

but when discharged from the hospital at the end of June—that is, two months and a-half after the operation—although a sinus persisted, there was hardly any discharge from it. At this time he was free from cough, and had gained flesh, the dulness at the base of the lung had diminished. The sinus closed five weeks later, but when seen on August 16th there was still some dulness at that base, but much more air entry. He had gained flesh, and had no cough. I did not see him again until January, 1900. He is now very well, actively engaged in work, and has no cough. The air entry at the right base is not quite as good as on the left, but the resonance is remarkably good.

As I did not see him until he had been ill for more than a fortnight, I cannot say much about the cause of the abscess; but it seemed to me most probable that he had had an attack of acute pneumonia, with rapid breaking down of the lung. There may have been actual gangrene of the lung, and by that I mean necrosis of a large mass of pulmonary tissue, but although the pus he at first expectorated and later discharged through the drainage tube was very offensive, I do not think it was quite as bad as we generally get in extensive gangrene of the lung.

The safe evacuation of the pus from a pulmonary abscess through the unobiterated pleural cavity is well illustrated by this case. There is no evidence that any infection of the pleura occurred; indeed such infection would have been almost impossible, after the two layers of pleura had been securely sutured together around the area of lung punctured.

A few years ago Dr. Clark and I published¹ another case of pulmonary basic abscess on which I had operated, and had the patient not died from an epileptic fit his lung would probably have recovered, for at the *post-mortem* examination we found that a small abscess had been satisfactorily drained, and the patient's condition had improved up to the onset of the fit. In that case there were dense adhesions between the lung and pleura, and after excising portions of the ribs I was able to cut into the adherent lung and freely open up the abscess.

In some cases in which the patient is discharging large quantities of pus from the lung the abscess is in the liver, and has eroded the diaphragm and lung and discharged into a bronchial tube, or formed another abscess in the lung which has opened into a bronchus; and in such a case, if no bulging of the liver is present, it may be very difficult to locate and open the abscess. In 1896 I published a case of this nature.² It was only after repeated explorations that at last the abscess was found and drained. But even in an abscess limited to the lung it is not often that one is fortunate enough to hit off a small cavity at the first insertion of the needle of the exploring syringe, as happened in the case which I record this evening.

REFERENCES.

BRITISH MEDICAL JOURNAL, 1897, vol. ii, p. 800. ² Ibid, 1896, vol. ii, p. 1097

MEMORANDA:

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

DOUBLE MONSTER: THORACOPAGUS: SINGLE HEART.

A DOUBLE monster with two complete male bodies joined laterally from axilla to hip was brought to me recently. On dissection it proved to consist of two complete sets of bones and organs, with these exceptions: (1) A single sternum; the outer ribs were very long, and joined the sternum in front; the inner ribs were short, about $1\frac{1}{2}$ inch long, and touched mesially; (2) one pair of nipples; (3) one umbilicus placed centrally; (4) one heart.

CIRCULATORY SYSTEM.

The Umbilical Cord is single and normal, with two arteries and one vein, the maternal blood flowing straight into portal vein.

Vena Cava.—Each fetus is provided with a vena cava superior, the right vessel pouring its blood into the right auricle, the left vessel into the left auricle. The two inferior vena cavae unite to form a common mesial inferior vena cava. This vessel is very short (half an inch long), is attached to the middle line of the liver, and pours its blood into the right auricle.

The Heart, which is common to both fetuses, is mesially placed, and consists of two auricles and two ventricles, situated normally in relation to each other. The left ventricle is larger than the right. The two

ventricles together are much broader in proportion to their length than in a normal heart.

The Right Auricle.—The walls are normal. The right superior and common inferior vena cavae, the right pulmonary veins and large thymus veins pour their blood into the right auricle. The foramen ovale is large, and communicates freely with the left auricle. The right auriculo-ventricular opening is tricuspid.

The Right Ventricle.—The walls, etc., are normal; contraction causes the blood to be expelled from its cavity through an opening guarded by three cusps. The blood is thence driven at once into two large arteries; the smaller of these supplies the five pulmonary lobes of the right fetus, while the larger forms an aorta.

The Right Aorta.—The vessel is short ($\frac{1}{2}$ inch) and wide, giving off an innominate artery, and a second branch which divides to form the right carotid and right subclavian of the right fetus. The innominate artery bifurcates and forms the left carotid and left subclavian of the right fetus. The aorta arches to the right.

Ductus Arteriosus.—Absent.

The Lungs of both fetuses alike; the five lobes massed together, the set of two lobes lying above the set of three.

The Left Auricle receives the left superior vena cava and large thymus and pulmonary veins from left fetus; the foramen ovale is large and patent, larger than right auricle. The left auriculo-ventricular valve (mitral) is tricuspid, as also is the aortic. Thus all the valves of the heart are tricuspid.

The Left Ventricle, with very thick and strong walls, drives the blood into the left aorta, a vessel about $\frac{1}{4}$ inch in length, before it gives off at right angles, a large pulmonary branch. It then ascends for $\frac{1}{4}$ inch and gives rise to the innominate; it then arches to the left, giving off a large artery which divides into left carotid and left subclavian of the left fetus. The arch gives place to the descending aorta. The innominate divides at once to form right carotid and right subclavian of left fetus.

Other Viscera.—The two livers are joined mesially by what would be normally their "posterior surfaces"; otherwise normal. The spleens are normal except in position, that of the left fetus being on the left and that of the right on the right. Other organs normal. The thymus glands are large.

An interesting point about the case is that the right child is extremely thin and emaciated, while the left child is plump and well clothed with fat. The left child is said to have lived for half an hour after birth, while the right child was said to have been born dead. When they came into my hands they were both dead, but the colour of the skin differed remarkably in the two children, the left being a rosy red, and the right a venous purple. This is readily explained by the patency of the foramen ovale, all the maternal blood going direct into the left heart, and hence to the left child. This double monster caused dystocia.

DE VERE CONDON, I.M.S.,
Deoli, Rajputana.

TWIN PREGNANCY WITH CENTRAL PLACENTA PRÆVIA.

THE case of central placenta prævia recorded by Dr. Collingwood Fenwick in the BRITISH MEDICAL JOURNAL of January 20th, p. 140, induces me to describe a somewhat similar one which occurred in my practice at Kirkcaldy in November, 1899.

The patient, a hard-working multipara, about 38 years old, a sufferer from chronic bronchitis and in poor general health, was probably well into the ninth month of pregnancy. Several days before I saw her she had had slight pains and some haemorrhage accompanying them, but one morning a sudden and very profuse gush of blood rendered medical assistance necessary. The patient presented a distressing appearance; the pulse could not be counted; the skin was cold and clammy, and she had frequent syncope. A stimulant was given, and the patient gently placed in the usual obstetric position. There was slight uterine action, always attended by fresh discharge. The left hand was introduced into the vagina, and, after removing a large amount of blood clot, the os uteri was reached, situated very high, and dilated to about four-fifths of its size. The placenta was presenting, and engaged the whole diameter of the os, but, on pushing the hand upwards, one edge was found to have become partially separated by the previous contractions of the uterus, and it was possible, by detaching still further, to convert what was probably never an absolutely central implantation into a partial one. This manual separation almost entirely controlled the haemorrhage, and the membranes were ruptured, the head presenting. The patient having rallied considerably, and being under chloroform to a very slight degree, I decided to use the forceps in preference to turning, as the os was so well dilated. The invaluable axis-traction instrument of Milne-Murray was easily applied, and the child delivered without undue haste, the placenta remaining in the uterus, which was still of large size. The hand being reintroduced, a second set

of membranes were presenting, and, on rupturing them, the feet of a second child were seized, and the rest of the body slowly delivered. Haemorrhage was now more profuse but the uterus seemed fairly well contracted, and the placenta of the first child was found to be in the vagina. It was removed, and after eight or ten minutes, as the bleeding was not ceasing, the left hand was again introduced into the uterus and the second placenta—which was partially unseparated, and whose attachment extended into the inferior zone of the uterus—was carefully extracted. The patient was now very much exhausted, so 30 minims of ether were injected hypodermically along with $\frac{1}{2}$ of a grain of ergotinin, and a firm binder applied. Meat juice and brandy were afterwards administered at intervals and the patient was apparently steadily recovering, when, on making a movement to turn in bed, she suddenly expired, about six hours after the termination of the labour.

Obstetricians differ somewhat as to the rarity of this condition. Angus Macdonald puts it at 1 in 44,500 cases of labour. Barnes says it is not uncommon, and Winckel states that plural pregnancy predisposes to placenta praevia, the accident in his experience being relatively four times more frequent in plural than in single pregnancy. The risks to the mother must be much more grave when the condition coexists with a plural pregnancy, as one could not always adopt a mode of treatment which, under certain circumstances, must be very satisfactory—that of separating the placenta entirely, and giving the patient time to react from the effects of haemorrhage before emptying the uterus.

Edinburgh, H. OLIPHANT NICHOLSON, M.B., C.M. Aberd.

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

MANCHESTER ROYAL INFIRMARY.

A SUCCESSFUL CASE OF ENTERECTOMY FOR GANGRENOUS HERNIA.

By ARTHUR H. BURGESS, M.B., M.Sc.Vict., F.R.C.S.Eng., Resident Surgical Officer to the Infirmary.
J. B., aged 15, was admitted into the infirmary on December 13th, 1899, with a strangulated inguinal hernia on the right side. He had noticed the existence of the rupture for the past four months, but, as he had always been able to reduce it easily, he had never worn a truss. Four days previous to his admission the hernia suddenly came down and he found it impossible to replace it. He suffered severe pain in the swelling and in his abdomen for two days, then commenced to vomit. A medical man was called in, who attempted laxis, but without success. Next day the pain began to abate, but the vomiting became faecal in character, and continued until his admission the following day.

On admission, his general condition was extremely grave, all the chief features of acute intestinal obstruction being present. In the right inguinal region was a small tense swelling, without impulse on coughing, the skin over it being dusky red and pitting slightly on pressure. Under chloroform the sac was opened and about 1 ounce of feculent fluid escaped. A knuckle of small intestine, about $2\frac{1}{2}$ inches in length, was found tightly strangulated and in a gangrenous condition, a perforation about the size of a threepenny piece at the convexity of the loop having allowed the intestinal contents to escape into the sac, the lower part of which was also in a sloughing condition. On dividing the constriction at the neck of the sac, and drawing down the coil of gut, a second but smaller perforation was seen on the entering limb of the loop opposite the constriction. The wound was enlarged upwards, and the coil drawn out as far as possible. Clamps were applied on either side, and about 4 inches of intestine, including the gangrenous portion, were excised, along with a wedge-shaped piece of the mesentery. The divided ends of the gut were then united by direct suture, the mucous membrane being first joined by a continuous suture of the finest

silk, and afterwards the peritoneal and muscular coats by a continuous Lambert suture, special care being taken to ensure accurate apposition at the mesenteric attachment. The divided mesentery was also sutured with fine silk. The gut having been reduced, the hernial sac was isolated near its neck, ligatured and divided, and a radical cure performed by Collier's method. The upper part of the wound was closed entirely, and gauze packing inserted into the lower part opposite the gangrenous portion of the sac. The operation lasted forty-five minutes.

The patient has since made an uninterrupted recovery without an unfavourable symptom, the temperature of 99° F. on the second night being the highest recorded. The bowels acted slightly two hours after the operation, again six hours later, and again after an interval of fifteen hours. Flatus was freely passed, the abdominal distension rapidly disappeared, and the vomiting ceased entirely. Warm water only was given for the first thirty-six hours, after that warm tea, milk, and soda-water. Benger's food was allowed on the twelfth day, chicken jelly on the fifteenth, and then a gradual return to ordinary diet. The wound healed without suppuration, all the sutures were removed on the fourteenth day, and the patient was allowed to get up at the end of three weeks.

For permission to publish the foregoing case I am indebted to Mr. Southam, for whom I was acting at the time. I am further indebted to Mr. Anderton, the house-physician, for his careful administration of the anaesthetic, and to Mr. Rayner, the house-surgeon, for his assistance at the operation and in the after-treatment.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

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

Tuesday, February 13th, 1900.

THE COMPLETE MASTOID OPERATION FOR THE CURE OF CHRONIC PURULENT OTORRHOEA.

The discussion of the papers of Mr. Ballance, Sir William Dalby, and Mr. Cumberbatch on this subject, adjourned from the last meeting of the Society, was resumed by

Mr. LUCAS, who said that in regard to the plan advocated of covering over the raw bone surface with a cuticular graft reopening the healed wound, the defect of the operation consisted in that reopening, with possibly a third operation for the removal of the gold leaf. It was a desideratum that the whole object should be attained by one operation, particularly in the case of non-hospital patients. It might be possible that some means of closing the cavity could be applied at once. For the treatment of human ulcers frog's skin was said to be efficient and possibly a similar tissue might be employed in this operation. With regard to the selection of cases, the rule might be—when in doubt, operate. Reference was made to a case of otorrhoea in a child in which there was headache, vomiting, and stupor, with a slight ptosis on the same side and optic neuritis. A cerebral abscess was diagnosed, but none was found on trephining. The symptoms progressing, the mastoid was opened and the suppurating tympanum was cleared out. At the necropsy there was found tuberculous meningitis and general tuberculosis, arising from a caseating bronchial gland.

Dr. MILLIGAN (Manchester) remarked that the disease being of such vital importance any improvement of the technique was to be heartily welcomed. The cardinal indications for operation were generally recognised, but there were some cases with less obvious indications, and in these the difficulty was especially great. If the view of an insurance company were adopted one had a valuable guide. It would either reject or heavily load the life of a patient with suppurative otorrhoea. Acute intracranial symptoms and even sudden death occasionally followed, but in other cases the general health was deteriorated alone, and in these surgical interference should not be delayed too long, but even before the disease could be called chronic, when it was merely in the subacute stage. In purely chronic cases the operation that had been advocated, placed as it was on the grounds of general surgical principles, was a distinct advance on previous opera-

October 1st, 1860, and became Brigade Surgeon-Lieutenant-Colonel, August 31st, 1895.

The following candidates for Her Majesty's Indian Medical Service were successful at the competitive examinations held in London on February 2nd and following days:

	Marks.		Marks.
J. D. Graham	3,640	J. C. S. Oxley	2,615
C. A. Sprawson	2,936	H. R. Macnee	2,560
W. H. Cazaly	2,928	W. Lapsley	2,524
W. V. Copperne	2,812	W. D. A. Keys	2,497
P. A. Browne	2,785	A. Chalmers	2,459
A. Spitteler	2,768	J. Good	2,453
M. MacKelvie	2,651	W. M. Houston	2,402
L. J. M. Deas	2,621	G. J. G. Young	2,363
W. G. Hamilton	2,620	S. R. Godkin	2,262

RETIREMENT FROM THE ROYAL NAVAL MEDICAL SERVICE.

STAFF-SURGEON writes: Referring to the article on Royal Navy Medical Service, in the BRITISH MEDICAL JOURNAL of January 27th, pp. 212 and 213, I should be obliged if you could inform me if a medical officer could retire after 20 years' service from date of entry; otherwise one desirous of retiring would be obliged to go to the expense of having his uniform altered at a considerable expense for perhaps one month's service.

** Twenty years' full pay service has always hitherto been required to secure retirement; both by naval and military medical officers. Naval medical officers specially promoted to Fleet rank could no claim retirement until they had completed twenty years' full pay service.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

Board of Electors.—Dr. D. MacAlister has been appointed an Elector to the Chair of Anatomy; Sir T. Lauder Brunton an Elector to the Downing Professorship of Medicine; Dr. Gaskell an Elector to the Chair of Physiology; Mr. T. Holmes an Elector to the Chair of Surgery; and Dr. L. Humphry an Elector to the Chair of Pathology.

Examination for Degrees.—Parts I. and II. of the third examination for the degrees of M.B., and B.C. will commence on Tuesday, April 24th. The examination for the degree of M.C. will commence on Friday, April 27th. Names of candidates must be sent to the Registry on or before Saturday, March 31st.

UNIVERSITY OF ST. ANDREWS.

Graduates' Association.—At the last meeting of the Council of this Association, which was held at 11, Chandos Street, Cavendish Square, the following resolution was unanimously adopted: "That action be taken with a view of restoring to the University the right which it so long possessed of granting the degree of Doctor of Medicine to registered practitioners of fifteen years' standing, who are not under 40 years of age, on their passing a full and satisfactory professional examination. The Council in so doing are only seeking to place the University in the position which the University of Durham now holds, and they desire to act without prejudice to the other Scottish Universities which may wish to exercise the like power of graduation."

ROYAL UNIVERSITY OF IRELAND.

At a meeting of the Senate of the Royal University of Ireland held on Thursday, February 8th, the following appointments were made:

Medical Fellows (for three years).—A. Birmingham, J. P. Pye, J. Symington, J. Charles, D. J. Coffey, J. I. Lynham, P. J. Hayes, and Sir Thornley Stoker.

Examiners (for the year 1900).—A. J. M. Blaney, J. F. O'Carroll, J. A. Lindsay, W. H. Thompson, E. J. M'Wheeley, J. L. Smith, J. W. Byers, A. J. Smith, C. Y. Pearson, A. Roche, F. J. B. Quinlan, W. Whittle, A. W. Sandford, L. Werner, and Sir C. A. Cameron.

UNIVERSITY OF DUBLIN.

In connection with the School of Physic in the University of Dublin, the Board of Trinity College have made the following appointments of University Examiners for the present year. In Medicine: Dr. James Craig, Physician to the Meath Hospital; and Dr. H. C. Drury, Physician to Cork Street Fever Hospital. In Surgery: Mr. F. T. Heuston, Senior Surgeon to the Adelaide Hospital. In Midwifery: Dr. Henry Jellett, ex-Assistant Master of the Rotunda Hospital. In Ophthalmology: Mr. J. B. Story, Surgeon to the Victoria Eye and Ear Hospital.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary Council was held on February 8th, Mr. H. G. Howse, Vice-President, in the chair.

Court of Examiners.—Mr. W. H. A. Jacobson was appointed Examiner in Surgery in the vacancy of Mr. J. N. Davies-Colley, resigned from ill-health. Mr. H. W. Page was appointed a Member of the Board of Examiners in Dental Surgery, in the vacancy caused by the retirement of Mr. J. N. Davies-Colley.

Food Preservatives.—The Vice-Presidents reported that, in pursuance of the resolution adopted by the Council on January 11th, they had nominated Dr. W. D. Halliburton, F.R.S., and Dr. E. H. Starling, F.R.S., to give evidence before the Committee appointed by the Local Government Board to inquire into the use and effects of food preservatives and colouring matters. This was confirmed by the Council.

Cartwright Trust.—The Vice-Presidents reported that Mr. S. Hamilton Cartwright had ascertained that the Charity Commissioners were prepared to consent to the alteration of the Cartwright Trust for the purpose of giving effect to the scheme proposed by the Council, provided that the

Fund were invested in the name of the Official Trustee by whom the dividends would be paid to the Trustees, who, they suggested, should be the Presidents and Vice-Presidents of the College *ex officio*. The Vice-Presidents stated that they had agreed to this proposal. This was confirmed by the Council.

Medical and Dental Students in South Africa.—A letter was read of January 20th from Mr. F. Newland-Pedley, F.R.C.S., stating that he is going to South Africa as a dental surgeon, and would greatly need the help of several dental students to make splints and act as assistants, and asking that the service of such students in the Imperial Yeomanry Hospital might count as part of their hospital curriculum. The Council resolved that Mr. Newland-Pedley be informed that, on production of satisfactory evidence, the service rendered by dental students in the Imperial Yeomanry Hospital shall be reckoned as part of the hospital curriculum for a period not exceeding six months, in such a manner as the Board of Examiners in Dental Surgery may recommend. The Committee of Management was desired to report to the two Colleges on the recognition of the services rendered by medical students at the seat of war as part of the hospital curriculum.

Midwives Bill.—A letter was read from Mr. F. Rowland Humphreys, Honorary Secretary of the Midwives Bill Committee, forwarding a copy of the Midwives Bill, 1900, which it is proposed to introduce into Parliament in February. A Committee was appointed to consider and report upon it.

Medical Congress in Paris.—A letter was read from the President and General Secretary of the Thirteenth International Medical Congress to be held in Paris from August 2nd to 9th, 1900, inviting the College to send a representative to the Congress. Sir William MacCormac was chosen to represent the College at the above Congress.

ROYAL COLLEGE OF PHYSICIANS, EDINBURGH.

A QUARTERLY meeting of the Royal College of Physicians of Edinburgh was held on Tuesday, February 6th, Dr. James Andrew, President, in the chair.

Obituary.—The President referred in sympathetic terms to the loss which the College had sustained through the death of Sir Thomas Grainger Stewart, a past-President of the College, one of its most distinguished Fellows, and the accomplished Professor of Medicine in the University of Edinburgh. He also referred to the untimely death of Dr. George Elder, a Junior Fellow, who had given promise of a bright future.

Admission to the Fellowship.—Dr. Richard Carter, Bath, was admitted by ballot to the Fellowship.

Admission to the Membership.—On a ballot the following candidates were admitted to the Membership of the College after examination—namely: Thomas Wilson Smith, M.D., Bath; William Thomas Ritchie, M.D., Edinburgh; and John William Simpson, M.B., C.M., Edinburgh.

New Licentiates.—The Registrar reported that since the last quarterly meeting 46 persons had obtained the Licence of the College by Examination.

The Laboratory.—The Curator submitted his report for the past year regarding the research and reporting work undertaken in the laboratory during the year and the expenditure incurred. The report showed that 26 workers had been engaged in research, that 1,366 specimens had been reported on, and that the total expenditure had amounted to £80s 5s. 8d. The report was adopted by the College.

Recognition of Lecturer on Bacteriology.—Dr. James Taylor Grant, M.R.C.P. Edin., was, after examination, recognised by the College as a Lecturer on Bacteriology, and the President conferred on him the certificate of qualification.

Parkin Prize.—Intimation was made that no essay had been submitted for the Parkin Prize in the gift of the College. It was agreed to announce it as open for competition during the present year.

Centenary of Faculty of Physicians and Surgeons of Glasgow.—A letter was read from the President of the Faculty of Physicians and Surgeons of Glasgow, thanking the College for their address of congratulation on the centenary of the Faculty.

Award of Freeland Barbour Fellowship.—On the recommendation of the Prize Committee, the Freeland Barbour Fellowship, in the gift of the College, was conferred on Mr. Walter William Chipman, M.B., C.M., Edinburgh.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

Licentiate in Medicine and Midwifery.—Messrs. R. J. Cane, F. G. Fitzgerald, R. J. Franklin, C. C. Meeke, R. H. Moffit, H. W. Spaight and T. D. Sullivan have passed this examination.

Mr. H. J. Dean, L.S.A., has obtained the Licence in Medicine.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

A MEDICAL Students' Guide for the coming session has just been issued by the College. The Preliminary Examinations are held in March and September. The Conjoint Professional Examinations are held in the months of April, July, and October.

The Conjoint Diploma in State Medicine.—Held the first Tuesdays in February, May, and November. Fee, £10 10s.

The Fellowship Examination.—Held the third Mondays in February, May and November. Fee, £26 5s.

The Licence in Surgery for Registered Practitioners.—Held the first Mondays in February, May, and November. Fee, £26 5s.

The Licence in Dentistry.—Held second Mondays in February, May, and November. Fee, Primary, £10 10s.; Final, £10 10s. Entries for all examinations must be made fourteen days previously.

The Guide can be had free on written application to the College, Stephen's Green, Dublin.

CONJOINT BOARD IN IRELAND

Diploma in Public Health.—Messrs. Louis G. Godinhe, L.M.I.S., Bombay, J. W. H. Jessett, M.D. Univ. Dub., and Nicholas Cullinan, L.R.C.P. & S. Edin., L.F.P.S.G., have passed this examination, the two former in honours.

MEDICAL NEWS.

THE Prince of Wales, deputed by the Queen, has promised to lay the foundation stone of the new buildings of the Newcastle Royal Infirmary during the week beginning June 18th.

VACCINATION GRANT.—Mr. Philip Hill, public vaccinator to the Crickhowell District of the Crickhowell Union, has been awarded the Government grant for successful vaccination for the eleventh time in succession.

ROYAL COLLEGE OF SURGEONS IN IRELAND.—Sir Philip Smyly, Surgeon to the Queen in Ireland, and Senior Surgeon to the Meath Hospital, Dublin, has been re-elected by the Council of Royal College of Surgeons in Ireland as the representative of the College on the General Medical Council for the ensuing year.

INFLUENZA AT LEGHORN.—Influenza is raging as a veritable pestilence in Leghorn, where the average number of persons suffering from it in the week ending January 27th was estimated at 15,000. The Company of the Misericordia and the Public Help Association have their hands full. In the Civil Hospital it has been found necessary to double the number of beds, and a large *succursale* has provisionally been established at Cotito.

UNIVERSITY OF DORPAT.—The report of the Russian University of Jurjew, better known as Dorpat, for 1899 shows that in that year there were 38 ordinary, and 21 extraordinary professors. The total number of students was 1,265, of whom 547 were students of medicine. During the year degrees and licences were granted to 440 persons, of whom 380 belonged to the medical faculty. The bulk of this number, however, is made up of dispensers, dentists, and midwives. The degree of doctor of medicine was conferred on only 10 candidates, while the title of medical practitioner was granted to 125.

MEDICAL SENATORS IN FRANCE.—At the recent senatorial elections in France twenty-one members of the medical profession were successful. The following are the names of the new senators, with the departments which they represent: Drs. Bataille, Puy-de-Dôme; Béraud, Vaucluse; Bontemps, Haute-Saône; Boulanar, Tarn; Collinot, Yonne; Contancin, Vienne; Francoz, Haute-Savoie; Guillemaut, Saône-et-Loire; Guyot, Rhône; Léon Labbé, Orne; Legludic, Sarthe; Lorrereau, Yonne; F. Martin, Saône-et-Loire; Parisot, Vosges; Pédebidou, Hautes-Pyrénées; Petitjean, Nièvre; Piettre, Seine; Quintaa, Basses-Pyrénées; Rolland, Tarn-et-Garonne; Sigallas, Var; and Vagnat, Hautes-Alpes.

THE VACANT POST OF REGISTRAR-GENERAL FOR IRELAND.—In addition to the gentlemen mentioned last week in connection with this appointment, Dr. Langford Symes is also a candidate. He is a Fellow of the Royal College of Physicians of Ireland, Physician to the Orthopaedic Hospital, and for some years was Registrar of Births, Deaths, and Marriages while Medical Officer of one of the largest districts in Ireland, when he published an exhaustive report of the statistics of public health for his district (one of the few ever compiled), and an Epitome of the Laws of Public Health for the National Health Society. He is additional Examiner in Medical Jurisprudence and Hygiene for the Royal College of Physicians, and has investigated the mortality of children in Ireland, bringing the cause of infantile mortality before the Royal Academy of Medicine.

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 Registrar by February 10th.

BIRMINGHAM GENERAL HOSPITAL.—(1) House-Surgeon. (2) Assistant House-Physician. Appointments for six months. No salary, but residence, board, and washing provided in each case. Applications to the House Governor by February 24th.

BIRMINGHAM: MASON UNIVERSITY COLLEGE.—Lecturer on Osteology and Chief Demonstrator of Anatomy.—Applications to Secretary by February 24th.

BIRMINGHAM AND MIDLAND SKIN AND URINARY HOSPITAL.—Clinical Assistant. Applications to the Secretary, John Bright Street, Birmingham, by March 3rd.

BRIGHTON: SUSSEX COUNTY HOSPITAL.—Fourth Resident Medical Officer; unmarried, and under 30 years of age. Salary, £30 per annum, with board, washing, and residence. Applications to the Secretary by February 28th.

BRISTOL EYE HOSPITAL.—House-Surgeon. Salary, £120, without residence. Applications to the Secretary by February 20th.

BURTON-ON-TRENT INFIRmary.—House-Surgeon. Salary, £110 for the first year, £170 for the second year, with furnished rooms, coals, and gas. Applications to the Secretary by February 21st.

CARDIFF: UNIVERSITY COLLEGE OF SOUTH WALES AND MONMOUTHSHIRE.—Demonstrator and Assistant Lecturer in Anatomy. Salary £120. Applications to the Secretary by March 10th.

CARMARTHENSHIRE INFIRMARY.—Resident Medical Officer: unmarried. Salary, £100 per annum, with furnished apartments, board, etc. Applications to the Secretary by March 3rd.

CENTRAL LONDON OPHTHALMIC HOSPITAL, Gray's Inn Road, W.C.—House-Surgeon. Salary at the rate of £150 per annum, with board and residence. Applications to the Secretary by March 6th.

DEVONPORT: ROYAL ALBERT HOSPITAL.—Assistant House-Surgeon. Appointment for six months. Board, lodging, and washing provided; no salary. Applications to the Secretary of Medical Committee by March 1st.

DUBLIN: MERCER'S HOSPITAL.—(1) Resident Medical Officer. (2) Vacancy on the Surgical Staff. Applications to the Registrar by February 26th.

DURHAM COUNTY ASYLUM.—Assistant Medical Officer; unmarried. Salary, £140 per annum, rising to £160, with board, lodging, washing, and attendance. Applications to the Medical Superintendent, Winterton, Ferryhill, by March 6th.

FAREHAM: HANTS COUNTY ASYLUM.—Third Assistant Medical Officer; unmarried, and not exceeding 30 years of age. Salary, £125 per annum, increasing to £150, with furnished apartments, etc. Applications, endorsed "Application for appointment of Medical Officer," to the Committee of Visitors at the Asylum by February 21st.

FARRINGDON GENERAL DISPENSARY.—Resident Medical Officer. Salary, £100 per annum, with apartments and attendance. Applications to the Honorary Secretary, 17, Bartlett's Buildings, Holborn, E.C., by March 10th.

FRENCH HOSPITAL, 12, Shaftesbury Avenue, W.C.—Resident Medical Officer. Must speak French. Salary, £80 per annum, with full board. Applications to the Secretary.

GLASGOW LUNACY DISORDER BOARD.—Assistant Medical Officer for Woodlie Asylum, to act as Pathologist. Salary, £100 per annum, with board, apartments, etc. Applications to the Clerk by February 26th.

GREAT NORTHERN HOSPITAL, Holloway Road, N.—Assistant Anæsthetist. Appointment for six months, but eligible for re-election. Honorarium at the rate of 10 guineas per annum. Applications to the Secretary by March 12th.

HASTINGS: ST. LEONARD'S, AND EAST SUSSEX HOSPITAL.—House-Surgeon; unmarried. Salary, £75 per annum, with residence, board, and washing. Applications to the Secretary by February 28th.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—Two House-Surgeons to Out-patients. Appointments for six months, but eligible for re-election. Salary, 25 guineas each. Applications on forms provided to be sent to the Secretary by February 27th.

HULME DISPENSARY, Dale Street, Manchester.—House-Surgeon. Salary, £130 per annum, with apartments, etc. Applications to the Honorary Secretary of the Medical Committee by February 24th.

KENT AND CANTERBURY HOSPITAL, Assistant House-Surgeon; unmarried. Salary, £50 per annum, with board and lodging. Applications to the Secretary by February 20th.

KENT COUNTY OPHTHALMIC HOSPITAL, Maidstone.—House-Surgeon. Salary, £100 per annum, with board and lodging. Applications to Matthew A. Adams, F.R.C.S., Honorary Surgeon to the Hospital.

KING'S COLLEGE HOSPITAL.—(1) Senior Medical Registrar and Tutor. (2) Senior Surgical Registrar and Tutor. Applications to the Secretary, King's College, by March 5th.

LINCOLN COUNTY HOSPITAL.—Assistant House-Surgeon. Appointment for six months, but eligible for re-election. Honorarium £10, with board, residence, and washing. Applications to the Secretary by February 26th.

LIVERPOOL NORTHERN HOSPITAL.—Assistant House-Surgeon. Salary, £70 per annum, with residence and maintenance. Applications to the Chairman by February 22nd.

MARKEAT: ROYAL SEA BATHING HOSPITAL.—Resident Surgeon. Salary, £100, with board and residence. Applications to the Secretary, 30, Charing Cross, S.W., by February 20th.

METROPOLITAN HOSPITAL, Kingsland Road, N.—(1) Assistant Physician and Pathologist; must be F. or M.R.C.P.Lond. (2) Surgeon for Diseases of Women. (3) Assistant Surgeon; must be F.R.C.S.Eng. Applications to the Secretary by February 19th.

MIDDLESEX HOSPITAL.—Assistant Physician. Must be F. or M.R.C.P.Lond. Applications to the Secretary-Superintendent by March 1st.

MILLER HOSPITAL AND ROYAL KENT DISPENSARY, Greenwich Road, S.E.—Junior Resident Medical Officer. Salary, £40 per annum, with board, attendance, and washing. Appointment for six months, with prospect of re-election as Senior. Salary £60. Application to the Secretary by February 23rd.

NORTH LONDON HOSPITAL FOR CONSUMPTION.—Clinical Assistant at Out-patients' Department, 41, Fitzroy Square, W. Appointment for six months. Honorarium £17 10s. Applications to the Secretary by February 28th.

NOTTINGHAM CITY ASYLUM.—Second Assistant Medical Officer, unmarried. Salary, £150, with board, apartments, and washing. Applications to the Medical Superintendent.

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

OXFORD: RADCLIFFE INFIRMARY.—Honorary Assistant Physician. Applications to the Secretary by March 5th.

ST. THOMAS'S HOSPITAL.—Physician. Must be F. or M.R.C.P.Lond. Applications to the Treasurer by February 17th.

SALFORD ROYAL HOSPITAL.—House-Surgeon. Salary, £100 per annum, with board and residence. Junior House-Surgeon to be a candidate, and if appointed there will be a vacancy for him. House-Surgeon, Salary, £50 per annum, with board and residence. Applications to the Secretary by March 10th.

SEAFORTH HOSPITAL SOCIETY: BRANCH HOSPITAL, Royal Victoria and Albert Docks, E.—(1) Senior House-Surgeon. Salary, £75 per annum, with board and residence, and additional £23 per annum if certain clinical work is performed satisfactorily. (2) House-Surgeon. Salary, £50 per annum, with board and residence. Applications to the Secretary by February 19th.

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 19th.

STOCKPORT INFIRMARY.—Junior Assistant House-Surgeon. Appointment for six months. Salary, £2 per mensem, with board, washing, and residence. Applications to the Secretary by February 20th.

SUNDERLAND INFIRMARY.—House-Surgeon. Salary, £80 per annum, rising to £100, with board and residence. Applications to the Chairman of the Medical Board by March 26th.

TOTTENHAM HOSPITAL.—Honorary Physician to Out-patients. Applications to the Chairman of the Joint Committee by February 19th.

VICTORIA HOSPITAL FOR CHILDREN, Queen's Road, Chelsea, S.W.—Resident Medical Officer. Appointment for six months. Honorarium £25, with board and lodging. Applications to the Secretary by March 3rd.

WEST BROMWICH DISTRICT HOSPITAL.—Resident Assistant House-Surgeon. Salary, £50 per annum, with board, lodging, washing, and attendance. Applications to the Secretary.

WESTERN GENERAL DISPENSARY, Marylebone Road.—House-Surgeon; unmarried. Salary, £75 per annum, with board and residence, and 10s. a month for washing. Applications to the Honorary Secretary.

WESTERN OPHTHALMIC HOSPITAL, Marylebone Road, N.W.—Assistant Surgeon. Applications to the Secretary.

WINDSOR ROYAL INFIRMARY.—House-Surgeon; unmarried. Salary, commencing at £100 per annum, with board and attendance. Applications to the Secretary, 13, High Street, Windsor, by February 21st.

MEDICAL APPOINTMENTS.

AUGUSTINE, Mark, M.B., Ch.B.Vict., appointed Senior House-Surgeon to the Bootle Hospital, Liverpool.

ABUCKLE, John H., M.D., Glasg., D.P.H.Camb., appointed Medical Officer of Health for Kilmarnock, vice D. Lawrie, M.B., resigned.

BAXTER, Stephen E., M.R.C.S., L.R.C.P., appointed Medical Officer and Public Vaccinator for the Wollaston District of the Wellington Union, vice J. W. Orr, M.R.C.S., L.R.C.P., deceased.

BERRY, H. Poole, M.R.Lond., M.R.C.S., reappointed Medical Officer of Health for the Borough of Grantham.

CHATELIER, Eugene J. A., C.M.Edin., appointed Medical Superintendent of the City Hospital, Birmingham, vice C. K. Millard, M.D., D.Sc., resigned.

HARDIS, S. C., L.F.P.P.Glas., M.B., L.S.A., appointed Medical Officer of the St. Mary's District of the Ely Union, vice F. M. Beckett, M.R.C.S.Eng., resigned.

HUNTERSON, George Arnold, M.R.C.S., L.R.C.P., appointed Assistant Medical Officer to the Glamorganshire County Asylum, Bridgend.

RIDGELEY, R. M., C.M.Edin., appointed Medical Officer for the Workhouse and the Sandwich District of the Colinton Union, vice C. Latham, M.R.C.S.Eng., resigned.

ROBISON, Arthur Henry, M.D., Durh., M.R.C.S., D.P.H.Camb., appointed Medical Superintendent of the Islington Infirmary, Highgate Hill, N.

STATION-CARILL, Chas. J., L.R.C.P., L.R.C.S.I., appointed Junior House-Surgeon to the Bootle Hospital, Liverpool.

WEBBER, Wm. W., L.R.C.P.Engin., M.R.C.S.Eng., reappointed Medical Officer of Health to the Crewkerne Urban District Council.

DIARY FOR NEXT WEEK.

MONDAY.

West London Post-Graduate Medical Graduates' College and Polytechnic, 22, Chenes Street, W.C., 4 P.M.—Mr. M. Morris: Consultation. (Skin).

Royal College of Surgeons of London, 20, Great Portland Street, W., 4.30 P.M.—Mr. B. G. A. Moynihan: The Anatomy and Pathology of some Rarer Forms of Hernia. Arris and Gale Lecture I.

TUESDAY.

Pathological Society of London, 20, Hanover Square, W., 8.30 P.M.—Professor Hulme, F.R.S., will open a discussion on the Form and Significance of the Proteid met with in the Liver. Papers on this subject will be read by Dr. Bradshaw of Liverpool, Dr. Hopkins of Cambridge, and Dr. Hutchison of London. The following gentlemen and others are expected to take part in the debate: Drs. Pavly, Vaughan Harvey, Acland, Lee Dickinson, Arthur Lee, and Parkes Weber.

Chelsea Clinical Society, Holy Trinity Parish Hall, Pavilion Road, Sloane Square, S.W., 8.30 P.M.—Cases—

WEDNESDAY.

Royal College of Surgeons of London, 25, Great George Street, Westminster, 7.30 P.M.—Mr. B. G. A. Moynihan: The Anatomy and Pathology of some Rarer Forms of Hernia. Arris and Gale Lecture II.

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

THURSDAY.

Medical Graduates' College and Polytechnic, 22, Chenes Street, W.C., 4 P.M.—Mr. J. Hutchinson: Consultation. (Surgical). 6 P.M.—Mr. James Cantlie: Class. (Applied Anatomy and Physiopathology). Dem. V.

Hospital for Diseases of the Nervous System, 73, Welbeck Street, W., 5 P.M.—Clinical Demonstration Dr. Fletcher Beach: Cases of General Paralysis of the Insane and Allied Disorders.

FRIDAY.

Clinical Society of London, 8.30 P.M.—The following cases will be shown:—Dr. St. Clair Thomson: Primary Tuberculosis of the Nasal Septum (shown at the Society in October, 1897). Mr. Jackson Clarke: A case of Lateral Curvature of the Spine in an Infant. Mr. Battle: (1) Patient after removal of portion of Skull for Malignant Disease; (2) Patient after Open Section of Knee-joint for Irreducible Traumatic Dislocation. Mr. Kellock: A case of Achondroplasia. Dr. Charles W. Chapman: Two cases (father and son) of

Congenital Deformity of the Hands, with absence of Radius in the child. Other cases will be exhibited. Patients will be in attendance at 8 P.M.

Royal College of Surgeons of England, 4 P.M.—Mr. B. G. A. Moynihan: The Anatomy and Pathology of some Rarer Forms of Hernia. Arris and Gale Lecture III.

Medical Graduates' College and Polytechnic, 22, Chenes Street, W.C., 4 P.M.—Dr. St. Clair Thomson: 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.

FULLER.—On February 9th, at 95, Tollington Park, N., the wife of John Reginald Fuller, M.B., B.S., etc., of a daughter.

JOHNSTON.—At 7, Wellington Place, Leith, N.B., on the 11th inst., the wife of George Minto Johnston, M.D., F.R.C.P.E., of a daughter.

MARRIAGE.

GABE-ISON.—On February 1st, at St. Helen's Church, Ashby-de-la-Zouch, by the Rev. Canon Denton, M.A., Vicar and Rural Dean, John Rees Gabe, M.D., M.R.C.S.Eng., of 16, Mecklenburgh Square, London, to Grace Winifred, second surviving daughter of Edward Ison, Esq., of Westwood, Ashby-de-la-Zouch, Leicestershire.

DEATH.

SMITH.—On the 11th inst., at his residence, Malvern Lodge, Southport, William John Smith, L.R.C.P., L.R.C.S., L.S.A., in his 59th year. No cards.

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. 9.30; Sk. Th., 9.30; Children, M. Th., 8.45; Throat and Ear, F., 9.30; **Electro-Therapeutics**.—Tu. Th., 9.30; Children, M. Th., 1; Koentgen, 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**.—O.-p. M. Tu. Th. F., 2. **Operations**.—M. 4.

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

GRAN BROTHERS' 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., 2.30. **Operations**.—M. W. Th. F., 2.

GUY'S. **Attendances**.—Medical, i.-p. M. Tu. Th. F., S., 1.30; o.p. M. W. Th. F., 1.2; **Surgical**, i.-p. daily, 1.30; o.p. M. W. Th. S., 12; **Obstetric**, M. Tu. Th. F., 1.30; o.p. Th. S., 12; **Eye**, I.-p. M. Tu. Th. F., 1.30; o.p. M. Tu. F., 12; **o.p. Ear**, Tu. F., 12; **Skin**, Tu. F., 12; **Throat**, F., 12; **Dental**, daily, 9.30. **Operations**.—Tu. F., 1.30; (Ophthalmic), M., 1.30; Th., 2.

HOSPITAL FOR WOMEN, SOHO. **Attendances**.—O.-p. M., 9; Tu. W., 12; Th., 9; F. S., 12. **Operations**.—M. Th., 2; Th., S., 9.30.

KING'S COLLEGE. **Attendances**.—Medical and Surgical, daily, 2; **Obstetric**, daily, 2; o.p. daily, 1.30; **Eye**, W. W. Th., 1.30; **Ear**, Th., 2.30; **Throat**, M., 1.30; **F.**, 2; **Dental**, M., Th., 10; **Skin**, M., 10. **Operations**.—W. Th. F., 2.

LONDON. **Attendances**.—Medical, daily, 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.; **Ear**, W., 9; **Skin**, Th., 9; **Dental**, M. Tu. Th. F., 9. **Operations**.—Daily, 2.

LONDON TEMPERANCE. **Attendances**.—Medical, i.-p., M., 2.30; Tu. F., 3.30; Th., 2.0; O.-p. M. Tu. W. F., 1; **Surgical**, i.-p., M., 2; Th., 3; o.p. M. Th., 1.30. **Operations**.—Th., 4.

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**, M., 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; **Eye**, Tu. F., 9; **Ear**, Th., 9; **Skin**, Tu., 9; **Dental**, M. F., 9.30; W., 9. **Operations**.—Daily, 1.30.

NATIONAL 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; Th., 2.

NORTH-WEST LONDON. **Attendances**.—Medical, daily, exc. S., 2; S., 10; **Surgical**, daily, exc. S., 2; W., 10; **Obstetric**, W., 2; **Eye**, W., 9; **Skin**, F., 2; **Dental**, F., 9. **Operations**.—Th., 9.30.

ROYAL EAR, Frith Street. **Attendances**.—M. S., 3; Tu. F., 9; W., 2.30; Th., 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., 9.30; Throat, Nose, and Ear, W., 9.30. **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**.—O.-p. M., 2; i.-p. Tu. Th., 2.30.

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. F., S., 2; o.p. M. Th., 9; W. S., 2.30; **Ear**, Tu. F., 2; **Skin**, Tu. F., 9; **Larynx**, M. Th., 2; **Orthopaedic**, Tu., 1.30; **Dental**, Tu. F., 9. **Operations**.—Daily, 1.30; (Ophthalmic), Tu. F., 2; **Abdominal Section** of Ovarian Tumour, W., 2.

ST. GEORGE'S. **Attendances**.—Medical and Surgical, daily, i.p., 1; o.p., 12; **Obstetric**, Tu. Tu., 1.45; o.p. M. Tu., 2.30; **Eye**, W. S., 1.30; **Ear**, M., 2; **Skin**, W., 2.30; **Throat**, F., 2; **Dental**, M. Tu. F., 9; S., 12. **Operations**.—Daily, 1; (Ophthalmic), W., 1; **Dental**, Th., 3.

ST. MARK'S. **Attendances**.—Fistulae 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; **Electric Therapeutics**, W. S., 10; **Children's Medical**, M. Th., 9. **Operations**.—Tu., 2.10; Th., 2.10; W. F., 2., Th., 2.30; S., 10; (Ophthalmic), F., 10.

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

ST. THOMAS'S. **Attendances**.—I.-p., 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**, M., 10.30; **Electro-therapeutics**, Th., 2; **Mental Diseases**, Th., 10; **Dental**, Tu., F., 10; **X-Rays**, Tu., F., 2; **Vaccination**, W., 11.30. **Operations**.—Daily, 2; (Ophthalmic), Th., 2; (Gynaecological), Th., 2; (Throat), M., 9.30; (Ear), Th., 9.30.

SAMARITAN FREE FOR WOMEN AND CHILDREN. **Attendances**.—Daily, 1.30. **Operations**.—Gynaecological, M., 3; 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**, W. M., 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**, M. Th., 9.30; **Skin**, Tu. F., 2; **Throat and Nose**, Tu. F., 2; S., 10. **Operations**.—Daily, about 2.30; F., 10.

WESTMINSTER. **Attendances**.—Medical and Surgical, daily, 2; **Obstetric**, M. Tu. F., 2; **Eye**, Tu. F., 9.30; **Ear**, Tu., 2; **Skin** W., 2; **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, S.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 *Artiology, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.