

tightness and fulness which she supposed was wind. Since the operation she had been without pain, but had had constipation, flatulence, and heartburn; for this she took almost daily after breakfast a teaspoonful of bicarbonate of soda in a tumbler of hot water, and vomited. She had felt better and had done her usual housework.

She was cleaning the hearth that November afternoon, when she felt a pain in the stomach that caused her to lie on the sofa. After a few more pains there came a gush of fluid, and she thought that a "wind and water tumour inside her had burst"; but, as the pains continued, she sent for a midwife that lived near, who said that the pains seemed like labour pains, and who stayed with her half an hour, when a small, fully developed child was born, much to her surprise, and greatly to the astonishment of the father, who, on coming from work, found that he had another child to support.

Since delivery she has had no pain and has rarely vomited, occasionally after taking broth. She suckled the child for a fortnight only, and after the second month she began to gain flesh, strength, and colour. Now, eleven months after the birth and twenty months after the operation, she is plump, rosy, and strong, free from gastric symptoms but careful in diet. The tumour has shrunk to the size of an egg, and feels dense and hard, lying immediately beneath the scar, just above the navel, movable to any side, and deeply attached. She seems practically well and so does the baby, whom she speaks of as "a rough one." The neighbours call it "the cancer baby."

Mr. Wright remarks that it is evident that the opening between the stomach and bowel remains patent, and answers all purposes.

MEMORANDA:

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

WHEN MAY SYPHILITICS MARRY?

No more important question could be asked than this, raised by a review in the *BRITISH MEDICAL JOURNAL* of October 14th; and, in reply, I will give a note of some cases.

CASE I.—A vigorous man, of fine frame and healthy parentage, had, at the age of 23, chancre, followed by constitutional syphilis, which evinced all the subsequent characteristics of the disease. A bubo suppurated in the right groin; during a few months he became somewhat thinner and debilitated, but did not discontinue his active business duties. After three months of treatment he had apparently recovered, and the syphilitic eruption passed away. Twenty-one months after this he married a young woman, aged 20, of remarkably good health. She aborted at the expiration of two months. The same happened in a second impregnation. The third impregnation was aborted at the fifth month; there were one or two other abortions at which I did not attend. At length she gave birth to a female child at full period. It was born alive, but died almost immediately after. Next in due course a male child was born, again at full period; it was well formed, and not otherwise remarkable than that the skin was unusually fair and pale. It suckled, and apparently did well during a fortnight; then an eruption, unmistakably syphilitic, appeared, first on the forehead, then on the face and limbs, and the nostrils and fauces were also severely affected; those eruptions were preceded by oppressed breathing, and the child died at the end of the eleventh week. I was not allowed to make a *post-mortem* examination. This deadly syphilitic taint, let it be observed, was made thus painfully evident eight years after the father had chancre, and more than six years after his assumed cure. A child still living was born subsequently, but the teeth plainly indicate that the taint has not died out.

CASE II.—In 1874 a man, aged 40, married a healthy widow, aged 33. In the following year I attended her in a full-period childbirth. The infant, a female, was remarkable only for its fine size and plump figure: it was stillborn. About fifteen months after this I attended her at a similar birth of a large stillborn female infant. The mother had not suffered illness

of any kind, but, though the father did not tell me, it yet was what is termed an open secret that he had had syphilis, and, judging by the character of the stillborn children, I should say not less than three years before.

Very many men retiring from the army, and marrying, have their two or three first children syphilitic. Does constitutional syphilis ever die entirely out? I doubt it; it appears to me to modify in some degree the type of every subsequent disease. I never saw typical rheumatic fever in a man who had suffered constitutional syphilis; and, as to the question when a syphilised man may marry, my answer is that he should never have children; for can we suppose a poison so deadly during, say, five or six years, can then cease to taint, though it cease to commit direct slaughter?

I have known a man impregnate his wife when he was suffering chancre, but before the constitutional eruption; he communicated syphilis to his wife, but impregnated her before the constitutional taint had passed into the system of either. The infant was puny, but in no degree syphilitic.

Milverton.

GEO. CORDWENT, M.D.

RASH CAUSED BY TAKING ANTIPYRIN.

THE following notes of peculiar effects produced by antipyrin are of interest. Miss R., aged 50, has fairly good health. She has been subject at times to attacks of urticaria, and has suffered from neuralgia and migraine, for the relief of which she has on four occasions, and only four, taken antipyrin. On the first occasion of taking the drug (a single dose of 10 grains for migraine) she noticed about four hours afterwards great smarting and burning over the extensor surfaces of the hands and forearms; this was followed in a few hours by a rash in the same situations, and confined to those parts. The rash consisted of dusky red patches of erythema about the size of a shilling; these in a day or two coalesced, till the backs of both hands and forearms were covered with an extensive dusky-red patchy rash, raised, and very tender and painful. The feeling to the patient was as if the parts had been scalded. The rash lasted about three weeks, gradually fading, and leaving a brownish discoloration.

On the second occasion the patient took antipyrin with sal volatile three times a day. On the third day an exactly similar rash appeared, and in the same situations, and ran an identical course.

On the third and fourth occasions a single dose of antipyrin (10 grains) was taken. In about half an hour the pricking and burning were felt, followed in a few hours by the rash, which appeared on these occasions on the side of the forehead and face, as well as on the hands and arms. A blister also formed upon the back of the hand about the size of a shilling. As in the previous instances, the rash remained about three weeks. Except for the local discomfort and pain the patient did not feel ill.

I have noted above that the patient had suffered at times from urticaria. These attacks, though probably allied to that affection, were certainly not examples of urticaria. There was an entire absence of wheals, there was no rapid evanescence or reappearance on different parts, and on one occasion the erythema ran on to vesication. Her attacks of urticaria have been typical and entirely different from the rash described above. I am aware that after antipyrin a measly rash has been observed; the peculiarities in this case are that so small a dose should be followed by such marked and lasting effects; the selection of site in each case is also worthy of note.

CHARLES P. CHILDE, B.A., L.R.C.P.Lond., F.R.C.S.

Southsea.

CASE OF FRACTURE OF BOTH BONES OF FOREARM BY INDIRECT VIOLENCE.

I READ in the *BRITISH MEDICAL JOURNAL* of October 21st an interesting case of fracture of both bones of the forearm caused by indirect violence, by Dr. A. C. Dutt, of Whitby. This brings to mind a precisely similar case which occurred in my practice on July 9th, 1893. M. G., a boy, aged 13, was standing on the edge of a boat on the sands, and, overbalancing himself, fell backwards a short distance on to the sands. He felt an acute pain in the left forearm, and when I

examined him I found an oblique fracture of both bones of forearm, about four inches above the wrist. I cannot account for the fracture otherwise than that it was caused by muscular action in some way, as the sand was soft and free from stones where he fell.

DAVID L. DAVIES, M.R.C.S.Eng., L.R.C.P.Lond.
Preswylfa, Criccieth, N.W.

PARAMETRITIS: ABSCESS TRACKING TO NATES.

IN the *EPITOME* of the *BRITISH MEDICAL JOURNAL* for October 14th is report of a case of Launay's extracted from the *Gazette des Hôpitaux* in which a parametric phlegmon followed the gluteal artery through the sciatic notch, and formed a large abscess under the gluteus maximus. I suspect that this order of events cannot be a very rare one, as I have, in the last few months, seen a case (in consultation with Mr. Billing of this town) almost exactly answering the description Launay gives of his case. There were very severe radiating pains in our case, which one would expect from a study of the anatomical relationship of the sciatic nerve and its branches to the advancing phlegmon, but how such a case could undergo "long treatment for neuralgia" in presence of the persistent pyrexia there was in our case, and which there must be in any case of the kind, passes my comprehension.

After many weeks of pain and pyrexia following a confinement, gradual swelling and hardening of the right buttock indicated approximately what was taking place, and, finally, the whole buttock became a solid mass; the skin was also cedematous and red, but there was not, after persevering poulticing, any sign of pointing, nor could any fluctuation be made out. The patient being much exhausted with five or six weeks of pain and pyrexia (with all that these mean), we determined to take the initiative. It hardly seemed to us necessary to "make the incision for ligature of the gluteal artery," so Mr. Billing having placed the patient under chloroform, I passed a grooved exploring needle into the swelling, as well as I could judge, about an inch below and rather outside the position of the sciatic notch; the needle went in about 2 inches, and then a little thick pus with blood appeared, so, using the needle as a director, I passed a straight bistoury in, and made a sufficient incision. About 4 inches of thick drainage tube passed easily in the direction of the sciatic notch, and a considerable quantity of pus was evacuated, containing, as in my experience pus from an acute phlegmon always does, some micrococci, but not in nearly such abundance as I have often seen.

The after-progress of the case was uneventful. There was no implication of the perineum in our case, but this would seem to be merely a question of duration, as obviously pus, after it had distended the gluteal region, would tend to make its way along the pudic vessels and obturator internus, and under the great sciatic ligament to the perineum; and perhaps a case left entirely to Nature would, if the patient survived, terminate by spontaneous opening in the perineum.

Blackpool.

WILLIAM HARDMAN.

REPORTS

ON

MEDICAL & SURGICAL PRACTICE IN THE HOSPITALS
AND ASYLUMS OF GREAT BRITAIN, IRELAND,
AND THE COLONIES.

SOUTH CHARITABLE INFIRMARY AND COUNTY
HOSPITAL, CORK.

DISLOCATION OF BOTH SHOULDERS.

(By PATRICK T. O'SULLIVAN, M.B., F.C.S., Honorary Surgeon
and Pathologist.)

C. R., aged 31, deckhand on one of the river steamers on the Lee, a man of powerful build, fell overboard from the bow as the steamer was going ahead dead slow, the engines merely revolving for oiling and cleaning purposes; when going under the paddle he was struck by it; he came to the surface near the stern of the vessel, and was saved.

On admission he was in great pain, a man on either side

holding up his arms. Both his shoulders were dislocated. On the left side the dislocation was sub-coracoid. The right humerus was dislocated under the centre of the clavicle, rupturing the muscle in its path. Reduction of the left arm was easily accomplished. He had to be anaesthetised to get the right back in its place.

Now, nearly seven weeks since the accident, he is able to do light labour, but he is unable for the present to resume his post of casting the shore lines, fearing dislocation of the arms again.

STATION HOSPITAL, QUETTA, BALUCHISTAN.

A CASE OF HYDROPHOBIA.

(By E. CARRICK FREEMAN, Surgeon-Captain A.M.S.)

PRIVATE S. G. A., of the Middlesex Regiment, reported sick on the morning of August 26th, and was detained at the station hospital. He then complained of headache and general weakness, and had a temperature of 100.6°. He remained in this condition until evening, when he was reported as very nervous and excited. He had slight difficulty in swallowing, with some spasm of the glottis; temperature 100°. Later he became very noisy, and was placed under observation in a separate ward. Next morning he had a violent spasm when attempting to drink, and exhibited all the symptoms of hydrophobia. He remained quite sensible throughout; the flow of saliva was extremely copious, and any noise, anyone entering the room, any alteration in the light, or a fly buzzing near him excited violent spasm. There was no paralysis of any kind. The symptoms did not abate, and a sudden attack of dyspnoea caused death at 10 P.M. the same evening.

Nutrient enemata were administered without difficulty. Large doses of morphine and morphine with atropine given subcutaneously seemed to produce no effect whatever. Hypodermic injection of pilocarpin was also disappointing.

Post-mortem examination eleven hours after death showed all the organs deeply congested. There was congestion of the brain and medulla oblongata, and especially of the membranes of the spinal cord. Unfortunately there was no opportunity for microscopical examination. There was an old and perfectly normal scar on the left hand, said to be the result of a dogbite inflicted three years and a-half before. There was no recent scar or wound on the body.

This case seems of interest as having come under observation at an early stage, and also from the rapidity of its course. The only history which could be obtained was of a dogbite at Kamptee, which would give an incubation period of three years and a-half, and this was supported by the absence of any sign of more recent bite upon the body. On the other hand, several cases of rabies in dogs have occurred recently in Quetta, and it is possible that he may have been inoculated by one while intoxicated, and the circumstance remained unnoticed. Three soldiers who have been bitten by a mad dog have recently been sent from Quetta to Paris for treatment at the Pasteur Institute, so the men have been talking on the subject. Is it possible that this man became perturbed in his mind—he had been telling his comrades about his having been bitten—and that the mental anxiety awoke the poison to activity that had so long been lying dormant in his system? This may seem rather a far-fetched hypothesis, but it seems to agree best with the actual facts of the case.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

HENRY POWER, F.R.C.S., Vice-President, in the Chair.

Tuesday, October 24th, 1893.

THE session this year commenced with the passing of a vote of sympathy with the family of Sir Andrew Clark, the President of the Society, who is at the present time seriously ill. The vote was moved by Mr. GEORGE POLLOCK, seconded by Dr. RUSSELL REYNOLDS, and supported by Dr. HARE. Reference was made by the speakers to the value of his life, not only to his family, but also to the profession, and a fervent hope was expressed that he might soon be restored to health.

The following gentlemen passed the First Examination of the Board in the subjects indicated, under the "four years" regulations at the quarterly meeting of the examiners:

Part I. Chemistry and Chemical Physics.—D. J. Ambrose, student of Westminster Hospital; G. L. Atkinson, King's College, London; R. T. Bailey, University College, Liverpool; W. Beckton, St. Bartholomew's Hospital; C. H. Bradbury, Owens College, Manchester; S. S. Broad, Central School of Chemistry; G. M. Brown, Guy's Hospital; P. D'E. Burrell, St. George's Hospital; G. A. Crowe, London Hospital; F. R. Eddison, St. Bartholomew's Hospital; C. T. Fox, University College, London; W. H. Gale, St. Thomas's Hospital; T. R. Griffiths, University College, London; H. C. Izard, St. George's Hospital; A. R. Jones, St. Thomas's Hospital; W. S. Knowles, Mason College, Birmingham; N. Lavers, Guy's Hospital; B. E. Laurence, St. Bartholomew's Hospital; E. A. Le Maistre, London Hospital; E. T. McDonnell, Catholic University, Dublin; W. M. McLoughlin, University College, London; A. E. Maturin, Guy's Hospital; S. J. Meredith, Mason College, Birmingham; J. P. Milton, King's College, London; W. Naylor, Charing Cross Hospital; J. A. Preston, Queen's College, Belfast; E. Schneider, London Hospital; J. Scott, University College and Middlesex Hospital; A. W. S. Sheldon, St. Bartholomew's Hospital; J. H. Waddington, Yorkshire College, Leeds; S. J. Welch, London Hospital; B. S. Wills, St. Thomas's Hospital.

Part II. Materia Medica and Pharmacy.—H. Alexander, Guy's Hospital; G. L. Atkinson, King's College Hospital; C. N. Barton, St. George's Hospital; W. Becton, St. Bartholomew's Hospital; A. C. Bird, St. Thomas's Hospital; M. D. Blake, Owens College, Manchester, and St. George's Hospital; T. H. Body, Guy's Hospital; E. Bowser, St. Bartholomew's Hospital; W. L. Brett, St. Thomas's Hospital; S. S. Broad, Central School of Chemistry; W. Carnes, Yorkshire College, Leeds; C. N. Chadborne, St. George's Hospital; W. L. Cockcroft, Owens College, Manchester; A. E. B. Crosby, Guy's Hospital; J. Deans, St. Mary's Hospital; A. G. Ede, University College, London; W. Escombe, Charing Cross Hospital; C. Farrant, Westminster Hospital; F. D. S. Fayrer, Cambridge and Charing Cross Hospital; J. H. C. Fegan, Charing Cross Hospital; J. J. Foster, Guy's Hospital; E. Grant, King's College Hospital; S. H. Greene, Charing Cross Hospital; A. C. J. H. Hackney, University College, London; A. Hewetson, St. Mary's Hospital; E. P. Hewitt, St. Mary's Hospital; B. Hollander, King's College Hospital; E. A. Houchin, private study; T. H. Hulme, City School of Chemistry and Pharmacy; H. E. Izard, Guy's Hospital; F. P. Jones, Charing Cross Hospital; W. P. Jones, St. George's Hospital; C. R. Kempster, Westminster Hospital; J. R. Kingdon, Cambridge and St. Bartholomew's Hospital; O. H. Leake, City School of Chemistry and Pharmacy; S. H. Longhurst, Guy's Hospital; H. G. McKinney, St. Bartholomew's Hospital; A. E. Malaher, St. Thomas's Hospital; H. Markby, Yorkshire College, Leeds; P. A. J. Maver, King's College, London; W. Mawer, St. Bartholomew's Hospital; G. S. Moore, London Hospital; P. G. Mould, Owens College, Manchester, and St. Mary's Hospital; J. C. Padwick, St. Bartholomew's Hospital; F. A. Phillips, St. George's Hospital; R. T. Richmond, Cambridge University; E. H. Roberts, St. Mungo's College, Glasgow; F. P. Rose, London Hospital; C. B. Salway, St. Thomas's Hospital; E. G. Simmonds, St. Bartholomew's Hospital; G. Smith, St. Bartholomew's Hospital; G. R. Sparrow, University College, Liverpool; E. W. Stabb-Johnson, Guy's Hospital; T. W. Stanton, Guy's Hospital; E. M. Stockdale, University College, Liverpool; R. Tarbuck, Owens College, Manchester; J. H. Tripe, London Hospital; C. J. A. Vertannes, Westminster Hospital; J. G. Wallis, London Hospital; G. H. Warren, London Hospital; C. R. Watson, St. George's Hospital; A. O. Way, St. Bartholomew's Hospital; W. R. Wood, Guy's Hospital.

Part III. Elementary Anatomy and Elementary Physiology.—F. E. Bissell, Mason College, Birmingham; W. L. Burn, St. Bartholomew's Hospital; A. A. W. Cook, University College, London; F. Cooper, Mason College, Birmingham; J. J. Curtin, Queen's College, Cork; R. C. M. Hoare, Mason College, Birmingham; H. J. Hutchens, St. Bartholomew's Hospital; J. R. Jefferson, St. Bartholomew's Hospital; J. A. Preston, Queen's College, Belfast; J. R. Scott, St. Thomas's Hospital and Mr. Cooke's School of Anatomy and Physiology.

Elementary Physiology only.—A. R. Hoare, St. Thomas's Hospital, and E. Hyde, Cambridge University.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At the annual stated meeting of the Royal College of Physicians of Ireland, held on St. Luke's Day, October 18th, 1893, the following officers were elected for the ensuing year:—President: Walter G. Smith. Vice-President: John William Moore. Censors: John William Moore, Conolly Norman, Joseph O'Carroll, W. J. Smyly.

Additional Examiners to take the Place of an absent Censor.—In Medicine: James Craig. In Medical Jurisprudence and Hygiene: S. T. Gordon. In Midwifery: L. Athill. Examiners for Licence to Practise Midwifery: Andrew J. Horne, A. V. Macan. Examiners under the Conjoint Scheme with the R.C.S.I., not including the above Censors, who also examine at the Fourth Professional Examination:—Biology: E. MacD. Cosgrave. Chemistry and Physics: H. T. Bewley, E. Lapper. Materia Medica and Pharmacy: N. M. Falkiner, F. H. Quinlan. Physiology: John M. Purser. Pathology: H. C. Earl. Medicine: E. E. Lennon, H. C. Tweedy. Hygiene and Forensic Medicine: H. C. Earl.

Examiners for the Conjoint Diploma in State Medicine.—State Medicine and Hygiene: F. J. B. Quinlan. Chemistry: E. Lapper. Meteorology and Climatology: J. W. Moore. Engineering: A. E. Murray.

Examiners in Preliminary Education.—Science: E. MacD. Cosgrave. Languages: H. T. Bewley. Representatives on the Committee of Management: J. Magee Finny, C. J. Nixon, G. P. I. Nugent. Representative on the General Medical Council: L. Athill. Treasurer: L. Athill. Registrar: G. P. L. Nugent. Librarian: S. W. Wilson.

SOCIETY OF APOTHECARIES IN LONDON.

The following candidates passed in:

Surgery.—C. P. Allen, Middlesex Hospital; H. A. Beetham, Leeds; J.

H. Campbell, St. Mary's Hospital; A. D. P. Dudley, University College; S. C. C. Fenwick, St. Mary's Hospital; A. H. Hardcastle, Leeds; F. Horseman, Leeds; H. K. Hunter, Birmingham; T. J. McDonald, Toronto; J. Prior, St. Thomas's Hospital; H. C. Renshaw, Manchester; P. Slack, Sheffield; F. C. Sutherland, St. Bartholomew's Hospital; F. H. R. J. U. Walker, St. George's Hospital; H. Whichello, St. Thomas's Hospital; F. H. White, London Hospital.

Medicine, Forensic Medicine, and Midwifery.—W. P. Hilliam, Sheffield; F. Horseman, Leeds; H. K. Hunter, Birmingham; J. H. Jones, Edinburgh; J. K. Kempthorne, King's; E. Quayle, Manchester; F. H. White, London Hospital; E. M. Wilkes, Edinburgh.

Medicine and Forensic Medicine.—C. G. Mathews, St. Bartholomew's Hospital.

Medicine and Midwifery.—A. E. Pryse, University College.

Medicine.—D. D. Brown, St. Bartholomew's Hospital; F. H. Halse-Francis, Guy's Hospital; J. A. Procter, King's College.

Forensic Medicine and Midwifery.—P. L. G. Skipworth, St. Bartholomew's Hospital; A. B. Sturges, Leeds.

Forensic Medicine.—C. F. Gross, King's College.

Midwifery.—J. K. Birdseye, St. Bartholomew's Hospital; J. M. Ritchie, Birmingham.

To Messrs. Beetham, Campbell, Fenwick, Gross, Hardcastle, Hilliam, Horseman, Hunter, Kempthorne, Procter, Quayle, Slack, Sturges, Whichello, White, and Wilkes was granted the diploma of the Society.

OBITUARY.

HERBERT HARDING ASHDOWN, M.D.

It is with feelings of sincere regret that we chronicle the early death of Dr. Herbert H. Ashdown, which occurred at Coningsby, Lincolnshire, on October 10th. A week before he appeared in robust health. Two or three days later he was seized with virulent diphtheria, to which, after four days' illness, he succumbed, adding yet another to the list of victims which the deadly malady claims, year by year, from the ranks of the profession.

Herbert H. Ashdown was born in Northampton in 1859. He received his preliminary education at home, and later at the Edinburgh Collegiate School. In 1877 he commenced the study of medicine at Edinburgh University, where he speedily made his mark. No one was better known or better liked among the men of his time. His student course was distinguished, and he graduated with honours in 1882. Afterwards he received the appointment of Demonstrator of Anatomy under Sir William Turner. In 1883 he obtained, by examination, the position of resident physician in the Royal Infirmary of Edinburgh, in association with Professor Greenfield. The following winter he spent in Leipzig and Berlin, whence he returned to Edinburgh in the summer of 1884, to occupy the post of senior assistant in the physiological department of the University. This was an office after his heart, and he entered on its duties with much zest and earnestness. The fruits of his labours were soon apparent, both in the lecture room and in the laboratory. In relation more especially to original research, he became a focus of awakened interest, and his room in the laboratory came to be the meeting place of many of the more active workers in the school. Unfortunately, in 1887, circumstances occurred, through no fault of Dr. Ashdown's, which left him no choice but to resign his appointment and break connection with the department. In leaving he was entertained at a complimentary dinner, and presented with an address by the great body of his fellow teachers. The magnificent gathering afforded the best testimony that could be offered to the signal success he had achieved and the high esteem in which he was held.

With a keen determination not to drop the threads of several researches he had on hand, he sacrificed more than one tempting offer, and proceeded to London, where he continued his work in University College. He was nominated to the Fence and Houldsworth Scholarship, and prosecuted his physiological investigations with assiduity. Of his published works the most important are (1) his memoir "On Certain Substances Found in the Urine which Reduce the Oxide of Copper upon Boiling in the Presence of an Alkali,"¹ and (2) his research on Absorption from the Urinary Bladder.² In the former he demonstrated the occurrence in the urine—from apparently healthy subjects—of glycuronic acid, and suggested the probability of this having been confused with true glycosuria. He also drew attention to the appear-

¹ *Proceedings, Royal Society Edin.*, vol. xvii.

² *Journal of Anatomy and Physiology*, 1887.

and commenced his medical studies at Lille, whence he proceeded to Paris. The deceased acted as surgeon during the Italian campaign, and when the Franco-Prussian war broke out was appointed surgeon-in-chief, and directed the ambulance service during the siege of Metz. Dr. Le Fort was elected a member of the Academy of Medicine in 1876. He was decorated with the Legion of Honour in 1870, and promoted to the rank of officer in 1882.

WE regret to have to report the death, after three days' illness, of Dr. Buck, of Primrose Hill Road and Camden Road. He took the diploma of M.R.C.S.Eng. in 1867, and in 1868 he became a L.R.C.P.Edin., and obtained the M.D.Brux in 1887. The primary cause of death was peritonitis. A few days before his death Dr. Buck was attending to his practice in the ordinary way.

ON Monday morning, October 23rd, Mr. George Fitzhenry died suddenly at his residence at Brynmawr, at the age of 80 years. He qualified as M.R.C.S.Eng. in 1844, and became L.S.A. in 1863. On the Saturday previous he was about and appeared to be in his usual health.

DEATHS IN THE PROFESSION ABROAD.—Amongst the members of the medical profession in foreign countries who have recently died are Dr. E. M. Van Kempen, some time Professor of Anatomy in the University of Louvain; Professor Friedrich Falk, of the University of Berlin, for many years Librarian of the Berlin Medical Society, and well known by his writings on medical jurisprudence, public health, and the history of medicine; and Dr. W. G. Stebbins, of the Boston City Hospital. Dr. Stebbins, who was only 28, was a graduate with honours of the University of Harvard, and was doing temporary duty as Admitting Physician. Within twenty-four hours of his entering on his duties he admitted three patients suffering from diphtheria, and catching the disease himself died a few days later. Dr. Stebbins was a physician of high promise.

THE Public Control Committee of the London County Council recommend an increase in the salary of Mr. Troutbeck, the Coroner for Westminster, from £500 to £564, and of Dr. R. Macdonald, the Coroner for North-East London, from £999 to £1,401.

PROPOSED MEDICAL CONGRESS IN INDIA.—The *Indian Medical Gazette* suggests that steps should be taken to convene a congress of medical men in India for the purpose of reading papers on medical, surgery, and sanitary topics, relating especially to the conditions of professional work in India and the tropics. Our contemporary points out that in the proceedings of congresses held elsewhere, tropical diseases receive very scanty attention; these would naturally occupy a foremost place in the discussions at such a gathering as is suggested.

CHARING CROSS HOSPITAL DINNER.—A most successful dinner of past and present students of Charing Cross Hospital was held on Friday, October 20th, at the Holborn Restaurant, Surgeon-Captain Leahy, M.D., F.R.C.S., in the chair. One hundred and fifty-eight sat down, letters of regret being received from Sir Guyer Hunter, Sir Joseph Fayrer, Dr. Hack Tuke, and others. After "The Queen" the Chairman proposed the toast of "The Staff of the Charing Cross Hospital Medical School," to which Mr. J. Astley Bloxam appropriately replied. Dr. Murray, in an eloquent speech, next proposed the toast of "The Past and Present Students," to which Dr. Colquhoun, of New Zealand University, replied for the past students, relating many amusing incidents of his early academic days, while Mr. F. A. L. Hammond spoke on behalf of the present students. "The Health of the Chairman" was next proposed by Mr. Barwell, who spoke in high terms of the distinguished career of Surgeon-Captain Leahy since his days at Charing Cross—as surgeon to Lord Dufferin in India, and Lecturer in Grant College. A vote of thanks was then passed to the honorary secretaries, Messrs. J. H. Whitehead and H. H. Phillips, who briefly returned their acknowledgments. The musical part of the programme was efficiently supplied by the Bijou Orchestra.

MEDICAL NEWS.

MR. OWEN LANKESTER, M.R.C.S., is giving a course of six lectures on "First Aid to the Injured and Sick," at Mrs. Jopling's School of Art, Logan Place, Earl's Court Road. The first lecture was given last week.

A REUTER'S telegram from Sinaia, Roumania, says that Dr. Playfair, who attended the Princess Marie of Roumania at her recent accouchement, has left for London. Before his departure he was presented by the King with a gold snuff-box and the insignia of a Grand Officer of the Order of the Crown of Roumania.

MOUNTED NURSES.—The Indian Government has sanctioned the grant of a monthly allowance of 30 rupees for the upkeep of a horse, as at present allowed to military officers, to each lady of the Indian Nursing Service for such time as she may be employed on field service provided that she keeps a horse or pony during such period. Sanction has also been given to the grant of free conveyance of the horse or pony to and from field service.

ANNUAL MEDICAL DINNER AT BRISTOL.—On Friday, October 20th, the above dinner took place at the Imperial Hotel, Bristol, Dr. W. G. Grace in the chair. Amongst those present were the Right Hon. Sir Edward Fry, Mr. Albert Fry, members of the faculties of Arts and Science, and of the faculty of Medicine of University College, and about 100 past and present students of the medical school. The Chairman having proposed the usual loyal toasts, which were duly honoured, the Right Hon. Sir Edward Fry proposed "University College, Bristol; the Royal Infirmary, and the General Hospital." He spoke of the work done by these institutions and of the future before them, and referred to the deaths of two students of the school whilst on duty, one abroad and one at the infirmary. Professor Sydney Young, Dr. Fox, and Dr. Harrison responded. Dr. J. G. Swayne proposed "The Bristol Medical Cricket and Football and Dramatic Clubs." He laid stress on the importance of active exercises for those who followed sedentary lives, and thought that it was a great mistake to give up muscular recreation too soon. He had himself swum a mile and a half when 65 years of age. He considered rowing and swimming particularly healthful muscular exercises. Mr. Norrington, Mr. Swayne, and Dr. Michell Clark responded. Mr. Albert Fry proposed the toast of "The Past and Present Students." He referred to the number of great names which had been associated with the Bristol School, and to the list of honours won by students. He congratulated the present students on the good condition of their lungs, and hoped their brains would prove as vigorous. Mr. Augustine Prichard, Mr. Glassin, and Mr. E. W. Ormerod responded. Mr. Prichard gave some interesting reminiscences of the old school, and of some of the teachers and students of the past. Mr. Munro Smith proposed "The Health of the President," and thanked Dr. Grace for occupying the chair. He referred to his former connection with the Bristol Medical School, which had the honour of educating the greatest cricketer of the age. The President replied, and some songs and recitations followed.

MEDICAL VACANCIES.

The following vacancies are announced:

BELGRAVE HOSPITAL FOR CHILDREN, 77 and 79, Gloucester Street, S.W.—Physician for Outpatients. Applications to Honorary Secretary by November 8th.

BIRMINGHAM AND MIDLAND FREE HOSPITAL FOR SICK CHILDREN.—An Acting Physician and a Surgeon-Dentist. Appointment for twelve months, but eligible for re-election. Applications to the Medical Board, Children's Hospital, Steelhouse Lane, Birmingham, by November 8th.

CHARING CROSS HOSPITAL.—Surgeon-Dentist, must be M.R.C.S.Eng. Applications to Arthur E. Reade, Secretary, by October 31st.

CHELTENHAM GENERAL HOSPITAL.—Resident Surgeon for the Branch Dispensary, unmarried, or if married, without family. Salary, £180 per annum, with partly-furnished house, coal, and gas. Applications to the Honorary Secretary and Treasurer by November 25th.

CITY OF SHEFFIELD.—Resident Medical Officer for the City Hospital for Infectious Diseases; doubly qualified. Salary, £200 per annum* with board, lodging, and attendance. Applications endorsed "Medical

Superintendent," to J. W. Pye-Smith, Town Clerk, Town Clerk's Office, Sheffield, by October 28th.

GENERAL HOSPITAL, Birmingham.—Two Assistant House-Surgeons. Residence, board, and washing provided. Applications to the House Governor by October 28th.

GENERAL HOSPITAL, Nottingham.—Assistant House-Physician. Appointment for six months. Board, lodging, and washing provided. No salary. Applications to the Secretary by November 1st.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, Bloomsbury, W.C.—Resident Medical Officer as House-Physician, unmarried. Appointment for six months. Salary, £20, with board and residence in the hospital. Applications to Secretary, by November 7th.

HOSPITAL FOR WOMEN, Soho Square, W.—Assistant Physician. Applications to the Secretary by November 14th.

NATIONAL SANATORIUM FOR CONSUMPTION AND DISEASES OF THE CHEST, Bournemouth.—Resident Medical Officer and Secretary. Salary £120 per annum, with board and lodging. Applications to the "Chairman of Committee" by December 5th.

ROYAL NATIONAL HOSPITAL FOR CONSUMPTION, Ventnor.—Assistant Resident Medical Officer, unmarried. Salary, £70 per annum, with board and lodging in the hospital. Applications to be addressed to the Board of Management at the London Office, 34, Craven Street, Charing Cross, W.C.

TORBAY HOSPITAL AND PROVIDENT DISPENSARY, Torquay.—Junior House-Surgeon and Dispenser; doubly qualified, unmarried. Board, lodging, and attendance provided. Salary, £80 per annum. Applications to the Honorary Secretary, Captain Philippotts, R.N., by November 13th.

MEDICAL APPOINTMENTS.

ADAMS, James, M.D.St.And., M.R.C.S.Eng., appointed Medical Officer of Health for the Barnes Urban Sanitary District.

ALDOUS, George Fredk., L.R.C.P.Lond., M.R.C.S.Eng., reappointed Medical Officer to the Provident Department of the Plymouth Public Dispensary.

BOROUGH, Frederick, M.R.C.S.Eng., reappointed Surgeon to the Derby Provident Dispensary.

BROOK, W. F., F.R.C.S.Eng., L.S.A., appointed Visiting Surgeon to the Swansea General Hospital, *vice* H. A. Latimer, M.R.C.S.Eng., L.S.A., resigned.

BUCHAN, Wm. Augustus, M.B., C.M.Édin., reappointed Medical Officer to the Provident Department of the Plymouth Dispensary.

BUTLER-HOGAN, B.A.R.U.I., M.D.Brux., L.R.C.P., L.R.C.S.Édin., D.P.H. Cantab., appointed Medical Officer of Health for Shoreditch.

CAITHNESS, James, M.D., C.M.Glasg., reappointed Medical Officer for the Llanrhaeadr District of the Ruthin Union.

COPESTAKE, Walter Goodall, M.R.C.S.Eng., reappointed Surgeon to the Derby Provident Dispensary.

CORRIGAN, William J., L.R.C.S.I., L. & L.M.K.Q.C.P.I., appointed Surgeon to the Dowlais Ironworks, Cardiff, *vice* A. Hill-Joseph, M.B., resigned.

CURGENVEN, Wm. Grafton, M.D.St.And., M.R.C.S.Eng., reappointed Surgeon to the Derby Provident Dispensary.

COUTTS, Francis J. H., M.B., Ch.B.Vict., appointed Resident Medical Officer to the Victoria Hospital, Burnley, *vice* A. M. Sinclair, M.B., C.M., resigned.

DAVIES, J., L.R.C.P., L.R.C.S.Édin., appointed Honorary District Medical Officer to the Ladies' Charity and Lying-in Hospital, Liverpool.

DICK, J. Lawson, M.B., C.M.Édin., appointed House-Surgeon to the Clinical Hospital for Women and Children, Manchester.

DIXON, C. J. Whitehead, M.B., C.M.Édin., appointed Resident Medical Officer at the Royal Hospital for Diseases of the Chest, City Road.

EDDOWES, Alfred, M.D., M.R.C.S., appointed Physician to the Western Skin Hospital, *vice* F. A. Cox, M.B., deceased.

FOULDS, H. J., M.R.C.S.Eng., reappointed Surgeon to the Derby Provident Dispensary.

FRASER, Donald Alexander, M.D., M.R.C.S., L.S.A., reappointed Medical Officer of Health for Totnes Borough.

FROST, W. Adams, F.R.C.S., appointed Ophthalmic Surgeon to St. George's Hospital.

LITTLE, James, M.D.Édin., M.R.C.S.Eng., appointed Medical Officer of Health to the Maryport Urban Sanitary District, *vice* William Hy. Spurgin, M.R.C.S.Eng., resigned.

LUCKHAM, L. Stephenson, M.R.C.S.Eng., L.S.A., appointed Medical Officer of the Workhouse of the Alderbury Union.

ORR, John, M.B., C.M.Édin., L.R.C.P., M.R.C.S.Eng., appointed Resident Medical Officer to the Chalmers Hospital, Edinburgh.

FRIDHAM, Chas. Fortescue, B.A.Cantab., M.R.C.S., L.R.C.P.Lond., appointed Medical Officer of the Tenth District of the Wycombe Union, *vice* B. S. Browne, L.R.C.P., L.R.C.S.Édin., resigned.

REES, Albert Hy., L.R.C.P.Édin., M.R.C.S.Eng., reappointed Assistant Physician to the Plymouth Public Dispensary.

SCRATCHLEY, H. W., F.R.C.S., L.R.C.P., reappointed Medical Officer for the Third District of the Poole Union.

SOUTHEY, Albert, Jas., M.R.C.S.Eng., L.S.A., reappointed Medical Officer of Health to the Slough Urban Sanitary District.

SMITH, William R., M.B.Lond., M.R.C.S., L.R.C.P., L.S.A., appointed House-Surgeon to the St. Peter's Hospital for Stone, Henrietta Street, Covent Garden.

TAYLOR, Frederick Ernest, M.R.C.S.Eng., reappointed Surgeon to the Derby Provident Dispensary.

VAUDREY, Edmund, M.D.Édin., M.R.C.S.Eng., reappointed Surgeon to the Derby Provident Dispensary.

WALSH, David, M.B., C.M.Édin., appointed Assistant Physician to the Western Skin Hospital, Great Portland Street, W.

WILSON, J. E. Cheyne, L.R.C.P., L.R.C.S.Édin., reappointed Assistant Physician to the Plymouth Public Dispensary.

WRIGHT, John Lister, L.R.C.P.Édin., M.R.C.S.Eng., reappointed Surgeon to the Derby Provident Dispensary.

DIARY FOR NEXT WEEK.

MONDAY.

LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, 1 P.M.—Mr. R. Marcus Gunn: External Examination of the Eye.

ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN, Leicester Square, 5.30 P.M.—Dr. Morgan Dockrell: On Diagnosis and Pathology of Eczema.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Dr. G. H. Savage: Some Mental Disorders associated with the Menopause. Dr. A. Morrison: The Heart in Infantile Convulsions.

TUESDAY.

LONDON POST-GRADUATE COURSE, Bethlem Hospital, 2 P.M.—Dr. Percy Smith: Developmental Insanity; Circular Insanity Hospital for Diseases of the Skin, Blackfriars, 4 P.M.—Mr. Jonathan Hutchinson: Second Attacks of Syphilis.

WEDNESDAY.

LONDON POST-GRADUATE COURSE, Hospital for Consumption, Brompton, 4 P.M.—Dr. Sidney Martin: Cases of Quiescent Pulmonary Tuberculosis. Royal London Ophthalmic Hospital, 8 P.M.—Mr. A. Stanford Morton: Optic Neuritis.

OBSTETRICAL SOCIETY OF LONDON, 8 P.M.—Specimens will be shown by Dr. Amand Routh, Dr. Lewers, Dr. Hayes, Dr. Eden, and Dr. Horrocks. Dr. J. Braxton Hicks: Further Contribution to the Clinical Knowledge of Puerperal Diseases. Dr. Horrocks: Intravenous Injection of Saline Solution in cases of Severe Hemorrhage.

THURSDAY.

LONDON POST-GRADUATE COURSE, Royal Hospital for the Paralysed and Epileptic, Queen Square, 2 P.M.—Dr. Beevor: Paralysis Agitans and Tremors. Hospital for Sick Children, Great Ormond Street, 3.30 P.M.—Mr. Bernard Pitts: The Treatment of Diseases of Joints in Children. Central London Sick Asylum, Cleveland Street, 5.30 P.M.—Mr. John Croft: Cases in the Wards. London Throat Hospital, Great Portland Street, W., 8 P.M.—Mr. George Stoker: Impaired Movements of the Vocal Cords.

SANITARY INSTITUTE, PARKES MUSEUM, 74A, Margaret Street, W., 8 P.M.—Dr. Arthur Newsholme: Occupation and Mortality.

HARVEIAN SOCIETY, 8.30 P.M.—Dr. Robert Boxall: Dislocation of the Heart into the Left Pleural Cavity. Sir William Broadbent: Dilatation of the Stomach.

FRIDAY.

LONDON POST-GRADUATE COURSE, Hospital for Consumption, Brompton, 4 P.M.—Dr. Sidney Martin: Cavities in the Lungs.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY, 8 P.M.—Pathological Specimens.—Dr. Schacht: Uterus, showing one of the Dangers of Tents. Dr. Campbell Pope: Tapeworms, Papers.—Dr. Abraham: Ringworm and Alopecia Areata and their Treatment. Dr. Chapman: Night Terrors.

SATURDAY.

LONDON POST-GRADUATE COURSE, Bethlem Hospital, 11 A.M.—Dr. Hyslop: Puerperal and Lactational Insanity.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 5s. 6d., which sum should be forwarded in post-office orders or stamps with the notice not later than Wednesday morning, in order to insure insertion in the current issue.

BIRTH.

WALLACE.—At Calcutta, on Sunday, September 24th, 1893, the wife of James R. Wallace, M.D., of a son.

MARRIAGES.

CARRUTHERS—HODGSON.—At Ainstable Church, Cumberland, on October 26th, by the Rev. W. G. C. Hodgson, assisted by the Rev. A. G. Loftie and the Rev. L. Morgan, William Hodgson Carruthers, M.D., F.R.C.S., of Halton House, Cheshire, to Mabel, youngest daughter of the late Rev. J. L. Hodgson, of Wetheral, Cumberland.

OGILVY-RAMSAY—ANDREWS.—On October 19th, at All Saints Church, Edinburgh, by the Rev. Canon Murdoch, Maxwell Ogilvy-Ramsay, M.A., M.B., C.M., second son of the Rev. Dr. Ogilvy-Ramsay, Closeburn, to Isabella, eldest daughter of the late William Andrews, Lichfield, Staffordshire.

DEATHS.

IRVINE.—At Craigatun, Pitlochry, N.B., William Stewart Irvine, M.D., F.R.C.S.E., aged 81.

WALKER.—October 21st, at 11, Hamilton Square, Birkenhead, George Walker, M.D., M.R.C.S., aged 78.

WILLIAMS.—On October 9th, at "The Manor House," Hollowell, Northampton, William Williams, M.R.C.S.Eng., and L.S.A., aged 91 years.

HOURS OF ATTENDANCE AND OPERATION DAYS
AT THE LONDON HOSPITALS.

- CANCER, Brompton (Free). *Hours of Attendance*.—Daily, 2. *Operation Days*.—Tu. S., 2.
- CENTRAL LONDON OPHTHALMIC. *Operation Days*.—Daily, 2.
- CHARING CROSS. *Hours of Attendance*.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.30; Skin, M., 1.30; Dental, M. W. F., 9; Throat and Ear, F., 9.30. *Operation Days*.—W. Th. F., 3.
- CHELSEA HOSPITAL FOR WOMEN. *Hours of Attendance*.—Daily, 1.30. *Operation Days*.—M. Th., 2.
- EAST LONDON HOSPITAL FOR CHILDREN. *Operation Day*.—F., 2.
- GREAT NORTHERN CENTRAL. *Hours of Attendance*.—Medical and Surgical, M. Tu. W. Th. F., 2.30; Obstetric, W., 2.30; Eye, M. Th., 2.30; Ear, Tu. F., 2.30; Diseases of the Skin, W., 2.30; Diseases of the Throat, Th., 2.30; Dental Cases, W., 2. *Operation Day*.—W., 2.
- GUY'S. *Hours of Attendance*.—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu., 1; Skin, Tu., 1; Dental, daily, 9; Throat, F., 1. *Operation Days*.—(Ophthalmic), M. Th., 1.30; Tu. F., 1.30.
- HOSPITAL FOR WOMEN, Soho. *Hours of Attendance*.—Daily, 10. *Operation Days*.—M. Th., 2.
- KING'S COLLEGE. *Hours of Attendance*.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, daily, 1.30; o.p., Tu. W. F. S., 1.30; Eye, M. Th., 1.30; Ophthalmic Department, W., 2; Ear, Th., 2; Skin, F., 1.30; Throat, F., 1.30; Dental, Tu. Th., 9.30. *Operation Days*.—M. F. S., 2.
- LONDON. *Hours of Attendance*.—Medical, daily, exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p., W. S., 1.30; Eye, Tu. S., 9; Ear, S., 9.30; Skin, Th., 9; Dental, Tu., 9. *Operation Days*.—M. Tu. W. Th. S., 2.
- LONDON TEMPERANCE HOSPITAL. *Hours of Attendance*.—Medical, M. Tu. F., 2; Surgical, M. Th., 2. *Operation Days*.—M. Th., 4.30.
- METROPOLITAN. *Hours of Attendance*.—Medical and Surgical, daily, 9; Obstetric, W., 2. *Operation Day*.—F., 9.
- MIDDLESEX. *Hours of Attendance*.—Medical and Surgical, daily, 1.30; Obstetric, M. Th., 1.30; o.p., M. F., 9, W., 1.30; Eye, Tu. F., 9; Ear and Throat, Tu., 9; Skin, Tu., 4, Th., 9.30; Dental, M. W. F., 9.30. *Operation Days*.—W., 1.30, S., 2; (Obstetrical), Th., 2.
- NATIONAL ORTHOPÆDIC. *Hours of Attendance*.—M. Tu. Th. F., 2. *Operation Day*.—W., 10.
- NORTH-WEST LONDON. *Hours of Attendance*.—Medical and Surgical, daily, 2; Obstetric, W., 2; Eye, W., 9; Skin, F., 2; Dental, F., 9. *Operation Day*.—Th., 2.30.
- ROYAL EYE HOSPITAL, Southwark. *Hours of Attendance*.—Daily, 2. *Operation Days*.—Daily.
- ROYAL FREE. *Hours of Attendance*.—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Dental, Th., 9. *Operation Days*.—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.
- ROYAL LONDON OPHTHALMIC. *Hours of Attendance*.—Daily, 9. *Operation Days*.—Daily, 10.
- ROYAL ORTHOPÆDIC. *Hours of Attendance*.—Daily, 1. *Operation Day*.—M., 2.
- ROYAL WESTMINSTER OPHTHALMIC. *Hours of Attendance*.—Daily, 1. *Operation Days*.—Daily.
- ST. BARTHOLOMEW'S. *Hours of Attendance*.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, W. Th. S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopedic, M., 2.30; Dental, Tu. F., 9. *Operation Days*.—M. Tu. W. S., 1.30; (Ophthalmic), Tu. Th., 2.
- ST. GEORGE'S. *Hours of Attendance*.—Medical and Surgical, M. Tu. F. S., 12; Obstetric, Th., 2; o.p., Eye, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, Th., 2; Orthopedic, W., 2; Dental, Tu. S., 9. *Operation Days*.—Th., 1; (Ophthalmic), F., 1.15.
- ST. MARK'S. *Hours of Attendance*.—Fistula and Diseases of the Rectum, males, S., 3; females, W., 9.45. *Operation Days*.—M., 2, Tu. 2.30.
- ST. MARY'S. *Hours of Attendance*.—Medical and Surgical, daily, 1.45; o.p., 1.30; Obstetric, Tu. F., 1.45; Eye, Tu. F. S., 9; Ear, M. Th., 3; Orthopedic, W., 10; Throat, Tu. F., 1.30; Skin, M. Th., 9.30; Electro-therapeutics, Tu. F., 2; Dental, W. S., 9.30; Consultations, M., 2.30. *Operation Days*.—Tu., 1.30; (Orthopedic), W., 11; (Ophthalmic), F., 9.
- ST. PETER'S. *Hours of Attendance*.—M., 2 and 5, Tu., 2, W., 5, Th., 2, F. (Women and Children), 2, S., 4. *Operation Days*.—W. and F., 2.
- ST. THOMAS'S. *Hours of Attendance*.—Medical and Surgical, daily, exc. W. and S., 2; Obstetric, Tu. F., 2; o.p., W. S., 1.30; Eye, Tu., 2; o.p., daily, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.30; Dental, Tu. F., 10. *Operation Days*.—W. S., 1.30; (Ophthalmic), M., 2.30, F., 2; (Gynaecological), Th., 2.
- SAMARITAN FREE FOR WOMEN AND CHILDREN. *Hours of Attendance*.—Daily, 1.30. *Operation Day*.—W., 2.30.
- THROAT, Golden Square. *Hours of Attendance*.—Daily, 1.30; Tu. and F., 6.30; *Operation Day*.—Th., 2.
- UNIVERSITY COLLEGE. *Hours of Attendance*.—Medical and Surgical, daily, 1.30; Obstetrics, M. W. F., 1.30; Eye, M. Th., 2; Ear, M. Th., 9; Skin, W., 1.45, S., 9.15; Throat, M. Th., 9; Dental, W., 9.30; *Operation Days*.—W. Th. 1.30; S., 2.
- WEST LONDON. *Hours of Attendance*.—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th. S., 2; Ear, Tu., 10; Orthopedic, W., 2; Diseases of Women, W. S., 2; Electric, Tu., 10, F., 4; Skin, F., 2; Throat and Nose, S., 10. *Operation Days*.—Tu. F., 2.30.
- WESTMINSTER. *Hours of Attendance*.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1; Eye, Tu. F., 9.30; Ear, M., 9; Skin, W., 1; Dental, W. S., 9.15. *Operation Days*.—Tu. W., 2.

LETTERS, NOTES, AND ANSWERS TO
CORRESPONDENTS.

COMMUNICATIONS FOR THE CURRENT WEEK'S JOURNAL SHOULD REACH THE OFFICE NOT LATER THAN MIDDAY POST ON WEDNESDAY. TELEGRAMS CAN BE RECEIVED ON THURSDAY MORNING.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 429, Strand, W.C., London; those concerning business matters non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, Strand, W.C., London.

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 to his private house.

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

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 to the Notices to Correspondents of the following week.

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

PUBLIC HEALTH DEPARTMENT.—We shall be much obliged to Medical Officers of Health if they will, on forwarding their Annual and other Reports, favour us with duplicate copies.

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

QUERIES.

A SINGULAR IDIOSYNCRASY.

A. C. S. asks for a remedy in the following case:—A lady, of decidedly gouty constitution, who observes strict hygiene, is a martyr to the attacks of fleas (*pulex irritans*). Of all persons assembled in a room, she alone seems to be singled out by the pest.

TREATMENT OF TINNITUS.

M. S. asks for suggestions for the treatment of tinnitus of seven months' duration after influenza, and due to catarrh of the labyrinth. No deafness or pain in the ear.

ASYLUM FOR IDIOT.

A MEMBER would be greatly obliged by any information as to how to get an idiot into some asylum or home for idiots. The parents are farmers, and could afford to give from £30 to £35 per annum for maintenance. The name of any likely institution would oblige.

. The Royal Albert Asylum for Idiots, Lancaster, and the Earlswood Asylum, Redhill, Surrey, or the Eastern Counties Asylum for Idiots, Essex Hall, Colchester, might take such a case.

ARTIFICIAL TEETH.

M. writes: Will you advise me as to the best mode of having artificial teeth put in? Many dentists prefer the American plan of cutting the decayed tooth close off and screwing in a new crown, other dentists prefer artificial teeth to be fixed in plates and refrain from extracting the stumps, as they think by so doing the gums will not shrink. Should I be less liable to toothache by adopting the American plan, or by having teeth set in plates and without the extraction of "stumps"?

. It is impossible to advise; both plans are good, and, when used judiciously, answer admirably, but very often the best plan of all is that all stumps should be extracted. When stumps are left in the mouth they should be made sanitary, that is, the dead and decomposing animal matter contained in their nerve canals must be removed and the root filled; if this is not done inflammatory trouble will arise around the stump, and acute or chronic alveolar abscess supervene. We would advise our correspondent to go to a good dentist, who has had a hospital training, and to be guided by him. The *Medical Directory* will give the information as to the standing of anybody whom our correspondent wishes to consult.

ANSWERS.

A MEMBER will find information as to the scale of medical charges in the *Medico-Chirurgical Tariffs*, by Dr. J. de Styrap, published by Mr. H. K. Lewis, of Gower Street, price 2s.

SPES.—From the description of the case the patient would appear to be insane. "Spes" might approach the committee of the Manchester Royal Lunatic Hospital, Cheadle, who have the power to admit such cases at reduced rates.

SIGMA will find some particulars as to the training of young ladies as nurses in the BRITISH MEDICAL JOURNAL of August 26th, p. 504. We believe that in all hospitals young ladies are expected to learn their duties thoroughly, and we are not acquainted with any institution in which they would be excused "drudgery" on account of a money payment.