme tenderness about the area of McBurney's point. The tongue was coated, but moist. No rheumatic personal or family history was elicited. Nothing was found on rectal examination. I ordered his admission to the hospital, where he arrived on the following morning. The tongue then was becoming drier. The pain had diminished, and the vomiting was but slight. The bowels had not been opened. The pulse varied between 86 and 94, and the temperature ranged from 98.4° to 98.8° until 8 P.M., when it reached 101.8°. Opium and belladonna were administered. On the following day the temperature again descended irregularly, but the pulse increased in frequency, attaining a rate of 120 at 8 P.M. The bowels were very well opened by turpentine enema. Vomiting persisted, and great tympanites supervened. Next day, at 8 A.M., the temperature was only 98° F., but the pulse was 130. At 10 A.M. the temperature was 100.4° F., and the pulse 124, and the abdomen was greatly distended. Under chloroform I made the usual incision in the abdominal parietes. Recent flaky adhesions covered the intestines, which were dark and congested. Portions of adherent omentum were ligatured and removed. The appendix was found dipping down over the brim of the pelvis; it was about 4 inches in length, bound down by adhesions and enveloped in foul pus. It was gangrenous towards the tip. The appendix was removed, disturbing as little as possible the surrounding structures, for I hoped that the abscess cavity was circumscribed. Having gently irrigated it, I left a large loretin gauze drain well down towards the bottom. At 3 P.M. the temperature was 99°, the pulse quick, full, soft, and dicrotic. The patient was vomiting. At 8 P.M. dark, bilious, vomiting persisted, the feet were warm, but the hands very cold, and the pulse small.

On the next day the temperature, which had been almost constantly elevated since the operation, varied between 100.4° and 101.6°; the pulse was rapid (138 to 140), and soon became very feeble; while vomiting persisted. The abdomen was distended, but was quite lax, and not tender. He was bathed in profuse perspiration. Brandy, with strychnine and ether (hypodermically) was exhibited plentifully, but he died at 7.30 P.M., wildly delirious, not having had a moment's sleep since the operation, although morphine, subcutaneously, was administered in considerable doses.

The morphine seemed to allay his pain, but produced no rest; in fact, it appeared only to excite him. Again, in spite of lesions so severe, the patient did not appreciate the fact that he was desperately ill, and rode in sixteen miles. Lastly, it should be noted that the initial pain was in the left iliac region.

The second case was that of a well-built girl, aged 16. Six months previously she had swallowed a pin which, however, had caused no trouble. Two months later she had an attack of vomiting with pain in the right iliac region. Her present illness dated four days back, when she fainted, was then seized with vomiting and suffered from pain in the region of the appendix. The bowels were well opened. She resided forty-one miles away, and set out on horseback to reach the town. After riding sixteen miles, she overtook a vehicle, in which she was conveyed for the remainder of the journey. When I saw her about 4 P.M., her pulse was regular and of fair tension, the tongue thickly coated, the abdominal muscles rigid, with definite dullness and tenderness over the right iliac region. I had her removed to the hospital, but was unable to operate upon her until the second morning afterwards. In the meanwhile I prescribed opium and had a turpentine enema administered with good result.

Under chloroform I made an incision in the right iliac region. The peritoneum was greatly thickened and the intestine coated with thick lymph adherent to the parietal peritoneum. Fœtid pus was evacuated, the abscess cavity extending downwards into the pelvis and upwards behind the cæcum towards the kidney. After flushing out the abscess cavity thoroughly, loretin gauze drains were inserted in both directions. The appendix could not be found, and fearing to break down adhesions limiting the abscess cavity I made no prolonged search for it. The operation caused no remission of her symptoms, except that the vomiting ceased. The pulse became more rapid, the tongue more thickly coated, and the abdominal distension increased. The bowels were slightly moved and flatus passed *per anum*. With the exception of tenderness about the

time prosecutor saw his solicitor and was advised to have nothing to do with the matter. Prisoner subsequently stated that there were no directors, and that he was the promotor of the company. Hopwood, said counsel, had discovered another easy way of making a living, and without authority had placed names of gentlemen upon his prospectus as directors, the name of Sir William McCormac, among other medical men, being included. On one copy of the prospectus the name of Mr. L. Carr appeared as a director, but a firm of solicitors wrote to the prisoner that Mr. Carr had entered into no such agreement. When arrested prisoner stated that he never intended to float the Anglo-American, but to amalgamate it with the Castle Insurance Company. Altogether, prisoner and his agent had collected £2,400. He had no banking account, and when in custody several pawntickets for small amounts were found upon him.

Mr. Laurie related the incidents connected with the interview with the prisoner, and

Frederick William Wrackham, insurance agent, said the prisoner asked him to act as his agent for a new company he was proposing to bring out, and he consented.

Detective-Superintendent Van Helden stated that he arrested prisoner at the Queen's Hotel. He asked him who the directors were, and he said that there were no directors.

Mr. Kemp, Q.C., submitted that there was no case to go to the jury. The accusation against prisoner was that he had made a false representation to Mr. Laurie that the company was registered. No evidence had been called to prove that the company was not registered, or that the proposed directors were imaginary. They would not have allowed their names to be placed upon the prospectus unless they had had some faith in the suggested company's prosperity. There was much substance in the scheme, which was only wrecked by one of his agents, who tried to levy blackmail.

Mr. McCardie called attention to the statements made by the prisoner to the police that no directors had been appointed. He had also stated that the company was registered, and that he had been authorised by the directors to appoint the medical men. In view of the police evidence these statements were obviously false.

The jury, without hesitation, found a verdict of guilty, and the Recorder passed a sentence of fifteen months' imprisonment, with hard labour. He stated that the prisoner had been convicted on the clearest evidence, and that it was a most barefaced attempt to defraud.

THE COURTESY CALL.

M.—It would be in accordance with the custom of the profession for the newcomer to call upon a practitioner who had been resident for some years.

FRIENDLY SOCIETIES AND CONFINEMENT CERTIFICATES.

A CORRESPONDENT asks the following question: He attended a patient in her confinement, who as a member of a Foresters' Court is entitled to twenty-eight days' sick pay on such occasions. The court refuses to accept his certificate of the confinement, and declines to pay his patient without a certificate from the club surgeon. Is the court justified in doing this?

*** We are advised that, unless the registered rules of the court make such payment conditional on a certificate from the club surgeon, our correspondent's patient can insist on being paid on the production of the certificate of any duly-qualified practitioner, and, if refused, proceedings could be taken in the county court.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

Degrees in Surgery.—At the congregation on January 18th the following were admitted to the degree of B.C.:

E. W. Hedley, Kings; A. T. Fraser and R. E. Sedgwick, Caius; R. N. Salaman, Trinity Hall; and J. E. Linnell, Selwyn Hostel.

UNIVERSITY OF LONDON.

SIR MICHAEL FOSTER, K.C.B., has accepted the invitation to become a candidate for the University seat in Parliament. Mr. J. F. Rotton, M.A., LL.D., Q.C., 3, The Boltons, South Kensington, S.W., is the chairman of his committee, and we are informed that Mr. H. J. Waring, F.R.C.S., secretary of the Conservative Association, will act as one of the secretaries.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

Charles Murchison Scholarship in Clinical Medicine.—An examination for this Scholarship, which is of the value of twenty guineas, and is tenable for one year, will be held at the Royal College of Physicians of London, on Monday, April and, 1900, and two following days. The Scholarship is open to any student of medicine who has been a registered medical student during a period of not less than five, and not more than seven, years at a hospital in London or Edinburgh, recognised by the Royal College of Physicians of London, or by the medical faculty of the University of Edinburgh, and whether holding a medical qualification or not. The examination will be conducted both orally and in writing, and will include: (a) Examination of patients, with reports on their cases; (b) questions on pathology and treatment; and (c) examination on specimens. Intending candidates are required to send in their names to the Registrar of the Royal College of Physicians, Pall Mall East, London, not later than March 10th, with evidence of the duration of their medical studies from the deans of their respective schools.

THE ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

The Health of Dublin.—At a special meeting of the President and Fellows of the Royal College of Physicians of Ireland held on January 16th, the President (Dr. J. W. Moore) was nominated to represent the College upon the Committee of Inquiry into the Health of Dublin.

The following resolution was also adopted:

That the President and Fellows of the College reiterate the deliberate opinion expressed in the Conjoint Report of the Royal College of Physicians and the Council of the Royal College of Surgeons (Ireland) on the death-rate of Dublin, 1887, that the city of Dublin is, and has been, unhealthy in an excessive degree, and its extraordinary death-rate is attributable—not to errors of computation, or irremediable circumstances—but to long-continued disregard of sanitation, and the omission to enforce the legal means provided for a remedy. The President and Fellows are further of opinion that the excessive mortality within the city demands from the civic sanitary authority the most firm, energetic, and persevering execution of the powers entrusted to it, to secure even a partial amelioration of the existing evils; and the health of the city will be likely to deteriorate still further unless dealt with by a new and radical method much more vigorous than that which has hitherto been adopted.

SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST. January, 1900.—The following candidates passed in:

Surgery.—T. P. Allen (Sections I. and II.), Manchester; J. R. Bentley (Sections I. and II.), Middlesex Hospital; C. H. Brookes (Sections I. and II.), Durham and St. George's Hospital; A. McC. Dallas (Section II.), Guy's Hospital; J. M. Edwards (Section II.), Charing Cross Hospital; W. St. G. G. Hill, St. Mary's Hospital; D. T. C. Jones (Section I.), University College Hospital; E. C. Scarlett (Section II.), Royal Free Hospital; H. E. Weston (Section II.), St. George's Hospital; T. R. Wilschaw (Section I.), Birmingham.

Medicine.—F. G. Aldrich (Section II.), Charing Cross Hospital; A. St. J. Bateman (Section I.), King's College Hospital; C. H. Brookes (Sections I. and II.), Durham and St. George's Hospital; P. Cator St. Bartholomew's Hospital; D. T. C. Jones (Sections I. and II.), University College Hospital; E. C. Scarlett, (Section II.), Royal Free Hospital.

Forensic Medicine.—C. H. Brookes, Durham and St. George's Hospital; A. McC. Dallas, Guy's Hospital; D. T. C. Jones, University College Hospital; L. G. W. Tyndall, St. Mary's Hospital.

Midwifery.—A. H. Bell, Cork and Guy's Hospital; P. C. Burgess, Middlesex Hospital; A. A. F. Clarke, St. Thomas's Hospital; J. S. Goodall, Middlesex Hospital; K. Grube, Bonn; D. T. C. Jones, University College Hospital; E. R. Risien, St. Bartholomew's Hospital; J. Waters, Middlesex Hospital; H. Whittaker, Cambridge.

The Diploma of the Society was granted to Messrs. J. R. Bentley, P. Cator, J. M. Edwards, K. Grube, W. St. G. G. Hill, E. C. Scarlett, H. E. Weston, and H. Whittaker.

PUBLIC HEALTH

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,729 births and 5,552 deaths were registered during the week ending Saturday last, January 20th. The annual rate of mortality in these towns, which had been 30.9 and 29.1 per 1,000 in the two preceding weeks, further declined to 24.9 last week. The rates in the several towns ranged from 11.2 in Oldham, 14.5 in Cardiff, 15.3 in Plymouth, and 17.0 in Huddersfield, to 30.4 in Sunderland, 31.8 in Norwich, 32.0 in Liverpool, and 32.2 in Nottingham. In the thirty-two provincial towns the mean death-rate was 23.7 per 1,000, and was 3.2 below the rate recorded in London, which was 26.9 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.0 per 1,000; in London the death-rate was 1.7 per 1,000, while it averaged 2.2 in the thirty-two provincial towns, among which the highest zymotic death-rates were 3.5 in Wolverhampton and in Liverpool, and 3.8 in Blackburn, 4.0 in Sheffield, and 8.3 in Preston. Measles caused a death-rate of 1.1 in Hull, 1.4 in Salford, 1.7 in Wolverhampton and in Sheffield, and 4.4 in Preston; scarlet fever of 1.0 in Halifax and 1.8 Preston; and whooping-cough of 1.2 in Salford, 1.3 in Portsmouth and in Newcastle, and 1.6 in Liverpool and in Bolton. The mortality from "fever" and from diarrhoea showed no marked excess in any of the large towns. The 96 deaths from diphtheria in the thirty-three towns included 40 in London, 14 in Sheffield, 8 in Liverpool, 5 in Leeds and 4 in Manchester. One fatal case of small-pox was registered last week in Liverpool, and one in Hull, but not one in any other of the thirty-three large towns. There were 21 small-pox patients under treatment in the Metropolitan Asylums Hospitals on Saturday last, January 20th, against numbers increasing from 5 to 18 at the end of the four preceding weeks; 5 new cases were admitted during the week, against 2, 1, and 10 in the three preceding weeks. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had decreased from 3,578 to 2,560 at the end of the nine preceding weeks, had further declined to 2,441 on Saturday last; 208 new cases were admitted during the week, against 161, 186, and 180 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, January 20th, 1,006 births and 721 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 25.6 and 23.0 per 1,000 in the two preceding weeks, rose again to 23.3 last week, but was 1.6 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 19.3 in Paisley and 21.7 in Dundee, to 26.6 in Greenock and 27.0 in Perth. The zymotic death-rate in these towns averaged 2.2 per 1,000, the highest rates being recorded in Paisley, and Perth. The 240 deaths registered in Glasgow included 19 from measles, 4 from scarlet fever, 3 from diphtheria, 4 from whooping-cough, 3 from "fever," and 3 from diarrhoea. Three fatal cases of scarlet fever, and two of diphtheria were recorded in Edinburgh; 8 from measles and 2 from diarrhoea occurred in Dundee; 4 from measles in Paisley, and 2 from whooping-cough in Perth.

MEDICAL NEWS.

MEDICAL MAGISTRATE.—Dr. George Gavin Morrice, Consulting Physician to the Salisbury Infirmary, has been appointed to the Commission of the Peace for the county of Kincardine.

DR. ALTHAUS has been elected an honorary member of the International Congress of Electrology and Radiology, which will be held, as part of the International Medical Congress, at Paris, in August next, and will give an address on the general indications of galvanisation and faradisation.

INFLUENZA IN LONDON.—There was a marked decline in the fatal prevalence of influenza last week in London. The deaths directly attributed to this disease, which had increased in the seven preceding weeks from 17 to 340, declined to 203 during the week ending January 20th. The proportion of influenza deaths among elderly persons was even greater than before, for of the 203 deaths recorded last week no fewer than 120, or nearly 60 per cent., were of persons aged upwards of 60 years. The mortality in London from diseases of the respiratory organs also showed a considerable decline from recent weekly numbers, and only slightly exceeded the average.

BATHING IN EAR DISEASE.—Danzoger (*Rev. de Laryngologie*, 1899, and *Journ. de Med.*, December 25th, 1899) records the case of a patient who, while swimming on his back, was suddenly troubled with such severe vertigo that he was at once obliged to leave the water, and was only able to do so with difficulty. The patient was aware that some water had entered his right ear. The vertigo lasted two days, and was only relieved by catheterisation. The effect of water in the tympanic cavity appears to be due to compression exerted on the labyrinthine fluid, which is in turn propagated to the cerebro-spinal fluid. The author is of opinion that several cases of sudden death or drowning while bathing may be accounted for in this manner, and he cautions persons having any form of disease of the tympanic membrane against risking rupture or sudden entrance of water into the cavity.

LIFEBUOYS ON THE THAMES EMBANKMENT.—Cases of accidental or suicidal drowning in the Thames, along the Embankment, are by no means infrequent, and very little provision has been made hitherto to render rescue easy, or even possible in many cases. We are glad therefore to note that the Highways Committee of the London County Council proposes that a trial should be given to the plan of placing lifebuoys at intervals along the face of the wall bounding the Victoria Embankment. Thirty buoys, with lines attached, are to be provided at an estimated cost of £100, and the expense of maintenance and cleaning is expected to amount to about 7s. a year for each buoy. The majority of Londoners are not good swimmers, and though the Royal Humane Society's apparatus is provided here and there, few people know where to find it in an emergency. The provision of these buoys would give to many who are willing, but at present powerless, to proffer assistance to the victims of such mishaps a ready and obvious means of doing so.

OPENING OF URMSTON COTTAGE HOSPITAL.—This hospital, which has been erected in commemoration of Her Majesty's Diamond Jubilee, was formally opened on Saturday, January 6th. The building—which has cost upwards of £1,200—was commenced in February, 1899, from designs prepared by Mr. Edward Hewitt, F.R.I.B.A., of Manchester. Accommodation is provided for 9 patients, but this number can be slightly exceeded in case of necessity. The wards—to the ventilation of which special attention has been devoted—are two in number. They are 22 feet by 14 feet by 13 feet high, and each contains three beds and a cot. A sanitary block communicates with each ward by means of a cross-ventilated passage, which can, if necessary, be entirely enclosed in winter. Operating and bath rooms, with a small isolation ward, and the matron's room and the day room are also provided on the ground floor; whilst the nurses' and servants' bedrooms occupy the first floor, where also the kitchen is situated. In the construction of the hospital economy in administration and convenience of intercommunication between different parts of the building have been among the chief aims kept in

view; and the structure has been so planned as to allow of extension, if necessary, at small cost. The opening ceremony was largely attended. Mr. S. W. Cocks, Chairman of the Committee of Management, in declaring the hospital open, was able to make the satisfactory announcement that the hospital started free from debt, but further subscriptions were required to provide for its maintenance. Drs. Clegg, Quayle, and Walls have consented to act as honorary medical officers, and Miss Stork has been appointed matron.

MEDICAL VACANCIES.

The following vacancies are announced :

- BATH GENERAL OR ROYAL MINERAL WATER HOSPITAL.**—Resident Medical Officer; unmarried. Salary, £100 per annum, with board and apartments. Applications to the Secretary by February 5th.
- BIRMINGHAM AND MIDLAND EYE HOSPITAL.**—Assistant House-Surgeon. Salary, £60 per annum, with apartments and board. Applications to the Chairman of the Medical Board by February 10th.
- BRISTOL ROYAL INFIRMARY.**—Resident Officer. Salary, £40 per annum, with board, lodging and washing. Applications to the Secretary by February 8th.
- BRITTON DISPENSARY.**—Resident Medical Officer; unmarried. Salary, £150 per annum, with furnished apartments, etc. Applications to the Secretary at the Dispensary, Water Lane, Britton, S.W., by January 31st.
- 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.
- 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.
- 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 MATERNITY HOSPITAL.**—Resident Surgeon. Salary, £100 per annum. Applications to the Secretary by February 6th.
- EASTERN DISPENSARY.**—Physician. Honorarium, £50 a year. Applications to the Secretary at the Dispensary, Leman Street, Whitechapel, E., by February 7th.
- EVELINA HOSPITAL FOR SICK CHILDREN, Southwark, S.E.**—Surgeon to Outpatients. Applications to the Committee of Management by February 16th.
- 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, 51, West Regent Street, Glasgow, by February 3rd.
- GRAVESEND HOSPITAL.**—House-Surgeon. Salary, £80 per annum, with board and residence. Applications to the Honorary Secretary by February 8th.
- GROVE HALL ASYLUM, Bow, E.**—Junior Assistant Medical Officer. Salary at the rate of £120 per annum, with board, apartments, and washing. Applications to the Medical Superintendent by January 9th.
- HOSPITAL FOR DISEASES OF THE THROAT, Golden Square, W.**—Registrar and Pathologist. Honorarium, 25 guineas per annum. Applications to the Secretary-Superintendent by January 9th.
- HULL ROYAL INFIRMARY.**—Honorary Surgeon. Applications to the Chairman, Committee of Management, by February 7th.
- HULMS DISPENSARY.**—House Surgeon. Salary, £130 per annum, with apartments, etc. Applications to the Honorary Secretary, Medical Committee, by February 6th.
- IPSWICH, EAST SUFFOLK AND IPSWICH HOSPITAL.**—Second House-Surgeon, unmarried. Salary, £60 per annum, with board, lodging, and washing. Applications to the Secretary, by January 30th.
- LEEDS: GENERAL INFIRMARY.**—Resident Ophthalmic Officer. Salary, £50 per annum, with board and lodging. Applications to the Secretary to the Faculty by February 7th.
- LEICESTER INFIRMARY.**—House-Physician. Salary, £100 per annum, with board, apartments, and washing. Applications to the Secretary, 24, Friar Lane, Leicester, by February 3rd.
- LIVERPOOL.**—Assistant to the Medical Officer of Health. Must not exceed 35 years of age. Salary, £350 per annum. Applications, endorsed "Assistant to the Medical Officer," to be sent to the Town Clerk, Municipal Offices, Liverpool, by February 14th.
- LOUGHBOROUGH AND DISTRICT GENERAL HOSPITAL AND DISPENSARY.**—Resident House-Surgeon. Salary, £100 per annum, with furnished rooms, attendance, and board. Applications to the Secretary by January 30th.
- METROPOLITAN ASYLUMS BOARD.**—Junior Assistant Medical Officer at the Asylum at Catterham; unmarried, and not exceeding 25 years of age. Salary, £120 per annum, rising to £150, with board, etc. Applications on forms provided, to be sent to the Office of the Board, Norfolk House, Norfolk Street, Strand, W.C., by February 3rd.
- 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 GENERAL DISPENSARY.**—Assistant Resident Surgeon, unmarried. Salary, £140 per annum, and all found except board. Applications to the Secretary.
- ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—Member of the Court of Examiners. Applications to the Secretary by January 31st.
- ST. MARK'S HOSPITAL FOR FISTULA, City Road, E.C.**—House-Surgeon, must be M.R.C.S. Eng. Salary, £80 per annum, with board, lodging, and washing. Applications to the Secretary by January 29th.
- SALFORD UNION.**—Assistant Resident Medical Officer at the Infirmary, Hope, near Eccles. Salary, £130 per annum, with furnished apartments and attendance. Applications, endorsed "Assistant Medical Officer," to the Clerk to the Guardians, Union Offices, Eccles New Road, Salford, by February 6th.
- SALISBURY INFIRMARY.**—House-Surgeon; unmarried. Salary, £110 per annum, with board, lodging, and washing. Applications to the Secretary by February 2nd.
- SHEFFIELD ROYAL INFIRMARY.**—House-Surgeon. Salary, £120 per annum, with board, lodging, and washing. Applications to the Medical Staff, care of the Secretary, by February 15th.
- SOUTHAMPTON: ROYAL SOUTH HANTS INFIRMARY.**—Assistant House-Surgeon. Appointment for six months. Salary at the rate of £50 per annum, with rooms, board, and washing. Applications to the Secretary by February 10th.
- SOUTHPORT BOROUGH: Medical Officer of Health.** Salary, £500 per annum. Applications endorsed "Medical Officer" to be sent to the Town Clerk, Town Hall, Southport, by February 10th.
- STOCKPORT INFIRMARY.**—Junior Assistant House-Surgeon. Salary, £2 per month, with board, washing, and residence. Appointment tenable for six months. Applications to the Secretary by February 6th.
- TUNBRIDGE WELLS: EYE AND EAR HOSPITAL.** House-Surgeon. Appointment for one year. Salary, £60 per annum, with board and residence. Applications to the Honorary Secretary by February 10th.
- UNIVERSITY COLLEGE, LONDON.**—(1) Assistant Physician. (2) Assistant Surgeon. Applications to the Secretary by January 30th.
- WEST LONDON HOSPITAL, Hammersmith Road, W.**—Acting Assistant Surgeon. Applications to the Secretary-Superintendent by February 7th.

MEDICAL APPOINTMENTS.

BAILEY, Bernard B. G., M.R.C.S., L.R.C.P., appointed Second House-Physician to the City of London Hospital for Diseases of the Chest, Victoria Park.

BARLOW, John, M.D., F.R.C.S., appointed Additional Examiner in Clinical Surgery for the University of Edinburgh.

BLAIR, A. B., M.B., appointed Medical Officer for the Banwell 1st District of the Axbridge Union, vice D. Lawson, M.D., resigned.

FRASER, S. M.B., appointed Medical Officer for the Edmonton District of the Edmonton Union, vice J. Hodges, M.R.C.S.

HEDLEY, W. T., M.B., O.M. Edin., appointed Medical Officer for the Hallaton District of the Uppingham Union, vice H. A. Crutwell, L.R.C.P., L.R.C.S. Edin., resigned.

HOPE, A. A., M.B., appointed Medical Officer for the Fifth District of the Daventry Union, vice F. W. Powke, M.R.C.P. Edin., M.R.C.S. Eng., resigned.

MCCALL, Anthony, M.D., Glasgow, appointed Surgeon to the Throat and Ear Department of the Beacombe Hospital, Bouneimouth.

McKIM, G. M.B., appointed Assistant Medical Officer to the St. George's in the East Infirmary and Workhouse, vice M. K. Tebay, M.B.S., L.R.C.P. Lond., resigned.

PERCIVAL, A. S., M.B. Camb., appointed Honorary Surgeon to the Newcastle Eye Infirmary.

REED, W. H., M.R.C.S. Eng., L.S.A., appointed Medical Officer of Health to the Westbury Urban District Council.

DIARY FOR NEXT WEEK.

MONDAY.

West London Post-Graduate Medical Graduates' College and Course. West London Hospital, Ham-mersmith Road, W. 5 P.M.—Dr. Saunders: Method of Testing for Diphtheria and Typhoid.

TUESDAY.

Medical Graduates' College and Course. 22, Cheapside Street, W.C. 4 P.M.—Dr. W. Miller Ord.: Consultation. (Medical.) 6 P.M.—Dr. Seymour Taylor: Class. Applied Anatomy and Physical Diagnosis. Demonstration III.

WEDNESDAY.

Medical Graduates' College and Course. 22, Cheapside Street, W.C. 4 P.M.—Dr. G. H. Savage: Clinical Lecture.

THURSDAY.

West London Post-Graduate Medical Graduates' College and Course. West London Hospital, Ham-mersmith Road, W. 5 P.M.—Dr. Saunders: Clinical Bacterial Tests.

Harvelian Society of London. 8.30 P.M.—Clinical Evening.

Kentons Society. 8.30 P.M.—Dr. Hugh Washam: Roentgen Rays in Diseases of the Chest. Mr. A. Hastings Stewart, M.R.C.S. Eng., will show a small Egyptian Mummy and skeletons of the same.

Living Cross Hospital. Post-graduate Course, 4 P.M.—Dr. Dea: Demonstration of Gynecological cases.

Hospital for Sick Children. Great Ormond Street, W.C. 4 P.M.—Dr. Barlow: some points on the Hygiene of Children.

West End Hospital for Diseases of the Nervous System. 73, Welbeck Street, W. 5 P.M.—Clinical Demonstration. Mr. James Gault: On the Surgical Treatment of Paralytic Deformities, with illustrative cases.

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

FRIDAY.

West Kent Medical-Chirurgical Society. Royal Kent Dispensary, Greenwich Road, S.E. 1, 8.45 P.M.—Dr. Scrimgeour: On some cases of Pelvic Pain in Women in which the Diagnosis was Difficult. Dr. Scrimgeour will demonstrate an apparatus for intra-gastric shampoo, and the Three-way Tap for Lavage of the Stomach.

Society of Anaesthetists. 20, Haver-square, W. 8.30 P.M.—A discussion on the After Effects of the Inhalation of Ether on the Respiratory System will be opened by Mr. Sydney Rumbold (Leeds).

West London Medical-Chirurgical Society. West London Hospital, Ham-mersmith, W. 8.30 P.M.—Discussion on the Treatment of Primary and Secondary Syphilis, to be opened by Mr. Alfred Cooper.

Laryngological Society of London. 20, Haver-square, 4.30 P.M.—Discussion and Note upon the desirability of having separate sections for Laryngology and Otolaryngology at congresses and association meetings. 5 P.M. Cases will be shown by Drs. Lamb, Lock, Johnson, Horne, and (eachart, and Messrs. Wyatt, Wingrave, and Wag-ner.

Medical Graduates' College and Course. 22, Cheapside Street, W.C. 4 P.M.—Mr. Treacher Collins: Consultation. (Eye, Ear, Nose, 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.

BIRTHS.

APLIN.—On January 22nd, at Hill House, Seacroft, Nottingham, the wife of Dr. Aplin, Medical Superintendent North County Asylum, of a daughter (Alys Arundell).

WAKEHAM.—On January 18th, at Redcliffe, 714 Harrow Road, W., the wife of C. Henry Wakeham, M.R.C.S., L.R.C.P. Lond., of a daughter.

MARRIAGES.

BRIDGEFORD-CUMBERLAND.—On December 18th, 1899, at St. George's Church, Queens-cliff, Victoria, by the Rev. H. Wilkinson, Walter Bridgeford, M.R.C.S. Eng., and M.C.P. Edin., of Boulder, West Australia, to Florence Landale, daughter of the late Captain E. F. W. Cumberland, 6th (Machine) Regiment.

MAKIN-BALL.—On January 6th, at St. Giles' Church, Cambridge, by the Rev. F. Buxton, Vicar, assisted by the Rev. Arthur Cooke, M.A., of King's College, Harold Budgett Makin, M.D. Lond., of the Indian Medical Service, son of the late Edward Makin, of an untraced, to Frances Amelia, elder daughter of Sir Robert Ball, F.R.S., Lowden Professor of the University of Cambridge.

WALKER-GREEN.—On January 18th, at St. John the Baptist's, Pailington, by the Rev. W. H. Walker, M.A., and the Rev. J. T. R. Walker, D.D., Cyril Hutcheson Walker, M.D., F.R.C.S., youngest son of the Rev. John Walker, Rector of Bradwell, Suffolk, to T. Caroline Green, M.D., eldest daughter of the late Rev. J. H. B. Green, Rector of Northampton, Ashby-de-la-Zouch, and of Mrs. Green, Eastbourne, Pailington.

DEATHS.

BOND.—On January 18th, 1900, at Greenwith Infirmary, Harry Bond, M.R.C.S., L.R.C.P. (St. Bartholomew's Hospital), of pueral pneumonia after a short illness, aged 23 years.

DUNBAR.—January 18th, Robert Pearson Dunbar, M.D., Park House, Blackburn.

VERNON.—On January 18th, at "Shipbrook" Cambridge Road, Southport, Henry Han-note Vernon, aged 63 years. For twenty-seven years Medical Officer of Health for Southport.

WINDLE.—On January 22nd, after a premature confinement at 77, Harborne Road, Madeline Mary, dearly-beloved wife of Bertram O. A. Windle, M.D., F.R.S., R.F.P.

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.

CHARING CROSS. Attendances.—Medical and Surgical, daily, 1; Women, W., 1; S. 2.30; Skin, M. Th., 1; Throat, Th., 2.45; Ear, Th., 2.30; Electro-Therapeutics, Tu. F., 2; Children, Tu. F., 1; Roentgen, W., 9.45; Orthopaedic, Th., 1. Operations.—W. Th. F., 3; S., 2.

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

CITY ORTHOPAEDIC. Attendances.—M. Tu. Th. F., 2. Operations.—M., 4.

EAST LONDON HOSPITAL FOR CHILDREN. Operations.—M. W. Th. F., 2.

GREAT NORTHERN CENTRAL. Attendances.—Medical and Surgical, M. Tu. W. Th. F., 2.30; Obstetric, W., 2.30; Eye, M. Th., 2.30; Throat and Ear, Tu. F., 2.30; Skin, W., 2.30; Dental, W., 2. Operations.—M. W. Th. F., 2.

GUY'S. Attendances.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu. F., 1; Skin, Tu. F., 1; Dental, daily, 9; Throat, F., 2. Operations.—Tu. F., 1.30; (Ophthalmic), M., 1.30; Th., 2.

HOSPITAL FOR WOMEN, SOKO. 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; 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., 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; 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., 2.30; Dental, M., 2.30; W., 2.30. Operations.—Daily, 1.30.

NEIGHAM ORTHOPAEDIC. 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.—Th., 3.

ROYAL EYE, Southwark. Attendances.—Daily, 2. Operations.—Daily.

ROYAL FREE. Attendances.—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, 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 ORTHOPAEDIC. 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. F., 2; Larvix, Tu. F., 2.30; Orthopaedic, M., 2.30; Dental, Tu. F., 9; Electro-Therapeutics, M. Tu. Th. F., 1.30. Operations.—Daily, 1.30; (Ophthalmic), Tu. F., 2; Abdominal Section for Ovariotomy, F., 2.

ST. GEORGE'S. Attendances.—Medical and Surgical, daily, i.p., 1; o.p., 12; Obstetric, i.p., Tu. F., 1.45; o.p., M. Tu., 2.30; Eye, W. S., 1.30; Ear, Tu., 2; Skin, W., 2.30; Throat, F., 2; Orthopaedic, F., 2; Dental, M. Tu. F., S., 12. Operations.—Daily, 1; Ophthalmic, W., 1; Dental, Th., 2.

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., 9; Skin, M. Th., 9; Dental, W. S., 9; Electro-Therapeutics, M. Th., 2; Children's Medical, Tu. F., 9. Operations.—M., 2.30; Tu. W. F., 2; Th., 2.30; S., 10; (Ophthalmic), F., 10.

ST. PETER'S. Attendances.—M., 2 and 5; Tu., 2; W., 5; Th., 2; F. (Women and Children), 2; S., 4. Operations.—W. F., 2.

ST. THOMAS'S. Attendances.—Medical and Surgical, M. Tu. Th. F., 2; o.p., daily, 1.30; Obstetric, Tu. F., 2; o.p., W. S., 1.30; Eye, Tu. F., 2; o.p., daily, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Th., 1.30; Children, S., 1.30; Electro-Therapeutics, o.p., Tu. F., 2; Mental Diseases, F., 2; Dental, Tu., 2.30; Operations.—M. W. Th. S., 2; Tu. F., 2.30; (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; Obstetric, M. F., 1.30; Eye, M. W. Th., 1.30; M. Th., 9; Skin, Tu. F., 2; Throat, M. Th., 9; Dental, Tu. F., 9.30. Operations.—M. 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, 420, Strand, W.C. London.

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

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Manager, 420, Strand, W.C., on receipt of proof.

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

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

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

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

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