

undoubtedly is to stitch up the wound with stitches which do not include the mucous membrane. A single, double, or even triple layers of sutures have been employed. Probably two layers are ample. In some cases the bladder has been wounded and not recognised until some time after the operation. Within 12, 24, or 48 hours it may be noticed in such a case that the dressings are soiled with a more or less copious discharge of thin yellow fluid, or blood may be present in the urine voided after recovery from an anæsthetic. In such cases the wound must be reopened, and, if possible, the bladder wound accurately stitched up. A urinary fistula may result and persist for an indefinite period, or may gradually close up and the wound heal soundly.

#### PROGNOSIS.

The serious aspect of hernia of the bladder results from the attendant maladies. There is nothing in the bladder involvement, as such, that is untoward. The bodily feebleness, the prostatic enlargement with its secondary effects on bladder, kidneys, and general health, and the not infrequent wounding of the viscera during operation, are the circumstances that create or add to the seriousness of the case.

Where the presence of the bladder in a hernial sac is merely an episode without any bearing upon the case, the dangers are those merely of an ordinary hernia.

#### CRURAL CYSTOCELE.

What has been written of inguinal cystocele applies almost equally to the femoral variety; 33 cases are recorded by Ansinn in a recent pamphlet; of these, 30 occurred in women. The part played by the prostate in the production of hernia of the bladder in men is assumed very probably by pregnancy and its attendant conditions in women. According to the records of these cases, which in some respects are not sufficiently detailed, 20 cases are extra-peritoneal, 8 para-peritoneal, and 1 intra-peritoneal; of the rest, it is impossible to speak with accuracy. Only three patients presented symptoms sufficiently definite to render a diagnosis possible. During operation the bladder was wounded seven times, being mistaken for (1) the sac (Hermes); (2) a second sac (Curtis, Hermes, Fenger, Weir); (3) a subserous lipoma (Lanz); (4) a peritoneal reduplication (Guterbock). In 5 cases the bladder was wounded and recognised by the escape of urine (Braun, Thiriar, Gelpke, Petit, Imbert). In 8 cases the bladder was wounded, and recognised after the operation was completed. In 2 cases (Ane and Jaboulay) the bladder had been mistaken for the sac, and in 1 (Habs) for a second sac. In the remaining cases no special feature had attracted notice during the operation.

## MEMORANDA:

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

#### A CASE OF TETANUS TREATED BY ANTITETANIC SERUM: RECOVERY.

On December 5th, 1899, I was called to see G. G., a boy 10 years old. His body was absolutely rigid, and the slightest irritation caused a paroxysm. Opisthotonos was marked. He had been unable to swallow for twelve hours. A wound (covered by a scab the size of a threepenny piece) was found in front of the left instep, and the following history was elicited: While at play in a stackyard nine or ten days before, a sharp stone had entered the opening in front of his boot, and penetrating the stocking had wounded the skin. The wound was washed shortly afterwards, and as it was considered trifling no further notice was taken of it.

On December 2nd (three days before I saw him) he complained of not feeling well, and had pain in the back. Stiffness of the same region followed, spreading all over the body, until, when seen on December 5th, there was no difficulty in diagnosing well-marked tetanus. There was risus sardonicus, rigidity of all the muscles, frequent paroxysms, and complete inability to open the mouth or swallow. He complained of great pain in his back. The same night chloroform was

given, and the wound excised; 10 c.cm. of antitetanic serum<sup>1</sup> was injected, and 10 grains each of chloral and bromide every four hours prescribed.

Next day, December 6th, there were no longer paroxysms, but his condition was otherwise unaltered. The body was as rigid as ever, and he had swallowed nothing. It is doubtful if any of the chloral had been got down. Chloroform was again administered and serum injected, and whilst under the anæsthetic he was fed by the nasal tube.

On December 7th there was a decided improvement, and he had swallowed 1½ pint of milk in the twenty-four hours and was taking his medicine well. From this date improvement was gradual, but uninterrupted.

The injections were continued until December 14th, nine in all being given. Chloroform was administered each time. A few days after each injection an erythematous rash appeared round its site, lasting a few days, then gradually fading. The bowels were kept open with 5-grain doses of calomel assisted by enemata, the latter being given whilst under the anæsthetic. The patient complained a good deal of pain in the back, but was kept well under the influence of the chloral and slept most of his time.

On December 16th the chloral was reduced to 10 gr. every six hours, and on December 19th to every eight hours; on December 23rd it was discontinued altogether. From the day the second injection was given the rigidity gradually disappeared, although it was over three weeks until it quite cleared up. He began to swallow two days after the first injection, and was able to chew in a modified way on the tenth day. The temperature was subnormal throughout, and the pulse ranged from 80 to 100.

Although the use of the chloral and bromide prevents me from unreservedly attributing the cure to the serum, yet the progress of this case was so satisfactory when compared to that of those I have seen treated with chloral and bromide alone, that I am compelled to consider the serum had a good deal to do with its successful ending.

Hessle, E. Yorks.

W. MURRAY, M.D.

#### MANIACAL EXCITEMENT DURING AN ATTACK OF INFLUENZA.

AMONGST a series of cases of influenza which have come under my observation and treatment during the present epidemic one case presented the following alarming symptoms:

A gentleman, aged 25, in good circumstances, was attacked by influenza, the initial symptoms of which consisted of pains in the head and back, aching of the limbs, with general lassitude, loss of appetite, and sore throat. There was a great deal of restlessness and loss of sleep from the onset. The temperature was 104° F. at first, but after three days it rose to only 101° F. at night. The sore throat subsided with the fall of temperature, and there was copious expectoration of mucus slightly tinged with blood for a few days. The restlessness could not be overcome by ordinary doses of sulphonal, chloral, bromides, and morphine. From the first day on which I saw the patient up till the fourth, when the temperature sank to normal during the day time, the general excitement increased, and delirium eventually set in of such a violent character that the nurse who was in charge was unable to cope with it, and I was obliged to engage a male nurse, who had the greatest difficulty in preventing the patient from throwing himself out of the window of his room, which was situated on the second storey of the house. The patient kept continually saying that people were on the road calling to him, and that he must get there at all risks, and that he would precipitate himself from the window if restrained.

As the mental excitement continued in spite of the administration of narcotics, ice was applied to the head and neck, and grey powder, in ½-grain doses, was frequently given. Towards the end of the week the excitement had all but subsided, and reactionary symptoms of general weakness showed themselves.

As I had recently had a case of tuberculous meningitis, the symptoms of which were very similar to those detailed above, I had my doubts at first whether this might not turn out to be one of tuberculous origin, especially as the patient had been under my care three years previously for hæmoptysis.<sup>1</sup> I

<sup>1</sup> The serum was supplied by Messrs. Parke, Davis, and Co.

could not, however, detect any pulmonary lesion, and, as perfect recovery from all the symptoms ensued after three weeks, I was obliged to look upon the maniacal excitement as resulting from the influenza bacillus on a perhaps weakened nervous system.

Canonbury, N.

JOHN H. SPITZLY, M.R.C.S., L.R.C.P.

#### SUPERNUMERARY NIPPLE.

Mrs. P., primipara, aged 26, was delivered by me on August 1st, after a natural labour, of a male child, which weighed immediately after birth 11 lbs. The patient was a well-developed woman. It can be well seen from the photograph taken by me on August 21st, 1899, that she has a very large breast,



and that there is well-marked pigmentation which covers a large area of the breast. The left breast is quite as large as the right. There is a supernumerary nipple on the under surface of the right breast from which milk flows freely; it is large enough for the child to suckle.

Edinburgh.

E. G. SALT, L.R.C.P. Edin., etc.

## REPORTS

ON

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

#### KILLARNEY DISTRICT LUNATIC ASYLUM.

POISONING BY WATER PARSNIP (GENANTHE CROCATI).

(By EDWARD W. GRIFFIN, M.D., M.Ch.R.U.I., Assistant Medical Officer.)

J. M., without any previous warning, fell down in a fit in the dining hall as he was finishing dinner. He was seen by the superintendent, who considered that it was epileptic. He regained consciousness soon afterwards. Whilst being removed from the dining-hall to the ward he had a second severe fit, with vomiting. On arriving in the ward his face was livid, his pupils dilated and fixed; the conjunctivæ did not respond to the touch; there was a bloody foam about the mouth and nostrils; the breathing was stertorous, and there was complete insensibility. He had six severe fits subsequently with an interval of a few seconds between them. The convulsion, which was clonic, was general, but attained its greatest intensity in the lower extremities first; next in the upper extremities, and lastly in the facial muscles. He died before a hypodermic of apomorphine had time to act. It was impossible to use the stomach pump and give emetics by the mouth, owing to the severe and continuous convulsion. Death was due to asphyxia, and the heart continued to beat for a few seconds after respiratory movements had ceased.

On the same date T. F. was seized with a severe fit when going out to resume work on the farm after dinner, and vomited a quantity of food whilst being carried into the ward. He was seen at once, and half an ounce of ipecacuanha wine given, which induced vomiting in a few minutes; the effects

of the emetic were kept up by giving the patient tepid water to drink. There was no insensibility in this case, but there was a marked change in the mental state after the convulsions. The patient was delirious and talked incessantly to himself; was drowsy and did not like being questioned. His face was pale, the pupils dilated, and the pulse weak and slower than normal. Two hours afterwards he imparted the following information:

Between 12.30 and 1 P.M., while at work in a field, he got what he described as a piece of carrot from the patient J. M. He took two bites of this and then threw it into a stream of water at the lower end of the garden. The writer, in company with the head attendant, searched this place and found what looked at first sight like a piece of parsnip in the water. It had a strong disagreeable smell and acrid taste. The broken surface was dotted over with reddish brown spots each the size of a pin's head. These were not present when another part of the root was broken across, and only appeared after exposure to the air for a few minutes.

The root of one of the plants which was dug up consisted of as many as 20 oblong tubercles varying in length from four to eight inches. This plant grows in great abundance in marshy places and by the banks of sluggish streams in the south of Ireland, and country people use it for poulticing boils, carbuncles, and other inflammatory swellings. On the following day T. F. complained of pain and a sense of heat in throat, chest, and hypogastrium, also some difficulty in swallowing. On examination the fauces and pharynx were seen to be congested. Castor oil was given the evening before, and he was given strong tea after the vomiting had ceased. This was the only medical treatment used in the case.

## REPORTS OF SOCIETIES.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

G. T. BLANDFORD, M.D., F.R.C.P., Vice-President, in the Chair,

Tuesday, February 27th, 1900.

#### MÉNIERE'S SYMPTOMS IN SPLENO-MEDULLARY LEUCOCYTHÆMIA.

DR. PARKES WEBER read a paper on acute Ménière's symptoms in spleno-medullary leucocythæmia with special reference to the anatomical changes found in acute leucocythæmic affections of the ear. He began by relating the following case:

A man, aged 31, suffering from advanced leucocythæmia, was admitted to the German Hospital with great enlargement of the spleen and liver. He had had malaria six years previously. He died about six and a half months after admission from collapse following internal hæmorrhage. During life the ophthalmoscope showed the presence of the so-called "leukæmic retinitis." About six months before his death he was attacked with acute ear symptoms (headache, vertigo, and vomiting). Examination of the patient's hearing, etc., pointed to the symptoms being probably due to a leucocythæmic affection of the internal ears. In a very short time the man became quite deaf. *Post-mortem* examination of the ears by Mr. Richard Lake (showing the changes about six months after the onset of the acute Ménière's symptoms) proved that a portion of the scala tympani (one side only examined) and the perilymphatic spaces of the semicircular canals (both sides examined) were filled up with newly-formed fibroid and bony tissue. The scala vestibuli, canalis cochleæ, and vestibule showed only comparatively slight changes. Transverse sections of the nerve trunks showed no obvious change.

From a comparison of similar cases which had been reported, it was concluded that the pathological appearances in the internal ears after death differed in different cases, partly in accordance with the length of time which had elapsed between the onset of the acute aural symptoms and the death of the patient. In most cases of acute leucocythæmic affection of the internal ears, *post-mortem* investigation suggested that the following was the sequence of events: The commencement of the aural symptoms (vertigo, headache, vomiting, deafness) marked the occurrence of more or less extensive extravasations of blood in the semicircular canals and the cochlea, the process being doubtless nearly always more or less symmetrical and simultaneous in the two ears. In such cases, though apparently lymphocytic infiltration and hæmorrhages might be found in various parts of the ears after death, the labyrinthine hæmorrhage was probably the essential lesion which gave rise to the acute aural phenomena in question. Subsequently vascularisation and organisation proceeded in the usual manner, with the result that the clot became gradually replaced by newly-

WE regret to record the death of Dr. DAVID MILLAR KING, at Hounslow, on December 30th, 1899, at the early age of 29. Some ten days before he was apparently in good health, and going about his professional work with his accustomed zeal. He then had an attack of influenza, on which pneumonia supervened. His death caused profound regret in Hounslow, where he had only resided for about two years, though long enough for his sterling worth to be recognised. Two of Dr. King's brothers are in South Africa, one of them being with Colonel Plumer, who is attempting the relief of Mafeking. An incident connected with Dr. King's death is that twelve years ago five students, friends from boyhood, of whom the deceased was one, took leave of one another in Glasgow before going out into the world on their different vocations, and made a compact that wherever they might be they would again meet together on January 1st, 1900. Two of them arrived on December 30th at Hounslow, to find that their friend had just died. One of them attended the funeral on January 2nd, and thus kept his share of the compact. Dr. King was born in Scotland in 1870, and was educated at Glasgow University, where he obtained the degrees of M.B., and C.M. in 1893. He then assisted Dr. Bontor, at Berkhamsted, for three years, and about two years since became assistant to Dr. H. Sydney, at Hounslow. He was studying for the M.D. degree when he became ill. The funeral took place at Isleworth Cemetery on January 2nd, amidst general tokens of respect, several of the medical men of Hounslow and its neighbourhood being present.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Gustavo Pacetti, Lecturer on Neuropathology in the University of Rome, aged 34; Dr. A. Valenti, Extraordinary Professor of General Pathology in the University of Rome; Dr. L. Brunetti, Emeritus Professor of Morbid Anatomy in the University of Padua; Dr. Philip Knoll, Professor of Experimental Physiology in the University of Vienna, aged 58; Dr. Oscar Widmann, Extraordinary Professor of Medical Pathology at Lemberg; and Dr. Arthur Decès, Professor of Clinical Surgery in the Rheims School of Medicine, aged 69.

## ROYAL NAVY AND ARMY MEDICAL SERVICES.

### THE NAVY ESTIMATES, 1900-1901.

#### I.

THESE estimates indicate further provision for the efficiency, attractiveness, and contentment of the Naval Medical Service, due to the present able Admiralty administration.

Some of these desirable and requisite reforms have been recently mentioned in the BRITISH MEDICAL JOURNAL. Among these are the decision to make a larger proportion of promotion to the rank of deputy inspector-general by special selection, and the modifications of the conditions required for promotion to the rank of fleet-surgeon; the supply of surgical instruments to ships, naval and marine barracks; the reorganisation of the school of instruction at Haslar, with the addition of a professor in connection with the study of the diseases of foreign stations, Roentgen ray work, etc., and an extension of the time for the course; study leave for naval medical officers of both junior and senior rank. These reforms have necessitated an increase in the Naval Estimates for the coming financial year.

In the First Lord's statement explanatory of the Navy Estimates, a most important and long-required reform of the personnel of the Naval Medical Service is announced:

To meet the difficulty of recruiting suitable men for the rating of sick berth attendant the pay and prospects of this class have been improved, and the rank of warrant officer granted to the position of ward master at the three principal hospitals at home. An extended course of training will be introduced for probationers.

The senior officers of the Naval Medical Service will recognise what an important reform this is. They can recall the previous futile endeavours to secure suitable and desirable nurses for their patients. They can recall the days when such men were entered from the shore for the ship's commission; the introduction of continuous service for such

ratings; the subsequent recruiting of boys from the training ships for instruction at Haslar Hospital, an arrangement which proved unsatisfactory; a subsequent attempt to obtain suitable men from young marines, which was also a failure, as many foresaw. The prospects for such boys and men attracted, as a rule, few desirable candidates for training, and, as may readily be believed, neither naval or marine officers were inclined to encourage promising boys or marines to exchange the ratings for which they had entered for that of sick berth attendants. The next procedure was to recruit young men for training; this again proved on the whole unsatisfactory, as indicated by the First Lord's statement; the pay and prospects were not such as to attract men available for other and more popular naval ratings, for which such youths were also eligible. Of the efficient men who were obtained under these systems, the majority took their discharge as soon as they had secured a pension, and readily obtained situations, their duties, prospects, and pay not encouraging them to prolong their naval service. The improved pay and prospects, with the possibility of attaining warrant rank now notified, will doubtless attract desirable recruits for the sick berth staff of the navy.

It is now some five years since Mr. Goschen, in introducing the Naval Estimates for the year, stated that the increase of seamen and marines, which has steadily been voted from year to year, amounting for the coming year to 114,800, as compared with 105,000 on February 1st, 1899, necessitated increased hospital accommodation, but so far its provision has been greatly delayed. The Estimates for 1900-1901, however, indicate progress in the provision of suitable modern hospital accommodation at Chatham, Sheerness, Haslar, Plymouth, Pembroke, Haulbowline, Harwich, Portland, Walmer, Gibraltar, Malta, Cape of Good Hope, and Hong Kong.

### ROYAL ARMY MEDICAL CORPS EXCHANGE.

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

CIVIL SURGEON serving in Portsmouth wishes to exchange anywhere north of Birmingham or to Belfast.—Address, No. 54, BRITISH MEDICAL JOURNAL Office.

### ROYAL NAVY MEDICAL SERVICE.

SURGEONS JOHNSTON H. ACHESON, M.B.; JOHN MCELVEE, M.D.; DAVID HARVEY, M.B.; REGINALD T. A. LEVINGE, B.A.; JOHN C. FERGUSON, B.A., M.B., and EDWARD P. MOURILYAN, M.B., having completed twelve years' service, are promoted to be Staff-Surgeons, February 22nd. Staff-Surgeon Acheson was Surgeon of St. George (Flag), and served in the Naval Brigade landed under the command of Rear Admiral Sir F. Bedford, for the punitive expedition against King Koko, of Nimby, the chief town of Brass, on the River Niger, February, 1895 (medal with clasp). He was also in the Naval Brigade landed by Rear-Admiral Rawson at Mombasa from the St. George, *Phaebé*, *Barrosa*, *Raccoon*, and *Blonde*, accompanied by sixty Soudanese and fifty Zanzibar Askaris, for the punishment of Mburuk, a rebellious Arab chief, resulting in the capture of his stronghold, M'welli, August 17th, 1895; mentioned in despatches ("M'welli, 1895," engraved on rim of General Africa Medal). Staff-Surgeon McElvee, whilst Surgeon of *Widgeon*, landed with the Naval Brigade in the expedition up the Gambie, West Coast of Africa, December, 1891, to February, 1892, resulting in the capture of Tambi and Tomataba (medal with clasp). Staff-Surgeon Levinge was Surgeon of *Alecto*, took part in the punitive naval expedition commanded by Rear-Admiral Rawson, C.B., and landed from the Squadron to punish the King of Benin for the massacre of the political expedition, 1897, ending in the capture of Benin City; on Lieutenant-Commander Pritchard being shot, Dr. Levinge took command and behaved admirably (mentioned in despatches, medal with clasp).

Surgeon ERIC E. KERSHAW has been allowed to withdraw from the service with a gratuity. He was appointed Surgeon February 11th, 1891.

The following appointments have been made at the Admiralty: JOHN F. M. DOUGALL, Surgeon, to the *Rodney*, March 1st; NELSON J. ROCHE, Surgeon, to the *Alexandra*, March 1st; JOHN P. H. GREENHALGH, M.B., Surgeon, lent to the Royal Marine Infirmary, Plymouth, February 21st.

### ROYAL ARMY MEDICAL CORPS.

MAJOR JOHN SEMPLE retires from the service receiving a gratuity, February 24th. He was appointed Surgeon July 30th, 1882, and Surgeon-Captain twelve years thereafter.

Captain ROBERT H. E. G. HOLT died on February 21st from wounds received in action with General Buller's forces in Natal, aged 33 years. He was the only son of Lieutenant-Colonel R. W. F. Holt, late Royal Marine Light Infantry, and entered the service as Surgeon-Lieutenant January 30th, 1892, becoming Surgeon-Captain three years later. He went to South Africa in October last.

## ARMY MEDICAL RESERVE.

SURGEON-LIEUTENANT-COLONEL C. B. STONEY, M.B., having resigned his Militia appointment, ceases to belong to the Army Medical Reserve of Officers, February 24th.

## INDIAN MEDICAL SERVICE.

LIEUTENANTS A. A. F. MCARDLE, M.B., J. M. WOOLLEY, M.B., C. A. LANE, M.B., T. P. KELLY, J. H. HUGO, M.B., D.S.O., W. H. KENRICK, C. H. WATSON, C. E. S. LINCOLN, R. H. PRICE, M.B., E. F. E. BAINES, G. O. F. SEATY, and R. BRYSON, having completed three years' full-pay service, are promoted to be Captains from January 28th.

The retirement from the service of Lieutenant-Colonels W. F. MURRAY and ANDREW DUNCAN, M.D., of the Bengal Establishment, and of Lieutenant-Colonel E. FAWCETT, Madras Establishment, which has been already announced in the BRITISH MEDICAL JOURNAL, has received the approval of the Queen.

Lieutenant-Colonel J. YOUNG, M.B., Bengal Establishment, has been appointed to officiate as Principal Medical Officer Presidency District, vice Colonel J. C. G. Carmichael, M.D., who has proceeded on leave.

## THE IMPERIAL YEOMANRY.

THE appointments of the undermentioned gentlemen as Medical Officers are cancelled:—H. MANDERS, M.D. (Major 1st Volunteer Battalion Princess Charlotte of Wales's Royal Berkshire Regiment), R. C. DUN, M.B., C. SMITH, M.D., A. C. FRAY, M.R.C.S., E. T. VINT, M.B., C. B. HOWSE, M.R.C.S., H. A. LOWNDS (Captain and Volunteer Battalion the York and Lancaster Regiment).

Mr. FRANCIS WELFORD, M.B., is appointed Medical Officer, with the temporary rank of Captain, February 24th.

## THE VOLUNTEERS.

THE undermentioned gentlemen are appointed Surgeon-Lieutenants in the corps respectively specified, dated February 28th:—CHARLES O. PARSONS and EDWARD T. COLLINS, 2nd Glamorganshire Artillery; WILLIAM T. BLACKLEDGE, M.B., 6th Lancashire Artillery; D'ARCY B. CARTER, 2nd Volunteer Battalion the Prince of Wales's Own West Yorkshire Regiment; GEORGE R. F. STILLWELL, M.B., 2nd Volunteer Battalion the Queen's Own Royal West Kent Regiment, ROBERT FENNER, 3rd London Rifles.

Surgeon-Captains T. C. BAILEY, 2nd Cheshire (Railway) Engineers, and J. MOIR, 2nd Volunteer Battalion, the Royal Scots Fusiliers, have resigned their commissions, February 28th.

The undermentioned Surgeon-Lieutenants are promoted to be Surgeon-Captains, dated February 28th: P. D. MINCHIN, 2nd Volunteer Battalion the Queen's Royal West Surrey Regiment; W. H. VICKERY, 3rd Volunteer Battalion the Northumberland Fusiliers; J. C. FENWICK, 3rd (Sunderland) Volunteer Battalion the Durham Light Infantry.

Surgeon-Lieutenant A. B. HARRIS, M.B., 1st Volunteer Battalion the Essex Regiment, has resigned his commission, February 28th.

## R.A.M.C. MESSES IN INDIA.

PROVISION for separate messes for officers of the R.A.M.C. in India has been sanctioned by the Government. Allowances of Rs. 100 monthly where ten officers are in residence, and Rs. 80 where there are eight, are sanctioned towards rent of separate mess houses in stations where Government buildings cannot be given rent free for the purpose.

## THE R.A.M.C. IN INDIA.

THE War Office has decided that administrative officers of the R.A.M.C. on the Indian Establishment will in future be granted leave under the rules applying to officers of the British army. They thus become entitled to a passage to and from England on sick leave.

## THE ARMY MEDICAL RESERVE OF OFFICERS.

MILES writes: Your recent correspondence and adverse criticism on the Army Medical Reserve, which has been challenged by "Fairplay," seems over-severe; but it must be acknowledged that recent events in South Africa have tended to sanction your action.

Few would endure the taunts so often levelled at the reserve as useless had not Volunteers become accustomed to snubs and neglect. The stiff-necked War Office has at length been driven to implore the assistance of our citizen army, but the Army Medical Reserve so far is still left severely isolated. Its last official recognition was in a circular letter of 1893, at a time when the Medical Staff was at a low ebb, but now, with war and disaster, we look forward to long-deferred developments. The Army Medical Reserve suffers many anomalies compared with the Royal Army Medical Corps: it has no Royal title or army rank; it has disappeared from the *Army List*; and in the present crisis does not participate in privileges over other Volunteer officers or civilians, and beyond an additional commission (and stamp duty) has no organisation or machinery of its own. But it may yet rise to what was intended at its inception—namely, to be a force of trained officers to fall back upon to replenish vacancies in the army, either from deficiency of candidates for commissions or of officers in time of "great national emergency."

To show the strain upon the patriotism of the Army Medical Reserve I will give one instance in my district. The approving medical officer of it, carrying out the examination of recruits for all branches of the army, is a civilian. When appointed, he succeeded his partner who held it, and was at the time a Volunteer officer, although not an Army Medical Reserve. Subsequently he resigned his commission in the Volunteers, but retained his recruiting appointment, in which he has been doing a brisk business lately. This has happened, although an Army Medical Reserve officer lives in the district, who has to examine his own recruits, as well as volunteers for Africa, without pay or the protection of his department.

Such treatment is enough to paralyse enthusiasm, and is contrary to Para. 675 of the Army Medical Regulations, which alone empowers the Army Medical Reserve to carry out these duties. It appears a doubtful

advantage to enter the Army Medical Reserve; and in the present state of our foreign relations I hope you will do what you can towards a healthy reanimation of the Army Medical Reserve.

There seems to be still considerable misapprehension of our attitude to the army medical reserve of officers. Because we endeavoured to point out, on its very formation, that it was constituted on unsound lines, it seems to be inferred we are entirely hostile to any such body. That is not so; we yield to none in our admiration of the patriotism of our volunteers, and we recognise that the medical portion of them display a self-sacrifice perhaps greater than that of any other. But the point is, Are not the Army Medical Reserve in a false position? As officers, forming an integral part of volunteer battalions, how can they be a real reserve, when the supreme test of "great national emergency" occurs? That great contingency, we take it, involves, to a certainty, Volunteer mobilisation; where, therefore, can the Army Medical Reserve come in—with the regular army, or with their corps? Do the public realise this position? We are afraid not, and herein lies a danger. Those who have hitherto opposed the needed reforms of the Army Medical Service, always—either openly or tacitly, have endeavoured to play off either the civil profession at large, or such portions of it as were embodied in the Army Medical Reserve, against the needed rights and reforms; and this we foresaw from the very inception of the Reserve by time-serving officials. But, fortunately, this little game has not, and is not likely, to succeed, because the profession at large, and medical volunteers in particular, have shown they will be no party to it.

In these remarks we are viewing a reserve as a *bond fide* body that can really be called upon to supplement or take the place of the regular Army Medical Service in real and "great" national emergency; not a body merely with "prior claims" to employment in times of small emergency. It seems that the Army Medical Reserve have been passed over, and very indifferently treated in the present crisis; but, as we have before observed, it has been perhaps found necessary to employ, in this emergency, medical men who can give their whole time to military work, which we fancy the majority of the Army Medical Reserve, as gentlemen mostly in full and good civil practice, are not prepared to give, unless in a supreme crisis.

We are now striving for full, honest and open army medical reforms, and cannot countenance any system which involves either officers or men (as in the case of the Army Medical Reserve) being counted twice, or expected to perform impossible dual duties, in real or great national emergencies.

The part of volunteers, medical or other, is to act with volunteers, and to have no double entanglement when the supreme test comes; they cannot be in two places at once, and on this ground, we hold, and have always held, that the constitution of the Army Medical Reserve is and must be unsound. Unless and until it can be demonstrated that our position and contention is wrong we must hold to it.

## THE EMPLOYMENT OF RETIRED MEDICAL OFFICIALS.

A CORRESPONDENT avers that the chief reason why civilians are sent to the seat of war in preference to retired officers willing to go, is, that the latter are more wanted in the hospitals at home, which have been denuded of competent commandants. Many hospitals are in a sad mess under civilian surgeons in charge, with incompetent pensioners acting as clerks and stewards. Returns, reports, and records, under such circumstances, are not models of exactitude. The supersession of active by retired officers in the field is of course an awkward question.

## UNIVERSITIES AND COLLEGES.

## UNIVERSITY OF CAMBRIDGE.

*Horton-Smith Prize*.—Mr. R. Horton-Smith, Q.C., M.A., of St. John's College, has offered to the University a fund of about £600 for the establishment of a prize for medicine and pathology, in memory of his son Raymond Horton-Smith, M.B., who, after a distinguished career in the University and at St. Thomas's Hospital, died in October, 1899, in his 27th year. The prize is to be awarded annually for the best thesis for the M.D. degree offered by candidates who have taken honours in one of the Triposes. The prize thesis is to be printed, and copies are to be sent to various officers and libraries of the University and the Royal College of Physicians.

*Arrangement with Addenbrooke's Hospital*.—The scheme for a formal connection between the medical school of the hospital, which has already received the approval of the Governors, is now submitted for adoption by the Senate. It provides, on the one hand, for a contribution of £300 a year to the hospital funds, and on the other for the election of the Regius Professor of Physic and the Professor of Surgery to the hospital staff. The formation of a Hospital Council of fifteen, on which the town, county, and University shall each be represented by five Governors is also arranged for. The scheme has the unanimous approval of the staff, the Medical Board, and the Council of the Senate, so that it is likely to come into effect without delay. The Council expresses the opinion that it will be serviceable both to the University and to the hospital, and that it will remove existing difficulties in connection with the work of the school and the conduct of the examinations for medical degrees.

*Honorary Degree*.—The complete degree of M.A. *honoris causa* is to

be conferred on Mr. F. G. Hopkins, M.B., B.Sc.Lond., University Lecturer in Chemical Physiology.

#### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following gentlemen passed the Preliminary Science Examination for the Licence in Dental Surgery in Chemistry, Physics, and Practical Chemistry:

P. D. Anderson and H. Bryan, Victoria Science and Art School, Southport; G. S. Bateman, Birkbeck Institute; W. B. Dougan, Owens College, Manchester; F. N. Fox, Municipal School of Science, Art, and Technology, Gloucester; A. W. Gant, Hymers College, Hull; W. E. Griffin, Guy's Hospital; W. R. Parker, School of Science, Technology, and Art, Liverpool; Ernest H. Tice and S. A. Tice, South West Polytechnic Institute, Chelsea.

Eight gentlemen were referred back to their studies for three months.

#### CONJOINT BOARD IN ENGLAND.

The following gentlemen having passed the necessary examinations have been admitted Diplomates in Public Health:

J. Allinson, M.D., C.M. Edin., F.R.C.S. Edin., Edinburgh University; A. D. Cowburn, L.R.C.P. Lond., M.R.C.S. Eng., M.D. Brux., University College Hospital; H. E. Finch, M.B., B.Ch. Oxon., Oxford University and London Hospital; H. P. Foulerton, L.R.C.P. Lond., M.R.C.S. Eng., St. George's Hospital; S. B. Gadgil, L.M. and S. Bombay Grant Medical College, Bombay, and University College, London; H. W. Henshaw, L.R.C.P. Lond., M.R.C.S. Eng., St. Bartholomew's Hospital; J. N. Martin, L.R.C.P. Lond., M.R.C.S. Eng., St. Bartholomew's Hospital and University College, London; W. D. Murray, M.B., C.M. Glasg., Glasgow University and Jenner Institute; E. J. Smyth, L.R.C.P. Lond., M.R.C.S. Eng., M.D., B.S. Lond., University College Hospital; A. Spitteler, M.B., C.M. Madras, Medical College, Madras, and University College, London; D. J. Thomas, L.R.C.P. Lond., M.R.C.S. Eng., London Hospital; R. E. G. Tilleke, L.R.C.P. and S. Edin., M.D. Brux., Ceylon Medical College, Edinburgh University, and King's College, London; F. H. White, L.R.C.P. Lond., M.R.C.S. Eng., L.S.A., London Hospital.

Three gentlemen were referred back to their studies for six months.

#### ROYAL COLLEGE OF SURGEONS IN IRELAND.

*Fellowship Examination.*—Mr. D. A. Fitzgerald, having passed the necessary examination, has been admitted a Fellow of the College. The following gentlemen have passed the primary part of the examination: F. H. McC. C. Crawley, K. L. G. Gunn, S. H. Law, H. Charles, T. A. Dillon, and A. H. B. Hartford.

#### SOCIETY OF APOTHECARIES OF LONDON.

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

*Surgery.*—C. B. S. Amos (Sections I and II), Royal Free Hospital; C. A. W. Egan, Dublin and Charing Cross Hospital; W. J. H. Hepworth, London Hospital; O. E. Lemin (Section I), London Hospital; R. V. A. Mosley (Section I and II), Leeds; S. Page (Section I), Birmingham; A. Y. St. Leger (Section I), Cambridge and St. Mary's Hospital; N. Walmisley, St. Bartholomew's Hospital; A. J. Watson (Section I), St. Mary's Hospital.

*Medicine.*—C. B. S. Amos (Section II), Royal Free Hospital; J. F. Hodgson, Manchester; J. W. H. Morrison (Sections I and II), Durham; R. V. A. Mosley (Sections I and II), Leeds; A. C. Oliver (Section I), Charing Cross Hospital.

*Forensic Medicine.*—J. F. Hodgson, Manchester; J. W. H. Morrison, Durham; R. V. A. Mosley, Leeds; A. C. Oliver, Charing Cross Hospital.

*Midwifery.*—W. Alcock, Sheffield; C. E. C. Child, Charing Cross Hospital; J. I. Halstead, Manchester; J. F. Hodgson, Manchester; G. J. W. Keigwin, London Hospital; A. E. Malaher, St. Thomas's Hospital; R. V. A. Mosley, Leeds; E. A. Quirke, Birmingham; J. C. S. Rashleigh, St. George's Hospital; M. J. Ryan, St. Bartholomew's Hospital.

The diploma of the Society was granted to C. B. S. Amos, C. A. W. Egan, W. J. H. Hepworth, R. V. A. Mosley, and N. Walmisley.

## MEDICO-LEGAL AND MEDICO-ETHICAL.

*Replies in this column are limited to questions affecting the legal interests and privileges of the medical profession at large. The column is not to be used as a medium for affording legal advice in private or personal matters as to which the applicant ought to consult his own solicitor.*

*From communications which we have received recently it appears to be necessary to repeat that we cannot undertake to express any opinion upon medico-ethical cases submitted to us unless we have before us statements by both parties to the controversy.*

#### THE LAW OF NUISANCE.

THE report of the case of Conry v. Fox, which came before Mr. Justice Farwell on February 22nd, will be read with interest by the medical profession. It appears that an action was brought by Dr. Conry, of 30, Colborne Road, North Kensington, to restrain the defendant, who carried on business as a fishmonger in the same street, from shouting in so loud a voice as to seriously disturb the plaintiff in the practice of his profession. According to the evidence the plaintiff, who had practised in Colborne Road for four years, found it difficult to auscult his patients owing to the noise created by the defendant.

Counsel for the defendant submitted that in estimating the degree of noise which constitutes a nuisance, the character of the neighbourhood

and the immediate surroundings of the plaintiff's house must be taken into consideration. The truth of this proposition, as applicable to most cases, cannot be doubted, but Mr. Justice Farwell answered it by saying: "This is not like the case of a literary man seeking a quiet neighbourhood. Doctors must practise sometimes in the poorest districts. It is essential for them to have reasonable quiet in order to examine, and especially to sound, patients." He accordingly granted the injunction in the terms asked.

It is interesting to note that in a leading case upon the law of nuisance, which was referred to by Mr. Justice Farwell in the present instance, the facts were very similar to those just alluded to. Dr. Sturges, who lived in Wimpole Street in 1877, brought an action against one Bridgman, a confectioner, whose kitchen abutted upon the plaintiff's back garden. The plaintiff, having erected a consulting room at the end of his garden, found that owing to the noise and vibration caused by the pestles and mortars used by the defendant, his profession was seriously interfered with. In particular he was prevented from examining his patients by auscultation for diseases of the chest. Prior to the erection of a consulting room in his garden the plaintiff had suffered no annoyance, but he was nevertheless held entitled to an injunction. (*Sturges v. Bridgman*, 11 C. L. D. 852.)

This decision is often cited in support of the proposition that a person coming to a nuisance is entitled to an injunction to restrain its continuance. Thus suppose Dr. Conry, in the case under review, had commenced to practise in Colborne Road in the full knowledge that shouting was going on in the immediate neighbourhood, he would nevertheless have been able to obtain an injunction. As it stands, the judgment in *Conry v. Fox* is of great importance to the medical profession, as it establishes the principle that the physician is entitled to "quiet enjoyment" whether his consulting room is situated in a quiet or in the most noisy parts of the metropolis.

#### UNLAWFUL ASSUMPTION OF MEDICAL TITLES.

AT Marylebone, on February 17th, Harry Edwin Collis, Cambridge Street, Hyde Park, was summoned for wilfully and falsely pretending to be a doctor of medicine, and unlawfully using the titles of "Doctor" and "M.D."

Mr. Muir Mackenzie prosecuted for the General Medical Council, and Mr. Freke Palmer, solicitor, defended.

It appeared that the Council, having received a pamphlet published from Cambridge Street, Hyde Park, the defendant's premises were visited, and it was found that on the door, railings, and letter-box were brass plates bearing the name of "Dr. Washington Evans," whose name had been erased from the *Medical Register* in 1885.

The Council's solicitors having caused a letter to be sent to "Dr. Washington Evans," Cambridge Street, a reply in that name was received, which the defendant subsequently admitted was written by himself, offering terms for treatment.

Mr. Freke Palmer stated that after the death of Dr. Evans in November last, his widow asked defendant to help her to carry on the business, which he did entirely for her benefit. The business had been stopped.

The magistrate (Mr. Curtis Bennett) said that the worst feature of the case was that the defendant had no qualification for carrying on the business, and but for these proceedings he would probably still be doing it. He would be fined 40s., and £5 ss. costs.

#### INQUEST AND VERDICT WITHOUT MEDICAL EVIDENCE.

A CORRESPONDENT sends us a report of an inquest recently held near Manchester in the case of an old woman aged 74 years, who was supposed to have poisoned herself with ammonia. The Deputy Coroner first called the daughter, who stated that the deceased had been ill for the past three weeks and suffered much pain from boils on the back of her neck, but declined to have medical aid, and that on the day of her death she bought some ammonia, which she was in the habit of taking to ease her breath, and that shortly after taking it she was found helplessly sitting in her chair foaming at the mouth and stretched out as if in a fit and quite unconscious. A doctor was sent for and attended her, but death occurred the same evening. The witness further stated that when the deceased was asked why she took the ammonia, she replied that she was weary of living, but that she had never heard her threaten at any time to take her life.

The next witness was the grocer's wife, who stated that she sold the deceased two pennyworth of ammonia and that she was in the habit of buying it.

The coroner, according to the report, then said that was the whole of the evidence he proposed to call as the jury had quite sufficient to prove the cause of the death of the woman. They had the facts before them that the deceased bought the ammonia and took it.

Upon this some of the jury made reference to the presence of the medical attendant, who was prepared to give evidence; but the coroner declined to call him as a witness, and said he did not intend to pay his fee, as he could give no further evidence as to the cause of death than that already given.

Subsequently several of the jurymen through their foreman again expressed a desire that the medical witness should be called, but the coroner declined to do so. He said that if the doctor wished to give evidence voluntarily he would take it down, but he would not call him. This the doctor declined to do.

Ultimately the jury returned a verdict to the effect that the deceased died from poisoning by ammonia, but that there was no evidence to show the state of her mind when the act was committed.

Our correspondent, who attended the deceased, informs us that had he been called upon to give evidence, it would have shown that when he saw the deceased she was lying on her bed quite conscious; she complained of no pain, there was no dyspnoea, no dysphagia, no aphonia, and the breath did not smell of ammonia, but she was very prostrate. He further says: I was shown a small bottle unlabelled, smelling not very strongly of ammonia, the contents of which she was said to have swallowed. She admitted having taken some of it, and I treated



and radiators at the sides in front of each inlet. Separated from each pavilion is a smaller block containing a reception room, in which cases will be placed pending their verification by the medical officer. Of the two smaller pavilions, one, containing ten beds arranged in four wards, will be used chiefly for typhoid fever and diphtheria; the other, with eight beds, is intended for the isolation and observation of doubtful cases, and also for paying patients. The total accommodation provided will be seventy-two beds, and is based on the requirements of 2,000 cubic feet of air space in the scarlet fever pavilions, and 2,500 in those for enteric fever and diphtheria. There are also a separate administration block; an out-bathing station specially arranged to facilitate thorough disinfection of discharged patients; a laundry provided with a Washington-Lyons disinfectant; and a mortuary separated by a hermetically sealed plate-glass partition from a viewing lobby, to enable friends of deceased patients to view the bodies without risk of infection. All these buildings are lighted by electricity, and are connected by telephone with the administrative block.

This fine hospital provides for a long-felt want. Southampton, as an important seaport town, runs special risks from the importation of infectious diseases; and the isolation accommodation has hitherto been very inadequate, consisting only of an old private house. This, while unsuitable in itself, had the additional disadvantage of being situated in a much-frequented thoroughfare and in close proximity to a crowded and insanitary area.

#### THE TUNBRIDGE WELLS GENERAL HOSPITAL.

At the annual meeting of the governors and subscribers of the Tunbridge Wells General Hospital a resolution was carried on the motion of Dr. Ranking, the Senior Physician, to appoint a Special Committee, consisting of the President, the Mayor, the Senior Medical Officers, and four other governors, who are not members of the Committee, together with some recognised expert in hospital administration to consider the whole question of the future administration of the General Hospital. Dr. Ranking, in his speech moving the resolution, said that the complaints which were being made against the hospital fell into three classes: First, general complaints, such as always arose when large numbers of people had to be dealt with; secondly, alleged extravagance in the administration; and thirdly, delay in the out-patient service. The delay in the out-patient service he attributed to inadequate accommodation.

## INDIA AND THE COLONIES.

### THE PUNJAB.

#### MEDICAL REPORT FOR 1898.

The report submitted by Lieutenant-Colonel C. J. Bamber, I.M.S., Sanitary Commissioner, gives evidence of a favourable condition of public health. The registered birth rate was 41 per mille, somewhat below the average, but the highest of any Indian province; the death-rate was 31.05. These rates are calculated on the basis of the census of 1891, but there is reason to believe that the population has undergone considerable changes since then, especially in places where irrigation has been introduced. There was practically no cholera during the year, and the small-pox mortality was low. A comparison of years succeeding with those preceding the introduction of vaccination yields a decided balance in favour of the former. The fever mortality was considerably below the average, that caused by bowel complaints and chest diseases about the same. The latter constitute a substantial feature in the Punjab death roll. From plague 1,563 deaths were registered in the Jullunder district, and 388 in the Hoshiarpur district. The disease prevailed in the cold season. A table and plan are given for the purpose of showing statistically the effect of works for improved drainage and water supply upon the public health. The Sanitary Commissioner remarks that "with very few exceptions the statistics show a marked improvement in the health of towns in which the water supply was introduced." The remarks of the Government review are more discriminating, but seem on the whole to justify the view. A more searching investigation of particular instances, favourable and unfavourable, is desirable. A system of giving rewards to village communities for zeal in sanitation is on its trial. The amount of municipal and district revenues expended upon sanitary purposes is satisfactory. The provincial Sanitary Board held no meeting during the year. An alteration in its constitution so as to give it some executive power is under consideration.

### INDIA.

**NEW HOSPITAL AT JUBBULPORE.**—The Government of India has sanctioned the erection of a new hospital, at a cost of Rs. 22,000, for soldiers' wives and children at Jubbulpore. The work will be put in hand at once.

**SIR THOMAS SMITH, Bart., F.R.C.S.,** Surgeon Extraordinary to the Queen has been appointed Honorary Consulting Surgeon to the Finsbury Dispensary in succession to the late Sir James Paget, Bart., F.R.S.

## MEDICAL NEWS.

A CONGRESS for the revision of the United States *Pharmacopæia* will meet in May of the present year.

THE appeal made by *Punch* on behalf of the Hospital for Sick Children, Great Ormond Street, has already resulted in the promise of annual subscriptions to the amount of £175, and donations to the amount of £5,839 10s. 10d.

UNUSUALLY HIGH DEATH-RATE IN EDINBURGH.—The mortality in Edinburgh in the week ending mid-day, February 10th, was 149, and the death-rate 25 per 1,000. Diseases of the chest accounted for at least 94 of these deaths, and 18 were directly due to influenza. Probably a much larger number were indirectly or secondarily due to influenza. The number of cases of zymotic diseases remains unusually low.

IRISH MEDICAL SCHOOLS' AND GRADUATES' ASSOCIATION.—The St. Patrick's festival dinner of the Irish Medical Schools' and Graduates' Association will be held at the Hotel Cecil on Saturday, March 17th, at 7.15 o'clock, the President, Inspector-General W. H. Lloyd, M.D., R.N., in the chair. The guests of the evening will be the Right Honourable W. E. H. Lecky, P.C., M.P., and Sir Dennis Fitzpatrick, K.C.S.I., late Lieutenant-Governor of the Punjab. A very large attendance of members and their guests is anticipated. Application for tickets should be made without delay to Dr. J. Hutchinson Swanton, 40, Harley Street, W., Honorary Secretary to the Dinner Committee.

THE EDINBURGH UNIVERSITY CLUB OF LONDON.—At the annual general meeting and the February dinner of the club which took place at the Holborn Restaurant Deputy-Surgeon-General W. G. Don, M.D., Vice-President, was in the chair. A large party of members and guests were present to support the Vice-President, and former Honorary Secretary; and to honour in his person the Army Medical Service. In proposing "The Naval and Military Forces of the Empire," Sir Dyce Duckworth referred in very high terms to the gallantry of our troops, amid many discouragements, in South Africa, and particularly to the splendid and fully-acknowledged services of the medical department, which made every man proud of his profession. Major Macpherson, R.A.M.C., replied, and said the work of the medical service in South Africa had been lightened and brightened by the voluntary aid afforded by societies and individuals. The club is in a very flourishing condition, and has between four and five hundred members.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—At the annual dinner of this Society at the Café Monico on February 14th, Dr. J. B. Ball, the President, occupied the chair. In proposing the toast of "The West London Medico-Chirurgical Society," the President alluded to the fact that, although it was in its eighteenth year, it was highly vigorous, having begun the present session with 530 members, and having since added 21 to the number; whilst the smallest numbers present at any meeting during this session of inclement weather had been 41. Much of this success was due to the journal of the Society, and its editor, Mr. Percy Dunn. The names of the seven founders of the Society had "passed into history, and therefore into oblivion," but they were gratefully mentioned by the Chairman. The Society was to be conducted largely by general practitioners, to be democratic, and to be distinguished by principles of good fellowship; and such was the Society to-day. Mr. T. Gunton Alderton, in replying, remarked that of the 115 original members 25 had "joined the majority" and 25 had left the Society. Mr. Howard Marsh proposed "The Kindred Societies," of which no fewer than five, the Medical, Harveian, Chelsea Physical, Obstetrical, and Laryngological Societies, were represented by their Presidents. Dr. F. T. Roberts replied and also enlarged on the benefits conferred by the societies on the profession and the community at large. Mr. C. B. Keetley, in an amusing speech, proposed "The Guests," of whom about 30 were present, "great in number, excellent in quality." Mr. H. T.

Butlin returned thanks. The toast of "The President" was proposed by Mr. Herbert Menzies, who stated that the scheme for providing free medical aid for the families of the soldiers in South Africa had originated with Dr. Ball, who briefly responded. The last toast, that of "The Officers of the Society," was proposed by Mr. W. H. Lamb, M.B. Mr. Percy Dunn, the editor of the journal of the Society, replied, and remarked that the journal was nearly self-supporting, and bid fair in time to support the Society itself. Dr. D. G. Robinson, upon whom the organisation of the dinner chiefly rested, also returned thanks.

**BRADFORD AND WEST RIDING MEDICAL UNION.**—At a general meeting held on February 15th the following resolution was passed unanimously:

The members of the Bradford and West Riding Medical Union beg to offer their hearty congratulations to Professor Victor Horsley, F.R.S., one of the direct representatives of the medical profession on the General Medical Council, on the success with which he has struggled to defend the interests of medical practitioners against the continued neglect shown by the representatives of corporations on the General Medical Council, and hope that the medical profession may long continue to have the advantage of being represented on the Council by a gentleman so distinguished alike by scientific attainments and remarkable energy and skill in pushing the work of reform which is so much needed.

**STUDY OF TROPICAL DISEASES IN THE PHILIPPINES.**—By the direction of the United States Secretary for War, a Board of medical officers has been appointed to meet at one of the general hospitals near Manila for the purpose of studying tropical diseases as they occur in the Philippine Islands.

### MEDICAL VACANCIES.

The following vacancies are announced:

- BELGRAVE HOSPITAL FOR CHILDREN**, Gloucester Street, S.W.—House-Surgeon. Appointment for six months. Board and residence provided and £5 allowance. Applications to the Honorary Secretary.
- BIRMINGHAM AND MIDLAND EAR AND THROAT HOSPITAL**, 109, Edmund Street.—House-Surgeon. Appointment till October 31st, 1900, but eligible for re-election for further six months. Salary at the rate of £40 per annum, and if reappointed at £30 per annum, with board, lodging, and washing. Applications to the Secretary by March 13th.
- BIRMINGHAM AND MIDLAND EYE HOSPITAL**, Church Street.—Assistant House-Surgeon. Salary, £90 per annum, with apartments and board. Applications to the Chairman of the Medical Board by March 12th.
- BIRMINGHAM AND MIDLAND SKIN AND URINARY HOSPITAL**—Clinical Assistant. Applications to the Secretary, John Bright Street, Birmingham, by March 5th.
- BRADFORD ROYAL INFIRMARY**—House-Surgeon. Salary, £110 per annum, with board and residence. Applications, endorsed "House-Surgeon," to the Secretary by March 6th.
- CARDIFF INFIRMARY**—Resident Medical Officer. Appointment for three years but renewable. Salary, £100 per annum, with board, washing, and furnished apartments. Applications to the Secretary by March 5th.
- CARDIFF: UNIVERSITY COLLEGE OF SOUTH WALES AND MONMOUTHSHIRE**—Demonstrator and Assistant Lecturer in Anatomy. Salary £120. Applications to the Secretary by March 10th.
- CENTRAL LONDON OPHTHALMIC HOSPITAL**, Gray's Inn Road, W.C.—House-Surgeon. Salary at the rate of £50 per annum, with board and residence. Applications to the Secretary by March 6th.
- CHELSEA GENERAL HOSPITAL**—Junior House-Surgeon; unmarried. Salary £45 per annum, with board, lodging, and washing. Applications to the Hon. Secretary by March 7th.
- CORK: QUEEN'S COLLEGE**—Professorship of Materia Medica. Applications to the Under-Secretary, Dublin Castle, by March 9th.
- CUMBERLAND AND WESTMORLAND ASYLUM**, Garlands, Carlisle.—Junior Assistant Medical Officer; unmarried. Salary, £100 a year, with board and residence. Applications to the Medical Superintendent.
- 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.
- EAST LONDON HOSPITAL FOR CHILDREN**, Shadwell.—House-Surgeon. Appointment for six months. Honorarium, £25, with board, residence, etc. Applications to the Secretary by March 17th.
- EDINBURGH UNIVERSITY**—Professor of Medicine. Applications to the Secretary, 66, Frederick Street, Edinburgh, by April 14th.
- EDINBURGH: VICTORIA HOSPITAL FOR CONSUMPTION**—(1) Resident Physician. Rooms and board, etc., provided, and honorarium at the rate of £20 per annum. (2) Non-resident Clinical Assistant in charge of out-patients. Salary at the rate of £40 per annum. Appointments for six months. Applications to the Honorary Secretaries, 1, North Charlotte Street, Edinburgh, by March 10th.
- FARRINGTON GENERAL DISPENSARY**—Resident Medical Officer. Salary, £100 per annum, with apartments and attendance. Applications to the Honorary Secretaries, 17, Bartlett's Buildings, Holborn, E.C., by March 10th.
- GREAT NORTHERN HOSPITAL**, Holloway Road, N.—Assistant Anaesthetist. Appointment for six months, but eligible for re-election. Honorarium at the rate of 10 guineas per annum. Applications to the Secretary by March 12th.
- GUILDFORD ROYAL SURREY COUNTY HOSPITAL**—(1) House-Surgeon. Salary £80 per annum. (2) Assistant House-Surgeon. Salary, £30 per annum. Board, residence, and laundry provided with each appointment. Applications to the Hon. Secretary.
- ITALIAN HOSPITAL**, Queen Square, W.C.—House-Surgeon. Salary, £50 per annum, with board, residence, and laundry. Applications, marked "House-Surgeon," to the Secretary by March 7th.
- KENT AND CANTERBURY HOSPITAL**—Assistant House-Surgeon, unmarried. Salary £50 per annum, with board and lodging. Applications to the Secretary by March 16th.
- KING'S COLLEGE**, London.—Professorship of Materia Medica and Therapeutics. Applications to the Secretary by March 6th.
- 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.

- LANARK COUNTY ASYLUM**, Hartwood, Glasgow.—Third Assistant Medical Officer. Salary, £120 per annum, with fees, board, washing, and residence. Applications to the Medical Superintendent by March 10th.
- LEITH HOSPITAL**—House-Physician, House-Surgeon, Assistant House-Physician, Assistant House-Surgeon, Surgeon, for the Outdoor Department. Applications to the Secretary, 33, Bernard Street, Leith, by March 7th.
- MACCLESFIELD GENERAL INFIRMARY**—Junior House-Surgeon. Salary, £70 per annum, with board and residence. Applications to the Chairman of the House Committee by March 15th.
- MANCHESTER CHILDREN'S HOSPITAL**—Junior Resident Medical Officer. Salary at the rate of £80 per annum, with board, lodging, and allowances. Appointment for six months, but eligible for re-election as Senior at salary at the rate of £100 per annum. Applications to the Secretary, Dispensary, Garside Street, Manchester, by March 7th.
- MILE END**—Assistant Medical Officer at the Workhouse Infirmary, and Assistant Medical Officer to the Workhouse and School, unmarried, and not exceeding 30 years of age. Salary £120 per annum, with board, lodging, and allowances. Applications, on forms provided, to be sent to the Clerk to the Guardians, Bancroft Road, E.
- NEWPORT AND MONMOUTHSHIRE HOSPITAL**, Newport.—House-Surgeon. Salary, £100 per annum, with board and residence. Applications to the Secretary by March 22nd.
- NOTTINGHAM CITY ASYLUM**—Second Assistant Medical Officer, unmarried. Salary, £140, with board, apartments, and washing. Applications to the Medical Superintendent.
- NOTTINGHAM GENERAL HOSPITAL**—Assistant House Physician. Salary, £100 per annum, with board, lodging, and washing. Applications to the Secretary.
- OXFORD: RADCLIFFE INFIRMARY**—Honorary Assistant Physician. Applications to the Secretary by March 5th.
- PLYMOUTH: SOUTH DEVON AND EAST CORNWALL HOSPITAL**—Assistant House-Surgeon. Appointment for six months, but renewable. Salary at the rate of £50 per annum, with board and residence. Applications to the Honorary Secretary by March 10th.
- ROCHDALE INFIRMARY**—House-Surgeon; unmarried. Salary, £90 per annum, with board, residence, and washing. Applications to the Secretary, 58A, Yorkshire Street, Rochdale.
- ROYAL HOSPITAL FOR CHILDREN AND WOMEN**, Waterloo Bridge Road, S.E.—Resident Medical Officer. Salary, £70 per annum, with rations and laundry. Applications to the Secretary by March 17th.
- RYDE: ROYAL ISLE OF WIGHT INFIRMARY AND COUNTY HOSPITAL**—Resident House-Surgeon. Salary, £50 per annum, and £10 10s. for lectures to nurses. Applications to Dr. Davey, at the Hospital by March 15th.
- ST. MARY'S HOSPITAL SCHOOL**—Demonstrator of Physiology. Salary, £100 to £150. Applications to the Dean by March 24th.
- ST. PETER'S HOSPITAL FOR STONE**, Henrietta Street, W.C.—House-Surgeon. Appointment for six months, but eligible for re-election. Salary at the rate of £100 a year, with board, lodging, and washing. Applications to the Secretary by March 8th.
- SALISBURY INFIRMARY**—Assistant House-Surgeon, unmarried. Salary £50 per annum, with board, lodging, and washing. Applications to the Secretary by March 15th.
- SALFORD ROYAL HOSPITAL**—House-Surgeon. Salary, £100 per annum, with board and residence. Junior House-Surgeon is a candidate, and if appointed there will be a vacancy for Junior House-Surgeon. Salary, £50 per annum, with board and residence. Applications to the Secretary by March 10th.
- SHEFFIELD ROYAL HOSPITAL**—Two Assistant House-Surgeons, unmarried. Salary, £50 each per annum, with board, lodging, and washing. Applications to Dr. Stanley Riasley, Secretary to the Hon. Medical Staff, by March 7th.
- SOUTHPORT INFIRMARY**—Resident Junior House and Visiting Surgeon. Appointment for six months, but renewable. Salary, at the rate of £50 per annum, with residence, board, and washing. Applications to Mr. Joseph Worral, 24, King Street, Southport, by March 10th.
- STOCKPORT**—Medical Officer of Health for the Borough. Between 23 and 40 years of age. Salary, £400, increasing to £500 per annum. Applications, endorsed "Medical Officer of Health," to be delivered at the Town Clerk's Office by March 5th.
- STOCKPORT INFIRMARY**—(1) Assistant House and Visiting Surgeon. Salary £70 per annum. (2) Junior Assistant House-Surgeon. Appointment for six months. Salary, at the rate of £24 per annum. Board, residence, and washing provided in both cases. Applications to the Secretary by March 13th.
- SUNDERLAND INFIRMARY**—House-Surgeon. Salary, £50 per annum, rising to £100, with board and residence. Applications to the Chairman of the Medical Board by March 26th.
- TAUNTON AND SOMERSET HOSPITAL**—Assistant House-Surgeon. Appointment for six months. Salary at the rate of £30 per annum, with board, lodging, and washing. Applications to the Honorary Secretary, Bank Buildings, Taunton, by March 8th.
- VENTNOR: ROYAL NATIONAL HOSPITAL FOR CONSUMPTION**—(1) Resident Medical Officer. Salary £150 per annum, with board and lodging. (2) Clinical Assistant. Board, residence, and laundry provided. No salary. Applications to Dr. Parry, at the Hospital.
- WEST BROMWICH DISTRICT HOSPITAL**—Resident Assistant House-Surgeon. Salary, £50 per annum, with board, etc. Applications to the Honorary Secretary, 10, Victoria Road, Birmingham, by March 10th.
- YORK DISPENSARY**—Resident Medical Officer; unmarried. Salary £110 per annum, with board, lodging, and attendance. Applications to Mr. W. Draper, De Grey House, York, by March 7th.

### MEDICAL APPOINTMENTS.

- ALLAN, C. M., M.A., M.D., M.S. Edin.**, appointed Public Vaccinator for the Luyton District of the Stoke-upon-Trent Union, vice Alfred Averill, M.R.C.S.
- BLACKBURN, G. H. S., M.B., B.S.**, appointed House-Physician to the Perth Hospital West Australia.
- BROOKS, J. Harley, M.D., M.B., C.M. Aberd.**, appointed Medical Superintendent of Mile End Infirmary, and Medical Officer of the Mile End Workhouse and Schools, vice Dr. Arthur H. Robinson, resigned.
- COCKCROFT, Herbert M., L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glas.**, appointed Medical Officer and Public Vaccinator for the Masham District of the Leyburn Union.
- DOCKRE, W. B., M.B.**, appointed Health Officer for the Borough of Portland, Victoria, vice N. Dowling, M.R.C.S., L.R.C.P. Lond.
- DUNLOP, Thomas, M.B., C.M. Edin., D.P.H. Camb.**, appointed Medical Officer of Health to the Aldershot Urban District Council.
- LINES, D. H. E., M.B., Ch.R. Melb.**, appointed Assistant House Surgeon to the Hobart General Hospital, vice Dr. MacGowan.
- LININGTON, W. W., F.R.C.S. Eng.**, appointed Honorary Assistant Medical Officer to the Victoria Hospital, Folkestone.
- MERCER, W. B., M.B., D.P.H. Camb., M.R.C.S., L.R.C.P.**, appointed Medical Officer of Health to the Rushworth Urban District Council, vice H. G. Hine, resigned.
- MURISON, Patrick, M.B., C.M. Edin.**, appointed Medical Officer of Health for Sutherlandshire.
- PRIOR, Samuel, M.B., C.M. Glasg.**, appointed Medical Officer of the Kirkheaton District of the Huddersfield Union, vice Dr. Robertson, M.D., resigned.
- RICHARDSON, W. G., M.B., B.S. Dunelm., F.R.C.S. Eng.**, appointed Assistant Surgeon to the Royal Infirmary, Newcastle-on-Tyne, vice Walter Ridley, appointed Surgeon.
- RITCHIE, R. H., M.B.**, appointed Health Officer for the Borough of Horsham, Victoria, vice W. J. Cross, M.D.
- SCARLETT, Campbell, M.D. Brux., L.M., L.S.A.**, appointed Assistant Surgeon to the Household of H.M. the Emperor of Korea.
- STREGMANN, Edward J., M.B., D.P.H.**, appointed Assistant Lecturer on Hygiene and Public Health at St. Mary's Hospital Medical School.
- THOMPSON, James, M.B., B.S.**, appointed Resident Medical Officer to the Perth Public Hospital, Western Australia.

## DIARY FOR NEXT WEEK.

## MONDAY.

**Obitological Society of the United Kingdom.** 8.30 p.m.—Cases and Specimens will be shown by Professor Urban Pritchard, Mr. R. Lake, Dr. Herbert Tilley, Mr. Arthur Cheate, Mr. W. G. Bull, and Dr. Johnson Home.

**Royal College of Surgeons of England.** 4 p.m.—Professor A. W. Mayo Robson: The Surgery of the Stomach. Lecture I.

**London Throat Hospital.** 204, Great Portland Street, W. 4.30 p.m.—Mr. Waggett: Accessory Sinus Suppuration. Lecture I.

**Medical Graduates' College and Polytechnic.** 22, Chancery Street, W.C. 4 p.m.—Dr. Galloway: Consultation. (Skin.)

## TUESDAY.

**Pathological Society of London.** Laboratories of the Royal College of Physicians and Surgeons, Victoria Embankment, W.C. 8.30 p.m.—Papers and Demonstrations: Drs. Brodie and Dixon, The Influence of Drugs on the Pulmonary Circulation and the Bronchial Muscles. The Production of Asthma.—Dr. Brodie: The Action of Diphtheria Toxin on the Spleen.—Dr. Pavy: The Production of Glycosuria by Exalted Respiration.—Drs. Pavy and Brodie and Mr. Sian: Phlorizin Glycosuria in an Artificially Perfused Kidney.—Dr. Bain:

## WEDNESDAY.

**Obstetrical Society of London.** 8 p.m.—Specimens will be shown by Mr. G. W. B. Lawrence (introduced by Dr. Blacker), Dr. Macnaughton-Jones, and others.—Mr. A. Keith (introduced by Dr. Lewers) will give a demonstration of a Dropped Parasitic Twin Fetus of Peculiar Form.—Dr. J. Phillips: A Case of Extra-uterine Gestation in which Fetal Death Occurred at Term After Spurious Labour and Abdominal Section was performed Four to Five Months Later.

**Medical Graduates' College and Polytechnic.** 22, Chancery Street, W.C. 4 p.m.—Mr. James Berry: Clinical Demonstration.

**Royal College of Surgeons of England.** 4 p.m.—Professor A. W. Mayo Robson: The Surgery of the Stomach. Lecture II.

## THURSDAY.

**British Bacteriological and Climatological Society.** 20, Hanover Square, 8.30 p.m.—Adjourned discussion on The Treatment of Nervous Diseases and Affections by Baths and Climate. The following are expected to take part in the discussion: Dr. Bagshawe (St. Leonards), Dr. Wm. Ewart, Dr. Alexander Morison, Dr. Felkin, Dr. Hedley, Dr. Simpson (Worthing), Dr. Pardington (Tunbridge Wells), Dr. Bain (Harrogate), Dr. Leonard Williams, Dr. Shirley-Jones (Droitwich), Dr. Havell (Felixstowe), Dr. McClure, Dr. Moxon (Matlock), Dr. Larking (Folkestone), and others.—Dr. Bain (Harrogate) will read a short note on The Effect of Superheated Air on the Local Temperature.

**Hospital for Diseases of the Nervous System.** 78, Welbeck Street, W. 5 p.m.—Clinical Demonstration Mr. H. Work Dodd: Cases of Visual Disorder in Relation to Diseases of the Nervous System.

**Charing Cross Hospital Post-Graduate Course.** 4 p.m.—Dr. Montague Murray: Demonstration of Medical Cases.

**Royal College of Physicians of London.** 5 p.m.—Dr. F. J. Waldo on Summer Diarrhoea, with Special Relation to Causation and Prevention. Milroy Lecture I.

**Royal College of Surgeons of England.** 4 p.m.—Professor A. W. Mayo Robson: The Surgery of the Stomach. Lecture III.

**Medical Graduates' College and Polytechnic.** 22, Chancery Street, W.C. 4 p.m.—Mr. R. Lake: Consultation. (Eye, Ear, Nose, and Throat.)—3 p.m.—Dr. Harry Campbell: Clinical Examination of the Nervous System. Dem. I.

**Clinical Society of London.** 8.30 p.m.—Dr. Caton: The Prevention of Valvular Disease in Acute Rheumatism.—Dr. Hale White and Mr. Frigg: A Case in which the Attempt was Made to Remove a Dermoid Tumour which, Growing in the Spinal Canal, Pressed upon the Spinal Cord.—Dr. F. E. Batten and Dr. Prickett: A Case of Acute Encephalitis in a Child following influenza.

## FRIDAY.

**Clinical Society of London.** 8.30 p.m.—Dr. Caton: The Prevention of Valvular Disease in Acute Rheumatism.—Dr. Hale White and Mr. Frigg: A Case in which the Attempt was Made to Remove a Dermoid Tumour which, Growing in the Spinal Canal, Pressed upon the Spinal Cord.—Dr. F. E. Batten and Dr. Prickett: A Case of Acute Encephalitis in a Child following influenza.

## BIRTHS, MARRIAGES, AND DEATHS.

## BIRTHS.

**FAGGE.**—On February 20th, at 22, St. Thomas's Street, S.E., the wife of Chas. H. Fagge, M.S., F.R.C.S., of a daughter.

**HARDYMAN.**—At 43, Pulteney Street, Bath, on February 25th, the wife of George Hardyman, M.B., F.R.C.S.E., of a son.

**MILLAR.**—At Welton, Brough, East Yorks, on the 26th February, the wife of William Millar, M.B., C.M., etc., of a son.

## MARRIAGE

**AMBLER—CASTLEDINE.**—On February 22nd, at St. Andrew's, Kirkella, by the Rev. James Ford, M.A., Vicar, and the Rev. M. H. James, LL.D., Vicar of St. Thomas's, Hull, John Edward Ambler, M.R.C.S., L.R.C.P., of Okester, elder son of Thomas Ambler, of Birkenhead, to Kate Castledine, eldest daughter of John Merson, M.A., M.D., of De La Pole, Wiltshire, Hull.

## DEATH.

**BODGER.**—On February 25th, at Studley B.S.O., Warwickshire, William, infant son of Dr. and Mrs. Bodger.

## 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., 3; Tu. F., 5. Operations.—1 p.m., Tu., 2.30; o.p., F., 2.

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

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

**CITY ORTHOPEDIC.** Attendances.—O.p., M. Tu. Th. F., 2. Operations.—M., 4.

**EAST LONDON HOSPITAL FOR CHILDREN.** Operations.—M. Tu. 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., 2.30. Operations.—M. W. Th. F.

**GUY'S.** Attendances.—Medical, 1 p.m., M. Tu. Th. F., 1.30; o.p., M. W. Th. F., 12; Surgical, 1 p.m., daily, 1.30; o.p., M. W. Th. F., 12; Obstetric, 1 p.m., Tu. Th. F., 1.30; o.p., Tu. Th. F., 1.30; Eye, 1 p.m., M. Tu. Th. F., 1.30; o.p., M. Tu. Th. F., 1.30; Skin, Tu., 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, M. W. Th. F., 1.30; Throat, M., 1.30; F., 2; Dental, M. Th., 10; Skin, M., 10. Operations.—W. Th. F., 2.

**LONDON.** Attendances.—Medical, daily, 1 p.m., 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, M. Tu. Th. F., 9. Operations.—Daily, 2.

**LONDON TEMPERANCE.** Attendances.—Medical, 1 p.m., 2.30; Tu. F., 3.30; Th. 2.0; O.p., M. Tu. W. F., 1; Surgical, 1 p.m., 2.30; Th. 3.0; 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; W., 1.30; Eye, Tu. F., 9; Ear, and Throat, Tu. F., 9; Skin, Tu., 4; Th., 9.30; Dental, M. F., 9.30; W., 9. Operations.—Daily, 1.30.

**NATIONAL ORTHOPEDIC.** Attendances.—M. Tu. Th. F., 2. Operations.—W., 10.

**NEW HOSPITAL FOR WOMEN.** Attendances.—Daily, 2; Ophthalmic, W. S., 9.30. Operations.—Tu. F., 9; Th., 2.

**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.—Daily, 2.30.

**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 ORTHOPEDIC.** Attendances.—Daily, 2. Operations.—O.p., M., 2.1 p.m., 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. Th. F., 2; o.p., M. Th., 9; W. S., 2.30; Ear, Tu. F., 2; Skin, Tu., 9; Larynx, M. Th., 2; Orthopaedic, Tu., 1.30; Dental, Tu. F., 9; Electrical, M. Tu. Th. F., 1.30. Operations.—Daily, 1.30; (Ophthalmic), Tu. F., 2; Abdominal Section for Ovariotomy, W., 2.

**ST. GEORGE'S.** Attendances.—Medical and Surgical, daily, 1 p.m., 1.30; Obstetric, Tu. F., 1.45; o.p., M., 1.45; W. S., 2.30; Ear, M., 2.30; Skin, W., 2.45; Throat, F., 2; Dental, M. Tu. F., S., 12. Operations.—Daily, 1; Ophthalmic, W., 1; Dental, Th., 9.

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

**ST. MARY'S.** Attendances.—Medical and Surgical, daily, 1.45; o.p., 1.45; Obstetric, Tu. F., 1.45; o.p., M. Th., 1; Eye, Tu. F., 9; Ear, M. Th., 9; Throat, Tu. F., 3; Skin, M. Th., 9; Dental, W. S., 9; Electro-Therapeutics, W. S., 10; Children's Medical, M. Th., 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.—1 p.m., 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, Tu., 1.30; Children, Tu., 1.30; Electro-Therapeutics, Th., 2; Mental Diseases, Th., 10; Dental, Tu. F., 10; X-Ray, Tu. F., 2; Vaccination, W., 1.30. 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., 2; W., 2.30.

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

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

**WEST LONDON.** Attendances.—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, M. Th., 2; Ear, Tu. F., 2; Orthopaedic, W., 2; Diseases of Women, W. S., 2; Electric, M. Th., 3.15; 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, W.C. London; those concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, Strand, W.C., London.

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

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

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

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

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

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

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