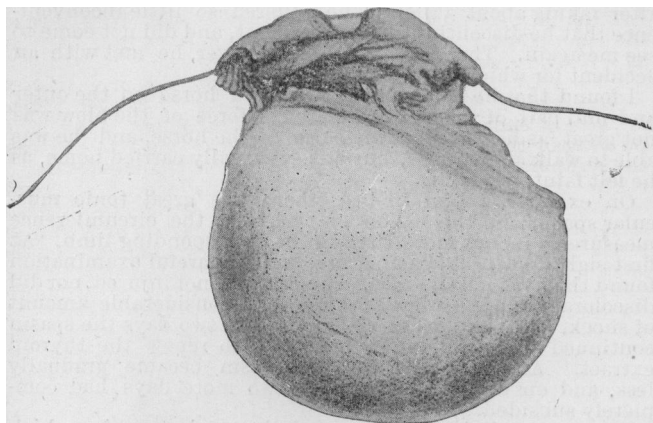


The tube was removed on the third day, and the sutures on the seventh day. Subsequently the general condition of the child improved; she was sent to a convalescent home on October 3rd, and at the present time (January, 1897) continues quite well.

The cyst (which is shown in the accompanying drawing) is



Suppurating ovarian cyst, removed from an infant. Above is the Fallopian tube with a bristle passing through it.

unilocular, of the form of a flattened sphere,  $1\frac{1}{2}$  inch in diameter; its inner surface is somewhat rugose and furrowed, but is not beset with papillæ. Above it runs the Fallopian tube, which is slightly thickened but patent. Microscopically the cyst wall was composed of fibronuclear tissue with an inner lining of granulation tissue. No remains of true ovarian tissue could be observed either with 'the naked eye or with the microscope. It is therefore impossible to say whether the cyst originated in the oöphoron or paroöphoron, but probably in the former.

Dr. Carpenter has kindly placed at my disposal a list which he has collected of 35 cases of ovarian tumour removed from infants and children under 12 years of age. From this it appears that in 15 the tumours were dermoids, in 10 simple cystic growths, in 9 malignant, and 1 was a fibromyoma. The youngest patient was 1 year and 9 months old. This was a case of dermoid cyst successfully removed by Roemer.<sup>1</sup>

My own patient at the date of the operation was 1 year and 11 months old, so that as far as I have been able to ascertain this is the youngest recorded case but one in which an ovarian tumour has been successfully removed.

The presence of pus within the cyst, evidently due to the intimate adhesions to the bowel, fully explains the pyrexia and constitutional disturbance, which completely disappeared after the operation. It was the existence of these symptoms which, in the first instance, gave rise to the suspicion that the tumour was a pyosalpinx, possibly of tuberculous origin. Had the nature of the swelling not been carefully ascertained by rectal bimanual examination, it is probable that the case would have drifted on until the child was attacked with suppurative peritonitis.

**CASE II. Tuberculous Disease of Kidney in a Child under 4 years: Nephrectomy: Recovery.**—A. F., aged 3 years and 9 months, a patient at the Evelina Hospital, was transferred to my care by my colleague, Dr. Carpenter. Three months before admission the mother noticed that the child was wasting, micturated frequently, passing very little urine at a time, and that the water contained slime. For two months she had complained of pain in the abdomen. When admitted the child was emaciated, the abdomen enlarged by a tumour, evidently renal, which occupied the left lumbar region; it extended from beneath the costal cartilages, downwards below the level of the anterior superior spine, and forwards to within 2 inches of the umbilicus. The colon was pressed forwards towards the middle line; the liver was slightly enlarged; the lower edge of the right kidney could just be felt; the urine, specific gravity 1012, contained a faint trace of albumen; the temperature was typically hectic, reaching at 9 P.M. on the day of admission  $105.5^{\circ}$  F.

On June 15th, 1895, under anaesthesia, an incision was made into the kidney through the loin, a considerable quantity of pus let out, and a drainage tube inserted. After the operation the child was greatly collapsed.

On June 25th the urine contained albumen and pus. The child complained of pain in the left shoulder. The temperature, although improved by the first operation, was still hectic in type, and on the evening of July 1st it reached  $105^{\circ}$ .

On July 2nd, as the child was evidently dying of hectic, it was decided to remove the kidney as a last resource, although her condition appeared most unfavourable. Under A.C.E. the wound in the loin was pro-

longed obliquely downwards as far as the crest of the ileum and the kidney exposed, but was found to be so large that any attempt to remove it by the ordinary incision was evidently impossible. The lower end of the incision was, therefore, prolonged horizontally forward through the abdominal parietes as far as the outer edge of the rectus, the peritoneum being detached and pressed forward. This gave ample room for the kidney to be drawn out and the pedicle secure. The ureter was tied separately and pure carbolic acid was applied to the stump. The wound was closed and a drainage tube inserted in the upper angle, which had already been infected as a result of the previous operation. The operation had to be performed as rapidly as possible owing to the collapsed condition of the child, but reaction subsequently took place.

Great improvement followed the operation. On July 10th the temperature had not been above  $99.8^{\circ}$  since July 5th, when it was  $100^{\circ}$ . The wound healed by first intention except where the old incision was. Subsequently an abscess formed beneath the pectoral muscle just below the acromial end of the left clavicle. This was incised and a considerable quantity of pus let out. Later the child was sent to a convalescent home and returned quite fat, but with a sinus still existing in the shoulder; this ultimately closed.

The kidney measured  $4\frac{1}{2}$  inches in length,  $2\frac{1}{2}$  inches in breadth, and had a circumference of 9 inches. Its surface was lobulated. A section showed calyces extending into the lobules, but they were not dilated as is usual, but formed slit-like spaces containing caseous matter and pus. The pelvis was not materially dilated, hence there was no common cavity which could be opened up and drained by nephrotomy.

With a knowledge of the high mortality following removal of the kidney for tumour in infants, and in consideration of the exhausted condition of the child, I should not have undertaken nephrectomy in this case had not improvement under existing conditions been impossible. After exposing the kidney by the ordinary incision, and freely opening it, I had expected that its bulk would have diminished sufficiently to allow of its delivery through an ordinary incision, and was not a little surprised when I found the size of the mass which had to be removed.

The prolongation of the lower part of the incision horizontally forward, as described, allowed of the tumour being extracted with the greatest ease and rapidity. It was necessarily of the highest importance that the peritoneum should not be opened, seeing that the original opening into the kidney was, from the nature of the case, highly septic. The child was so collapsed that no time could be spared to refresh the edges or otherwise effectually cleanse this part of the wound.

The child is now (January, 1897) seemingly in perfect health, and has grown quite fat.

#### REFERENCE.

<sup>1</sup> *Deut. med. Woch.*, 1883, p. 762.

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

### THE FIGURE-OF-EIGHT SUTURE IN THE RADICAL CURE OF INGUINAL HERNIA.

THE reappearance of the buried sutures, which close the canal in operating for the cure of inguinal hernia, forms one of the minor drawbacks of the operation. Two theories have been propounded to account for this reappearance. One considers the suture to be septic when inserted; the other that the suture, instead of being absorbed or encapsuled, acts as a foreign body, possibly aseptic, lying among tissues more or less constantly moving, and so cause a local lesion, in which any bacteria passing through the tissues find a home. Whatever the true explanation may be, the fact remains that in a certain percentage of cases of radical cure, either a small sinus with sentinel granulations remains, or, after healing by first intention has taken place, the patient, at an interval varying from a few days to a few months, has some tenderness and swelling in the scar, followed by the formation of a sinus which declines to heal till one or more of the buried sutures is shed. The suture on the neck of the sac hardly ever reappears if the stump of the sac is allowed to retract well within the internal ring. With the exception of this suture, buried stitches may be dispensed with by employing a figure-of-eight stitch, the lower loop of which includes the edges of the canal. The superficial loop may be used to approximate the edges of the skin incision, but the following modification is better, and allows inspection of the canal as each stitch is tightened.

Starting at the internal ring, the suture (silkworm gut for choice) is passed through the sides of the canal, superficial

to the cord. Then both ends of the suture, threaded on one needle, are passed obliquely upwards and outwards through the muscles and skin on the outer side of the canal, perforating the skin three-quarters of an inch from the cut edge. The needle is then unthreaded and withdrawn. Stitches are inserted in this way the whole length of the canal. A row of punctures is thus formed, from each of which both ends of a suture project. The ends of each suture, from above downwards, are then crossed once and tied over a glass rod, forming the figure of eight, the lower loop of which, as it is tightened, closes the canal. Care must be taken not to compress the cord. If the sutures are tied over the rod without being crossed, they tend to dilate the skin punctures, and do not close the canal. The skin incision is then closed by a superficial row of sutures. The deep sutures, if causing no irritation and not cutting out, may be left from fourteen to twenty-one days. The after-treatment is the same as in any other method. By passing the needles, threaded with both ends of the sutures upwards and outwards, the natural obliquity of the canal is to some extent restored on tightening the sutures. By twisting the neck of the sac, and simply transfixing without tying, and then bringing both ends of the suture through the skin and muscles as before and tying over a glass rod, the twist in the sac would be maintained, and the suture could be removed with the rest. This is not essential, as the ligature on the sac rarely gives trouble, peritoneum being very tolerant. This method of approximating deep surfaces is applicable to many operations other than those for hernia.

C. HAMILTON WHITEFORD, M.R.C.S., L.R.C.P.,  
Medical Officer to the Provident Branch of the  
Plymouth Public Dispensary.

#### SCHOTT'S TREATMENT OF CARDIAC DISEASES.

In connection with this valuable treatment in cases of cardiac disease there is a very important point to which the physician recommending it should draw the attention of the patient undergoing the course, and that is the sense of weakness it produces; this I find in most cases very marked, and tends to lead the patient to believe that he is receiving no benefit from the treatment, but actually the reverse, and is apt to discourage him from continuing. To prevent this the indications of improvement should be explained to him, such as the disappearance or lessening of the dyspnoea, cedema, albuminuria, the diminution in the size of the heart, and the increase in the force of the pulse, as demonstrated by the pencil tracings of the chest, and sphygmographic tracings, taken from time to time. These usually satisfy him. As the course progresses towards its termination the sense of weakness greatly diminishes, although the patient is left with a good deal taken out of him. After the completion of the course a fortnight or three weeks' holiday, in some bracing place, should be enjoined. This usually completes the cure.

Devonshire Street, W.

ALEXANDER MITCHELL, M.D.

#### A CASE OF SPASMODIC TORTICOLLIS TREATED WITH THYROID EXTRACT.

A. S., a man, aged 37, first came under my care on April 9th. 1897. Beyond the mother and one brother being of a somewhat nervous temperament, there was no neurotic history in the family.

He had had four attacks of influenza, and it was from the third attack in November last that he dated the following symptoms; the last attack appears to have had little or no effect upon the disease. He noticed then on first leaving his bed neuralgic pains on the right side of the neck, right shoulder, upper arm and side; also the feeling, as he expressed it, of a rope tied round his body at the level of the costal margin in the nipple line, and slight numbness in the legs; he was able to walk perfectly well.

A few days later, on attempting to get up in the morning, he had a violent attack of pain, during which his head was drawn down towards the right shoulder. From that date the attacks became frequent, eventually occurring as often as three or four times in an hour.

On first seeing him, I noticed the sterno-mastoid was slightly hypertrophied. I prescribed bromide of potassium and valerian in increasing doses, neither of which, either alone or in combination, had the slightest influence on the

attacks. On April 19th I ordered him 10m doses of thyroid extract to be taken three times in the day, which is equal to about one average-sized gland.

After having taken about 3ij of the extract, the attacks became less frequent, and were attended with less pain, and after taking about 3ij of it he suffered so little inconvenience that he discontinued the treatment, and did not come to see me again. Three weeks after, however, he met with an accident for which I was called in.

I found that he had been kicked by a horse on the outer and mid part of the right thigh. The force of the blow was not great, as he was standing close to the horse, and he was able to walk a few yards, but was eventually carried home, as he felt faint.

On examining him in bed, there was great tonic muscular spasm; in the region of the kick, the circumference measured 3 inches more than in the corresponding limb. At first sight I suspected a fracture, but on careful examination found that was not the case. The skin was not injured, nor did discoloration appear later; there was a considerable amount of shock, with occasional retching. For two days the spasm continued unabated, when I decided to renew the thyroid extract. After taking 30m, the spasm became gradually less, and on taking the drug for two more days had completely subsided.

There was slight recurrence of the neck trouble, which likewise disappeared. Since then he has been practically well, only occasionally complaining of very slight neuralgia in the neck and shoulder.

HENRY H. P. COTTON, L.R.C.P., M.R.C.S., L.S.A. Lond.  
Westerham.

#### MELÆNA NEONATORUM.

I HAVE had two cases of this rare disease in private practice during the last ten years. The first ended fatally within a few hours. I was unable to obtain an examination of the body. The other recovered. The following is a report of the case:

A healthy male child was born on March 20th, about five days before the time calculated. The labour was natural. Both parents are quite healthy, and there is no history of hæmophilia on either side. They have one other child, who has always been strong and healthy. About twenty-four hours after birth the child was put to the breast, and appeared to get some milk. An hour afterwards it got restless, and the nurse noticed it looked rather pale. In about two hours it became sick, and vomited what the nurse described as a teacupful of blood. I saw the child about six hours after the commencement of the symptoms; it was then very pale, and frequently gaping; it vomited a small quantity of fresh blood, and dark blood flowed almost constantly from the anus; a relatively enormous quantity of blood was lost. The child's father is a medical man, so I had the great advantage of his skilled co-operation as well as that of another medical friend.

We injected ergotine hypodermically, and gave repeated small doses of turpentine and hazeline by the mouth, keeping the child perfectly quiet. There was no good result from this treatment, and the child seemed to be steadily sinking, so we gave it half a teaspoonful liquor ferri perchloridi, B.P., diluted with double the quantity of water; this was a strong solution, and caused a good deal of discoloration of the tongue and lips, but it proved to be effectual in stopping the hæmorrhage. We could not see that any benefit would be likely to be derived from the dilute solutions recommended in books. We were inclined to pass a catheter down the gullet and irrigate the stomach with the iron solution, but the child was so prostrate we feared that doing so would only precipitate the expected fatal termination.

We now began rectal feeding, keeping the child perfectly still and warm. Every hour there was injected one-sixth part of a whole egg beaten up with liquor pancreaticus and sodium bicarbonate, to which were added a few drops of brandy and Valentine's juice, and warm water up to half an ounce. We found a glass and vulcanite glycerine syringe very convenient for the injections. During the following day the child appeared to be dying, but rallied after the injection of minute quantity of strychnine hypodermically. In the evening there was a recurrence of the melæna, which was again checked by injecting ergotine and administering the solu-

tion of iron. From this time the child steadily improved. In a couple of days we commenced giving a small quantity of the Aylesbury Company's No. 1 humanised milk, and gradually left off the enemata. At present the child is quite as big and strong as an average child of the same age.

The principal points in the case are: (1) The bleeding appeared to be due to capillary oozing. (2) The strong iron solution appeared to be effective in checking it. (3) Great attention to warmth, careful nutrition and stimulation, are most important after the hæmorrhage ceases.

LEONARD D. GAMBLE, M.B., C.M. Edin.

Abergavenny.

## REPORTS

ON

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

#### LEEDS GENERAL INFIRMARY.

A CASE OF CÆSAREAN SECTION.

(Under the care of Dr. BRAITHWAITE.)

[Reported by J. A. CLOUGH, M.B. Lond., Resident Obstetric Officer.]

E. A. O., aged 26, was admitted on May 17th last. She had had one child six years before, and the labour was easy. The patient became pregnant for the second time about October, 1896, but as she did not remember the date of her last menstrual period, this was a little uncertain. At the beginning of December, however, she felt a "click or crack," but no pain or faintness. She noticed nothing else, and went about her work as usual. A week after this she felt the movement of the child, and then went on satisfactorily.

Dr. Salisbury of Stanningley, on being sent for on May 17th, the patient thinking labour had commenced, found the following state of affairs: A large centrally placed tumour was felt, resembling a full term pregnant uterus, in which the parts of a child could be distinctly felt: the head was placed to the left and the limbs felt to the right, the back lying behind. The placental *souffle* could be heard, and also the fetal heart sounds. (These were never audible subsequently, nor after her admission to the infirmary could they be detected.) The child could be felt to move distinctly by palpating the abdomen. Bulging into the roof of the vagina was a fluctuating tumour, completely filling the pelvis, and feeling like a thin-walled cyst, soft, but somewhat tense from the pressure it was subjected to. The finger could not be passed between this and the walls of the pelvis in any direction. Anteriorly and high up behind the pubes was the cervix, which could only be touched with difficulty.

Dr. Braithwaite saw the patient at her own house with Dr. Salisbury, the same afternoon. The os was closed and labour had not actually commenced, but it seemed threatening, and it was evident that the pregnancy had reached full term. She was brought to the Leeds General Infirmary for operation at once, as there could be no doubt that the pelvis was occupied by a tumour, probably broad ligament or ovarian, and that delivery, except by Cæsarean section, was impossible.

The operation was done by Dr. Braithwaite on May 19th, with the assistance of myself. The patient being under ether, an incision was made just to the right of the middle line from above the umbilicus to within  $1\frac{1}{2}$  inch of the pubes, and the peritoneal cavity was opened. The uterus when exposed was found to be of a slaty blue colour, closely resembling that of a multilocular ovarian cyst, but of a darker blue. This unusually dark colour was probably due to the placenta having its attachment anteriorly. An incision was made into it, when bleeding took place freely. The incision was very rapidly enlarged, the hand passed into the uterus, and the head of the child brought out, the rest of the body quickly following, with the placenta and membranes, which were carefully peeled off the uterine walls. The hand passed into the uterus felt the cervical canal open. A sponge wrung out of hot boracic lotion was put into the uterine

cavity, and several placed around the uterus, and the latter then pressed upon to promote contraction. No elastic ligature was used around the base of the uterus, and it is probable that if it had been used the hæmorrhage would have been no less, on account of the anterior position of the placenta. The wound in the uterine wall was closed by silkworm gut sutures placed at intervals of about two to the inch, and just missing the surface of the interior of the cavity, but including the edge of the peritoneum at the edge of the incision. A curious fact was noticed which I cannot find to have been previously mentioned, viz., the extreme looseness and movability of the peritoneum upon the whole surface of the empty and contracted uterus. This results from this membrane not having quite the same shrinking power as the uterus itself, or, in other words, its elasticity does not equal the contractile power of the organ it covers. Taking advantage of this, Dr. Braithwaite closed the peritoneum over the wound by a continuous catgut ligature, completely burying the original silkworm gut sutures, and making the wound quite safe from the possibility of leakage. Behind and below the uterus was found the tumour, which, when brought out of the wound, proved to be a multilocular ovarian cyst. The pedicle was tied with strong silk, and the cyst removed. The left ovary was found to be normal. The uterus was contracted thoroughly by means of hot sponges, the abdominal cavity sponged out, and abdominal wall closed.

Owing to the loss of blood, saline solution was transfused into the basilic vein as a matter of precaution. It was not absolutely necessary, as the loss, although considerable, was not excessive. The child, a female, was living, and found to be fully developed. The mother made an uninterrupted recovery, and was discharged on June 16th, both mother and child quite well.

#### ROYAL NAVAL HOSPITAL, HAULBOWLINE.

CASE OF ACUTE YELLOW ATROPHY OF THE LIVER.

(Under the care of Fleet-Surgeon R. S. P. GRIFFITHS, R.N.)

[Communicated by the DIRECTOR-GENERAL OF THE MEDICAL DEPARTMENT OF THE NAVY.]

An ordinary seaman, aged 19, belonging to H.M.S. *Pelorus*, lately commissioned, was admitted on the morning of June 15th. The medical officer of the ship stated that he was placed on the sick list on June 2nd, complaining of loss of appetite and vomiting. He was slightly jaundiced, bowels confined, and tongue soft, flabby, and white. The jaundice gradually became more marked. During the night of June 14th he became delirious and unconscious. On reception to hospital at 9 A.M. he was unconscious and delirious, throwing his limbs about. The skin was deeply jaundiced, the pupila equal and semidilated, the conjunctivæ insensitive. The bowels were still confined, but urine was passed copiously and involuntarily. Hepatic dulness was greatly reduced. The pulse was strong and regular; the heart sounds normal. The temperature was  $100^{\circ}$ . We ordered croton oil  $\pi 2$ , followed by a drachm of glycerine injected into the rectum, and as diet beef tea, milk and soda water at intervals.

At noon he continued in the same condition. The temperature was  $101^{\circ}$ ; there had been no action of bowels, and we ordered magnes. sulph.,  $\mathfrak{z}$ ss.; magnes. carb.,  $\mathfrak{z}$ j; aquæ,  $\mathfrak{z}$ vi.  $\mathfrak{z}$ j. every three hours. At 3 P.M. the temperature was  $101.2^{\circ}$ , the skin was perspiring, the pulse very much weaker. He was given a soap and water enema, which was retained two hours and a half, and came away without any fæces; the urine contains bile but no albumen. He was ordered brandy  $\frac{1}{2}$  oz. every hour and a half, fomentations to hepatic region and ol. ricini,  $\mathfrak{z}$ j. He remained totally unconscious, had recurring convulsive seizures about every twenty minutes, and at 5 P.M. his temperature was  $105.4^{\circ}$ , and he was given an enema of soap and water with turpentine, which failed to cause any evacuation of fæces; death occurred at 8 P.M.

*Post-mortem* examination June 17th, thirty-seven hours after death. Rigor mortis well marked; commencing decomposition over abdomen; *post mortem* staining, skin yellow; liver much atrophied, weight only 28 ozs., friable, and deeply stained with bile; large deposit of fat. Spleen, weight 100 ozs., normal on section. Kidneys, weight both

## ARMY MEDICAL STAFF.

SURGEON-GENERAL ADAM GRAHAM YOUNG died at Leith on June 10th. He was appointed Assistant-Surgeon, May 5th, 1854; Surgeon, June 20th, 1865; Surgeon-Major, March 1st, 1873; Brigade-Surgeon, November 7th, 1879; Deputy-Surgeon-General, August 23rd, 1882; and Honorary-Surgeon-General on retirement, December 10th, 1884. He served in the Crimea with the 2nd Battalion Rifle Brigade, and was present throughout the siege of Sebastopol (medal, with clasp, and Turkish medal). He was also in medical charge of the 2nd Battalion 60th Rifles throughout the campaign of 1866 in China, receiving the medal, with two clasps, for the capture of the Taku Forts and the surrender of Peking.

Surgeon-Major PATRICK J. NEALON, M.D., is placed on temporary half-pay on account of ill-health, June 5th.

Surgeon-Captains JOHN D. FERGUSON and GEORGE S. M'LOUGHLIN are seconded for service in East Africa, June 18th.

## ARMY MEDICAL RESERVE.

SURGEON-CAPTAINS JOHN P. ATKINSON, M.D., and JOHN P. MASSINGHAM are promoted to be Surgeon-Majors, July 21st.

## INDIAN MEDICAL SERVICE.

BRIGADE-SURGEON GEORGE EDWARD WHITTON, M.B., late of the Madras Establishment, died at Kensington Mansions, Nevcrn Square, on July 8th, at the age of 65. He was appointed to the department, January 29th, 1857, became Surgeon twelve years thereafter, and retired from the service, August 8th, 1882, with the honorary rank of Brigade-Surgeon.

Surgeon-Colonel G. C. ROSS, Bengal Establishment, is permitted to retire from the service, from October 1st next. He was appointed Assistant-Surgeon, October 2nd, 1865, and became Surgeon-Colonel, January 1st, 1894.

Brigade-Surgeon-Lieutenant-Colonel G. A. MACONACHIE, M.D., Bombay Establishment, also retires from June 22nd. He entered the service as Assistant-Surgeon, April 1st, 1867, and was made Brigade-Surgeon-Lieutenant-Colonel, May 1st, 1890. He was with the 3rd Sind Horse in the Abyssinian war in 1867-8, and received a medal for that campaign.

## THE VOLUNTEERS.

SURGEON-MAJOR W. S. BURROWS, 1st Sussex Artillery (Eastern Division Royal Artillery), is promoted to be Surgeon-Lieutenant-Colonel, July 14th. Surgeon-Lieutenant W. B. MACDONALD, M.B., 1st Midlothian Artillery, is promoted to be Surgeon-Captain, July 14th.

The undermentioned gentlemen are appointed Surgeon-Lieutenants in the corps specified, dated July 14th: WILLIAM MCCLELLAND, M.B., 4th Lancashire Artillery; JOHN R. I. RAYWOOD, 5th Volunteer Battalion the South Wales Borderers; CHARLES F. SPINKS, 1st Dumbartonshire Rifles.

The undermentioned officers have resigned their commissions, July 14th; Surgeon-Lieutenant G. GEDDES, M.B., the Highland Artillery; Surgeon-Captain N. STARK, M.B., 1st Volunteer Battalion the Highland Light Infantry.

Surgeon-Captain M. E. LING, 1st Volunteer Battalion the Suffolk Regiment, is promoted to be Surgeon-Major, July 14th.

Surgeon-Captain C. C. MOXON, 2nd Volunteer Battalion the York and Lancaster Regiment, resigns his commission, and is appointed Second Lieutenant in the same corps, July 14th.

The undermentioned Surgeon-Lieutenants are promoted to be Surgeon-Captains, dated July 21st: S. W. WOOLLETT, 1st Norfolk Artillery (Eastern Division Royal Artillery); A. W. DALBY, 3rd Volunteer Battalion the Prince Albert's Somerset Light Infantry; G. HERSHELL, M.D., 22nd Middlesex Rifles (Central London Rangers).

The undermentioned gentlemen are appointed Surgeon-Lieutenants in the corps specified, dated July 21st: THOMAS EASTON, M.D., 1st Ayrshire and Galloway Artillery; CHARLES E. HUMPHREYS, 5th Volunteer Battalion the South Wales Borderers; ROBERT P. SHEARER, M.B., 1st Nottinghamshire Rifles (Robin Hood Rifles).

Surgeon-Captain A. MECHAN, M.B., 1st Lanarkshire Engineers, is promoted to be Surgeon-Major, July 21st.

The Volunteer Officers' Decoration has been conferred upon the undermentioned officers: Surgeon-Major JOHN KNOX, 2nd Volunteer Battalion the Sherwood Foresters (Derbyshire Regiment); Surgeon-Lieutenant-Colonel W. T. WHITMORE, 3rd London Rifles; Surgeon-Lieutenant-Colonel JOHN J. K. DUNCANSON, M.D., 1st Edinburgh (City) Volunteer Artillery.

## VOLUNTEER MEDICAL STAFF CORPS.

MR. THOMAS W. BARTLETT is appointed Surgeon-Lieutenant in the Woolwich Company, July 21st.

## A WORD TO CANDIDATES.

AN OLD ARMY MEDICAL OFFICER writes, warning candidates for the Medical Staff of the position they will find themselves in should they enter. No matter what their qualifications, or how high they may stand in their universities and schools, they will sink to a dead, low level in the service; and even be spoken of as professional dullards and the "scum of the schools." They will find the title of "doctor" in the army not one of honour, but carrying with it social and service disabilities intolerable to a proud and sensitive gentleman.

SURGEON-MAJOR also writes, relative to material advantages and "concessions" lately supposed to be made to the Army Medical Service, they practically really mean nothing; as regards leave, for instance, a mere "regret you cannot be spared at present" overrides all rules. So of equality on mixed Boards: the medical officer will be detailed to "attend" as before. Also, if a medical officer holds out for his official rights he runs the risk of being confidentially reported by his military superiors as "wanting in tact," which report will effectually bar his promotion to the higher ranks.

## DIPHTHERIA AT DEVONPORT.

THE reply given in the House of Commons to Captain Cecil Norton's question on this subject on July 15th, substantiates in every particular

the comments we made in the BRITISH MEDICAL JOURNAL of July 17th. It now appears that as far back as April, 1896, the Administrative Medical Officer at Devonport reported the drains at the Raglan Barracks to be in an unsatisfactory state, and yet this insanitary condition was allowed to continue without any remedial action being taken. As might have been expected loss of health and loss of life ensued. This is not by any means the only example of sanitary recommendations by the Medical Department being set aside until circumstances arise which justify the views of the Medical Service, and force the War Office to act up to them.

## INSTRUCTION IN HAFKINE'S SYSTEM.

GOVERNMENT have approved of the suggestion put forward by the Surgeon-General with the Bombay Government that civil surgeons may be ordered as a matter of duty to proceed to the nearest station, where they can learn M. Hafkine's system of cholera inoculation, so that they may be entitled to travelling allowances, which they would not be if sent on casual leave.

## LEAVE FOR MEDICAL OFFICERS.

FROM communications we receive, the "concession" announced with flourish some short time ago—that civil practitioners would be employed in districts shorthanded, to enable medical officers to get leave—is practically a dead letter. "Disgusted" writes: Instead of civil medical practitioners being engaged for duty in districts in order to let medical officers get their leave, it is a fact that in at least one station two medical officers have had their leave cancelled on account of shorthandedness. What, he asks, is the good of a promise not carried out? Will such treatment draw candidates for August next? "Sold Again" also writes: The recent order to employ civilians when medical officers require leave is completely ignored, study leave a myth. More than that medical officers of senior rank are now placed on orderly duty every third and even on alternate days. All this is most encouraging for would-be candidates.

## THE LATE SURGEON-GENERAL READE, C.B., V.C.

THE memory of this gallant officer is still so fresh and affectionately held in his old regiment, the 61st, that, although it is thirty-five years since he served in it, Colonel Leatham, commanding the corps, ordered mourning to be worn in it as a token of respect to a superlatively brave comrade former days.

## RECALL TO SERVICE.

MEDICAL OFFICER of 25 YEARS' SERVICE writes: I have seen it stated that, in the present dearth of numbers in the Army Medical Department, retired medical officers might be asked to serve again.

\* \* This is positively humorous, seeing that everyone who can afford it is retiring at the earliest opportunity. Another correspondent asks where the order empowering recall is to be found? He should consult the last Royal Warrant.

## ARMY MEDICAL STAFF EXCHANGE.

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

A SURGEON-MAJOR, A.M.S., who probably has fifteen months more in England, is willing to exchange with an officer who has done part of his tour at Gibraltar. Apply—"Gibraltar," care of Messrs. Holt and Co., 17, Whitehall Place.

## UNIVERSITIES AND COLLEGES.

## EDINBURGH UNIVERSITY.

UNIVERSITY COURT.—At a meeting on July 12th the recognition held by the Edinburgh School of Medicine for Women, and by the Edinburgh Medical College for Women, for purposes connected with the medical education of women was continued for next academical year. The Court, after consultation with the Senatus, appointed Dr. F. McBride, Edinburgh, to be University Lecturer on Diseases of the Ear, Nose, and Throat.

## UNIVERSITY OF GLASGOW.

FINAL PROFESSIONAL EXAMINATION.—The following candidates have satisfied the examiners:

M.B., C.M.—K. Adamson, J. Allan, J. Andrew, J. M. Bonar, J. R. Brown, J. R. Burns, C. Cairnie, M.A.; J. S. Christie, W. Colquhoun, M.A.; J. Crawford, J. Donaldson, W. Duncan, C. E. Fleming, G. W. Francis, J. Graham, J. Hogg, J. D. Holmes, R. Kirk, G. L. Le Fevre, D. Livingston, W. Martin, M.A., B.Sc.; S. Martyn, G. B. Murdoch, A. B. Murray, N. M'Callum, J. A. C. Macewen, B.Sc.; J. M'Law, M. N. Macleod, N. Macnair, B.Sc.; R. Nelson, W. Park, H. J. Rankin, J. Rankin, B.Sc.; J. F. Ratcliffe, N. Robson, W. K. Russell, D. S. Service, H. M. Watson, J. Wells, R. Wilson. Women: A. J. Anderson, A. K. Anderson, U. Chaplin, M. P. Graham, N. Kemp, M. A. Vakil, B.A.

M.B., Ch.B.—A. S. Allan, J. Alston, W. C. Burns, D. L. Cairns, F. J. Charteris, J. A. Clarke, G. Coats, G. W. Coats, J. D. Cochran, J. M. Corbett, W. S. Findlay, M.A.; J. F. Fleming, A. A. Forrester, T. B. Garvie, L. W. Harrison, T. Hunter, M.A., B.Sc.; A. Lawrie, W. M. Lindsay, W. G. Liston, J. W. Little, J. Macdonald, J. M'Haie, D. M'Kail, J. M'Queene, M.A.; J. S. Ormond, J. Reid (Glasgow), N. E. H. Scott, R. Scott, A. B. Sloan, S. M. Sloan, D. S. Smith, J. M'C. Stewart, J. Strang, D. R. Thomas, W. L. Thomson, W. J. A. Walker, W. Watson, E. Watt, E. R. Weir, J. Wotherspoon, D. J. Young. Women: J. H. Smith.

## ROYAL COLLEGE OF SURGEONS IN IRELAND.

THE Prince of Wales, on behalf of the Queen, received a deputation at St. James's Palace, on July 21st, from the Royal College of Surgeons in Ireland, consisting of Sir W. Thomson (President), Mr. R. L. Swan (Vice-President), Sir Charles Cameron (Honorary Secretary), Mr. A. H. Jacob, Mr. F. T. Heuston, and Mr. L. H. Ormsby (members of the Council), when the following address was presented:

To Her Most Excellent Majesty Victoria, Queen of Great Britain and Ireland;  
Empress of India.

May it Please your Majesty,—We, the President, Vice-President, and Council of the Royal College of Surgeons in Ireland, desire to be associated with your Majesty's loyal and devoted subjects in offering our warmest and most heartfelt felicitations on your completing the sixtieth year of your glorious reign; a reign unique in the history of the United Kingdom, not merely from its length but also from its being synchronous with a period of prosperity, of progress in the arts and sciences—notably in those to which we have devoted our lives—and of civil and religious liberty, which is unexampled in the annals of this realm.

We trust that your great and ever extending Empire may continue to enjoy the signal blessings that have accrued to it under Your Majesty's beneficent rule, and that the most precious gifts granted to us—health, happiness, prosperity, and peace, may for many years to come be bestowed on Your Majesty, as well as on those who are nearest and dearest to you.

William Thomson, President.  
Robert L. Swan, Vice-President.  
Charles A. Cameron, Secretary.

## Council.

Archibald H. Jacob	Henry R. Swanzy	Thomas Myles
Philip C. Smyly	Edward H. Bennett	Arthur H. Benson
Henry Gray Croly	Henry Fitzgibbon	John Lentaigne
William Stokes	Austin Meldon	Richard D. Purefoy
W. J. de Courcy Wheeler	Francis T. Heuston	L. Hepenstal Ormsby
Thornley Stoker	Charles B. Ball	George M. P. Murray
	Robert H. Woods, Secretary of Council.	
	George F. Blake, Registrar.	

## CONJOINT BOARD IN IRELAND.

THIRD PROFESSIONAL EXAMINATION (Four Years' Course).—Candidates have passed this examination as undernoted:

Completed the Examination.—J. C. Baskin, D. B. Bradlaw, A. Gill, D. Jackson, A. A. Woods.

In Anatomy.—E. S. Barnard, R. Crean, A. Daly, W. J. Shortt.

In Physiology.—E. S. Barnard, A. Daly, W. J. Murphy.

In Medicine.—T. S. G. Martin.

In Surgery.—W. S. Burke, T. S. G. Martin.

THIRD PROFESSIONAL EXAMINATION (Five Years' Course).—Candidates have passed this examination as undernoted:

Completed the Examination.—F. A. Benson, R. L. Davies, M. W. Falkner, P. H. Falkner, W. O'Connor, C. J. Vahey.

In Medicine.—J. M. Ahern, R. V. Brews, E. P. Connolly, D. Hadden, M. J. Hynes, S. Jacob, G. R. McDonald, W. C. Ross, G. F. Sheehan.

In Surgery.—W. R. Blackwell, R. V. Brews, E. P. Connolly, D. Hadden, G. R. McDonald, R. W. Orpen, W. C. Ross, G. F. Sheehan, F. S. Walker.

In Pathology.—W. J. P. Adye-Curran, J. M. Ahern, W. Bennett, W. R. Blackwell, D. Hadden, A. W. A. Irwin, S. Jacob, R. W. Orpen, E. E. Roberts, W. C. Ross, F. S. Walker.

In Therapeutics.—W. J. P. Adye-Curran, W. Bennett, R. V. Brews, D. Hadden, M. J. Hynes, A. W. A. Irwin, S. Jacob, R. W. Orpen, W. C. Ross, G. F. Sheehan, J. F. Preston, F. S. Walker.

In Forensic Medicine, etc.—J. M. Ahern, W. R. Blackwell, E. P. Connolly, M. J. Hynes, A. W. A. Irwin, S. Jacob, W. Meagher, R. W. Orpen, F. S. Walker.

## MEDICO-PARLIAMENTARY.

## HOUSE OF LORDS.

## LONDON UNIVERSITY BILL.

THE DUKE OF DEVONSHIRE brought in this Bill, and moved the first reading without comment. The Bill was accorded a first reading.

## VERMINOUS PERSONS BILL.

THE EARL OF STAMFORD moved the second reading of this Bill, which, he said, was permissive in its character, and could therefore do very little harm, if any, while it might be productive of much good.—Lord HARRIS stated that the Local Government Board had no objection to the measure, and the Bill was read a second time.—At a subsequent sitting, the Bill passed through Committee, was reported without amendments, and re-committed to the Standing Committee.

This Bill came before the Standing Committee of the House of Lords, Lord HERSHELL presiding. The chief amendment made an alteration in the short title of the Bill from "The Verminous Persons Act, 1897," to "The Cleansing of Persons Act, 1897." The Bill was ordered to be reported with amendments to the House.

## LUNACY BILL.

The House went into Committee on the Lunacy Bill. On Clause 15, which gives power to the Commissioners to require amendments of regulations of hospitals, Earl RUSSELL, by way of amendment, moved the omission of the clause on the ground that it was not necessary to give such powers to the Commissioners in the case of county and other asylums which were managed by large public authorities, the members of which were elective, and whose actions were subject to criticism.—The Lord CHANCELLOR could not accept the amendment. He thought the

alteration proposed by the clause was well advised. If the noble lord had suggested an alteration in the clause, or the placing of some restriction upon it, that would have been considered at a later stage before the Standing Committee, but his present proposal was to leave out the clause altogether.—Lord MONKSWELL entirely agreed that the clause as it stood gave too much power to the Commissioners in the internal management of asylums.—The Earl of NORTHBROOK suggested that where asylums were maintained out of county or borough rates the council of the county or borough should have the opportunity of making representations against the proposed rules before the Secretary of State gave his decision.—The Lord CHANCELLOR thought this a very reasonable suggestion, and said he would welcome an amendment in that direction.—The clause and clauses down to Clause 18 were agreed to.—On Clause 19, Earl RUSSELL said he did not oppose the clause, but if enforced too rigidly at first it would press somewhat hardly upon London in the present congested state of lunacy accommodation. The London County Council had 2,000 lunatics under charge for whom they had no accommodation in asylums. He frankly admitted their asylums were somewhat overcrowded, not to an extent prejudicial to health, but in a way that would be affected by this clause. The clause was reasonable in itself, but he trusted that in putting it into force some allowance would be made for the condition of things that had necessarily arisen in London. The clause and clauses to 22 were agreed to. On Clause 23, the Earl of NORTHBROOK said he had been requested by the County Councils Association to suggest that this clause might with advantage be omitted. It did not appear to have essential connection with the rest of the Bill, and county councils said, as he thought with justice, there were strong objections to it. It provided that the provisions of the Poor-law Superannuation Act, 1896, should be applied to the officers and employees of lunatic asylums, and the objection to this was that the nature of the employment of persons in lunatic asylums in constant communication with lunatics was such that the length of time required to give superannuation allowances to persons employed under Boards of Guardians was not properly applicable to persons employed in lunatic asylums. Under the present law, visiting committees could grant to any officer of fifty years of age and not less than fifteen years' service an allowance not exceeding two-thirds of his salary, subject to the control of the County Council. This law had not worked badly, and though these officials had not the absolute right to a pension, as a matter of practice it was never refused. Under the proposal in the clause future officers in the asylums would be at a disadvantage, receiving a smaller superannuation, and being subject to a 2 per cent. deduction from their salaries. The Poor-law Superannuation Act had not been received with unqualified approval throughout the country; it had been said, and he believed with truth, that the percentage was not sufficient to protect the ratepayers from loss, and there would be strong objection to the extension of the Act to another class of employees.—Earl RUSSELL joined in the appeal to the noble and learned lord to omit the clause. It would be very strongly opposed in that House and elsewhere, both on the ground taken by the noble earl and on the ground that the scale of allowance was too liberal.—The Earl of KIMBERLEY submitted that the objections urged to the clause indicated the necessity for giving careful attention to the pension scheme, and looking at the period of the session he advised the omission of the clause.—The Lord CHANCELLOR pointed out the period of the session was a cogent argument. When he introduced the Bill he mentioned that these superannuation clauses would not be pressed against any strong opposition. The proposals were attacked from two points of view—that the scale was too liberal, and that it did not do justice to persons employed in asylums. Of course, the attempt to force these clauses through might imperil the other clauses, to which there was no opposition and for which there was urgent necessity. Under the circumstances he yielded, for the prospect of opposition in the other House was a conclusive argument in the middle of July. He would propose the omission of all the superannuation clauses.—The clause, as well as Clauses 24 and 25, were omitted from the Bill. The remaining clauses were agreed to, and the Bill, as amended, was reported to the House.

Lord HERSHELL presided over the Standing Committee on the Bill. Several of the earlier clauses, the object of which is to amend the Lunacy Acts, were agreed to. The Lord Chancellor moved the omission of Clause 9, which proposed to give to county court judges the powers conferred by the principal Act on the Judge and Masters in Lunacy in relation to persons of unsound mind within their districts whose property does not exceed £500 in value, or whose income does not exceed £50 a year. The clause was rejected. On Clause 12, which empowers the Commissioners to grant licences to houses for the reception of idiots and imbeciles, the Lord Chancellor proposed a new subsection to the effect that every house so licensed should be visited and inspected once at least in every twelve months by one or more of the Commissioners.—Earl RUSSELL said that the subsection would not be satisfactory to the London County Council, because they did not feel that such an amount of control was necessary in the case of asylums managed by public bodies. He suggested an amendment to the effect that the section should not apply to houses under the management of a committee appointed by a county or borough council.—The Lord CHANCELLOR said that he could not accept any such amendment, and the new subsection was agreed to.—On Clause 25, which gives the visiting committee of an asylum power to allow remuneration to each pauper lunatic for his labour in the asylum at the rate of one-tenth of the sum at which the committee estimate the value of the labour, Earl RUSSELL said the clause had been considered that morning by the Asylums Committee of the London County Council, and they were afraid that it would cause a good deal of confusion in working, and might possibly do more harm than good. It was true that the clause was only permissive, but of course it would in practice become compulsory. The Asylums Committee thought there would be great difficulty in carrying it out, and would like to have it omitted from the Bill.—The Lord CHANCELLOR said that the reasons given by the noble earl were not convincing to his mind, and he could not accept them. The clause was ordered to stand part of the Bill.—Some other amendments having reference to the inspection and management of licensed houses, hospitals, and branch establishments of hospitals were, on the motion of the Lord CHANCELLOR, agreed to, and the Bill as amended was ordered to be reported to the House.



## OBITUARY.

SIR JOHN CHARLES BUCKNILL, M.D., F.R.S.

SIR JOHN CHARLES BUCKNILL died at his house at Bournemouth on July 20th, after a long illness.

John Charles Bucknill was born at Market Bosworth, Leicestershire, in 1817, and was the son of Mr. John Bucknill. He received his early education at Market Bosworth School and at Rugby. He proceeded subsequently to University College, London, and in 1840 took the degree of M.B. in the University of London with honours in surgery and medicine. In 1844 he was appointed the first Medical Superintendent of the Devon County Lunatic Asylum, and his whole life subsequently was devoted to the study of mental diseases. In 1853 he was one of the founders of the *Journal of Mental Science*, a periodical which he edited down to the date of his appointment as Lord Chancellor's Visitor in Lunacy in 1862. He retained this office until 1876, when he retired, and subsequently lived for the most part in the country, at first near Rugby and subsequently at Bournemouth.

Sir J. C. Bucknill was a voluminous writer, and published many books, essays, and articles, and on many occasions in the past we have had the advantage of his ripe knowledge and literary skill as a contributor to the *BRITISH MEDICAL JOURNAL*. His earliest published work was the Sugden Prize Essay entitled *Unsoundness of Mind in Relation to Criminal Acts*, which was published in 1857. In the following year was published the work by which he is best known to the medical profession the *Manual of Psychological Medicine* of which he was co-author with the late Dr. Hack Tuke. In the two following years he published interesting essays, the one on *Mad Folk of Shakespeare*, and the other on the *Medical Knowledge of Shakespeare*. In 1876 he published notes on the *American Asylums*, and in 1878 on *Habitual Drunkards and Insane Drunkards*. Two years later he published a work on the *Treatment of the Insane and their Legal Control*.

He became a Fellow of the Royal College of Physicians of London, and in 1877 delivered the Lumleian Lectures. He was for the usual periods a member of the Council of the College and a Censor.

Sir J. C. Bucknill was one of the originators of the volunteer movement in 1852, and with the co-operation of Earl Fortescue, obtained the permission of the Government that the 1st Devon and Exeter Volunteer Rifles should be embodied, and he was the first recruit of this the primary regiment of volunteers. He served for many years as a volunteer, and the knighthood conferred upon him in July, 1894, was designed to be in part at least a recognition of his public services in this respect. He was a justice of the peace for the county of Warwick, a Visitor of the County Asylum, and a Governor of Bethlem Hospital.

We are indebted to a distinguished alienist physician for the following notes on Sir J. C. Bucknill's work:

His contributions to the literature of mental disease were numerous and often interesting. Possessed of a striking and vigorous style in writing, and of strong views on all subjects, he was able to hold the attention of his readers, and to press his opinions with much directness and force. He was in his most reliable vein when dealing with a purely scientific subject, noncontroversial, and free from the qualities or circumstances which so often import a strong personal element into the discussion of so many subjects, and not seldom even into that of scientific ones. For the variety of topics on which he touched was great, and some of them were controversial; and as a controversialist he was of far too extreme views, expressed at times in language overstrained.

During the time he was an editor of *The Journal of Mental Science*, which for a number of years at first was published under the name of *The Asylum Journal*, he contributed very largely and ably to its pages.

It was chiefly as a literary exponent of current views that he shone, and a touch of originality of view added to the effect. Evidently he did not seek so much the bedside inspiration of original clinical observation. He studied the broad traits of disease and the broad facts of pathology. But his graceful and powerful literary style was conspicuous in his part of the *Manual of Psychological Medicine*, and in

his works on the mad folk and the medical knowledge of Shakespeare. His wide reading also stood him in good stead in these contributions to the literature of psychological medicine.

Sir John Bucknill was buried at Clifton-on-Dunsmore on July 22nd.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Professor M. J. Oertel, the distinguished laryngologist, of Munich, aged 62; Dr. José Esteban Lorenzo, Professor of Surgery and Dean of the Faculty of Medicine in the University of Salamanca; Dr. Paul Hulin, member of the Medical Commission of Belgium, and Physician to the Civil Hospitals and Prisons of Louvain, aged 65; Professor O. Boer, a prominent practitioner of Berlin, a dermatologist and bacteriologist of considerable repute, aged 50; Professor W. T. Preyer, a distinguished physiologist and psycho-physiologist, author of works on the psychology of the child, on embryology, etc.; and Dr. José Lopez Diez, a distinguished ophthalmologist of Madrid.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

ENGLISH URBAN MORTALITY IN THE SECOND QUARTER OF 1897. THE vital statistics of the thirty-three large English towns dealt with by the Registrar-General in his weekly returns are summarised in the accompanying table. During the three months ending June last 8,275 births were registered in these thirty-three towns, equal to an annual rate of 30.0 per 1,000 of their aggregate population, estimated at 10,922,324 persons in the middle of this year. In the corresponding periods of the three preceding years the birth-rates in these towns were 30.4, 31.5, and 31.1 per 1,000 respectively. In London the birth-rate last quarter was 29.3 per 1,000, while it averaged 30.6 in thirty-two provincial towns, among which it ranged from 22.2 in Halifax, 23.0 in Brighton, 23.3 in Croydon, and 24.4 in Huddersfield to 33.6 in Wolverhampton and in Sunderland, 33.9 in Salford, 34.0 in Preston, 34.2 in Liverpool, and 35.9 in Gateshead.

During the quarter under notice 46,365 deaths were registered in the thirty-three towns, corresponding to an annual rate of 16.9 per 1,000, against 17.4, 17.8, and 18.2 in the corresponding periods of the three preceding years, 1894-5-6; this death-rate is lower than in the corresponding quarter of any year on record. In London the rate of mortality did not exceed 15.5 per 1,000, while it averaged 17.9 in the thirty-two large provincial towns, among which it ranged from 11.7 in Croydon, 13.0 in Brighton, 13.3 in West Ham, and 13.4 in Swansea to 20.2 in Preston, 21.8 in Liverpool, 22.7 in Manchester, 23.4 in Bolton, and 25.5 in Salford. The 46,365 deaths registered in the thirty-three towns last quarter included 4,670 which were referred to the principal zymotic diseases, equal to an annual rate of 1.70 per 1,000; in London the zymotic death-rate was equal to 1.47 per 1,000, while it averaged 1.87 in the thirty-three large towns, among which it ranged from 0.32 in Swansea, 0.56 in Croydon, 0.58 in Halifax, 0.62 in Bradford, and 0.86 in Derby, to 2.57 in Liverpool, 3.26 in Manchester, 3.56 in Burnley, 4.85 in Bolton, and 6.37 in Salford. The 4,670 deaths referred to the principal zymotic diseases in the thirty-two provincial towns during the quarter under notice included 1,507 from measles, 1,247 from whooping-cough, 646 from diphtheria, 578 from diarrhoea, 410 from scarlet fever, 280 from "fever" (principally enteric), and 2 from small-pox. The 1,507 fatal cases of measles registered during the three months ended June last were equal to an annual rate of 0.55 per 1,000, against 0.50, 0.33, and 0.33 in the three preceding quarters; in London the death-rate from this disease was only 0.27 per 1,000, while it averaged 0.74 in the thirty-two provincial towns, among which measles showed the highest proportional fatality in Birkenhead, Bolton, Manchester, Salford, Burnley, and Preston. The 1,247 deaths referred to whooping-cough during last quarter were equal to 0.45 per 1,000, against 0.42, 0.28, and 0.50 in the three preceding quarters; in London the rate of mortality from this disease was equal to 0.42 per 1,000, while it averaged 0.48 in the thirty-two provincial towns, among which whooping-cough was proportionally most fatal in Plymouth, Liverpool, Manchester, Salford, Oldham, Burnley, and Blackburn. The 646 fatal cases of diphtheria registered during the quarter ending June last were equal to an annual rate of 0.24 per 1,000, against 0.35, 0.41, and 0.35 per 1,000 in the three preceding quarters; in London the diphtheria death-rate was equal to 0.38 per 1,000, while it averaged 0.43 in the thirty-two provincial towns, among which this disease showed the highest proportional fatality in West Ham, Cardiff, Wolverhampton, Birmingham, Burnley, and Huddersfield. The 578 deaths from diarrhoea recorded during the quarter under notice were equal to an annual rate of 0.21 per 1,000; this disease was proportionally most fatal in Brighton, Norwich, Liverpool, Oldham, and Preston. The 410 fatal cases of scarlet fever registered during the three months ending June last were equal to an annual rate of 0.15 per 1,000 against 0.21, 0.25, and 0.17 in the three preceding quarters; in London the scarlet fever death-rate was equal to 0.14 per 1,000, while it averaged 0.16 in the thirty-two provincial towns, among which this disease showed the highest proportional fatality in Wolverhampton, Leicester, Liverpool, Huddersfield, and Hull. The 280 deaths referred to different forms of "fever" (including typhus, enteric, and simple and ill-defined forms of fever) were equal to an annual rate of

be held for a limited period at a time, and our correspondent might bring to the notice of the Local Government Board all the circumstances which have led to the conferring of the office upon a non-resident medical man—an arrangement intended to meet only an exceptional emergency, which, *prima facie*, has not arisen in the case in question.

#### PROVISION OF CALF LYMPH.

P. V.—The fact that some Boards of Guardians are themselves either providing or purchasing calf lymph for the use of public vaccinators, lays them open to the risk of having the amounts disbursed for this purpose disallowed at the auditing of their accounts. Naturally, vaccinations so performed carry with them no higher scale of fees. Increased fees are for the cost entailed by the vaccinators in the purchase of calf lymph.

## MEDICAL NEWS.

**QUEEN MARGARET COLLEGE MEDICAL SCHOOL FOR WOMEN.**—At a recent meeting of Glasgow University Court a letter was read from Mr. Campbell, of Tullichewan, Dumbartonshire, intimating a gift from a friend of £50 for the purchase of preparations and models for the anatomy classes of Queen Margaret College. Thanks to the generosity of Mr. John Elder, the Bellahouston trustees, and others, this is now one of the best equipped women's school of medicine in the Kingdom.

**THE JUBILEE CELEBRATIONS.**—By command of the Queen a court was held on July 21st at St. James's Palace by His Royal Highness the Prince of Wales on behalf of Her Majesty. Among the deputations which presented addresses to His Royal Highness on behalf of the Queen were representatives of the Royal College of Physicians of Ireland, the Royal College of Surgeons of Ireland, the Royal Academy of Medicine in Ireland, the Royal College of Physicians of Edinburgh, and the Royal College of Surgeons of Edinburgh. The University of Dublin, the Royal University of Ireland, and the University of St. Andrews also presented addresses.

**THE BRUSSELS MEDICAL GRADUATES' ASSOCIATION.**—The annual general meeting of this Association took place on July 15th at the Cafe Royal, Regent Street. Dr. C. T. Brookhouse was elected President for the ensuing year, and Dr. A. W. Thomas Vice-President. Dr. Sunderland, the retiring President, congratulated the members present on their excellent organisation, and cordially thanked the officers of the Association for their kind co-operation with him during his year of office. The members and their friends, to the number of fifty-one, afterwards dined together, and there were present among others Sir John Williams, Dr. A. E. Sansom, Dr. Clement Godson, and Mr. Howard Marsh. Dr. Sansom proposed the health of the Association, which was responded to by the Hon. Secretary, Dr. Major Greenwood, who in the course of his remarks pointed out that the flourishing condition of their Association was not a little due to the supineness of the English Universities in neglecting to afford reasonable facilities for graduation in this country. Mr. Franklin Clive and Madame George sang several excellent songs during the evening, and Dr. Haydon also assisted with some admirable violin solos.

#### MEDICAL VACANCIES.

The following vacancies are announced:

- BIRMINGHAM CITY ASYLUM.**—Junior Assistant Medical Officer. Salary, £80 per annum, with board, lodging, and washing. Application to the Medical Superintendent.
- BRADFORD UNION WORKHOUSE.**—Resident Assistant Medical Officer; unmarried, and doubly qualified. Salary, £100 per annum, with prescriber's ration, washing, and apartments in the Workhouse. Applications to Thomas Crowther, Clerk to the Guardians, Poor Law Offices, 22, Manor Row, Bradford, Yorks, before July 31st.
- CENTRAL LONDON OPHTHALMIC HOSPITAL,** Gray's Inn Road, W.C.—House-Surgeon. Rooms, coal, and light provided. Applications, with testimonials, to Secretary by August 9th.
- DEVONPORT ROYAL ALBERT HOSPITAL.**—Assistant House-Surgeon for six months, from August 1st next. No salary. Board, lodging, and washing. Applications to "Hon. Secretary of Medical Committee," by July 31st.
- DUDELEY GUEST HOSPITAL.**—Resident Medical Officer; doubly qualified. Salary, £100 per annum, rising £10 annually to £120. Board, with residence, attendance, and washing. Applications to the Secretary by August 12th.

**EPSOM (RURAL), SUTTON, CARSHALTON, AND LEATHERHEAD JOINT HOSPITAL BOARD.**—Medical Officer of the Isolation Hospital at Cuddington, Surrey.—Salary, £200 per annum. Applications, marked outside "Medical Officer," on forms provided, to be sent to W. O. Reader, Clerk, "Lonsdale," Epsom, by July 27th.

**GUILDFORD ROYAL SURREY COUNTY HOSPITAL.**—Assistant House-Surgeon. Board, residence, and laundry. Applications to the Hon. Secretary.

**HULME DISPENSARY,** Dale Street, Stretford Road, Manchester.—House-Surgeon, doubly qualified. Salary, £130 per annum, with apartments, attendance, coal and gas. Applications to the Hon. Secretary of the Medical Committee by July 28th.

**KENSINGTON, GUARDIANS OF.**—Second Assistant Medical Officer for the Workhouse and infirmary. Salary, £80 per annum, with apartments, board, and washing. Between 21 and 30 years of age, doubly qualified, and must devote whole time to the duties. Applications on forms to be obtained on application to the Clerk to the Guardians, Marloes Road, Kensington, to whom they must be delivered filled in not later than 10 A.M. on July 31st.

**LIVERPOOL, MILL ROAD INFIRMARY.**—Medical Superintendent. Must be under 40 years of age; must be accustomed to the management of insane cases. Preference given to a F.R.C.S. Eng. or a Graduate in Medicine and Surgery of a British University. Salary, £500, with unfurnished house, coals, gas, rates and taxes (inclusive of all fees). Applications to Harris P. Cleaver, Clerk to the Guardians, West Derby Union, Brougham Terrace, Liverpool, by July 27th.

**METROPOLITAN ASYLUMS BOARD.**—Assistant Medical Officer at the South-Western Fever Hospital, Stockwell, S.W. Salary, £160 during the first year, £180 during the second year, and £200 during the third and subsequent years, with board, lodging, and washing. Candidates must be unmarried, doubly qualified, and must not exceed 35 years of age. Applications on forms, to be had at the chief office of the Board, Norfolk House, Norfolk Street, Strand, W.C., where they must be delivered by July 26th.

**NOTTINGHAM CHILDREN'S HOSPITAL.**—House-Surgeon (non-resident). Appointment for six months, but eligible for re-election. Salary at the rate of £100 per annum. Applications to the Secretary, Mr. A. F. Kirby, St Peter's Church Walk, Nottingham, by August 11th.

**NOTTINGHAM GENERAL HOSPITAL.**—Assistant House-Physician. Appointment for six months. Board, lodging, and washing in the hospital. An honorarium of 10 guineas will be given on completion of six months' service. Applications to the General Secretary, General Hospital, Nottingham, by July 30th.

**QUEEN CHARLOTTE'S LYING-IN HOSPITAL,** Marylebone Road, N.W.—Assistant Resident Medical Officer. Appointment for four months. Salary, at the rate of £50 per annum, with board, residence, and washing. Applications to the Secretary by July 31st.

**QUEEN'S COLLEGES, Ireland.**—Professorship of Medicine in the Queen's College, Cork. Applications and testimonials to the Under-Secretary, Dublin Castle, by August 7th.

**ROTHERHAM HOSPITAL AND DISPENSARY.**—House-Surgeon; doubly qualified. Salary, £105, with board, lodging, and washing. Appointment for three years. Applications to the Hon. Secretary by August 31st.

**ROYAL HOSPITAL FOR DISEASES OF THE CHEST,** City Road, S.E.—Resident Medical Officer. Appointment for six months, when re-election is required. Salary, at the rate of £100 per annum, with furnished apartments, board, and washing. Applications to the Secretary by July 28th.

**SHEFFIELD UNION.**—Resident Assistant Medical Officer for the Workhouse, Fir Vale, Pitsmoor. Single or widower, not under 25 years of age. Salary, £100 per annum, with apartments, rations, and other usual allowances. Applications to Joseph Spece, Clerk to the Guardians, Union Offices, Sheffield, by July 24th.

**STAFFORDSHIRE GENERAL INFIRMARY,** Stafford.—House-Surgeon, doubly qualified. Appointment for two years, subject to re-election. Salary, £200 per annum, with board, lodging, and washing. Applications to Richard Battle, Secretary *pro tem.*, 7, Meyrick Road, Stafford, by July 31st.

**STOURBRIDGE DISPENSARY.**—House-Surgeon and Secretary; doubly qualified. Salary, £120 per annum, rising £5 annually to £130, with furnished rooms, coals, and gas, with £45 for travelling expenses. Applications to Hon. Secretary, T. F. Bland, The Firs, Norton, Stourbridge, by August 4th.

**SUNDERLAND BOROUGH ASYLUM,** Ryhope, Sunderland.—Resident Clinical Clerk. Appointment for six months, and eligible for re-election. Nominal salary, with board and lodging. Applications to Dr. Elkins, Medical Superintendent.

**WESTMINSTER HOSPITAL,** Broad Sanctuary, S.W.—Fourth Assistant Surgeon; must be F.R.C.S. Eng. Candidates must attend, with testimonials, the meeting of the House Committee on July 27th, at 1 P.M.

#### MEDICAL APPOINTMENTS.

**ADAMS, Alexander S., M.B., C.M. Aberd.,** appointed Medical Officer for the Rillington District of the Norton Out-Relief Union, *vice* A. C. Young resigned.

**ALEXANDER, A., M.R.C.S., L.R.C.P. Lond.,** appointed Medical Officer for the Wellsbourne District of the Stratford-on-Avon Union, *vice* R. Pitt, L.F.P.S. Glasg., L.S.A., resigned.

**AMENABAR, Julius Daniel, M.R.C.S., L.R.C.P. Lond.,** appointed House-Surgeon to the Wolverhampton Eye Infirmary.

**ANDERSON, J. A., M.D. Glasg.,** appointed Medical Officer to the Leaswalt (Stranraer) Parish Council, *vice* Hugh Cochrane, L.R.C.P. Edin., L.F.P.S. Glasg.

**ASHTON, George, M.B., Ch.B.Vict., M.R.C.S.Eng., L.R.C.P.Lond.,** late House-Surgeon, Manchester Southern Hospital, appointed Senior Resident Medical Officer to the Chorlton Union Hospitals, Withington, Manchester.

**BENSON, Thomas, L.R.C.P.Édin., M.R.C.S.Eng.,** appointed Medical Officer of Health to the Annfield Urban District Council.

**BROUGH, Daniel, M.B., C.M.Édin.,** appointed House-Surgeon to the Bridgewater Infirmary, Bridgewater.

**CLUCKIE, Andrew, M.B., C.M.Glasg.,** appointed Medical Officer to the Stranraer Parish Council, *vice* Hugh Cochrane, L.R.C.P.Édin., L.F.P.S.Glasg.

**DAVIDSON, Percival, M.B., B.S.Durh.,** appointed Senior House-Physician, Royal Infirmary, Newcastle-on-Tyne.

**FRENCH, Dr. D. M.,** appointed Medical Officer for the Debenham District of the Bosmere and Claydon Union, *vice* M. H. Hannigan, M.D.R.U.I., resigned.

**GOSSE, William, L.R.C.P.Lond., M.R.C.S., D.P.H.Camb.,** appointed Public Vaccinator to the Sittingbourne District of the Milton Union.

**HARRISON, James, M.R.C.S., L.R.C.P.Édin.,** appointed Medical Officer in Charge of East Grinstead Isolation Hospitals.

**HILLIARD, Harvey, M.R.C.S.Eng., L.R.C.P.Lond.,** appointed Resident Medical Officer to St. George Hanover Square Dispensary.

**HOYSTER, C. G., L.R.C.P., L.R.C.S.Édin.,** appointed Medical Officer and Public Vaccinator for the Third District of the Dartford Union, *vice* R. G. Tucker, L.R.C.P.Édin., M.R.C.S.Eng.

**LLOYD, Jordan, M.B., F.R.C.S.,** appointed Honorary Consulting Surgeon to the West Bromwich District Hospital, *vice* O. Pemberton, F.R.C.S., deceased.

**MACFADYEN, Allan, M.D.Édin.,** appointed Director of the British Institute of Preventive Medicine.

**MACLAREN, J., M.B.Édin.,** appointed Certifying Factory Surgeon for the Oughtibridge District, and Medical Officer and Public Vaccinator to No. 3 District of the Wortley Union, *vice* P. E. Barber, M.R.C.S., resigned.

**MONCKTON, Frank Parr, L.R.C.P., L.R.C.S.,** appointed Assistant Medical Officer at the Roxburgh District Asylum, Melrose.

**MORGAN, J. A., M.R.C.S., L.R.C.P.,** appointed Medical Officer for the Llandudlas and Llanwrtyd District of the Buih Union.

**ROWELL, William Henry, M.B., B.S.Durh.,** appointed Junior House-Physician, Royal Infirmary, Newcastle-on-Tyne.

**SIMPSON, W. P., M.B., C.M.Édin.,** appointed Medical Officer of the Pelham Lounds District of the Boston Union, *vice* J. F. Carruthers, M.B., C.M.Édin., resigned.

**TORRENS, J., M.D.,** appointed Medical Officer to the Quatt District School, and Medical Officer and Public Vaccinator for the Claverley District of the Bridgnorth Union, *vice* T. W. Haslehurst, M.R.C.S.Eng., resigned.

**VERNON, William, L.R.C.P.Édin., M.R.C.S.Eng.,** appointed Medical Officer for the Bittou District of the Warmley Union, *vice* G. G. D. Willett, M.R.C.S.

**WHITMARSH, R. P. H., M.D.Bruce, L.R.C.P., L.R.C.S.E., L.S.A.Lond.,** appointed Resident House-Physician to the Hospital for Consumption and Diseases of the Chest, Brompton.

### BIRTHS, MARRIAGES, AND DEATHS.

*The charge for inserting announcements of Births, Marriages, and Deaths is 3s 6d., which sum should be forwarded in post-office order and stamps with the notice not later than Wednesday morning in order to insure insertion in the current issue.*

#### BIRTHS.

**HOUGHTON.**—On July 18th, at East Loos, Cornwall, the wife of Leonard F. Houghton, M.R.C.S., L.R.C.P., of a son.

**NUTTALL.**—On July 15th, at 41, Great Bolton Street, Blackburn, the wife of Frank Nuttall, L.R.C.P. & S., etc., of a daughter.

**OLIVER.**—At 7, Ellison Place, Newcastle-upon-Tyne, on 10th July, the wife of Thomas Oliver, M.D., F.R.C.P., of a son.

#### MARRIAGES.

**BLACKER-MARRIOTT.**—On July 7th, in the Cathedral, at Exeter, by the Rev. Canon Edmonds, assisted by the Rev. William David, Arthur Barry Blacker, M.D., B.S., of 15, West Eaton Place, S.W., son of the late Rev. Maxwell J. Blacker, M.A., and grandson of the late Lieut.-Colonel Valentine Blacker, C.B., Surveyor-General of India, to Zare Elizabeth Marriott, widow of George Herbert Marriott, of Orotava, Tenerife.

**HALAHAN-GALTON.**—On July 14th, at St. Paul's, Upper Norwood, by the Rev. H. Stevens, M.A., Vicar of Holy Trinity, Sydenham, assisted by the Rev. R. B. Bansom, M.A., Vicar of St. Paul's, S. Crosby Halahan, of Leigh Manor, Cuckfield, Sussex, eldest son of the late Colonel S. H. Halahan, of Haighlands, Sydenham, to Maud Ethel, second daughter of W. Smith Galton, M.D.Lond., of Chumam, Sylvan Road, Upper Norwood.

**REID-BRUCE.**—At Strathpeffer Church, on July 15th, by the Rev. Jas. Fraser, M.A., minister of Blair-Atholl, assisted by Rev. John McGilchrist, B.D., minister of Fodderty, Wm. Reid, M.D., Physician-Superintendent of the Aberdeen Royal Lunatic Asylum, to Grace Garden, eldest daughter of Wm. Bruce, M.A., M.D., LL.D., The Castle, Dingwall.

#### DEATH.

**OWEN.**—July 16th, at Clifford House, Southport, aged 61, William Hunter Owen, M.R.C.S.Eng., and L.R.C.P.Édin., of Lower House, Lepton, Huddersfield.

### HOURS OF ATTENDANCE AND OPERATION: DAYS AT THE LONDON HOSPITALS.

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

**CENTRAL LONDON OPHTHALMIC.** *Attendances.*—Daily, 1. *Operations.*—Daily.

**CENTRAL LONDON THROAT, NOSE, AND EAR.** *Attendances.*—M. W. Th. S., 2; Tu. F., 5. *Operations.*—Daily.

**CHARING CROSS.** *Attendances.*—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.30; Skin, M. Th., 1.45; Dental, M. W. F., 9; Throat and Ear, F., 9.30. *Operations.*—W. Th. F., 5.

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

**CITY ORTHOPÆDIC.** *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.*—M. W. Th. F.

**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., 12.

**LONDON.** *Attendances.*—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. *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; (Obstetrics), Th., 2.

**NATIONAL ORTHOPÆDIC.** *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.

**NORTH 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 ORTHOPÆDIC.** *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; Orthopedic, 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., 9; Ear, Tu., 2; Skin, W., 2; Throat, F., 2; Orthopedic, 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., 9; Ear, M. Th., 3; Orthopedic, W., 10; Throat, Tu. F., 3; Skin, M. Th., 9.30; Electro-therapeutics, 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, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.30; Electro-therapeutics, 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; (Gynecological), 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., 9; 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. S., 2; Ear, Tu., 10; Orthopedic, W., 2; Diseases of Women, W. S., 3; Electric, Tu., 10; F., 4; Skin, F., 2; Throat and Nose, S., 2. *Operations.*—Tu. F., 2.30.

**WESTMINSTER.** *Attendances.*—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1; Eye, Tu. F., 9.30; Ear, M. Th., 9.30; Skin, W., 1; Dental, W. S., 9.15. *Operations.*—M. Tu. W., 2.

### LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS FOR THE CURRENT WEEK'S JOURNAL SHOULD REACH THE OFFICE NOT LATER THAN MIDDAY 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.