

MEMORANDA:

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

FRACTURE OF THE SKULL AND LIGHTNING STROKE.

ON October 17th, 1894, a coolie at work in an open cane field was killed by a flash of lightning. I was within 500 yards of the spot at the time and saw the flash, which was a multiple discharge descending and returning several times. I saw the man about fifteen minutes after the occurrence; he was quite dead, and there was no rigidity. There was a lacerated wound of the right ear, which had been almost torn off in an upward direction, and the hair of the head, worn long after the coolie custom, appeared to have been shaved off the right side in a vertical direction for a space of about 6 inches by 2 inches. There was a small abrasion on the right shoulder over the acromion process. These were all the external wounds found on a minute examination of the body, but the interest of the case appeared when, at a later stage, I opened the head. Sanious fluid was then observed running from the dependent nostril, and rigor mortis, sixteen hours after death, was very marked.

A large hæmatoma had developed over the right parietal region, and on reflecting the scalp an extensive fracture of the skull was found. It started as a fine fissure from the left side near the parietal eminence, crossing transversely to the right side, and extending into the base. On removing the calvarium and viewing it by transmitted light fine fissures were seen radiating from the main fracture across the right parietal bone. There was an excess of cerebro-spinal fluid. The surface of the brain was injected a bright pink, and the vessels of the meninges were gorged with fluid blood.

The staining was most marked in the arachnoid in the neighbourhood of the fissures. The brain itself was abnormally soft, not from decomposition, but there was no laceration of its substance, nor was there any staining of the deeper tissues. Having removed the brain, the fracture could be traced running across the middle fossa, then through the orbital plate of the frontal and the cribriform plate of the ethmoid, hence the bleeding from the nose. All the other organs of the body were healthy, nor was there any thoracic or abdominal injury. The heart was stopped in diastole and the blood fluid, but a few *post-mortem* clots had begun to form. The nature of the injuries, and the fact that a felt hat which he had on at the time was blown several feet away and badly torn, point to the conclusion that an upward discharge passed through his body, and as these upward discharges usually cause most damage to buildings, so the unusual and extensive head injuries may be accounted for. Notwithstanding our frequent and violent storms, death by lightning-stroke is comparatively rare.

A fellow labourer a few yards off received a severe shock; his senses were blunted, and there was left external strabismus, dilatation, and insensibility of pupil. Acute conjunctivitis (of the left eye only) followed. Under treatment by cocaine, exclusion of light, and bromide, these symptoms passed off, and he was none the worse for his close shave.

ROBERT H. E. KNAGGS, J.P.,
Government Medical Officer, Trinidad, West Indies.

FOUR CASES OF LABYRINTHINE DISEASE TREATED BY INJECTIONS OF PILOCARPIN.

CASE I.—A gentleman in good health, just over 30 years of age. Before treatment his hearing distance in the right ear was 3 inches for a watch, and 2 feet for the whispered voice. There was a great deal of tinnitus, and such vertigo that he had fallen in the street, and had usually several more or less severe attacks every day. This was of one year's duration. I injected pilocarpin thirty-five times. He then heard a watch at 20 inches, and the whispered voice at 9 feet, the tinnitus was just as bad as ever, but the giddiness was quite gone. This was done four years ago, and there is no lessening of the improvement then gained. Altogether the result was most gratifying.

CASE II.—A lady about 30 years of age, anæmic and badly

nourished. The deafness in this case was of many years' standing, and was very extreme, a watch being heard only badly when applied to the ear, and not at all by aerial conduction. The deafness was evidently labyrinthine. I injected her with pilocarpin in suitable doses forty times, but do not believe that it was of the slightest service to her; she also took tonics and improved in health a good deal, but her hearing remains *in statu quo*.

CASE III.—A gentleman, aged 23 years, in good health. He had suffered from deafness subsequent to an attack of scarlatina in early childhood. In this case there was neither tinnitus nor vertigo, but considerable impairment of hearing due to labyrinthine disease. Pilocarpin appeared to have a cumulative action since I was obliged to stop the injections after a few had been given, owing to the sickness and faintness that occurred. After stopping the injections for some weeks I was able to begin them again, and administering the smallest doses that would produce profuse sweating, I gave him forty injections. There appeared to be a little improvement just at the termination of the treatment, which did not persist. I have, however, just heard from my patient, and he gives a most satisfactory account of his hearing, in which considerable improvement has taken place within the past few months. I should like to know if other aurists have noticed any such deferred action of pilocarpin, if such it be, seeing that several months elapsed after treatment was stopped before the present progressive improvement began. Or is it rather to be ascribed to some other fortuitous circumstance?

CASE IV.—A gentleman, aged 34 years, not a strong man. Here, both considerable impairment of hearing and tinnitus of labyrinthine origin were present. He received thirty-five injections of pilocarpin, but I cannot report any improvement either as regards tinnitus or deafness.

It appears to be quite impossible to say what case of labyrinthine disease, apart from the syphilitic cases—and all of mine were free from any such taint—will benefit from this treatment. It is, therefore, quite possible that one may have several consecutive disappointments; on the other hand my limited experience shows that it is of great value in one case and perhaps in two out of four. This proportion in such a hopeless condition as internal ear deafness is by no means bad, and I think it is justifiable and right to give patients the option of accepting or rejecting the treatment, always being careful to promise nothing, inasmuch as each individual case is a law unto itself.

B. J. BARON, M.B. Edin.,
Physician to the Throat and Nose Department,
Bristol General Hospital.

GASEOUS APPLICATIONS TO WOUNDS.

I WISH to bring under the notice of the profession a new method I have devised for the treatment of wounds. It consists in the continuous exposure of the injured part to the action of gases and medicated vapours; of these, oxygen is the most important. The wounded part is enclosed in a receptacle through which is passed a current of the gas or vapour employed. The receptacle is made either entirely of india-rubber, or of wood with glass top and india-rubber ends. I shall be happy to give further details to those interested in the method, and grateful to anyone who will put it to the test.

Mayfair, W.

GEORGE STOKER.

A MOTHER INFECTED WITH PRIMARY SYPHILIS FROM HER OWN SYPHILITIC CHILD.

A WOMAN came to my out-patient room last August with three ulcers on her breast. Each of the ulcers presented the characteristic signs of hard sores. The sores were situated about an inch from the nipple, and extended nearly two-thirds round the breast. On examining the baby which she was nursing I found that it had ulcers on the mouth, the snuffles, and condylomata on the anus, with the well-marked *café au lait* complexion. The baby was 8 months old; the mouth had been sore for two months. The ulcers on the mother's breast had appeared one month later. She was 31 years of age, had been married thirteen years, had had eight children, of which three had died at the ages of $\frac{1}{2}$ years, 1 year, and 9 months. The five living were quite healthy, and

she had had no miscarriages. She had always had good health herself. Her husband (a labourer) she stated had nothing the matter with him. She was treated with *lotio nigra* and *hydrarg. c. creta gr. ij* three times a day.

On examination the next week I found the chancres cleaner and more typical. On the arms and chest a secondary rash was appearing, and she had some pharyngitis. Unfortunately she did not attend again.

This case, I think, deserves publication as an exception to the recognised law of Colles, that a mother cannot be infected by her own syphilitic child.

ALBERT LUCAS, F.R.C.S. Eng.,
Senior Assistant-Surgeon, General Hospital, Birmingham.

EXHUMATION AFTER FOURTEEN YEARS' BURIAL.
On November 13th, by licence of the Home Secretary, I inspected the contents of a coffin which had been buried in April, 1880. The reasons for the licence are not material. The man was 23 years of age at the time of his decease; the cause of death was "peritonitis," and he was buried in an iron coffin, and in a stratum of clay. On loosening the lid of the coffin it was found to be full of water. It was placed upon a bier, and a hole driven through it to drain it. The nameplate on the lid was still quite legible. On removing the lid a powerful nauseous odour came from the remains. The linen was discoloured, but in a fair state of preservation. The features were obliterated; the hair and teeth still recognisable. The skin and the whole of the soft tissues were converted into a soft, greasy, yellow-white, soapy or putty-like material, crumbling upon the slightest touch, and exhaling a loathsome odour. The skull was dislocated from the spinal column, the vertebrae of which were scattered about in various parts of the coffin; the lower jaw was dislocated from the skull; the other bones were dark-coloured, perfectly smooth, and without a vestige of periosteum, appearing as if macerated, and were easily removed from one another and from the slimy mass of adipocere surrounding them. The lid had been soldered on to the coffin at the time of interment, and the period of entrance of the water is conjectural. The result, apparently, was that circumstances were here combined to retard decomposition to the ultimate extent possible, so that after fourteen and a-half years' burial the corpse was, even to an "acclimatised" dissecting-room curator, abnormally repulsive.

J. R. M. BRENNAN, M.R.C.S., L.S.A.
Newton Heath, Manchester.

REPORTS

ON

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

UNIVERSITY COLLEGE HOSPITAL.

THREE CASES OF ACUTE INTUSSUSCEPTION TREATED BY
ABDOMINAL SECTION.

[Under the care of Mr. A. E. BARKER.]

(For the notes of these cases we are indebted to the late
Mr. J. L. BUNCH, F.R.C.S., Surgical Registrar.)

CASE I. Laparotomy: Reduction by Manipulation: Hyperpyrexia: Death.—A male, aged 5 months, was taken suddenly ill on the morning of May 13th. The illness commenced with screaming, and shortly afterwards blood and mucus were passed by the bowel. He was brought to the casualty department in the evening, and the abdomen and rectum were examined, but nothing was found. The screaming and passage of blood and mucus continued, and he was again brought on May 14th, when a sausage-shaped tumour, about 3 inches long, was felt lying obliquely on the left side of the abdomen. *Per rectum* the intussusception was felt about an inch and a-half above the anus. The child passed blood and mucus after examination, but, except for occasional screaming, did not seem very ill. Chloroform was at once administered, and Mr. Barker ran warm water into the anus at a pressure of 3 feet; after 5 ounces had been injected it was

returned, and, on examining the abdomen, no trace of the tumour could be found. The child was therefore put to bed, and half a minim of tincture of opium administered. He slept quietly until about 6 A.M. (May 15th), when he had an attack of screaming. Soon after, blood and mucus were again passed. On examining the abdomen and rectum later in the morning the intussusception was found to have returned, and to be as it was before the apparent reduction. The temperature was 99.4° F., and the child seemed in a good deal of pain. Chloroform was administered, and Mr. Barker opened the abdomen in the middle line. The intussusception was easily reduced by squeezing the intussusciptions upon the apex of the intussusceptum gradually as far as the cæcum. After reduction, which was completed in 7½ minutes, the intestine last returned was seen to be congested, but the peritoneal surface looked healthy. The abdomen was closed, and the child returned to bed. In the evening he was suffering from a good deal of shock; 10 drops of brandy were ordered every two hours. The temperature rose to 105.4° F. at 4 A.M. on May 16th; he was sponged with tepid water, but this only reduced it 1°, and it rose again to 105.8° at 10 A.M. Sponging brought it down to 104°, but in the afternoon it reached 107.8°; the child became livid, the pulse failed, and he died at 5 P.M. At the necropsy the general peritoneum was found to be healthy. The cæcum and lower half of the ascending colon were covered with recent lymph, and the serous and mucous coats were congested. There was, however, no ulceration or sloughing.

CASE II. Intussusception in an Adult: Reduction after Laparotomy: Pneumonia: Recovery.—A woman, aged 32, was taken ill on the morning of May 16th with slight abdominal pain, which continued until the evening, when it suddenly became very severe; soon after this she vomited. She continued in pain during the night, and frequently went to stool, passing only small quantities with straining. On the morning of May 17th she noticed that what she passed was blood and slime. She continued in severe pain until admission into the hospital in the afternoon. A tumour was easily felt crossing the abdomen from side to side at about the level of the umbilicus, and was diagnosed as an intussusception. It was slightly tender, and freely movable from above down, though not much from side to side; no tumour was felt *per rectum*; the temperature was 100° F. Ether was administered, and Mr. Barker opened the abdomen at 2 P.M. by a median incision below the umbilicus. The transverse colon was drawn out through the wound, and the apex of the intussusception was at once found near the splenic flexure. It was unravelled by drawing the intussusciptions over the intussusceptum and pressing on the apex. By this means the apex was made to travel round to the right iliac fossa. The cæcum was drawn into the wound, and it was found that the ileum was liberated, but the caput cæci was still invaginated; this was released in a similar manner. The first few inches of large intestine were cedematous and congested, the cæcum being especially so, but the peritoneal surface had not lost its polish. The abdomen was closed, and the wound dressed with dry salicylic wool. There was no return of pain or vomiting after the operation. The patient was at first nourished by nutrient enemata and suppositories. A little milk was given by the mouth after the second day. The bowels were opened on the seventh day. The incision healed throughout by first intention, and the stitches were removed on the fourteenth day.

Recovery was complicated by an attack of pneumonia commencing a few days after the operation. On May 22nd the temperature rose to 102.8° F., and extensive consolidation of the left lung was found. The right lung was affected on May 26th, and the temperature reached 104.2° F., with a pulse of 132 and respirations 40 in the minute. The temperature fell to 101.4° on May 31st, and to normal on the next day. After this recovery was unimpeded, and the patient left the hospital on June 27th, forty-three days after admission.

CASE III. Laparotomy: Difficult Reduction: Pyrexia: Recovery.—A male, aged 4 months, suddenly began to scream and draw his legs up as if in pain, at 3 P.M. on July 19th. At 4.30 P.M. the bowels were opened, only blood and slime passing. After the onset the screaming continued at intervals, and he was sick after food. Passage of blood and slime was

unfriendly act, as it appears to my mind. A. is a L.R.C.P. and L.R.C.S. (1881) Edin., L.S.A., etc., and I am a M.B., B.Ch., etc., Univ. Dub. (1892).

Was A. justified in refusing to meet me under the circumstances, and was I right in taking up the case after A. had thrown it up in preference to meeting me? As the matter has given rise to a good deal of talk, and has not helped to strengthen the harmony which exists between the medical men in the neighbourhood, I would deem it a favour by your saying what the proper course was for B. and me to have followed respectively.

. To the above very exceptional case we are of opinion that the principle laid down in the rule appended equally applies to a registered qualified assistant as to a practitioner in practice for himself. Further, inasmuch as A. resigned the case rather than meet C. in consultation, the latter would be justified in taking charge of the patient on behalf of his principal B. "When a senior practitioner is called upon to meet a relatively young and less practised junior in consultation for a second opinion, it will be competent for the former to represent the propriety and advantage of obtaining the assistance of a more experienced practitioner; but if the patient specially desire to have the opinion of any qualified member of the profession, even though a comparatively youthful junior, it will be at the option of the practitioner in attendance to acquiesce or withdraw. As a rule, however, a practitioner should never decline to meet another merely because he is his junior; and he will best consult his own interest and that of the profession by a ready and courteous assent to meet any junior of good repute; a contrary course would reflect discredit on himself and the faculty."

PARTNERSHIP AGREEMENTS.

G.Y.P. writes: I have lately bought a medical practice, and the vendor employed his solicitor to sell his practice, there being no agreement between self and vendor as to who was to pay.

. Our correspondent inquires whether he can be made to pay the whole or any part of the legal expenses. In the absence of any agreement, and our correspondent not having instructed the solicitor to act for him, he is not liable for any part of the legal expenses.

CONSULTATIONS.

M.A., M.D.—Assuming that our correspondent has not been unintentionally misled by the representations of C., and that B. was made fully aware that he (C.) was a patient of A., the alleged unethical procedure in ignoring the attendant practitioner was reprehensible. Though we can quite understand that C. was personally satisfied with the progress made under A.'s treatment, it was not unnatural that his friends should wish to have a second opinion; nor can we see any valid objection to the senior surgeon of the local hospital (himself, if we mistake not, an M.D.Lond.) being consulted in a medical case, seeing that in these days hospital surgeons do not limit their practice to surgery any more than do the majority of physicians to provincial hospitals confine themselves to purely medical cases.

With regard to the contrast afforded by the relative course of action of A. and B., in the concurring cases referred to, comment is unnecessary.

CONTRACTS WITH PATIENTS.

PERPLEXED writes: Is there anything unprofessional or derogatory to the true interests of our profession in attending cases of sickness occurring among the working classes on the following terms: 7s. 6d. for one week's attendance, including visits and medicines? I may say in many instances if this plan were not adopted, the medical man would run the risk of not being paid; or if he charged in the ordinary way, would have to wait a very long time for his money. Under these circumstances, would one be justified in carrying on this style of practice?

. There is nothing derogatory in attending patients at the rate mentioned by our correspondent. There is nothing to prevent a medical practitioner from contracting with his patient to attend him for fixed weekly payments, and it is only when these are of so low a character as to degrade the profession in the eyes of the public, that any exception can be taken to them. To pay 7s. 6d. per week is doubtless quite as much as many working men can afford, and if all the working classes in the country paid as much as this for their medical attendance, the medical profession generally would be much better paid than it is.

NON-EXISTENT PROFITS.

P. Q. X.—If the facts are as stated by our correspondent, he has reason to complain of his treatment, but it is to be feared he has no legal remedy. The agreement appears to have been £1 per week with board and lodging, and a percentage of profits, which were non-existent; much, therefore, as we may condemn the action of a principal who by means of a ruse of this description gets a qualified assistant at less than the market value, and although it is possible that by an action at law the assistant might recover damages for the deception practised upon him, the latter can hardly be recommended to try the doubtful chances of a lawsuit. It is a little surprising our correspondent did not, when he first entered upon his duties, discover the state of affairs, and at once demand an alteration in the terms of the agreement.

A LONG BILL.

L.R.C.P. writes that Dr. X. has recently sent in to a patient whom he formerly attended a bill for a large sum, which is stated to be the

amount due for professional attendance and medicine during thirty-five years. Dr. X. was repeatedly asked for his bill, but never sent it in. The gentleman who has now received it has asked our correspondent for his advice.

. If no bill has ever been sent in by Dr. X., and nothing has been paid on account by the patient during the last six years, it is obvious that no fees for professional services rendered anterior to that time can be legally recovered. While there can be no doubt as to the law on this subject, circumstances could be readily imagined which might make it grossly inequitable for a patient to avail himself of the Statute of Limitations against his family medical attendant, but according to the facts detailed in our correspondent's letter there do not seem to be any such in this case.

CLUB ARREARS.

G. W. writes that some time after his appointment to a Court of Odd-fellows, the members passed a rule making the payment to the surgeon optional. After two years it was found that this rule was beyond their powers, and since then he has been paid in full. He has claimed for the period during which the illegal rule in force; but the members do not consider themselves liable.

. It is very doubtful whether our correspondent could recover these arrears, and it would scarcely be politic to try to do so. It is to be presumed from his letter that he was not called upon to attend any of these members during the interval they had ceased to subscribe to the medical fund, so that the claim, if pressed, would appear, to the Court at least, a very inequitable one.

Under a strict interpretation of the contract it is not to be denied that our correspondent might have a case, but it is by no means certain he would win the day, if he were unwise enough to litigate on it.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF LONDON.

In the recent class list of the University of London for the M.B. Degree, the London Medical Schools are represented as below:

	First Division.	Second Division.	Total.
Guy's ...	5	7	12
St. Bartholomew's ...	3	8	11
University College ...	1	9	10
St. Thomas's ...	4	4	8
St. Mary's ...	3	5	8
London School of Medicine for Women ...	1	6	7
London ...	0	5	5
Middlesex ...	2	1	3
King's College ...	1	1	2
St. George's ...	0	0	0
Westminster ...			
Charing Cross ...			

Of the larger schools Guy's, and of the smaller ones St. Mary's, show the best record. The success of the Women's School speaks well for the clinical teaching at the Royal Free Hospital.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

FELLOWSHIP EXAMINATION.—The following gentlemen having passed the necessary examination have been admitted Fellows of the College: Grade II.—A. W. Bate, L.R.C.S.I., 1860, etc.; M. R. Cleary, L.R.C.S.I., 1882, etc.; J. Cotter, M.Ch. Q. Univ. Ireland, 1880, etc.; J. H. Ferguson, L.F.P. and S.Glasg., 1880, etc.; R. L. Joynt, B.Ch. Univ. Dublin, 1890; G. R. Lawless, L.R.C.S.I., 1879, etc.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates passed in:

Surgery: W. Allingham, St. George's Hospital; M. Carter, Charing Cross Hospital; R. W. S. Christmas, Charing Cross Hospital; E. E. Duffy, Sheffield; G. W. Gostling, University College Hospital; R. Jones, London Hospital; H. A. Julius, St. Thomas's Hospital; G. Lowles, St. Bartholomew's Hospital; R. W. Middleton, Leeds; H. W. Ramsay, St. Mary's Hospital; W. L. Roberts, St. Mary's Hospital; F. E. Saunders, St. Thomas's; G. A. Simpson, London Hospital; A. M. Thornett, Royal Free Hospital; E. A. Tudman, University College Hospital.

Medicine, Forensic Medicine, and Midwifery.—T. D. Bell, University College Hospital; A. K. Gordon, St. Mary's Hospital; G. W. Gostling, University College Hospital; A. W. Haines, Birmingham; T. S. F. Hudson, Birmingham; A. E. Lovett, London Hospital; W. E. Stanton, London Hospital; F. H. P. J. U. Walker, St. George's Hospital.

Medicine and Midwifery.—R. G. Worger, Guy's Hospital.

Medicine.—A. L. M. Churchill, Westminster Hospital.

Forensic Medicine and Midwifery.—W. Sutcliffe, Birmingham.

Midwifery.—F. W. Mawby, Guy's Hospital; A. M. Thornett, Royal Free Hospital.

To Messrs. Allingham, Carter, Christmas, Duffy, Gostling, Haines, Hudson, Jones, Julius, Mawby, Stanton, Tudman, Walker, and Miss Thornett was granted the diploma of the Society.

INDIA AND THE COLONIES.

BURMAH.

RANGOON LUNATIC ASYLUM.—Viewed in the light of the modern treatment of the insane, the voluminous report of the Rangoon Lunatic Asylum for 1893 affords an opportunity of observing the difficulties attending the inauguration of a new system, and the ground that must be travelled to bring such a primitive institution abreast with modern ideas. We have space only for a few of the points of interest mentioned in the report. It appears there is a code of rules in Bengal under which criminal lunatics, in order to qualify for release, "are required to undergo a period of probation extending to three or six years after their attainment of sanity." This has led to the accumulation of sane persons in the lunatic asylum, and consequently insufficiency of accommodation. This is, of course, completely at variance with accepted views on the subject, and we cannot help wondering why asylum accommodation should be taken up by sane criminals, surely they should be sent back to prison as soon as the medical officer can certify that they have attained their sanity. During the year there were 99 criminal and 235 civil lunatics in the asylum, 69 were admitted and 81 discharged or died. The daily average number resident was 255, and there were 43 deaths, giving the unusually high death-rate of over 16 per cent. When, however, the sanitary conditions of the place are considered this death-rate is accounted for, especially when we find the superintendent pointing out that so long as the site on which the night soil was buried was waste ground there could be no objection to that method of disposal, but since the ground has been in a measure built upon and is being enclosed by a pucca wall he says "that to continue to dispose of the asylum night soil as heretofore is open to objection." The italics are ours. Again, "at present the cells and barracks are washed out, there are no drains to collect the water used in the washing so it sinks into the ground, the smell was certainly most offensive." In commenting upon the number of lunatics who had escaped, the medical superintendent remarks: "Now there are several criminals who are perfectly sane and it is a singular circumstance that not one of their number made so much as an attempt to escape, while one of the lunatics effected his escape from the criminal section of the asylum by easily scaling the wall. After stating that no special skill is required for the recognition of general paralysis of the insane which we hold to be one of the most difficult to diagnose in the earlier stages, the superintendent has come to the conclusion "that Burmans born and brought up on their native soil are, similarly with natives of India, as yet exempt from general paralysis of the insane." The general health of the asylum inmates, says Surgeon-Lieutenant-Colonel Oswald Baker, the Medical Superintendent, "has been bad and the strength of the asylum establishment is unequal to the requirements of the lunatics. Nearly all the warders are fully employed on strictly administrative duties so that the number available as attendants on the insane is inadequate."

OBITUARY.

DEPUTY-SURGEON-GENERAL EDWARD HUMPHREY ROBERTS died at Brighton on November 24th, aged 62 years. He entered the service as Assistant-Surgeon, June 25th, 1854; became Surgeon, August 7th, 1866; Surgeon-Major, March 1st, 1873; Brigade-Surgeon, November 13th, 1881; and Deputy-Surgeon-General, May 4th, 1886; retiring on a pension, September 14th, 1888. From *Hart's Army List* we learn that he served with the 72nd Highlanders in the Crimea from June 13th, 1855, taking part in the expedition of Kertch, and being present at the siege and fall of Sebastopol and the attacks of June 18th and September 8th (medal with clasp and Turkish medal). He also served with the 79th Highlanders in the Indian Mutiny campaign of 1857-58, and was at the siege and capture of Lucknow, the attack on the fort of Rooyah, the action of Allygunge, and the capture of Bareilly (medal with clasp).

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are Dr. Gérard Pioget, Honorary President of the Société Clinique des Praticiens de France, Secretary of the Central Association of French Medical Practitioners, and the recipient of the Montyon Prize of the Académie de Médecine for his researches on the acarous scabies; Dr. Adolf Hannover, Professor of Medicine in the University of Copenhagen; and Dr. G. Pellizzari, Professor of Pathology in the Medical School of Florence.

EDINBURGH MEDICAL MISSIONARY MEETING.—The report presented at the annual meeting of this Society held under the presidency of Sir Thomas Grainger Stewart stated that there were last winter 42 students (including 8 ladies), the largest number ever enrolled in any one session. Proposals for raising a fund in memory of the Society's late Superintendent (Dr. John Lowe) were considered.

PUBLIC HEALTH
AND
POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,587 births and 3,468 deaths were registered during the week ending Saturday, November 24th. The annual rate of mortality in these towns, which had been 16.9 and 17.1 per 1,000 in the preceding two weeks, further rose to 17.3 last week. The rates in the several towns ranged from 11.9 in Plymouth, 12.6 in Nottingham, and 13.7 in Derby to 21.8 in Gateshead, 22.7 in Norwich, and 24.9 in Sunderland. In the thirty-two provincial towns the mean death-rate was 18.3 per 1,000, and was 2.4 above the rate recorded in London, which was only 15.9 per 1,000. The zymotic death-rate in the thirty-three towns averaged 1.8 per 1,000; in London the rate was equal to 1.6, while it averaged 1.9 per 1,000 in the thirty-two provincial towns, and was highest in Sunderland, Leeds, and Gateshead. Measles caused a death-rate of 2.3 in Sunderland, 3.4 in Leeds, and 7.8 in Gateshead; "fever" of 1.0 in Liverpool; and whooping-cough of 1.0 in Birkenhead and 1.8 in Newcastle-upon-Tyne. The mortality from scarlet fever showed no marked excess in any of the large towns. The 75 deaths from diphtheria in the thirty-three towns included 48 in London, 7 in West Ham, 3 in Birmingham, and 3 in Manchester. Five fatal cases of small-pox were registered in Birmingham and 1 in Liverpool, but not one in London or in any other of the thirty-three large towns. There were 33 small-pox patients under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital on Saturday last, November 24th, against 48, 51, and 42 at the end of the preceding three weeks; 2 new cases were admitted during the week, against 12 and 3 in the preceding two weeks. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital, which had been 2,240, 2,258, and 2,254 at the end of the preceding three weeks, had further declined to 2,198 on Saturday last; 223 new cases were admitted during the week, against 223 and 215 in the preceding two weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, November 24th, 836 births and 606 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 20.3 per 1,000 in each of the preceding two weeks, rose to 21.3 last week, and exceeded by 4.0 per 1,000 the mean rate during the same period in thirty-three of the largest English towns. Among these Scotch towns the death-rates ranged from 13.7 in Leith to 24.2 in Greenock. The zymotic death-rate in these towns averaged 2.8 per 1,000, the highest rates being recorded in Dundee and Glasgow. The 280 deaths registered in Glasgow included 17 from measles, 8 from whooping-cough, 7 from diphtheria, and 5 from "fever." Four fatal cases of small-pox and 2 of diphtheria were recorded in Edinburgh.

THE WILLENHALL SMALL-POX EPIDEMIC.

A GRATIFYING report has just been made by Dr. J. Perceval Tyldesley, superintendent of the Willenhall Isolation Hospital, on the cases treated therein from June 11th to November 4th of the present year. There were 281 cases of small-pox admitted, 14 of which were fatal, giving a total mortality of 5.3 per cent. Amongst 225 vaccinated persons there was only 1 death; the mortality of the vaccinated was thus 0.4 per cent. of the attacks. Amongst 36 unvaccinated cases there were 13 deaths; the mortality amongst the unvaccinated was thus 36 per cent. Thus nearly all the deaths occurred amongst the unvaccinated, and in the solitary fatal case in a vaccinated person "only one faint and doubtful scar was visible." We may say with the writer of the report, "the figures speak for themselves." Apart from the deaths, it is instructive to note the character of the disease amongst the two classes. The 36 unvaccinated cases were all confluent, and no fewer than 23 of them were hæmorrhagic; whereas amongst 119 vaccinated cases showing four vaccination marks there was not one confluent case; "all were invariably mild." As to age classes, we are told that 24 deaths occurred in persons under 15 years; all unvaccinated; and 8 deaths in persons above 15, one only being vaccinated. The mortality in each age class is not given further than this, nor the vaccinated condition for each class. This report again shows the necessity for revaccination; for 101 of the cases occurred between the ages of 11 and 20 years. No case in a revaccinated person is mentioned; we may therefore assume that none such occurred. There are at present no cases in this isolation hospital, which has evidently rendered the most signal service to the surrounding community.

COMPULSORY NOTIFICATION MINUS ISOLATION.

MR. SILVANUS TREVAIL, in his monthly report on the county of Cornwall for October, strikes the right chord in once again referring to the above matter. Scarlet fever has shown serious signs of increase during the month, the 139 cases and 3 deaths of September being replaced by 228 and 5 respectively last month. Several health officers have expressed their firm belief that the maximum benefit to be derived from compulsory and prompt notification cannot be expected to be forthcoming when the means of isolating notified cases do not exist. This is just one of those points upon which sanitarians can hardly differ; and the sooner Cornwall sees to the provision of efficient means of isolating the early cases of dangerous infectious disease, the better for the safety of the community and the better for the county as a portion of England in which are situate many so-called health resorts. The folly of leaving a tourist county without the power of controlling imported and home-bred disease has more than once of late received exemplification.

SANITARY AUTHORITIES AND PAUPER INFECTIOUS SICK.

THE way in which the matter of the payment of the account of the Whittington Local Board for the isolation of pauper small-pox cases has hung

MEDICAL NEWS.

A TYPHOID ANTITOXIN.—A rumour was current on the Stock Exchange of Frankfurt-on-Main the other day, that the Höchst Works would shortly bring on the market a typhoid antitoxin of Behring's discovery. The consequence was a decided rise in Höchst shares!

AMERICAN JOTTINGS.—The number of medical students in the United States is given by the *New York Medical Record* as 13,000.—The town of Leicester, Massachusetts, has received 6,000 dollars under the will of the late Dr. Pliny Earle for the erection of a building for the public library of the town.—It is estimated that there are some 3 400 medical practitioners within the corporate city limits of Chicago, embracing a territory of 186½ square miles and a population in round numbers of 1,625,000 inhabitants.—According to Dr. G. F. Shrady the average annual income of a medical practitioner "in full practice" in a large city in the United States may be stated as 2,000 dollars (£400) a year, and in the smaller towns and in strictly rural districts 1,200 dollars (£240) a year. Two or three practitioners in New York make over 100,000 dollars (£20,000) a year; five or six range from 50,000 to 60,000 dollars, fifty from 25,000 to 30,000 dollars, one hundred and fifty from 10,000 to 12,000 dollars, about three hundred from 5,000 to 6,000 dollars, fifteen hundred from 2,000 to 3,000 dollars, and the remainder from 800 to 1,000 dollars. Payment for medical services varies in different localities. In the large cities the fees are always comparatively higher. In New York the general family practitioner charges from 2 to 5 dollars per visit to the patient's house. The average of such fees for the wealthy is 5 dollars, although twice that sum is usually demanded by practitioners whose practice is mostly limited to that class. Office consultations by experts range from 10 to 25 dollars, as do also consultation visits. Visits out of town are from 10 to 20 dollars for each hour of absence from home plus travelling expenses, and the regular fee of 25 dollars for the consultation itself. Surgical operations command the highest prices, and range according to the skill and fame of the operator, from 100 dollars up into the thousands. Night calls are twice the amount of day calls whether ordinary or consultation visits. In many of the smaller towns the practitioner gets no more than half a dollar for an office visit and twice that amount for a call within a mile from his home.

MEDICAL VACANCIES.

The following vacancies are announced:

- BIRMINGHAM AND MIDLAND EYE HOSPITAL.**—Assistant House-Surgeon. Salary, £50 per annum, with apartments and board. Applications to the Chairman of the Medical Board by December 13th.
- BIRMINGHAM GENERAL DISPENSARY.**—Resident Surgeon. Salary, £150 per annum. Applications and testimonials to A. Forrest, Secretary, before December 12th.
- CHESTER GENERAL INFIRMARY.**—Visiting Surgeon, doubly qualified. Appointment for two years. Salary, £90 per annum, with residence and maintenance in the house. Applications to the Chairman of the Board of Management, Secretary's Office, 29, Eastgate Row North, Chester, before December 1st.
- CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST,** Victoria Park, E.—House-Physician. Appointment for six months. Board, residence, and allowance for washing provided. Applications to the Secretary at the Office, 24, Finsbury Circus, E.C., by December 13th.
- DERBY COUNTY ASYLUM,** Mickleover.—Second Assistant Medical Officer. Salary, £100 per annum, increasing £10 annually to £130, with board, lodging, and washing. Applications to the Medical Superintendent.
- GENERAL HOSPITAL,** Birmingham.—Assistant House-Surgeon; must possess surgical qualification. Appointment for six months, but may be held by re-election for a further period of six months. Board, residence, and washing provided. No salary. Applications to the House Governor by December 1st.
- HOSPITAL FOR SICK CHILDREN,** Great Ormond Street, Bloomsbury. House-Surgeon to Out patients (non-resident). Appointment for six months, but holder will be eligible for a second term of office. Salary, 25 guineas. Applications to the Secretary, by December 11th.
- MANCHESTER ROYAL INFIRMARY.**—Resident Medical Officer for the Fever Hospital at Monsall; doubly qualified, not less than 25 years of age. Salary, £250 per annum, with board and residence. Applications to the Chairman of the Board by December 15th.
- OWENS COLLEGE,** Manchester.—Junior Demonstrator in Anatomy. Annual stipend £100. Applications to the Registrar by December 10th.

PARISH OF ST. LEONARD, Shoreditch.—Second Assistant Medical Officer (Male) for the Infirmary, Hoxton Street, N. Doubly qualified. Salary, £40 per annum, with rations, furnished apartments and washing in the Infirmary. Applications to the Medical Officer, 204, Hoxton Street, N.

ROYAL BERKS HOSPITAL, Reading.—House-Physician, House-Surgeon, and Assistant Medical Officer. Salary, £80 per annum each for the first two appointments, with board and lodging. For the third appointment board and lodging will be provided, but no salary. Applications to the Secretary before December 11th.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Three Members of the Court of Examiners; must be F.R.C.S. Applications to the Secretary, by December 5th.

ROYAL EAR HOSPITAL, Frith Street, Soho Square.—House-Surgeon (six months' appointment). Honorarium, 12 guineas.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.—House-Physician. Appointment for six months. Salary at the rate of £40 per annum, with board and lodging. Applications to the Secretary by December 5th.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, King William Street, Strand, W.C.—Clinical Assistants. Applications and testimonials to T. Beattie Campbell, Secretary, before December 1st.

ST. GEORGE'S HANOVER SQUARE PROVIDENT DISPENSARY, Little Grosvenor Street, W.—Resident Medical Officer. Salary, £100, with allowances (about £50) and residence at the Dispensary. Applications to the Secretary, by December 3rd.

SALFORD UNION INFIRMARY, Hope, near Eccles.—Assistant Medical Officer, doubly qualified. Salary, £130 per annum with furnished apartments in the Infirmary. Applications endorsed Assistant Medical Officer, to T. H. Bagshaw, Clerk to the Guardians, Union Offices, Eccles New Road, Salford, by December 11th.

SHEFFIELD GENERAL INFIRMARY.—Assistant House-Surgeon; doubly qualified. Salary, £80 per annum, with board, lodging, and washing. Appointment for three years. Applications to the Medical Staff of the Sheffield General Infirmary to the care of the Secretary by December 8th.

SHEFFIELD UNION.—Junior Assistant Resident Medical Officer to the Workhouse Infirmary, Fir Vale; doubly qualified. Appointment for six months. Salary at the rate of £25 per annum, with board, lodging, and washing. Applications to Joseph Spencer, Clerk to the Guardians, Union Offices, Sheffield, by December 11th.

WARNEFORD HOSPITAL, Leamington Spa.—House-Surgeon; single. Salary, £100 per annum, with board, lodging, and washing. Applications and testimonials to J. Warren, Secretary, before December 5th.

WEST KENT GENERAL HOSPITAL, Maidstone.—House-Surgeon, unmarried. Salary, £120 per annum, with board, furnished apartments, coal, gas, and attendance in the hospital. Applications to the Secretary by December 1st.

WEST LONDON HOSPITAL, Hammersmith Road, W.—House-Physician and House-Surgeon; tenable for six months. board and lodging are provided. Applications and testimonials to R. J. Gilbert, Secretary Superintendent, before December 12th.

WEST LONDON HOSPITAL, Hammersmith Road, W.—Assistant Anaesthetist (Honorary and Non-Resident). Applications and testimonials to R. J. Gilbert, Secretary Superintendent, before December 12th.

MEDICAL APPOINTMENTS.

- ANDREWS,** Archibald G., F.R.C.S., reappointed Junior Anaesthetist to the Manchester Royal Infirmary.
- BOND,** William Arthur, M.A., M.D., B.C., D.P.H.Camb., M.R.C.P.Lond., appointed Medical Officer of Health for Southwark, *vice* Fallon Percy Wightwick, M.D.Durh., D.P.H., deceased.
- BYLES,** John Beuzeville, M.R.C.S.Eng., L.R.C.P.Lond., D.P.H.Camb., appointed House-Surgeon to Addenbrooke's Hospital, Cambridge.
- CAMPBELL,** Donald, M.D.Glasg., reappointed Medical Officer of Health to the Calne Town Council.
- DAYEY,** W. H. Carthew, M.R.C.S., L.R.C.P.Lond., appointed Honorary Assistant Surgeon to the Liverpool Infirmary for Children.
- DUNLOP,** J. Dordon, M.B., C.M.Glasg., reappointed Medical Officer of Health to the Long Sutton Local Board.
- HOWLETT,** Richard T., M.D.Lond., appointed Assistant Bacteriologist in Dr. Macfadyen's Department at the British Institute of Preventive Medicine.
- HUDSON,** Godfrey, M.B.Edin., appointed House-Surgeon to the Huntingdon County Hospital.
- HUDSON,** J. S., L.R.C.P., M.R.C.S., appointed House-Surgeon to the East London Hospital for Children, *vice* Henry Troutbeck, M.A., M.B., B.C. Cantab.
- HUNT,** Bertram, M.A., M.B.Oxon., appointed Assistant Bacteriologist in the Diphtheria Department at the British Institute of Preventive Medicine.
- LOGIE,** James, M.B., C.M.Aberd., appointed Medical Officer for the Charlton District of the Woolwich Union.
- MACGUIRE,** Chas. E., M.B., C.M.Aberd., appointed Assistant Medical Officer to the Durham County Asylum.
- MARTIN,** Albert M., M.B., R.S., appointed Assistant Surgeon to the Royal Infirmary, Newcastle-upon-Tyne.
- MORRIS,** W., L.R.C.P.Edin., L.F.P.S.Glasg., appointed Medical Officer for the West Bolton District of the Bolton Union.
- PALMER,** L. Spencer, M.R.C.S.Eng., L.R.C.P.Lond., appointed Medical Officer to the Reigate and Redhill Cottage Hospital, *vice* H. W. Ewen, resigned.
- PORTER,** Thomas, M.B.Vict., reappointed Assistant Medical Officer to the Manchester Royal Infirmary.

PIRIE, J., M.A.Aberd., M.B., C.M., appointed Medical Officer for the Harbury District of the Southam Union.

RITCHIE, A. Brown, M.B.Edin., appointed Honorary Surgeon to Hulme Dispensary, Manchester, *vice* J. Prince Stallard, M.B.Edin., resigned.

STALLARD, H., B.A.Cantab. M.R.C.S.Eng., L.R.C.P.Lond., appointed House-surgeon to Newark Hospital, *vice* E. Ringrose, resigned.

STEPHENS, C. E., M.B., appointed Medical Officer for the First District and the Workhouse of the North Wiltshire Union.

STOKER, John Wm., L.R.C.P., L.R.C.S., L.M., appointed Medical Officer and Public Vaccinator for the Rainham District of the Romford Union.

WEBB, F. J., M.B.Vict., appointed Medical Officer for the Gorton District of the Chorlton Union.

WILSON, A., F.R.C.S., reappointed Senior Anæsthetist to the Manchester Royal Infirmary.

DIARY FOR NEXT WEEK.

MONDAY.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor E. Treacher Collins: On the Anatomy and Pathology of the Eye. Lecture I.

TUESDAY.

PATHOLOGICAL SOCIETY OF LONDON, 8.30 P.M.—Dr. W. P. Herringham: Subdural Hæmorrhage in Pernicious Anæmia. Dr. F. T. Paul: (1) Cancer of an Axillary Breast; (2) Calcifying Cutaneous Adenoma. Dr. P. H. Pye-Smith: Cystic Kidneys. Dr. Herbert Snow: Chondro-sarcoma of the Humerus. Mr. S. G. Shattock: Tumour of Palate.

THE CLINICAL MUSEUM, 211, Great Portland Street.—Open at 2, Lecture at 4.

WEDNESDAY.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor E. Treacher Collins: On the Anatomy and Pathology of the Eye. Lecture II.

OBSTETRICAL SOCIETY OF LONDON, 8 P.M.—Mr. Targett will give a limelight demonstration on Hydatids of the Pelvis. Specimens will be shown. Dr. A. H. N. Lewers: A Case of Primary Carcinoma of the Body of the Uterus, in which Vaginal Hysterectomy was performed and more than two years have elapsed without recurrence; with a Table of five other cases of Vaginal Hysterectomy for Cancer of the Body of the Uterus. Dr. John Shaw: Peritonitis, its Nature and Treatment.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, 3 P.M.—Lecture by Dr. Gowers.

POST-GRADUATE COURSE, WEST LONDON HOSPITAL, Hammersmith, W., 5 P.M.—Mr. Cheate: Surgical Cases.

THURSDAY.

HARVEIAN SOCIETY OF LONDON, 8.30 P.M.—Mr. Herbert W. Page: First Harveian Lecture on Some Disorders of Nervous Function due to Injury and Shock.

NEUROLOGICAL SOCIETY OF LONDON, National Hospital, Queen Square, 8.30 P.M.—Cases will be shown by Dr. Cagney, Mr. Dean, Mr. Openshaw, Dr. S. Mackenzie, Mr. Horsley, Dr. Ogilvie, Mr. Stoddart (for Dr. Bradford), Dr. Beevor, Dr. Taylor, Dr. Whiting for Dr. Bastian.

FRIDAY.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor E. Treacher Collins: On the Anatomy and Pathology of the Eye. Lecture III.

BIRTHS, MARRIAGES, AND DEATHS.

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

BIRTHS.

OWEN.—On November 11th, at 3, St. Alban's Place, Blackburn, the wife of O. Trafford Owen, M.B.Edin., of a son.

PINKERTON.—On November 27th, at 71, Craven Park, Harlesden, London, N.W., the wife of Robert L. Pinkerton, M.A., M.D., of a daughter.

STUBBS.—At the Convalescent Home, Barkly West, on Monday, October 29th, 1894, the wife of P. B. Travers Stubbs, Esq., J.P., L.R.C.P., M.R.C.S., etc., District Surgeon of Barkly West, of a daughter.

MARRIAGES.

JONES—WESTMACOTT.—On November 24th, at Marylebone Church, by the Rev. Arthur B. Cartwright, M.A.Oxon., John Hervey Jones M.D. Lond., M.R.C.S., of Chorlton Lodge, Stretford Road, Manchester, to Violet Westmacott, of 12, Nottingham Place, London, W.

STEWART—MACKELLAR.—At Tarbert Harris, N.B., on November 7th, by the Rev. Donald Machean, Minister of the Parish, James Stewart, J.P., L.R.C.P., L.R.C.S.Eng., Medical Officer of Health for North Harris, to Maggie, elder daughter of Daniel Mackellar, Esq., Proprietor, Tarbert Hotel.

DEATH.

WALKER.—On November 23rd, at Redcar, Yorkshire, William Walker, M.D., M.R.C.S., L.S.A., in his 49th year.

HOURS OF ATTENDANCE AND OPERATION DAYS
AT THE LONDON HOSPITALS.

CANCER, Brompton (Free). *Hours of Attendance.*—Daily, 2. *Operation Days.*—Tu. F. 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. F., 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, 2; 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; (Obstetric), 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. F., 2; o.p., W. S., 9; Eye, W. Th. S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopædic, 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; Orthopædic, 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; Orthopædic, W., 10; Throat, Tu. F., 1.30; Skin, M. Th., 9.30; Electrotherapeutics, Tu. F., 2; Dental, W. S., 9.30; Consultations, M., 2.30. *Operation Days.*—Tu., 1.30; (Orthopædic), 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; (Gynæcological), 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; Orthopædic, 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.

SIXTY-THIRD ANNUAL MEETING, 1895.

The British Medical Association.*President*—EDWARD LONG FOX, M.D.Oxon., F.R.C.P.Lond., Consulting Physician at the Bristol Royal Infirmary.*President-Elect*—J. RUSSELL REYNOLDS, M.D.Lond., F.R.S., President of the Royal College of Physicians, Emeritus Professor of Medicine University College.*President of Council*—JOHN WARD COUSINS, M.D., F.R.C.S.Eng., Southsea.*Treasurer*—H. T. BUTLIN, F.R.C.S., London.*Editor of Journal*—ERNEST HART, D.C.L.*General Secretary*—FRANCIS FOWKE, Esq.

The **SIXTY-THIRD ANNUAL MEETING** of the Association will be held on July 30th, 31st, August 1st and 2nd, in LONDON, under the Presidency of J. RUSSELL REYNOLDS, M.D., F.R.S., President of the Royal College of Physicians.

The objects of the Association are—the promotion of Medical Science and the maintenance of the honour and interests of the Medical Profession. The Subscription to the Association is One Guinea annually; and each member on paying his Subscription is entitled, in addition to the other advantages of the Association, to receive weekly, post free, the “**BRITISH MEDICAL JOURNAL: THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.**” The Subscription is payable in advance on January 1st in each year.

Gentlemen desirous of becoming Members of the Association should communicate their wish to the HONORARY LOCAL SECRETARIES, or to the General Secretary, F. FOWKE, Esq., 429, Strand, London, W.C., in order that the proper steps may be taken for their election.

For the Annual Subscription of One Guinea, paid in advance, the **BRITISH MEDICAL JOURNAL** is forwarded weekly to Members, free by post. For persons not Members of the Association the Annual Subscription to the Journal is 28s.—Orders, enclosing remittances, should be addressed to FRANCIS FOWKE, Esq., at the Office of the Journal, 429, Strand, W.C.

*The BRITISH MEDICAL JOURNAL for 1895.**WITH A WEEKLY SUPPLEMENT ENTITLED “EPITOME OF CURRENT MEDICAL LITERATURE.”*

Edited by ERNEST HART.

ASSISTED BY A STAFF OF UPWARDS OF 250 SELECTED EDITORIAL WRITERS.

The JOURNAL, which is written from end to end by experts, contains the earliest *scientific, social, and political information* on all subjects interesting to the Medical Profession, and includes unsigned Editorial Articles and Comments on subjects of current interest, from the pens of an average of 60 writers each week, selected for their special knowledge of the subjects treated; LEADING ARTICLES, EDITORIAL COMMENTS, and REPORTS; it contains also signed ORIGINAL ARTICLES and LECTURES on Clinical Medicine, Surgery, and Pathology, by the most eminent authorities; MEMORANDA and RECORDS of DAILY PRACTICE by Hospital Physicians and Surgeons, and General Practitioners; and Reports of the Practice of the **Hospitals and Asylums** of Great Britain and Ireland, and of the Colonies and Dependencies of the British Empire. Full Reports of the Proceedings of the **British Medical Association** and of its **Branches**, both in this Country and in India and the Colonies, are published systematically in the JOURNAL.

During the coming year Reports carefully prepared from authentic material, with the assistance of experts, will be published upon the following, among other subjects:—

1. A series of Reports on the Milk supplied to Work-houses, Barracks, Schools, Crèches, and other public institutions, with special reference to the nutrition of children.

2. Reports on the Methods of Public and Private Disinfection now in use.

3. A Report upon Water-borne Typhoid, with an analysis of investigations of various local epidemics in Great Britain and Ireland during the last ten years.

4. A further Report on Vaccination and Smallpox, with an analysis of the evidence indicating the degree of immunity which vaccination and revaccination afford, founded upon a survey of local epidemics during 1892-3-4, with a condensed historical review of the subject.

Reports will be published from the **Therapeutic Committee**, containing the result of their inquiries in Pharmacology and Therapeutics

BRANCHES OF THE ASSOCIATION.—Special Reports of the Proceedings of the Branches of the British Medical Association in the **United Kingdom**, and in the **Colonies and Dependencies**, are published from time to time, and contain much matter of clinical value and social interest.

Reports of the Meetings of the **MEDICAL SOCIETIES** of London, Edinburgh, Glasgow, Dublin, and the principal medical centres in Great Britain are furnished by special staff-reporters, or by the officers of the several Societies.

Letters are published at frequent intervals from the Special Correspondents of the JOURNAL in the principal cities and localities of Great Britain, Ireland, the Colonies, the Continent of Europe, and the United States of America. In addition, the medical news throughout the world is gathered from the foreign medical papers of all countries.

Reviews and Notes of Books comprise estimates of the value and indications of the scope not only of all the more important medical works published in this country, but also of those issued on the Continent of Europe, and in America.

The separate department devoted to the interests of the **ARMY and NAVY MEDICAL SERVICES** has been greatly developed, and fulfils important functions in respect to these services.

In the Department devoted to the interests of the **PUBLIC HEALTH and POOR-LAW MEDICAL SERVICES** of Great Britain and Ireland, the services of gentlemen of high authority and large experience have been obtained. This Department includes notices and carefully prepared answers by experts to questions from Medical Officers of Health, Poor-law Medical Officers, and Irish Dispensary Medical Officers, and is intended to assist and support them in the performance of their difficult duties.

MEDICO-LEGAL and MEDICO-ETHICAL Questions and Queries arising out of scientific or professional difficulties in the daily life of Medical Practitioners are referred to suitable and selected authorities—legal, medical, and official—and answered with care in columns devoted to this purpose.

Meetings and discussions on the Management of Hospitals, Public Dispensaries, and other Public Medical Institutions, are reported and analysed.

Reports and descriptions of New Inventions in Medicine, Surgery, Dietetics, and the allied sciences are published. Pharmaceutical preparations are submitted to the examination of pharmaceutical experts, and, when necessary for forming an opinion, the value of dietetic preparations, beverages, &c., full analyses are made.

Information as to the proceedings of the Universities in medical matters and of the Medical Corporations are published from local correspondents from time to time, and the Pass Lists of the Examining Bodies appear with regularity at the earliest date after their official promulgation.

The JOURNAL contains weekly a list of the vacant appointments open to medical men, and of appointments to medical posts.

A feature of special value in the JOURNAL is the abundant illustration of papers with Woodcuts, Photographic Reproductions, and Coloured Plates.

LECTURES.

In addition to publishing numerous **Clinical Lectures**, the Authors and Titles of which are announced on a subsequent page, the following courses of Lectures will be reported in full or in abstract:—

At the Royal College of Physicians of London:—

THE MILROY LECTURES by ARTHUR NEWSHOLME, M.D., Medical Officer of Health for Brighton.

THE GULSTONIAN LECTURES by H. D. ROLLESTON, M.D., Assistant Physician to St. George's Hospital.

THE LUMLEIAN LECTURES by G. F. BLANDFORD, M.D., Lecturer on Psychology, St. George's Hospital.

THE CROONIAN LECTURES by WILLIAM MARCET, M.D., F.R.S.

THE BRADSHAW LECTURE.

At the Royal College of Surgeons of England:—

THE HUNTERIAN ORATION by JOHN WHITAKER HULKE, F.R.C.S.Eng., President.

THE ARRIS AND GALE LECTURES by W. G. SPENCER, M.B., on "The Central Nervous Mechanism of Respiration."

THE ERAASMUS WILSON LECTURES by JAMES HENRY TARGETT, M.B., M.S.Lond., F.R.C.S. Eng.

THE BRADSHAW LECTURE by OLIVER PEMBERTON, F.R.C.S.Eng.

LECTURES by CHARLES BARRETT LOCKWOOD, F.R.C.S.Eng., Assistant Surgeon to St. Bartholomew's Hospital, Surgeon to the Great Northern Central Hospital, on "Traumatic Infection"

„ JOSEPH GRIFFITHS, M.A.Camb., M.D.Edin., Pathologist to the Addenbrooke Hospital, Cambridge, entitled "Observations on the Testis."

„ CHARLES STEWART, M.R.C.S.Eng., Professor of Comparative Anatomy and Physiology and Conservator of Museum, R.C.S.Eng.

„ E. TREACHER COLLINS, F.R.C.S., Ophthalmic Surgeon, Belgrave Hospital for Children, on "The Anatomy and Pathology of the Eye."

THE LETTSOMIAN LECTURES by F. T. ROBERTS, M.D., F.R.C.P., on "The Combinations of Morbid Conditions of the Chest."

THE INGLEBY LECTURES by GILBERT H. BARLING, M.B., F.R.C.S., on "Inflammation in and around the Vermiform Appendix."

WEEKLY EPITOME OF CURRENT MEDICAL LITERATURE.

A Supplement is published weekly, giving careful summaries by expert hands of the latest contributions to medical knowledge made from week to week throughout the world. This Supplement is now included in the ordinary pages of the Journal, but can be detached and bound separately if desired.

Lectures and other Contributions from the following, among many other, Members of the Profession will probably be published during 1895.

- Allingham, Herbert, F.R.C.S.**, Surgeon to the Great Northern Hospital, and Assistant Surgeon to St. Mark's Hospital.—"A Series of Cases of Intestinal Anstomosis."
- Anderson, McCall, M.D.**, Professor of Clinical Medicine in the University of Glasgow.—"Lectures on Clinical Medicine."
- Anderson, William, F.R.C.S.**, Surgeon to St. Thomas's Hospital, and Professor of Anatomy Royal Academy.—"Sacless Hernia of the Sigmoid Flexure through the Left Inguinal Canal."
- Andriezen, W. Lloyd, M.D. Lond.**, Pathologist and Assistant Medical Officer West Riding Asylum.—"1. Pathological Changes in the Nervous System in Alcoholic Insanity. 2. On Clinico-Pathological Research Insanity."
- Atthill, Lombe, M.D. F.R.C.P.I.**, Ex-Master Rotunda Hospital, Dublin.—"Papers on Gynaecological Subjects."
- Baber, E. Crosswell, M.B.**, Honorary Surgeon to the Brighton, Hove, and Sussex Throat and Ear Hospital.—"Papers on Diseases of the Ear, Throat and Nose."
- Barker, Arthur E., F.R.C.S.**, Professor of Surgery at University College, London.—"1. On the Performance of Abdominal Section on very Young Children. 2. Further Experience of Subcutaneous Wiring of the Patella for Fracture."
- Barr, Thomas, M.D.**, Lecturer on Aural Surgery Anderson's College, Glasgow.—"Aural Vertigo."
- Bastian, H. Charlton, M.D. F.R.S.**, Physician to University College Hospital and Professor of Medicine.—"Clinical Lecture."
- Beever, Charles Edward, M.D. F.R.C.P.**, Physician Great Northern Hospital and the National Hospital for Paralyzed and Epileptic.—"On Nervous Diseases."
- Beverley, Michael, M.D.**, Surgeon to the Norfolk and Norwich Hospital.—"Notes on Surgical Cases."
- Bidle, George, M.B. L.R.C.S., C.I.W.**, Late Honorary Surgeon to the Viceroy of India.—"On some Curiosities on Hindoo Therapeutics."
- Bond, C. J., F.R.C.S.**, Honorary Surgeon to the Leicester Infirmary.—
- Booth, J. Mackenzie, M.D.**, Surgeon Aberdeen Royal Infirmary.—
- Bramwell, Byrom, M.D.**, Assistant Physician to the Edinburgh Royal Infirmary.—"Clinical Lectures and Reports of Clinical Cases."
- Brunner, Adolph, M.D.**, Laryngologist Bradford Infirmary.—"A few words on the Various Methods of Operating on the Mastoid Process, and the Indications for these Operations."
- Browne, G. Buckston, M.R.C.S.**—"Recent Progress in the Surgery of Stone in the Bladder."
- Brunton, T. Lauder, M.D. F.R.C.P., F.R.S.**—"The Relation between Certain Symptoms and their Causes."
- Buchanan, George, M.A. M.D. LL.D.**, Professor of Clinical Surgery University of Glasgow.—"Reports of Cases in Clinical Surgery."
- Burghard, F. F., M.D. F.R.C.S.**, Assistant Surgeon to King's College Hospital.—"1. Cases of Excision of the Rectum. 2. Resection of the Caecum."
- Butlin, H. T., F.R.C.S.**, Surgeon to St. Bartholomew's Hospital.—"A Clinical Lecture."
- Burton, S. H., M.B. F.R.C.S.**, Assistant Surgeon Norfolk and Norwich Hospital, and Surgeon to the Jenny Lind Infirmary for Children.—"Clinical Cases."
- Buxton, Dudley W., M.D. B.S., M.R.C.P.**, Lecturer on Anesthetics and Anaesthetist in University College Hospital.—"The more Accurate Methods of producing Anæsthesia and the Prevention of Accidents."
- Byers, W. M.A., M.D.**, Professor of Midwifery and Diseases of Women and Children Queen's College, Belfast.—"On the Etiology of Paroxysmal Attacks of Vomiting in Women."
- Cagney, J., M.D.**, Assistant Physician to the North-West London Hospital.—"Alcoholic Neuroses."
- Campbell, Harry, M.D.**, Physician to the North-West London Hospital.—"The Physiology and Pathology of the Circulation."
- Campbell, H. J., M.D.**, Assistant Physician to the Children's Hospital, Shadwell, and to the City of London Hospital for Diseases of the Chest.—"On the Condition of the Intestines in Chronic Diarrhea in Infancy."
- Carr, J. Walter, M.D.**, Assistant Physician to the Royal Free Hospital.—"On the Influence of Adherent Pericardium on Cardiac Valvular Disease."
- Cathcart, C. W., M.B., F.R.C.P.**, Assistant Surgeon Royal Infirmary, Edinburgh.—"Apparatus for Sterilisation of Milk." "Apparatus for Extraction of Water from Bladder."
- Chapman, Paul M., M.D. F.R.C.P.**, Physician to the Hereford General Infirmary.—"On Clinical Manometers."
- Clark, T. Kilner, M.D. F.R.C.S.**, Surgeon to the Huddersfield Infirmary.—"On Papilloma of the Peritoneum."
- Clarke, J. Mitchell, M.D.**, Assistant Physician and Pathologist Bristol General Hospital.
- Collier, William, M.D. F.R.C.P.**, Liefield Lecturer in Clinical Medicine University of Oxford.—"On Intermittent Albuminuria."
- Collingridge, William, M.D. M.O.H.**, Port of London.—"On Marine Sanitation and Port Administration."
- Colman, W. S., M.D. M.R.C.P.**, Registrar to the National Hospital for Paralyzed and Epileptic, London, and **Abel, Horace M., M.R.C.S., L.R.C.P.**, House Surgeon to the Peterborough Infirmary.—"Puncture of the Base of the Brain by the Spout of an Oil Can; Loss of Memory."
- Cooper, Arthur, M.R.C.S.**, Surgeon to the Westminster General Dispensary.—
- Cousins, J. Ward, M.D.**, Senior Surgeon to the Royal Portsmouth Hospital; President of the Council of the British Medical Association.—"Papers on various Surgical Topics."
- Cripps, Harrison, F.R.C.S.**, Assistant Surgeon St. Bartholomew's Hospital.—"On Abdominal Surgery."
- Critchett, George Anderson, M.A., F.R.C.S. Ed.**, Ophthalmic Surgeon to St. Mary's Hospital.—"Exceptional Cases in Ophthalmic Practice."
- Dakin, William R., M.D., B.S. Lond., M.R.C.P.**, Obstetric Physician and Lecturer on Midwifery at St. George's Hospital.—"On Obstetrical Medicine."
- Deaneley, Edward, M.D. B.Sc. Lond., F.R.C.S. Eng.**, Honorary Casualty Surgeon to the Wolverhampton General Hospital.—"On Aural Pyæmia without Sinus Thrombosis; Ligature of Internal Jugular Vein and Plugging of Lateral Sinus."
- Dent, C. T., F.R.C.S.**, Assistant Surgeon St. George's Hospital.—"Clinical Lectures."
- Dixey, F. A., M.A., M.D. Oxon.**, Late Demonstrator of Physiology University College, London.—"On Vital Statistics of Diphtheria."
- Doran, Alban, F.R.C.S.**, Surgeon to the Samaritan Free Hospital.—"Surgery of the Female Organs."
- Downie, J. Walker, M.B. F.F.P.S. Glasg.**, Surgeon to the Throat and Nose Department of the Western Infirmary, Glasgow.—"On Syphilis of the Nose."
- Dreschfeld, Julius, M.D. F.R.C.P.**, Professor of Medicine Victoria University (Owens College, Manchester).—"1. Ataxia Paraplegia. 2. Notes on Hypertrophic Cirrhosis of the Liver."
- Edwards, F. Swinford, F.R.C.S.**, Surgeon to the West London Hospital and St. Peter's Hospital for Stone.—"On some Improvements in the Treatment of Rectal Disease."
- Ewart, William, M.D. F.R.C.P.**, Physician to St. George's Hospital.—"Diseases of the Heart and Lungs."
- Fayrer, Sir Joseph, M.D. K.C.S.I.**, Physician to the Secretary of State for India in Council.—
- Field, George P., M.R.C.S.**, Aural Surgeon to St. Mary's Hospital.—"Short Papers on Aural Surgery."
- Fox, E. Long, M.D. Oxon. F.R.C.P. Lond.**, President of the British Medical Association, Consulting Physician Bristol Royal Infirmary.—"On Rare Cases of Epilepsy."
- Fox, T. Colcott, M.B., F.R.C.P.**, Physician for Diseases of the Skin Westminster Hospital.—"Ringworm."
- Foxwell, Arthur, M.D. F.R.C.P.**, Physician to the Queen's Hospital, Birmingham.—"On Cirrhosis of the Liver."
- Gay, Wm., M.D. M.R.C.P.**, late Clinical Assistant Royal London Ophthalmic Hospital.—"A Series of Papers on Functions of the Brain."
- Glaister, John, M.D. Glasg., L.R.C.P. Edin.**, Professor of Medical Jurisprudence and Public Health St. Mungo's College, Glasgow.—"On Medico-Legal Studies."
- Goodall, Edwin, M.D. Lond., M.R.C.P.**, Medical Superintendent Joint Counties Asylum, Carmarthen.—"On the Promotion of Recovery in Acute and Recent Insanity."
- Grant, J. Dundas, M.D.**, Surgeon to the Central London Throat and Ear Hospital, and to the West End Hospital for Diseases of the Nervous System.—"Notes on Cases of Diseases of the Throat, Nose, and Ear."
- Griffith, T. Wardrop, M.C. Aberd.**, Prof. of Anatomy Yorkshire College.—"1. On Dilatation of the Oesophagus. 2. Notes on a Case of Acromegaly."
- Griffiths, P. Rhys, M.D. Lond., B.S. Lond.**, Lecturer on Physiology and Hygiene Technical School, University College, Cardiff.—"On the Remote Effects of Spinal Injuries in Miners."
- Grossmann, K. A. M.D. F.R.C.S.**, Ophthalmic Surgeon, Stanley Hospital, Liverpool.—"Contribution to the Pathology of Iceland and the Færöer Islands."
- Guthrie, Leonard G., M.A., M.B. Oxon., M.R.C.P.**, Assistant Physician to the North-West London Hospital.—"On the Relation between Arterial Tension and Renal Dropsy."
- Hair, Alexander, M.D. Oxon., F.R.C.P. Lond.**, Physician to the Metropolitan Hospital and Royal Hospital for Children and Women, Waterloo Road.—"On Direct Introduction of Hic Acid into the Body, its bearing on the Prevention and Treatment of Disease."
- Haadfield-Jones, Montague M.D. M.R.C.P. Lond.**, Obstetric Physician, and Lecturer on Midwifery and Diseases of Women St. Mary's Hospital.—"On Gynaecological Subjects."
- Handford, Henry, M.D. Edin., M.R.C.P. Lond.**, Physician to the Nottingham General Hospital.—"On Endocarditis."
- Harley, George, M.D. F.R.S., F.R.C.P.**, late Physician to University College Hospital.—"Hints on the Diagnosis and Treatment of Gall-Stones."
- Harris, V. D., M.D. F.R.C.P.**, Physician to the City of London Hospital, Victoria Park.—"Family Predisposition to Consumption re-considered."
- Harrison, Reginald, F.R.C.S.**, Surgeon to St. Peter's Hospital.—"On some Pathological Distinctions between Contractured and Contractile Urethral Structures and their Treatment."
- Hartridge, Gustavus, F.R.C.S., L.R.C.P.**, Surgeon to the Royal Westminster Ophthalmic Hospital.—"On Ophthalmic Subjects."

Herman, G. E., M.B., F.R.C.P., Obstetric Physician to the London Hospital.

Herringham, Wilnot Parker, M.D., F.R.C.P., Physician to the West London Hospital.—"On Renal Disease."

Heuston, Francis T., M.D., F.R.S.C.I., Consulting Surgeon to the Coombe Lying-in Hospital.—"On Thoracic and Abdominal Surgery."

Hewetson, H. Bendelack, M.R.C.S., Honorary Surgeon to the Eye and Ear Department of the Leeds General Infirmary.—"On Subjects connected with Ophthalmology, Otology, and Nasopharyngeal Surgery."

Horrocks, Peter, M.D., F.R.C.P., Assistant Obstetric Physician Guy's Hospital, and Physician to the Royal Maternity Charity.—"Obstetrics and Gynaecology."

Hutchinson, Jonathan, Jun., F.R.C.S., Assistant Surgeon and Senior Demonstrator of Anatomy London Hospital.—"1. On Cases of Congenital Absence of the Fibula and Ulna. 2. The Vermiform Appendix and its relation to Inguinal Hernia."

Jackson, T. Vincent, F.R.C.S. Edin., Senior Surgeon to the Wolverhampton and Staffordshire General Hospital.—"The Subcutaneous Silk Ligature of Recent Cases of Fractured Patella."

Jessett, F. Bowreman, F.R.C.S., Surgeon to the Cancer Hospital, Brompton.—"On Cancer of the Uterus."

Jessop, T. R., F.R.C.S., Consulting Surgeon Leeds General Infirmary.—"Reports of Surgical Cases presenting points of Special or General Interest."

Jessop, Walter H., M.B., F.R.C.S., Ophthalmic Surgeon to St. Bartholomew's Hospital.

Johnson, Sir George, M.D., F.R.C.P., F.R.S., Physician Extraordinary to the Queen, Emeritus Professor of Clinical Medicine in King's College.—"Subjects relating to Clinical Medicine."

Jones, E. Lloyd, B.A., M.D. Camb., Resident Assistant Surgeon to the Western General Dispensary, and Demonstrator of Pathology University of Cambridge.—"On Anaemia."

Jones, H. Lewis, M.A., M.D. Cantab., M.R.C.P. Lond., Medical Officer in Charge of the Electrical Department St. Bartholomew's Hospital.—"On Subjects connected with Medical Applications of Electricity."

Jones, Hugh R., M.A., M.D. Camb., Honorary Assistant Surgeon to the Liverpool Infirmary for Children.—"On Developmental Diseases in Town and Country Districts."

Jones, Robert, L.R.C.P., F.R.C.S. Edin., Honorary Surgeon to the Royal Southern Hospital, Liverpool.—"On some points in connection with the Surgical Treatment of Infantile Paralysis."

Keser, J. S., M.D. Bale, F.R.C.S. Eng., Physician to the French Hospital.

Kidd, Percy, M.A., M.D., F.R.C.P., Assistant Physician and Pathologist to the Consumption Hospital, Brompton, and to the London Hospital.

Lewis, W. Bevan, L.R.C.P., Medical Superintendent and Director West Riding Asylum.—"On the Oculomotor Troubles of General Paralysis."

Lindsay, James A., M.A., M.D., L.R.C.P., Consulting Physician to the Ulster Hospital for Women and Children, Belfast.—"On the Nomenclature of Pulmonary Disease, with some Suggestions for Revision."

Lloyd, Jordan, M.S., F.R.C.S., Lecturer on Operative Surgery at Mason College, and Surgeon to Queen's Hospital, Birmingham.—"Craniectomy and other Surgical Subjects."

Lockwood, C. B., F.R.C.S., Assistant Surgeon to St. Bartholomew's Hospital.—"Aseptic Surgery."

Luff, Arthur P., M.D., B.Sc., M.R.C.P., Physician in Charge of Out-patients at St. Mary's Hospital.—"1. The Chemical Changes in the Blood during Acute Rheumatism and Gout. 2. Statistics of the London Small-Pox Outbreaks of 1892 and 1893."

McBride, Peter, M.D., F.R.S.E., Aural Surgeon and Laryngologist, Royal Infirmary, Edinburgh.

Macdonald, Greville, M.D., Physician to the Hospital for Diseases of the Throat.—"Suppuration in the Accessory Cavities in the Nose."

McHardy, Malcolm M., F.R.C.S. Edin., Professor of Ophthalmology King's College.—"1. On Desiderata in Ophthalmic Hospital Plannings. 2. Desiderata in the Working of Ophthalmic Hospitals. 3. Ophthalmological Teaching."

Mackenzie, James, M.D., Honorary Medical Officer Victoria Hospital, Burnley.—"On Studies in Cardiology."

Mackenzie, Stephen, M.D., F.R.C.P., Physician to the London Hospital.—"Clinical Lectures."

McLeod, Kenneth, M.D., LL.D., F.R.C.S. Edin., Formerly Professor of Surgery at Calcutta Medical College.—"On Tropical Medicine and Hygiene."

MacMunn, C. A., M.D., F.C.S., Honorary Pathologist to the Wolverhampton and Staffordshire General Hospital.—"Contributions to Pathological Chemistry."

McWeeney, F. J., M.D., Professor of Pathology and Bacteriology at the Catholic University, Dublin.—"On Bacteriological and Pathological Subjects."

Makins, George H., F.R.C.S., Assistant Surgeon, Joint Lecturer on Anatomy, and Dean of Medical School, St. Thomas's Hospital.—"On the Treatment of Recto-Urethral Fistula."

Manson, Patrick, M.D., LL.D., Physician to the Seamen's Hospital.—"On Tropical Diseases."

Mapother, F. D., M.D., F.R.C.S.I., Late Consulting Surgeon St. Vincent's Hospital, Dublin.—"Diet in Cutaneous Disease."

Marsh, Howard, F.R.C.S., Surgeon to St. Bartholomew's Hospital.—"Abnormal Conditions of Muscles, Ruptures, Displacements, Rhythmic Contractions."

Mercier, Charles Arthur, M.B., F.R.C.S., Lecturer on Neurology and Insanity, Westminster Hospital Medical School.—"On Subjects connected with Insanity."

Mickle, W. Julius, M.D., F.R.C.P., Lecturer on Mental Physiology and Mental Diseases at University College and Middlesex Hospital College.—"On Insanity."

Milligan, W., M.D., Assistant Surgeon to the Manchester Ear Institution.—"On Surgical Treatment of Chronic Suppurative Middle Ear Disease."

Moore, Sir William, K.C.I.E., Hon. Physician to the Queen; Hon. Surgeon to the Viceroy of India.—"Some Remarks on the Cause of Malarious Fever."

Morris, Malcolm, F.R.C.S. Ed., Surgeon to the Skin Department of St. Mary's Hospital.—"On Skin Diseases."

Morton, Charles A., F.R.C.S., Surgeon to the Bristol General Hospital, and Demonstrator of Anatomy to the University College, Bristol.—"On a Case of Removal of a Large Area of the Skull for Relief of Intra-Cranial Pressure in Cerebral Tumour."

Morton, C. A., F.R.C.S., Registrar of Bristol General Hospital.

Moulin, C. W. M., M.D., F.R.C.S., Surgeon and Lecturer on Physiology, London Hospital.—"On Enlargement of the Prostate."

Murphy, James, M.A., M.D., Assessor in Clinical and Operative Surgery, University of Durham, Hon. Surgeon to the Sunderland Infirmary.—"1. Notes of a Case of Enterectomy in which the Button of Murphy of Chicago was used successfully. 2. Acute Puerperal Peritonitis; Abdominal Section and Washing Out: Recovery."

Murray, George R., B.A., M.B. Cantab., Heath Professor of Comparative Pathology in the University of Durham.—"Cases of Acromegaly and Osteo-Arthropathy."

Murray, H. Montague, M.D., F.R.C.P., Senior Physician to the Foundling Hospital.—"On the Chemistry of Dyspepsia."

Notter, James Lane, M.D., Professor of Military Hygiene, and Member of the Senate, Army Medical School, Netley.

Oliver, Thomas, M.D., F.R.C.P., Physician to the Newcastle Infirmary.—"Notes on Clinical Cases."

Parker, Rushton, M.B., B.S., F.R.C.S., Professor of Surgery, University College, and Surgeon to the Royal Infirmary, Liverpool.—"1. On The Radical Cure of Umbilical Hernia. 2. Tetanus treated by Antitoxin."

Parkin, Alfred, M.D., Senior Assistant Surgeon Victoria Hospital, Hull.—"1. Case of Perforation during Typhoid Treated by Suture. 2. Series of Cases of Infantile Hemiplegia Treated by Operation."

Poore, G. Vivian, M.D., F.R.C.P., Professor of Medical Jurisprudence and Clinical Medicine, University College, and Physician University College Hospital.

Power, D'Arcy, M.B., F.R.C.S., Surgeon to the Victoria Hospital for Children and Demonstrator of Surgery at St. Bartholomew's Hospital.—"Interesting Cases illustrating Diseases of Childhood. Papers on the Infective Nature of Cancer."

Robinson, H. Betham, M.D., L.R.C.P., F.R.C.S., Demonstrator of Anatomy and Morbid Histology St. Thomas's Hospital.—"On Diseases of the Breast."

Routh, Amand, M.D., B.S., M.R.C.P., Obstetric Physician to Charing Cross Hospital.—"Gynaecological Therapeutics."

Ruffer, M. Armand, M.D., Physician to the French Hospital.

Russell, J. S. Rislen, M.D., Late House Physician to the Consumption Hospital, Brompton.—"On the Functions of the Cerebrum."

Sansom, Arthur Ernest, M.D., F.R.C.P., Physician to the London Hospital.—"Clinical Studies in Heart Disease."

Saundby, Robert, M.D., F.R.C.P., Physician to the Birmingham General Hospital.

Semon, Felix, M.D., F.R.C.P., Physician for Diseases of the Throat, St. Thomas's Hospital.—"On a Laryngological Subject."

Smart, Andrew, M.D., F.R.C.P.E., Physician to the Edinburgh Royal Infirmary.—"A Series of Clinical Studies, illustrated, including Hodgkin's Disease, Acute Renal Inadequacy, etc."

Smith, Frederick J., M.D., F.R.C.S., Assistant Physician, London Hospital.—"On the Hypodermic Use of Arsenic."

Smith, Noble, F.R.C.S., L.R.C.P., Surgeon to the City Orthopaedic Hospital, and Surgeon to the All Saints Children's Hospital.—"On the Physical Culture of Youth."

Smith, W. Ramsay, M.B., B.Sc., Senior Assistant Professor of Natural History and Senior Demonstrator of Zoology University of Edinburgh.—"Heart Pain."

Spanton, W. Dunnett, F.R.C.S., Surgeon to the North Staffordshire Infirmary.—"Notes on Surgical Cases."

Squance, T. Coke, M.D., Physician and Pathologist to the Sunderland Infirmary, Consulting Physician Monkwearmouth and Southwick Hospital.—"1. Notes on Case of Poisoning by Carbolic Acid. 2. The Treatment of Myxedema with Extract of Spleen."

Stokes, Sir Wm., M.D., F.R.C.S.I., Surgeon to the Meath Hospital, Dublin.—"Surgical Records."

Story, John B., M.B., F.R.C.S., Professor of Ophthalmic Surgery, Royal College of Surgeons, Ireland, and Surgeon to St. Mark's Ophthalmic Hospital.

Suckling, C. W., M.D. Lond., Professor of Medicine in the Queen's Faculty, Mason College, Birmingham.—"Clinical Notes on Diseases of the Nervous System."

Sutton, J. Bland, F.R.C.S., L.R.C.P., Assistant Surgeon, Middlesex Hospital.—"On Some Unusual Tumours."

Thompson, E. Symes, M.D., F.R.C.P., Consulting Physician to the Hospital for Consumption and Diseases of the Chest, Brompton.—"The Climate of Egypt."

Thomson, St. Clair, M.D., F.R.C.S., M.R.C.P., late Assistant Demonstrator of Physiology King's College.—"On the Pathology of Throat and Nose Diseases."

Thomson, W., M.D., F.R.C.S.I., Surgeon to the Richmond Hospital, Dublin.—"Some Clinical Records."

Thorburn, William, M.D., F.R.C.S., Assistant Surgeon to the Manchester Royal Infirmary.

Thornton, J. Knowsley, M.B., C.M., Consulting Surgeon to Samaritan Free Hospital for Women and Children.—"On Abdominal Surgery."

Treves, Frederick, F.R.C.S., Surgeon and Lecturer on Surgery, London Hospital.—"On the Surgery of the Peritoneum and Alimentary Canal."

Tuke, J. Batty, M.D., F.R.C.P., F.R.S.E., late Medical Superintendent to the Fife and Kinross District Asylum.

Walsham, W. J., F.R.C.S., Assistant Surgeon to St. Bartholomew's Hospital.—"General, Orthopaedic, and Nasal Surgery."

Whipham, Thomas T., M.D., F.R.C.P., Physician and Lecturer on Medicine, and Physician in charge of the department of the Diseases of the Throat, St. Thomas's Hospital.

Will, J. C. Ogilvie, M.D., C.W., F.R.S. Edin., Consulting Surgeon to the Aberdeen Royal Infirmary and Examiner in Surgery in the University of Aberdeen.—"Contributions to Genito-Urinary Surgery."

Williams, P. Watson, M.D. Lond., Physician for Diseases of the Throat, and Senior Assistant Physician, Royal Infirmary, Bristol.—"On some Affections of the Heart."

Woodhead, G. Sims, M.D., F.R.C.P., F.R.S.E., Director of the Research Laboratory of the Joint Board of the Royal College of Physicians, London, and the Royal College of Surgeons, England.—"On Pathological Subjects."

Yeo, J. Burney, Physician to King's College Hospital.—"Clinical Subjects."

* * We are unavoidably compelled to omit the names of many other contributors who have promised their co-operation.