

parts particularly) of lectures on sick nursing and the proper care and treatment of infants and young children, including the best ways of preventing the spread of infectious diseases as far as the parents are concerned. These lectures last year were mostly well attended, and a great success.

#### ARTIFICIAL FEEDING.

I wish to take this opportunity of drawing special attention to the practice that is becoming more and more prevalent—in my own district, at any rate—amongst young mothers especially, and under various excuses, of withholding the breast from their children. If the usual substitute for the breast could be depended upon the children would have a better chance, but when to cow's milk that is already poor and probably watered (not to mention being loaded with all sorts of germs) a third or half more water is added, what can you expect but starvation? And this is no doubt the true cause of death (syphilis is answerable for a few) in many cases certified as "congenital debility," "marasmus," etc., in artificially-fed children. Another starvation diet is condensed skimmed milk, which some of the poorer people buy in ignorance of its true quality on account of its comparative cheapness, and the sale of which ought to be prohibited unless plainly marked with large letters instead of small unnoticeable ones, as at present. Of artificial foods, of which there are many, only those that are malted (Savory and Moore's, Allen and Hanbury's, Mellin's, and Benger's are the best on this account) should be allowed. But these are deficient in fat, and require the addition of cow's milk. The only food, as far as I know, that contains fat and does not require the addition of milk is Horlick's malted milk, which, therefore, appears to be the most suitable for infants that have to be artificially fed. It is a not uncommon practice to recommend the boiling of cow's milk before use, but boiling renders it less nutritious and more indigestible, and it has been found that children do not thrive on sterilised milk, and that in some cases scurvy has developed on its continued use, the result being that in Germany and America its use has greatly fallen off. In France, where they do many things better and more thoroughly than we do, a severe penalty is incurred by anyone giving infants under 1 year of age solid food unless ordered by a physician—written prescription—and nurses are forbidden to use feeding bottles with rubber tubes; and in that country and Germany it has to be stated on death certificates whether the child was breast or artificially fed. The only reference I shall make to infectious diseases, which in crowded districts and in some epidemics (measles and whooping-cough in particular) are responsible for a considerable proportion of children's deaths, is to draw attention to the large share elementary schools have in their spread, through children being sent or hunted back to school while in an infectious state. This would be prevented if the teachers strictly excluded all such, in accordance with the provisions and orders of the code; in default of which, according to my own experience, the only effectual way of stopping or checking the spread of measles when once it has got a footing in schools is to close them early, and for at least a month.

I am much obliged to you, gentlemen, for so patiently listening to this, I am afraid, unduly long and somewhat disjointed and rambling address, and would, in concluding, express a hope that my year of office may be a pleasant and fruitful one, and not marred by any social or professional disagreements between members of the Branch. We must not forget that one of the objects of the Association—and this applies specially to the Branches—is to promote good fellowship and brotherly feeling amongst its members.

THE annual general meeting of the Forfarshire Medical Association was held on June 25th, the President, Dr. Adam of Brechin, in the chair. The secretary stated that a cheque for £5,000 had been received from the Cobb trustees towards the fund promoted by the Association to defray the cost of erecting a Maternity Hospital at Dundee. After discussion it was resolved to hold a special meeting in Dundee to consider the disposal of the gift of the Cobb trustees. Dr. Johnston, Fordoun, Kincardineshire, was elected President of the Association for the ensuing year, and Dr. Peter Campbell, Dundee, Secretary.

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

### A CASE OF APSITHYRIA.

Miss S., single, aged 40, a seamstress, came under my care in 1891. She was suffering from a variety of troubles, and amongst her symptoms was functional aphonia. The patient lived and worked alone, had to labour hard to make a bare living, and did not feed herself well. In a previous attack of aphonia her voice came back suddenly. She was gathering eggs in a byre when a fierce old hen flew in her face with a frightful clacking, and her voice remained after her shriek of surprise and terror.

I found spurious spinal symptoms in addition to the aphonia, and there was a history of simulated disease of the knee-joint. She was generally dyspeptic, always constipated, and suffered from dysmenorrhœa. In the spring of 1892 some charitable friends removed her to a comfortable home, where, under the influence of rest, outdoor exercise, regular meals, and freedom from worry, she rapidly improved in general health, and her voice came back. It came back because in her happiness she tried to sing.

In 1893 she was again in poor health, the functional aphonia came back, and in December, after an attack of influenza, she could not even whisper; the condition was one of apathyria. When the general health was somewhat improved she was admitted to the Royal Infirmary, Edinburgh. At first under Dr. P. H. MacLaren, she was seen by Dr. P. McBride and Dr. R. M. Johnston, and lastly was some months in Dr. John Wyllie's wards.

She returned in August of last year, her general condition fairly good, but she was still mute. A month afterwards speech came to her; there was no fright, nor any special reason why, and she spoke in her natural tone for two weeks. At the end of that time she said speaking was an effort to her and more or less painful. She left off, and since then speaks in a whisper, the strength of the whisper seemingly depending on the number and quality of her audience.

Newton Stewart, N.B.

NORMAN J. MCKIE, M.D.

### A CASE OF PEMPHIGUS FOLIACEUS: RECOVERY.

As this affection is described in Quain's *Dictionary of Medicine* as "happily rare, for it is always fatal," and in Taylor's *Practice of Medicine* as a "very rare and fatal form," it will probably be of interest to place on record a case in which complete recovery has taken place.

On September 27th, 1895, O. M. was brought to me by his mother. He was a well-developed boy of 11 years. His face was much swollen, especially on one side. He complained of shivering. There was slight pyrexia. My diagnosis inclined to erysipelas, as a fairly well-defined margin was found to the swelling on the face.

The next day the oedema was much worse, in fact only two slits could be seen where the eyes were, and the whole face was unrecognisable. On the left cheek were three blebs, much resembling vaccination pustules at the eighth day. No other mark was visible on the body. I concluded the case was one of pemphigus, and exhibited liq. arsenicalis *iiiij ter die*. In a few hours several other blebs had formed, and the first had greatly increased in size.

By the next day the whole face was covered, the appearance being that of a severe case of confluent variola at the second or third week. Subsequently the whole surface of the body threw out bullæ, and the appearance and smell were horrible. About a dozen blebs appeared on the scalp. His eyelids were firmly sealed, in fact the face was a complete mask of scabs, in which a crack suddenly appeared when he opened his mouth and protruded the tip of a tongue apparently as badly affected as the skin. At this period he was delirious.

When the bullæ began to exfoliate they came off in masses 4 to 6 inches square, leaving a red exuding surface underneath. Frequently as much *débris* as would fill an ordinary dustpan was swept up out of his bed in a morning. To allay the intolerable itching I ordered equal parts of liq. picis and

lactate of lead, but found most benefit derived from carbolic acid (1 in 40), which we used subsequently.

I had ordered light diet; but he absolutely refused milk or beef-tea, and shouted for "pork-pie and pop." As he would take no denial, his mother consulted me, and, believing the case hopeless, I advised her to get him some pork-pie, thinking he would refuse it when placed before him. To our surprise he ate it and drank a bottle of stone beer, then asked for more. As he seemed no worse, I allowed him some more in about three hours, and from that date, October 1st to October 19th, his whole diet was "pork-pie and pop." Of the former he ate from 2 to 3 lbs. a day, and drank about 6 bottles of stone beer in the twenty-four hours.

He made an uninterrupted recovery, and I left off seeing him on October 25th, when his skin was perfectly normal without a speck upon it. The only mark then left was the absence of eyebrows, which had peeled off and had not recommenced growth. At the present date, December 31st, he is as healthy as any boy could wish to be.

Hay Mill, Birmingham.

FRED. J. VINCENT HALL.

#### HYDRAMNIOS AND TWINS.

M. G., multipara, seen by me on July 6th, 1895, while I was acting medical officer of the Cunningham Hospital for Dr. W. J. Branch, stated that she was six months pregnant, and that up to three months there had been nothing unusual about the size of the belly. The abdomen was enormously distended by a tense tumour giving a fluid thrill. The breathing was much embarrassed, the legs were weak and painful, and there was great distress. The os was patulous and a tense bag of waters could be felt; *ballottement* was easily got by gentle tapping. There were no signs of labour, but there appeared to be danger of a sudden rupture of the amnion, resulting in precipitate labour and serious collapse. It was decided that labour should be induced, and the patient was sent to the Cunningham Hospital.

Next day, assisted by Mr. Numa Rat, I made an attempt to aspirate the amnion, as suggested by Playfair, with a Southey's trocar. No speculum or retractor would give a view of the os, owing to the oedematous state of the vagina, and to the fact that the patient was unable to lie otherwise than on her back. The trocar was therefore guarded by the finger and passed under the edge of the os to puncture the membranes in such a position as to secure a valvular opening. The water at first ran through the fine tube; but soon it began to trickle from the vagina, and the finger found that the tiny puncture had been extended by the water pressure to a rent. By plugging this with one finger, and when it became too large plugging the vagina with the fist, I held the waters on tap, and allowed them to escape gradually. The water was carefully collected, and measured 206 ounces; about six ounces more were lost.

We then allowed labour to proceed naturally, and in less than an hour twins were born. The first and larger fetus could not be got to breathe. The second was in a separate unbroken amnion containing 8 ounces of water. There was one placenta. The uterus had therefore contained 220 ounces of water and two viable fetuses.

The feebler child breathed, and was put into an incubator, but died in a few hours. The mother made a good recovery, and was discharged on July 26th.

St. Kitts, W.I.

C. W. BRANCH, M.B., C.M. Edin.

#### TWO FATAL CASES OF EPILEPSY.

As it is not often that epilepsy proves directly fatal, a brief account of two cases which have occurred in my practice within the last twelve months may interest some of your readers.

CASE I.—Some months ago I was called out to see a man who had fallen down in a fit about a quarter of a mile from my house. On going to the spot I found a man (who, I afterwards ascertained, was a tramp), about 45 years of age, lying by the roadside in a semi-conscious condition. It appears that he had been found about half an hour before concealed in a barn. The owner of the barn asked him what he was doing there, and failing to obtain a satisfactory reply, he concluded that the man was drunk, and sent for a policeman to remove him. The policeman assisted the man

to get up, saw him off the premises, and watched him up the road. The man, whose walk was very unsteady, had not gone more than two hundred yards when he fell down, and the policeman on going up to him found him to be in a fit, and sent for me. By the time I arrived the fit was over, but the patient was only semi-conscious, and in a very few minutes he had another violent epileptic fit. He had hardly recovered from that when another came on, and was followed by another and another in quick succession, until in the course of an hour the man had had six very severe fits. The relieving officer was on the spot with a horse and trap, and as I saw no prospect of the patient getting better and night was coming on, I decided to put the man under chloroform and send him to the Union Infirmary. This I did, and although I succeeded in getting him thoroughly under the anæsthetic, and he was driven quickly to the infirmary, where he arrived safely, without having had another fit, he died the following morning from exhaustion. I think there can be no doubt that the man was a chronic epileptic, who, knowing that he was going to have a fit, had taken shelter in a barn from which he was ejected.

CASE II.—On February 10th I was sent for in the morning to see H. R., a boy aged 14½ years. I found him sitting by the fire, looking very ill, and with a curious look about his eyes which made me suspect some cerebral mischief. When I told his mother that he ought to be in bed, she replied, "We cannot keep him in bed, he wanders so; and he will get up and walk about." I took the lad upstairs, and put him to bed, and examined him very carefully, but could find no indication of disease, except the curious appearance of the eyes. The only symptom complained of by the patient was severe pain in the occipital region. I gave him a good dose of calomel at once, and followed it up with 10-gr. doses of potassium bromide. At 5.30 P.M. the same day a messenger came to me, saying that "they thought the boy was dying." On arriving at the house I was informed that he had just had "a kind of a fit." In a few minutes he had another fit, which was a true epileptic fit of a severe nature. I increased the dose of bromide. When I called next morning I was informed that he had had five fits since my last visit. I gave him morphine, ½ gr., hypodermically, and prescribed potassium bromide 10 gr., chloral hydrate 10 gr. every four hours. The morphine produced about half-an-hour's sleep, after which the patient woke up as bad as ever. I visited him again at 5 P.M. that day, and found him apparently better. He was not quite conscious but his pulse was good, and he seemed quieter and more comfortable, although he had had three more fits during the day. In the night he had one or two more fits, and at 6 A.M. he had another and then died, apparently from exhaustion. This case is interesting for the following reasons. The boy had never had a fit of any kind before. There is no history of epilepsy in the family; there was no history of injury, and the attack proved fatal in less than forty-eight hours. Whether the disease was due to masturbation or to testicular irritation due to the physiological changes at the time of puberty I am not prepared to say, but I am inclined to think that the latter was the more probable cause, as I do not think the former would account for such a rapidly fatal termination.

J. K. KINSMAN BENJAMIN, M.R.C.S., L.R.C.P.

Dorrington, near Shrewsbury.

ANTIRABIC INOCULATIONS IN VIENNA.—The report of the Antirabic Institute, in connection with the Rudolf-Spital of Vienna, which has recently been published, shows that during 1894 and 1895 the total number of patients bitten by rabid animals who underwent treatment was 120. The method adopted was that used in the Pasteur Institute of Paris. No death occurred. The institute is under the direction of Professor Paltauf.

THE CONCEALMENT OF MEASLES.—The Aberdeen Council have recently had a case in court in which the head of the family failed to notify a case of measles. He pleaded guilty, and was mulcted in fines and costs to the amount of 19s. 6d. The salutary lesson that measles is not a disease to be trifled with needs much enforcing, and each additional attempt to enforce the point deserves commendation.

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Applications for duplicates from medical societies forming libraries may be addressed to the Sub-librarian, 429, Strand.

## THE PARKE MEMORIAL.

WITH reference to the appeal made in the BRITISH MEDICAL JOURNAL of June 27th we have received the following contributions towards this fund:

	£	s.	d.
Surgeon-Major A. Hickman Morgan, London	...	1	1
Mrs. Hickman Morgan	...	3	0
Surgeon-Lieutenant-Colonel W. F. Bennett, Bandon	...	2	2

## HOSPITAL AND DISPENSARY MANAGEMENT.

### THE PROPOSED NEW PAUPER ASYLUM FOR EDINBURGH.

THE Edinburgh City Parish Council, backed by the managers of the Royal Edinburgh Asylum, are about to apply to the General Board of Lunacy to have the City Parish constituted a separate lunacy district under the provisions of the Lunacy Districts (Scotland) Act, 1887, and to authorise them to erect a district asylum for the reception of not less than 400 pauper lunatics. It would appear that in 1842 and 1844 the managers of the Royal Edinburgh Asylum at Morningside, in consideration of a sum of £3,200 paid to them, came under an obligation to receive and maintain in that asylum at the lowest rate of board all insane pauper patients in Edinburgh. It was at the time believed that the number of such patients would not exceed 105, but, owing to the growth of the city and other causes, the number of pauper lunatics has risen to 365 and to consequent overcrowding of the asylum. Hence also the managers have been compelled to refuse applications for the admission of private patients, for whom also the asylum was meant. The managers recently applied to the Edinburgh Parish Council for a modification of the hard-and-fast lines of the original agreement, and to this the Council has consented. In order to clear off the debt incurred in making additions to the asylum from time to time to provide space for the growing number of pauper patients, 105 of these will still be maintained in the asylum till the end of the year 1914, when the new lunacy district shall have been constituted, not less than 30 and not more than 50 harmless lunatics will be removed from Morningside Asylum to the wards of the Poor House, and the rest (excluding the 105 alluded to) will be moved when the new asylum is ready.

## OBITUARY.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are: Dr. Th. Sachs, *Privatdocent* of ophthalmology in the University of Innsbruck, aged 41; Dr. Moritz Neisser, of Charlottenburg, translator of Beard's works on neurasthenia, etc., and father of the well-known dermatologist of Breslau, aged 76; and Dr. Paul Werner, Chief Physician of the Borsen Hospital, St. Petersburg, aged 54.

BELGIUM AND INEBRIETY.—The *Ligue Patriotique contre L'Alcoolisme*, which is largely directed by members of the medical profession practising in Belgium, is carrying on a persistent propaganda against alcoholism, which the League calls the "plague of our epoch." Their last enterprise is the publication of an *Anti-alcoholic Library*, issued at an exceedingly low price, for popular instruction, comprising articles by Drs. Belval, Moeller, de Vaucleeroy, Van Coillie, and other writers.

## HOUSE OF COMMONS.

## MOLÈNE AND THE "DRUMMOND CASTLE" DISASTER.

Mr. STEPHENS has intimated his intention to ask the First Lord of the Treasury whether he is aware that the inhabitants of the island of Molène are liable to water famines, and that the visitations of cholera and other waterborne diseases they have at times suffered from severely are probably in part ascribable to the deficiency of safe water. And whether, in recognition of the humane and courteous conduct of the people and authorities of Molène to the victims and friends of the victims of the late *Drummond Castle* disaster, he will take means to ascertain if the offer of provision for water supply by means of a condenser, or by improved storage, or by other reliable form of supply would be acceptable to, and be accepted by, the islanders and their authorities; and, if so, will he request the French Government to allow an acknowledgement of the humanity, kindness, and courtesy of the islanders to take that form, and provide for it by a grant, or by a grant in aid of voluntary contributions from British subjects.

## THE VETERINARY DEPARTMENT OF THE BOARD OF AGRICULTURE.

Mr. KEARLEY asked the President of the Board of Agriculture whether he was aware that general dissatisfaction existed among the veterinary profession throughout the country in consequence of the suppression of the Veterinary Department as originally constituted under the Board; whether protests from the profession and many leading agriculturists had been repeatedly made since the change; and whether, inasmuch as the Department was dependent upon the cordial assistance and co-operation of the veterinary profession in all parts of the country in order to successfully grapple with the various diseases to which the live stock of this country was liable, he would take steps to re-establish the Veterinary Department under the responsible control and supervision of veterinary professors having the confidence of the profession generally.—Mr. W. LONG, in reply, said: I am aware that the veterinary profession generally is in favour of the arrangement of business adopted prior to the retirement of Professor Brown at the end of the year 1893, but I cannot admit that the reorganisation which then took place can properly be described as "the suppression of the Veterinary Department," or that any real ground for complaint exists with regard to the status assigned to our veterinary officers. As the hon. member is aware from the replies given to previous questions put by him on this subject, the status of those officers is identical with that usually given to the professional advisers of public departments, but I recognise that there has been some misunderstanding on the subject; and as I am most anxious to give full expression to our indebtedness to the veterinary profession, I have arranged that the Veterinary Department shall be given a separate place in the list of the Departments of the Board, subject, of course, to the condition that the status of the other officers concerned is not thereby affected.

## POOR-LAW OFFICERS' SUPERANNUATION BILL.

In the House of Commons Mr. BOULNOIS gave notice some days ago of his intention to move the following amendment on the report stage of the Poor-law Officers' Superannuation Bill.—After Clause 2 to insert the following Clause: In the case of nurses and attendants on the sick the ages at which this Act shall apply to each such nurse and attendant on the sick shall be fifty and fifty-five years respectively in place of sixty and sixty-five years, and the period of aggregate service shall be twenty-five years in place of forty years, the superannuation allowance being reduced in proportion, in accordance with the reduced scale laid down in this Act. After Clause 15 to insert the following Clause: Nothing in this Act shall in future apply to any nurse or attendant upon the sick who shall within three months of first coming under the provisions of this Act signify in writing to such authority a desire to this effect. Subsequently the hon. member gave notice of an amendment to Clause 15 at end to add: Provided that any nurse or attendant upon the sick, appointed after the passing of this Act, who shall at the time of such appointment signify her intention not to avail herself of the provisions of this Act shall not be required to make any contributions or submit to any deduction from her salary or wages under this Act, and shall thereupon not be entitled to receive any superannuation allowance, gratuity, or other benefit under this Act.

## PETITIONS.

Petitions have been presented in the House of Commons from the Royal Parliamentary and Police Burghs of Scotland for an alteration in the law in regard to the performances of wild beasts; from Inverkip, Dundee, and Glasgow for alteration in the Public Health (Scotland) (No. 2) Bill; from Birmingham, Festiniog, Hull, and Belfast in favour of the Shops (Early Closing) Bill.

## ROYAL ASSENT.

The Royal Assent has been given during the past week to 70 Acts of Parliament. Amongst them were the Dispensary (Ireland), Housing of the Working Classes (Ireland), Bonnybridge, etc.; Water Provisional Order, Metropolitan Police Provisional Order, Birmingham Corporation Water, Corporation (Metropolitan Market), Great Northern London Cemetery Company, Fadiham Urban District Council (Water) (Extension of Time), Barnsley Corporation (Water), Lambeth Water, Bexhill Water and Gas; Roxburgh, Berwick, and Selkirk District Board of Lunacy (Water); Falkirk and District Water, Huddersfield Water, and Chelsea Water.

## OUTDOOR RELIEF.

Sir W. FOSTER asked the President of the Local Government Board whether his attention had been directed to paragraph 93 and paragraph 7 in the summary of the report of the Royal Commission on the Aged Poor, which recommended the Local Government Board to call the attention of Boards of Guardians to the evils of inadequate relief; and whether he had urged, or would urge, Boards of Guardians to give adequate relief to all cases in which outdoor relief was considered desirable.—Mr. CHAPLIN said: Prior to the notice of the question I had directed that a statement should be prepared as to the duties of relieving officers for the information of those officers and the Boards of Guardians, and I propose in a circular letter accompanying that statement to remind the guardians of the views of the Royal Commission on the Aged Poor as to the importance of the outdoor relief granted being adequate to meet fully the extent of

the destitution and other matters connected with the administration of relief. These circulars, I expect, will be issued in the course of the present week.

## ANTHRAX.

Mr. FORTESCUE FLANNERY has given notice of the following question: To ask the Secretary of State for the Home Department whether his attention had been called to the recent large number of deaths from anthrax occurring in the West Riding of Yorkshire, and whether he will lay upon the table of the House a return showing the number of deaths from this cause since January 1st, 1895; whether he is aware that there is a code of regulations agreed upon between most of the employers of the woolsorters and the workmen themselves as necessary for the protection of the workmen; and that the provisions of this code are practically carried out by the majority of employers in the arrangement of their sorting rooms; and whether the Home Office will consider the advisability of forthwith declaring wool-sorting a dangerous occupation, thus giving local inspectors power to take action where the proper recognised precautions are not observed.

## THE CASE OF JULIA SWIFT.

Mr. HAZELL intends to ask the Secretary of State for the Home Department whether his attention has been called to the inquest at Derby on July 2nd upon Julia Swift, when it appeared that her death resulted from an illegal operation performed by a person who was repeatedly mentioned in court, and that the deceased made a statement to the doctor attending her giving the name of this woman, which statement was written out by the doctor, signed by deceased, and witnessed by him and by another person; whether he has observed that the doctor admitted that he did not know that the presence of a magistrate was necessary to constitute this statement legal evidence; and that the coroner stated in the strongest terms that, though it was perfectly clear that a crime amounting to murder had been committed, it was also clear that unless something further came to light connecting the woman with the charge, a very gross miscarriage of justice must take place because the dying woman's statements were not taken in due form, and will he cause inquiries to be made into the matter?

## UNIVERSITIES AND COLLEGES.

## UNIVERSITY OF EDINBURGH.

## FINAL EXAMINATION FOR THE DEGREES OF M.B. AND C.M.

The following candidates have passed this examination:

D. N. Anderson, J. Anderson, E. Arkwright, J. Ballantyne, \*J. Bannerman, A. Baxter, J. E. H. Bennett, R. Bennie, M.A.; L. F. B. Biecard, J. B. Blaikie, F. J. C. Y. Botha, C. A. Bowker, E. Bramwell, W. H. Brendon, B.Sc.; \*D. Brough, G. S. Brown, H. G. Brown, C. A. Brugman, W. J. Buchanan, W. Buchanan, T. M. Callender, A. F. Cameron, M.A.; J. C. B. Carruthers, W. H. Carse, H. C. Colman, M. Corry, C. B. Crampton, E. Crear, J. Davidson, P. Deb, H. Dewar, M. L. Dhingra, A. Dickson, J. Dorman, H. Douglas, C. W. Eames, \*J. Eason, A. H. Edwards, W. J. A. Erskine, A. W. R. Fletcher, \*W. C. H. Forster, J. M. De Freitas, R. Gardner, Alexandra Mary Campbell Geddes, W. G. C. Geikie, M.A.; M. A. Ghany, W. E. Gibbons, C. F. Giddy, D. D. Gold, T. Grainger, L. Grant, M.A.; A. Y. Greenwood, N. Gunn, R. M. Hall, F. A. Hardy, \*P. J. Henderson, \*P. T. Herring, \*J. T. Hewetson, L. W. Hignett, R. P. Hill, W. H. Hill, W. J. H. Hislop, J. F. Holden, R. K. Howden, J. A. Hunter, D. H. Hutchinson, M. Jackson, W. Jagger, C. H. Johnson, T. F. Johnston, H. I. Jones, G. King, R. W. Knox, C. H. Kruger, C. D. Lauder, G. Lawrence, J. L. Leadbetter, J. Lee, J. F. Lindsay, \*B. L. Livingstone-Learmonth, T. V. Lockhart-Mure, R. E. Loney, \*J. R. Lord, A. P. Low, A. L. Low, J. D. McGrindle, S. McDonald, Jessie MacLaren MacGregor, G. W. McIntosh, G. M. McKellar, J. Macmillan, S. Mallannah, J. L. Majoribanks, J. Mason, F. H. Merry, R. A. Milne, W. M. Milne, M.A.; J. A. Milroy, M.A.; H. M. Morton, O. St. J. Moses, W. Mowatt, J. Muir, \*J. G. P. Murray, A. J. Orchard, W. D. Osler, J. Patton, J. P. Peterson, C. H. Phillips, E. E. Porritt, F. Porter, J. Prentice, M.A.; W. H. Pritchard, W. L. Pritchard, F. M. Purchas, O. Raitt, R. G. Ralston, J. A. Rees, J. H. Reynolds, J. Richards, W. T. Ritchie, W. H. Robb, N. H. Ross, D. R. Rowlands, J. H. Seon, J. T. Shirlaw, J. W. Simpson, W. A. Skinner, G. S. Small, F. O. de Souza, J. Stevenson, J. Stoddart, \*A. C. Sturrock, M.A.; H. Y. Taylor, H. F. L. Taylor, D. G. M. Teague, H. T. J. Thacker, B.A.; A. G. P. Thompson, R. H. Walter, H. G. Waugh, G. A. Welsh, J. H. White, G. F. Whyte, P. W. Wilkinson, F. M. Willcox, A. E. Williams, T. F. Williams, T. A. Williams, E. F. Wills, J. Wilson, W. W. Wood, W. A. Young, and \*A. D. Yule.

\* With distinction.

## CONJOINT BOARD IN ENGLAND.

The following gentlemen passed the Second Examination of the Board in the subjects indicated:

Monday, July 6th.

*Passed in Anatomy and Physiology:* F. J. G. Blake and F. S. Topham, Yorkshire College, Leeds; J. E. Judson and G. T. Brundrett, Owens College, Manchester; C. S. Stollerforth and S. M. Green, University College, Liverpool; P. C. F. Ingram, University College of South Wales, Cardiff; C. H. Welch, University College, Bristol; H. E. Utting and L. C. S. Broughton, Mason College, Birmingham; J. Beard, Firth College, Sheffield; W. B. Secreten, Guy's Hospital; C. P. Woodstock, Anderson's College, Glasgow; G. E. Charles, Queen's College, Cork; R. Allott, Oxford University and St. Thomas's Hospital; and R. W. Rees, University College, London.

*Passed in Anatomy only:* F. W. Whyte, Queen's College, Belfast; and E. Whalley, Yorkshire College, Leeds.

*Passed in Physiology only:* A. W. Walker, Mason College, Birmingham; and T. McCarthy, Queen's College, Cork.

Seventeen gentlemen were referred in both subjects, 4 in Anatomy only, and 1 in Physiology only.

Tuesday, July 7th.

*Passed in Anatomy and Physiology.*—W. H. Randolph, A. L. Vaughan, and C. R. V. Brown, St. Bartholomew's Hospital; H. M. B. Stratford, Oxford University; J. T. Dunston, Guy's Hospital; G. B. A. Speirs and W. St. G. Graham-Hill, St. Mary's Hospital; M. W. Compton and R. J. Cuming, St. Thomas's Hospital; F. Coleman and C. Lees, Charing Cross Hospital; A. J. Evans, E. A. Edington, University College, London; S. Dodd, Westminster Hospital; and E. Gray, Queen's College, Cork, and London Hospital.

*Passed in Anatomy only.*—A. Farrington and A. Hawkins, Cambridge University and St. Bartholomew's Hospital; B. N. Molinieux, Cambridge University and St. Thomas's Hospital; P. G. Williams and T. L. Braidwood, St. Thomas's Hospital; E. Hyde, St. George's Hospital and Cambridge University; F. Cooper, Mason College, Birmingham; M. B. Oliver, University College, London; and R. L. Argles, St. Mary's Hospital.

*Passed in Physiology only.*—J. A. Rooth, St. George's Hospital; J. S. Gayner, St. Bartholomew's Hospital; C. A. Scott, Charing Cross Hospital; E. C. Dean, University College, London; and L. D. B. Cogan, Guy's Hospital.

Ten gentlemen were referred in both subjects, 2 in Anatomy only, and 6 in Physiology only.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

### HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,372 births and 3,601 deaths were registered during the week ending Saturday, July 4th. The annual rate of mortality in these towns, which had been 17.3 and 16.9 per 1,000 in the two preceding weeks, rose again to 17.8 last week. The rates in the several towns ranged from 9.2 in Derby, 9.7 in Croydon, and 12.1 in Brighton to 21.3 in Liverpool, 23.8 in Salford, and 27.5 in Gateshead. In the thirty-two provincial towns the mean death-rate was 17.4 per 1,000, and was 0.9 below the rate recorded in London, which was 18.3 per 1,000. The zymotic death-rate in the thirty-three towns averaged 3.5 per 1,000; in London the rate was equal to 4.0 per 1,000, while it averaged 3.1 per 1,000 in the thirty-two provincial towns, and was highest in Salford, Leicester, Hull, and Gateshead. Measles caused a death-rate of 1.2 per 1,000 in Salford and in Leeds, 1.9 in Sunderland, 4.0 in Hull, and 6.4 in Gateshead; whooping-cough of 1.1 in Halifax and 1.2 in Wolverhampton; and diarrhoea of 2.4 in Sheffield, 2.7 in Salford, 3.8 in Birkenhead, and 5.0 in Leicester. The mortality from scarlet fever and from "fever" showed no marked excess in any of the large towns. The 64 deaths from diphtheria in the thirty-three towns included 43 in London, 4 in Birmingham, and 3 in Liverpool. One fatal case of small-pox was registered in London, but not one in any other of the thirty-three large towns. There were 30 small-pox patients under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital on Saturday last, July 4th, against 27, 41, and 33 at the end of the three preceding weeks; 12 new cases were admitted during the week, against 9, 18, and 6 in the three preceding weeks. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital, which had increased from 2,523 to 2,882 at the end of the nine preceding weeks, had further risen to 2,994 on Saturday last; 359 new cases were admitted during the week, against 352, 309, and 322 in the three preceding weeks.

### HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, July 4th, 914 births and 548 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 18.9 and 17.1 per 1,000 in the two preceding weeks, rose again to 18.8 last week, and exceeded by 1.0 per 1,000 the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 12.6 Aberdeen to 21.8 in Glasgow. The zymotic death-rate in these towns averaged 2.7 per 1,000, the highest rates being recorded in Glasgow and Leith. The 295 deaths registered in Glasgow included 33 from measles, 16 from whooping-cough, 11 from diarrhoea, 6 from diphtheria, 5 from "fever," and 4 from scarlet fever. Two fatal cases of diphtheria were recorded in Edinburgh, and 5 of whooping-cough in Paisley.

### THE WORKING OF THE GOUX SYSTEM AT HALIFAX.

THE medical officer of health of Halifax has recently been asked to give his opinion with reference to the working of the Goux system, which has been tried for some twenty-five years in Halifax. Dr. Ainley is reported to have said that he was thoroughly in sympathy with the system, but if it were possible to start *de novo* he would possibly advise the adoption of some other system; seeing, however, the extent to which the Goux system had been adopted and the satisfaction it had given, he did not think it was advisable to change. It seems that five years ago a large number of complaints of nuisance in connection with the non-removal of the Goux tubs used to be received, but the number has been greatly reduced, so that at the present time not more than 200 complaints are dealt with yearly. Dr. Ainley said that he regarded the water carriage system as a better one than the Goux system, but the latter was a vast improvement upon the old midden system; and having regard to the enormous cost that would be entailed by the abolition of the Goux system in favour of the water carriage system, he did not think the authorities would be justified in making the change.

### THE VACCINATION QUESTION.

AT a recent meeting of the committee of the Stockport Board of Guardians, the question of neglect of vaccination was under discussion. Mr. T. H. Duckworth, Vaccination Officer of the Stockport (First) Sub-district, had stated it to be his opinion that the dominant cause of the decrease of the number of cases satisfactorily accounted for was the delay

in the publication of the report of the Royal Commission on Vaccination, many parents delaying the vaccination of their children in the belief that the compulsory clauses of the Act would be repealed. A member of the Board pointed out, however, that this reason was open to criticism. He did not suppose one person out of one hundred knew there was a Royal Commission sitting. The Chairman said the reason struck the committee as being unsatisfactory. As regards the Second Sub-district, it was reported that the returns for 1894 showed a marked improvement upon those of the previous year, and it was anticipated that when the returns for 1895 were published, they would show a further improvement. It was resolved that handbills should be circulated throughout the union, calling attention to the recent outbreak of small-pox at Gloucester, to the necessity for vaccination and the penalties for default; also that the several vaccination officers should be instructed to take legal proceedings against parents in default, under the Vaccination Acts.

### PRODDING THE AUTHORITIES.

A RECENT issue of the *North British Daily Mail* draws attention to Dr. Wilson's report to the Lanarkshire County Council. It seems that advantage is being taken of Section xxiv of the Parish Councils (Scotland) Act, the 3rd subsection of which, says our contemporary, "enables a parish council to prod the district sanitary authority, if necessary, by notification, complaint, or appeal, in the same manner as householders, ratepayers or county councils are enabled to do under certain specified sections of the Public Health and County Councils (Scotland) Acts." Some parishes seem to have been "prodding" not wisely but too well. But one is less inclined to quarrel with this, as sanitary apathy is a more prevailing complaint in the country generally. Judicious "prodding" will assist the efforts of the earnest sanitarians on the district committees just as in England lay sanitary associations often supply the necessary stimulus to help an authority over a dead point. Very valuable powers lie latent in the English 1875 Public Health Act, Section ccxcix, and the Local Government (England) Act, 1894, Section xvi.

### APPOINTMENT OF A FEMALE SANITARY INSPECTOR.

AT a meeting of the Vestry of St. George the Martyr Southwark, on June 30th, a recommendation of the Public Health and Sewers Committee, to the effect that a female sanitary inspector should be appointed at a commencing salary of £110 a year, was under discussion. There appears to have been a feeling on the part of some members of the Vestry that, while a woman might usefully undertake special duties, she could not be expected to perform the ordinary routine work undertaken by a male inspector. It seems that the chief concern of the new inspector will be with the enforcement of by-laws with regard to houses let in lodgings. A member of the Vestry thought that there would undoubtedly be "rocks ahead" if a woman were appointed; another member failed to see why this should be the case, since female inspectors had to pass the same examinations as male inspectors, and would come under the same regulations.

The recommendation was ultimately referred by the Vestry back to the Committee, with a view to the list of duties which it was proposed the new inspector should undertake being specified.

### VACCINATION AND SMALL-POX AT OLDHAM IN 1895.

DR. CHARLES TATTERSALL, M.O.H., Oldham, in his annual report for 1895 states that the initial case was tramp-caught, and the Whitsuntide festival in the town accounted for 25 attacks, which in their turn carried the outbreak further, and one concealed case led to half a dozen others. In all, 137 cases were heard of, with 24 deaths, or 17.5 per cent.; 13 deaths occurring in the 101 vaccinated cases, or 12.8 per cent.; and 11 deaths in the 36 unvaccinated cases, or 30.5 per cent. Of the unvaccinated, 8, and of the unvaccinated, 75 per cent. of attacks occurred at ages under 10 years. Of the vaccinated cases 20.7 per cent. were trivial in character, 54 per cent. discrete, 21 per cent. confluent, and 3 per cent. hæmorrhagic attacks; but of the vaccinated the respective percentages were nil, 27.63, and 8; striking differences in favour of vaccination. In the invaded houses, only 23 of the 521 persons exposed to infection remained unvaccinated, a fact speaking volumes for the activity of the Oldham sanitary department, it being notorious that the guardians do not enforce the Vaccination Acts. The procedures as to vaccination and revaccination in invaded houses yielded results as follows: Vaccinated, 261; acquired small-pox, 18, or 6.9 per cent. Revaccinated, 137—acquired small-pox, 2 or 1.4 per cent.; and unvaccinated, 23—acquired small-pox, 12, or 52.1 per cent.

### APPOINTMENT OF PUBLIC VACCINATOR.

MEMBER B. M. A. writes to ask whether a public vaccinator holds his appointment on the same terms as a district medical officer, namely, for life if he resides in the district, or can the guardians terminate the contract by giving a month's notice?

\*A public vaccinator's appointment is under no circumstances a life appointment; residence in the district is not necessary, and the contract can at any time be determined by either party giving the other one month's notice.

### NOTIFICATION FEES.

C. G. E. is a Poor-law medical officer, and was one day called in to see a patient whom he found to be suffering from scarlatina, and whose case he promptly certified to the medical officer of health. Several days later he received an order to attend the patient as a pauper case. The question arises—to what scale of fee "C. G. E." is entitled under the circumstances?

\*If "C. G. E." was called in to see the case in his capacity as Poor-law officer, the lower fee of 1s. would be clearly all to which he is entitled. If, on the other hand, the case was attended as one arising in his private practice, the fact of pauperism supervening several days after attack by notifiable disease does not, in our opinion, remove the certificate from the class claiming payment of the higher fee.



## A QUESTION OF COMPENSATION.

EQUITY holds a rural appointment as medical officer of health to a sub-district (population, 14,000), and recently applied for an increase of salary. The Local Government Board have lately suggested that the District Council should appoint one medical officer of health for the whole district (population, 68,000). He asks, if called upon to resign, will he be compensated?

\*.\* Section 309, Public Health Act, 1875, provides that "If any officer of ..... any sanitary authority ..... under this Act is by, or in pursuance of ..... this Act ..... removed from his office, or deprived of the whole or part of the emoluments of his office, and does not afterwards receive remuneration to an equal amount in respect of some office or employment under or by the authority of any district under this Act, the Local Government Board may by order award to such officer such compensation as the said Board may think just, etc." The Local Government Board have, however, usually approved in small districts of the making of appointments for only limited periods. If "Equity" is so appointed, we question if when his term of office ends he would receive any compensation. It would, however, cost him nothing to ask for it.

## A DISPUTED CLAIM.

URBAN (Bradford) writes as follows: Up to December, 1895, I was medical officer of health to an urban district. In October and November, 1895, I attended a case of typhoid fever in the isolation hospital. It was a poor patient, the private case of another medical man, who stated he could not attend her at the hospital. I then considered it my duty to attend her and did so, and reported the case to the Council in my next monthly report. Having been appointed medical officer before the hospital was built, I considered I was not paid for such attendance, so sent in an account to the Council for attending the case. After three months' consideration, the Council have returned the account and declined payment. Do you think I have a just claim? Should I take it into court, and what chance do you think I should have there? Do you know of any similar case, and what is the usual practice in such cases? I have sent in the account again, with a letter giving my explanation of it, but have not yet had a reply.

\*.\* We think it exceedingly doubtful whether our correspondent could successfully establish his claim. We are advised that it comes within that class of cases where a "previous request" or a subsequent express promise (on the part of the Council) would be necessary to support an action.

## INDIA AND THE COLONIES.

## INDIA.

CHOLERA AND SANITATION IN BANGALORE.—Cholera having visited the civil and military stations of Bangalore, in Mysore, during the months of August and September, 1895, Surgeon-Major Ronald Ross, D.P.H., was deputed to investigate the outbreak and the sanitary condition of the town, and to report and advise regarding the best means of arresting the former and improving the latter. In a singularly able and exhaustive report, Surgeon-Major Ross has fulfilled the objects of his mission, and submitted a scheme of sanitary reform which, though primarily applicable to Bangalore, constitutes a study in Oriental hygiene of exceptional clearness, force, and utility. Cholera visited this town with severity in the famine years of 1875-6-7. This visitation was succeeded by comparative immunity until the year 1884, since when the disease has lingered in the place persistently, so as to present the aspect of a permanent endemic, a condition of prevalence rare in Southern India. This endemicity has been coincident with a change in arrangements for the disposal of sewage, sullage, and refuse, the removal of which was entrusted by the municipality to contractors and private individuals. The cholera of 1895 broke out in a suburb of the town, having apparently been imported by a traveller from Madras. During fifty days, 123 cases occurred, of which 91 proved fatal. The features of localisation and grouping were very evident; localisation was apparently determined by the main sewer, which was little better than an elongated cesspit, and 56 of the cases occurred in 22 groups. An elaborate analysis of seizures is given, and a detailed account furnished of the manner in which the poison of the disease may have been distributed. The reporter finds reason to conclude that proximate infection played a more important part in causation than distal; in other words, that domestic conditions were more effective in spreading the disease than communal. The sanitary condition of Bangalore as portrayed by Dr. Ross is simply appalling. The soil, the air, the water of the place are habitually saturated with excremental filth, and the arrangements for removing excreta and rubbish faulty in the extreme. Defects are described with merciless realism, and faults—administrative, constructive, and executive—exposed with the force of plain and sober truth. The necessity of insisting on domestic sanitation as the essence and starting point of reform is strongly put, and detailed suggestions are offered, founded on a profound and intelligent survey of local conditions for placing matters on a sounder and safer footing. The report has been received by the authorities in the best possible spirit, and instructions for the better sanitary government of Bangalore have been promptly issued. Bangalore is an important military station. By the latest census, the civil population numbered 84,948, and the military 15,133 souls. It is a humiliating fact that at the present time so large a community should be permitted to live under such abominable and dangerous conditions as this report reveals. The municipality appears to have neglected its duties and responsibilities most flagrantly. Now that the Government has taken the matter up in earnest, it is to be hoped that sanitary barbarism will no longer be allowed to exist in Bangalore.

## MEDICAL NEWS.

MRS. HUXLEY, widow of Professor T. H. Huxley, has been granted a Civil List pension of £200 a year.

PROFESSOR E. KLEBS has been appointed to the Chair of Pathology in Rush Medical College, Chicago.

THE Hospital Saturday Fund Association held its twenty-third annual street collection on July 4th, with the result that the sum of £1,650 was collected.

THE Geneva meeting of the Periodical International Congress of Gynecology and Obstetrics will open on Monday, August 31st, and close on Saturday, September 5th. Those who wish to take part in the coming meeting, and who desire any kind of information respecting the Congress, should communicate as soon as possible with Mr. J. H. Targett, M.B., 6, St. Thomas's Street, S.E.

THE annual dinner of the Cambridge Medical Graduates Club was held on July 2nd at Limmer's Hotel, Conduit Street, W.; Dr. W. H. Dickinson being in the chair. Members and their guests were present to the number of fifty-seven. The chairman, in proposing "The Health of the Club," reviewed the events of the past year in connection with the Cambridge Medical School, and mentioned the change which had been decided on in the name of the club; for the future it would be called the Cambridge Graduates Medical Club. Dr. R. D. Brinton proposed "The Guests," to which Dr. Glover and Mr. Kendal Franks responded. "The Chairman's Health" was elegantly proposed by Dr. Isambard Owen. A letter from the President, Sir G. M. Humphry, was read by Mr. Page, regretting his inability to be present, and expressing his wishes for the prosperity of his former pupils. In reply a letter of sympathy and solicitude was by the unanimous wish of those present sent to their old teacher.

THE MEDICAL NEEDS OF INDIA.—A meeting of the East India Association was held at the Westminster Town Hall on July 6th, when a paper was read by Dr. K. N. Bahadurji, M.D.Lond., on The Medical Needs of India. Lord Reay presided. Dr. Bahadurji stated that the present position of the medical profession, medical education and science and sanitation in India was the outcome of a system of civil medical administration which, by reason of its not keeping pace with and adapting itself to the growing requirements of the civil medical department, had come to be an anachronism. In actual practice the system was prejudicial to the best interests of medical education and scientific work, and was, moreover, subversive of the declared policy and aims of Government in founding their civil medical institutions. It made the civil medical department, requiring in its several branches special knowledge and training, a mere appanage of, and provision for members of a military service. Lord Reay, in opening a discussion on the paper, said he could not conceive any subject which was more important, and in which the responsibilities of the Imperial Government were more engaged than that of the medical needs of India. Alluding to the question of the scientific equipment of the medical schools of India, he said it was clear that, unless those schools were placed on the same footing as the medical schools in all other parts of the civilised world, an injustice was done to medical students in India which must be, as soon as possible, removed. What was needed was a greater number of female doctors, more hospitals for women, and tenfold the present number of nurses, both European and native. They also wanted the colleges and schools to be placed on an equal footing with other colleges and schools in other parts of the world, and a civil medical service which would be entirely independent of the Army Medical Service. Surgeon-Colonel Howard and Sir Lepel Griffin supported many of the views expressed.

ANNUAL DINNER OF THE EPIDEMIOLOGICAL SOCIETY.—The annual dinner of this Society was held at the Grand Hotel on July 3rd, the President (Mr. Shirley Murphy) in the chair. Among those present were the President of the General Medical Council, the President of the Royal College of Surgeons, Dr. Thorne Thorne, Dr. Forman, Dr. Little, Dr. Klein, Dr. Whitelegge, Dr. Tatham, Mr. Brudenell Carter, Dr.

Scriven, Dr. Preston, Professor Lane Notter, Dr. Sweeting, Dr. Coupland, Dr. Royle, Dr. Bulstrode, Dr. Caiger, Dr. Hamer, and Dr. Young. After the toast of "The Queen" the toast of "The Services" was given, to which Drs. Scriven and Preston replied. The toast of "The Visitors" was given by Dr. Whitelegge, and responded to by Sir Richard Quain and Mr. Christopher Heath. The President, in proposing the toast of "The Epidemiological Society," referred to the work of the Society, which he claimed was well deserving of approval, and he mentioned especially the early investigations of the Society in connection with vaccination, which had served a useful purpose at the time the Vaccination Act was under revision. The association of the Society with this subject made it especially fitting that the Society should found a Jenner medal to be awarded from time to time to those who added to the knowledge of preventive medicine. He was glad to be able to announce that the proposal was meeting with approval, and subscriptions were being received for this purpose. Dr. Forman proposed the toast of "The Public Health Service," and referring to the growth of health administration throughout the country and the important services it had rendered to the public, claimed that the time had come when a Minister of Health should be appointed. Dr. Thorne, in replying, referred to the change of thought which had resulted from a knowledge of the life-history of micro-organisms of disease. Dr. Louis Parkes acknowledged the toast. The evening terminated with the toasts of "The Treasurer and Secretaries of the Society, Drs. Sweeting, Bulstrode, and Coupland," who had rendered valuable services to the Society.

### MEDICAL VACANCIES.

The following vacancies are announced:

- BRECON INFIRMARY.**—Resident House-Surgeon; unmarried; doubly qualified. Salary, £70 per annum, with furnished apartments, board, attendance, fire, and gas. Applications to W. Porell Price, Secretary, No. 6 Bulwark, Brecon, South Wales, by July 16th.
- CENTRAL LONDON OPHTHALMIC HOSPITAL,** Gray's Inn Road, W.C.—House-Surgeon. Rooms, coals, and lights provided. Applications to the Secretary before July 14th.
- CHESTERFIELD AND NORTH DERBYSHIRE HOSPITAL AND DISPENSARY,** Chesterfield.—Junior House-Surgeon and Dispenser. Salary, £50 per annum, with board, apartments, and laundress. Applications to the Secretary by July 16th.
- DENBIGHSHIRE INFIRMARY,** Denbigh.—House-Surgeon; doubly qualified and conversant with the Welsh language. Salary, £80 per annum, with board, residence, and washing. Applications to W. Vaughan Jones, Secretary, by July 30th.
- GENERAL INFIRMARY AT GLOUCESTER AND THE GLOUCESTERSHIRE EYE INSTITUTION.**—Assistant House-Surgeon, doubly qualified. Appointment for six months, but eligible for re-election. Board, residence, and washing provided, but no salary. Applications to the Secretary by July 15th.
- GLASGOW SAMARITAN HOSPITAL FOR WOMEN,** Victoria Road, Glasgow.—Clinical Assistant (Lady). Applications to Thos. Macquaker, Secretary, 89, West Regent Street, Glasgow, by July 25th.
- GREAT NORTHERN CENTRAL HOSPITAL,** Holloway Road, N.—House-Surgeon. Salary, £60 per annum, with board, lodging, and laundry in the hospital. Junior House-Surgeon. Appointment for six months, with board, lodging, and laundry provided in the hospital. Applications on forms of applications provided to be sent to the Secretary by July 20th.
- HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST,** Brompton.—Resident House-Physician. Applications to the Secretary by July 21st.
- ISLE OF WIGHT ASYLUM.**—Assistant Medical Officer, doubly qualified. Salary, £100 per annum, with board, lodging, etc., but without alcohol. Applications to the Medical Superintendent, Whitecroft, Newport, Isle of Wight, by July 20th.
- JOINT COUNTIES ASYLUM,** Abergavenny.—Junior Assistant Medical Officer. Salary, £100 per annum, increasing by two yearly instalments of £25 to £150, with board, lodging, and washing. Applications to the Medical Superintendent by July 18th.
- LONDON THROAT HOSPITAL,** 204, Great Portland Street, W.—Junior Assistant Surgeon. Applications to the Secretary of the Medical Committee by July 18th.
- METROPOLITAN ASYLUMS BOARD.**—Two Assistant Medical Officers at the Eastern Fever Hospital, Homerton, N.E. Salary, £160 during the first year, £180 during the second, and £200 during the third and subsequent years, with board, lodging, attendance, and washing. Must be unmarried, and doubly qualified. An Assistant Medical Officer for the North Eastern Fever Hospital, St. Ann's Road, N.—Salary, £160 during the first year, £180 during the second year, and £200 during the third and subsequent years, with board, lodging, attendance, and washing. Must be unmarried. Applications on forms provided to be sent to the Offices of the Board, Norfolk House, Norfolk Street, Strand, for the two former appointments by July 17th, and for the latter at once.
- MILLER HOSPITAL AND ROYAL KENT DISPENSARY,** Greenwich Road, S.E.—Junior Resident Medical Officer. Salary, £30 per annum,

with board, attendance, and washing. Appointment for six months, with prospect of re-election as Senior at a salary of £60 per annum. Applications to the Honorary Secretary by July 14th.

**NORTH-WEST LONDON HOSPITAL,** Kentish Town Road, N.W.—Assistant Resident Medical Officer. Also Assistant Surgeon (must be F.R.C.S. Eng., and reside within three miles of the Hospital). Applications to Alfred Craske, Secretary, for the former by July 21st, and for the latter by July 20th.

**OWENS COLLEGE,** Manchester.—Assistant Lecturer and Demonstrator in Materia Medica and Pharmacy. Stipend £120 per annum. Applications to the Registrar by July 31st.

**OWENS COLLEGE,** Manchester.—Senior and Junior Demonstrator in Physiology. Stipends will be £150 rising to £200, and £100 rising to £150, respectively. Applications to the Registrar by July 13th.

**PLYMOUTH PUBLIC DISPENSARY.**—Second Medical Officer of the Provident Department, doubly qualified. Appointment for one year, but eligible for re-election. Physician's Assistant, doubly qualified. Salary, £60 per annum. Appointment for one year, but eligible for re-election. Applications to the Honorary Secretary, W. H. France, 7, Athenæum Terrace, Plymouth, by July 21st.

**ROYAL ALBERT HOSPITAL,** Devonport.—Assistant House-Surgeon. No salary; board, lodging, and washing provided. Applications to the Secretary of the Medical Committee not later than the first post on July 18th.

**ROYAL EYE HOSPITAL OR ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL,** Southwark.—House-Surgeon; will be required to take up residence about October 1st. Salary, £50 per annum, with board and lodging. Applications to the Secretary by August 1st.

**SHEFFIELD GENERAL INFIRMARY.**—Junior Assistant House-Surgeon; doubly qualified. Salary, £50 per annum, with board and washing. Appointments for three years, but eligible for re-election. The offices of House-Surgeon (salary, £120), House-Physician at £80, and Senior Assistant House-Surgeon, at £60 per annum, are also vacant. Applications, to be addressed to the "Medical Staff of the Sheffield General Infirmary," to the care of the Secretary, by July 16th.

**TAUNTON AND SOMERSET HOSPITAL.**—House-Surgeon; doubly qualified. Must enter into an engagement for not less than three years in case the Governors shall so long require his services. Salary, £100 per annum, with board, lodging, and washing. Applications to J. H. Biddulph Pinchard, Secretary, 13, Hammet Street, Taunton, by July 13th.

**UNIVERSITY OF ABERDEEN.**—University Assistant in Physiology. Salary, £150 per annum, rising by annual increments of £25 to £200. Applications to Professor MacWilliam, by July 13th.

**WARNEFORD HOSPITAL,** Leamington.—House-Surgeon. Appointment for six months, but may be renewed for a further period. Salary, £100 per annum, with board, lodging, and washing. Applications, on forms provided, to be sent to the Secretary before July 15th.

**WEST RIDING ASYLUM,** Menston, near Leeds.—Fourth Assistant Medical Officer. Salary to commence at £100, rising £10 annually to £150, with board and apartments. Applications to the Medical Superintendent by July 20th.

**WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL,** Wolverhampton.—Resident Assistant. Appointment for six months. Board, lodging, and washing provided. Applications, inscribed "Application for Resident Assistant," to be addressed to the Chairman of the Medical Committee by July 27th.

### MEDICAL APPOINTMENTS.

- AYLING,** Arthur H. W., L.S.A., appointed Assistant Medical Officer to the Wellington (Salop) Union.
- BACK,** H. H., M.B. Lond., M.R.C.S. Eng., appointed Medical Officer for the Sparham District of the Mitford and Launditch Union.
- BLUMFELD,** J., M.B., C.M. Cantab., appointed House-Physician to the North-Eastern Hospital for Children, Hackney Road.
- BRODIE,** W. H., M.D. Edin., appointed Medical Officer to the Workhouse of the Battle Union.
- BROWN,** Mr., reappointed Medical Officer for the Worthies (No. 2 District) of the Winchester Union.
- CASTLE,** R. F., M.B. Camb., B.C., appointed Medical Officer of Health to the Darfield Urban District Council.
- CASSIDY,** Charles G., M.B. Edin., appointed Assistant Medical Officer to the Grahamstown Asylum, South Africa, *vice* Dr. Walter Adam, resigned.
- COYLE,** Dr. H. J., appointed Medical Officer and Medical Officer of Health combined for the Instioje Dispensary District.
- CRERAR,** C., M.B., C.M. Edin., appointed House-Surgeon to the Perth Royal Infirmary.
- DAVIES,** Thomas B. P., M.D. Lond., appointed House-Surgeon to the Bula-wayo Hospital.
- DELMEGE,** L. E., L.R.C.P. Edin., L.R.C.S.I., appointed Medical Officer for the Burton District of the Kendal Union.
- DREAPER,** R. H., L.R.C.P., L.R.C.S.I., appointed Medical Officer for the No. 12 District of the Ashton-under-Lyne Union.
- GREEN,** R., M.D. Durh., M.B., B.Sc., appointed Medical Officer of Health for the Borough of Gateshead.
- HAYES,** H. W. McCauly, M.R.C.P. Edin., L.R.C.S. Edin., L.F.P. and S. Glasg., and L.M., appointed Medical Officer to the Indigo Planters' Association, Sewan, Sarum District, Behar, India.
- HOLMES,** E. R., M.B. Edin., appointed House-Surgeon to the Nobles (Isle of Man) Hospital.
- HORSFALL,** H., M.D. St. And., M.R.C.S., reappointed Medical Officer for the Masham District of the Bedale Union.

JAMES, Ernest W., M.R.C.S., appointed Medical Officer for Herdingham District of the Mitford and Launditch Union.

JONES, Richard, M.D., D.P.H.Camb., reappointed Consulting Medical Officer of Health for the Merioneth County Council.

KINGDON, Wilfred R., M.B.Durh., appointed Assistant Medical Officer to the City Asylum, Birmingham.

MACQUEEN, A., M.D.Edin., appointed Medical Officer of Health to the Drayton Urban District Council.

MEADOWS, R. T., M.D.Edin., D.P.H.Eng., appointed Medical Officer for the No. 4 District of the St. German's Union.

MICKLE, G., M.A.Aberd., M.B.C.M., reappointed Medical Officer of Health to the Kirklington-cum-Upsland Urban District Council.

MILLAR, J. N., M.B., C.M.Glasg., reappointed Medical Officer of Health to the Wombwell Urban District Council.

O'ROURKE, Mr., appointed Medical Officer to the Ballyconnell Dispensary District.

ROBERTS, Dr. L., appointed Medical Officer for the Workhouse of the Newtown and Llanidloes Union.

ROGERS-TILLSTONE, J. M., M.R.C.S., L.R.C.P., appointed Medical Officer and Public Vaccinator for the Second District of the Malling Union, vice H. E. Taylor, M.D., resigned.

ROWLEY, C. O., M.R.C.S.Eng., L.S.A., appointed Medical Officer for the No. 2 District of the Barnsley Union.

SANKEY, J., L.R.C.P., M.R.C.S., appointed Medical Officer for the No. 6 District of the Tonbridge Union.

SMITH, Dr. A. G. L., appointed Medical Officer for the Crick District of the Rugby Union.

TOKING, J. H., M.B.Lond., L.R.C.P., M.R.C.S., appointed Medical Officer for the Camborne District of the Redruth Union.

WALCOT, Thomas, M.D.Edin., appointed Medical Officer of Health to the Frimley Urban District Council.

KERR, James, M.D.Camb., appointed Police Surgeon for Rochdale, vice Dr. March, resigned.

FOOKS, W. P., M.B.Camb., M.R.C.S., appointed Medical Superintendent to the Infirmary of the Isleworth Union.

MARMION, Henry, L.R.C.P., L.R.C.S.Edin., appointed Assistant Medical Superintendent to the Infirmary of the Isleworth Union.

LAKE, William Wellington, M.R.C.S.Eng., L.S.A., reappointed Medical Officer of Health to the Guildford Rural District Council.

## DIARY FOR NEXT WEEK.

## TUESDAY.

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

## WEDNESDAY.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C., 3 P.M.—Lecture by Dr. Felix Semon: Laryngeal Paralysis in Tabes Dorsalis.

## FRIDAY.

BRITISH LARYNGOLOGICAL, RHINOLOGICAL, AND OTOLOGICAL ASSOCIATION, 11, Chandos Street, Cavendish Square, W., 3 P.M.—Cases by the President (Dr. George Stoker), Dr. Barclay Baron, Mr. G. C. Wilkin, Dr. R. H. Woods, Dr. Milligan, etc. Specimens by Mr. Lake. Dr. Pegler: Acute Hemorrhagic Otitis Media, with notes of a case. Discussion on Preliminary Tracheotomy in Thyroidectomy for the Removal of Foreign Bodies from the Larynx; to be opened by the President. Dr. Dundas Grant, Mr. F. Marsh, Dr. Woods, and Dr. Milligan will take part. The Annual Dinner of the Association will take place at the Langham Hotel at 7.30 P.M. after the meeting.

## BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 8s. 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.

BROADBENT.—On July 4th, at 35, Seymour Street, Portman Square, W., the wife of Dr. John F. H. Broadbent, of a daughter.

COTTELL.—At Windmill Hill, Gibraltar, on June 28th, the wife of Surgeon-Major A. B. Cottell, A.M.S., of a son (who lived only two hours). Australian papers please copy.

SMITH.—At 5, Ravelston Place, Edinburgh, on July 2nd, the wife of J. Lorrain Smith, M.D., of a daughter.

## MARRIAGES.

FISHER—LITTLEJOHN.—On June 27th, at George Lane Congregational Church, by the Rev. Thomas Hammond, William Rigby Fisher, L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg., of the White House, Gnosall, to Jane Curtle, eldest daughter of Thomas Littlejohn, Esq., of The Crescent, Woodford.

HARMAN—ROCHFORD.—On the 1st July, at St. Michael's Church, Wandsworth Common, by the Rev. E. Louis Clapton, Albert Brice Harman, of Hungerford, Berks, to Violet, eldest daughter of the late J. S. Rochfort, Esq., barrister, of Calcutta.

## DEATH.

THOMPSON.—On July 3rd, at the residence of her son at Cleobury Mortimer, aged 71, Eliza Catherine, daughter of Dr. Hickman, and widow of the late F. Falconer Thompson, M.R.C.S., Tenbury.

HOURS OF ATTENDANCE AND OPERATION DAYS  
AT THE LONDON HOSPITALS.

CANCER, Brompton (Free). *Attendances*.—Daily, 2. *Operations*.—Tu. F. S., 2.

CENTRAL LONDON OPHTHALMIC. *Operations*.—Daily.

CHARING CROSS. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F. 1.30; Skin, M. 1.30; Dental, M. W. F., 9; Throat and Ear, Tu. F. 9.30. *Operations*.—W. Th. F., 9.

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

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

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

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

GUY'S. *Attendances*.—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. *Operations*.—(Ophthalmic) M. Th., 1.30; Tu. F. 1.30.

HOSPITAL FOR WOMEN, Soho. *Attendances*.—Daily, 10. *Operations*.—M. Th., 2.

KING'S COLLEGE. *Attendances*.—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. *Operations*.—M. F. S., 2.

LONDON. *Attendances*.—Medical, daily, 9.30; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p. W. S. 1.30; Eye, Tu. 9; Ear, S. 9.30; Skin, Th., 9; Dental, Tu., 9. *Operations*.—M. Tu. W. Th. S., 2.

LONDON TEMPERANCE. *Attendances*.—Medical, M. Tu. F., 2; Surgical, M. Th., 2. *Operations*.—M. Th., 4.30.

METROPOLITAN. *Attendances*.—Medical and Surgical, daily, 9; Obstetric, W., 2. *Operations*.—F., 9.

MIDDLESEX. *Attendances*.—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. *Operations*.—W. 1.30; S., 2; (Obstetric) Th., 2.

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

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

NORTH-WEST LONDON. *Attendances*.—Medical and Surgical, daily, 2; Obstetric, W., 2; Eye, W., 9; Skin, F., 2; Dental, F., 9. *Operations*.—Th., 2.30.

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

ROYAL FREE. *Attendances*.—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Skin, Th., 9; Throat, Nose, and Ear, S., 9; Dental, Th., 9. *Operations*.—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.

ROYAL LONDON OPHTHALMIC. *Attendances*.—Daily, 9. *Operations*.—Daily, 10.

ROYAL ORTHOPEDIC. *Attendances*.—Daily, 1. *Operations*.—M., 2.

ROYAL WESTMINSTER OPHTHALMIC. *Attendances*.—Daily, 1. *Operations*.—Daily.

ST. BARTHOLOMEW'S. *Attendances*.—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; Orthopaedic, M., 2.30; Dental, Tu. F., 9. *Operations*.—M. Tu. W. S., 1.30; (Ophthalmic), Tu. Th., 2.

ST. GEORGE'S. *Attendances*.—Medical and Surgical, daily, 12; Obstetric, M. Th., 2; o.p. Eye, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, F., 2; Orthopaedic, W., 2; Dental, Tu., S., 9. *Operations*.—M. Tu. Th. F. S., 1.

ST. MARK'S. *Attendances*.—Fistula and Diseases of the Rectum, males S., 3; females, W., 9.45. *Operations*.—M., 2; Tu., 2.30.

ST. MARY'S. *Attendances*.—Medical and Surgical, daily, 1.45; o.p. 1.30; Obstetric, Tu. F., 1.45; o.p. M. Th., 1.30; Eye, Tu. F. S., 9; Ear, M. Th., 3; Orthopaedic, W., 10; Th., 1.30; Skin, M. Th., 9.30; Electrotherapeutics, M. Th., 2.30; Dental, W. S., 9.30; Children's Medical, Tu. F., 9.15; Children's Surgical, S., 9.15. *Operations*.—M., 2.30; Tu. W. F., 2; Th., 2.30; S., 10; (Ophthalmic), F., 10.

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

ST. THOMAS'S. *Attendances*.—Medical and Surgical, M. Tu. Th. F., 2; o.p. daily, 1.30; Obstetric, Tu. F., 2; o.p. W. S., 1.30; Eye, Tu. F., 2; o.p. daily, 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.30; Electrotherapeutics, o.p. Th., 2; Mental Diseases, o.p. Th., 10; Dental, Tu. F., 10. *Operations*.—M. W. Th. S., 2; Tu. Th., 3.30; (Ophthalmic), Th., 2; (Gynaecological), Th., 2.

SAMARITAN FREE FOR WOMEN AND CHILDREN. *Attendances*.—Daily, 1.30. *Operations*.—W., 2.30.

THROAT, Golden Square. *Attendances*.—Daily, 1.30; Tu. F., 6.30. *Operations*.—Th., 2.

UNIVERSITY COLLEGE. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetrics, M. W. F., 1.30; Eye, M. Th., 2; Ear, M. Th., 2; Skin, W., 1.45; S., 9.15; Throat, M. Th., 9; Dental, W., 9.30. *Operations*.—Tu. W. Th., 2.

WEST LONDON. *Attendances*.—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th., 2; Ear, Tu., 10; Orthopaedic, W., 2; Diseases of Women, W. S., 2; Electric, Tu., 10; F., 4; Skin, F., 2; Throat and Nose, S., 10. *Operations*.—Tu. F., 2.30.

WESTMINSTER. *Attendances*.—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. *Operations*.—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.

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.

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.

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.