

a considerable time, but unfortunately the patient became ill otherwise. She lost her appetite, she became slightly jaundiced, and on examining her in bed on May 16th it was found she was suffering from cancer of the liver with ascites. This being the case nothing further was done; the patient rapidly got worse, and died on June 10th.

After death, the breast and all the surrounding structures were removed as well as a part of the liver: and these I submitted for examination to Dr. Delépine, Professor of Pathology, Owens College, and subjoined are his report and remarks, dated July 22nd, 1897:

"The mamma is replaced by a dense fibrous-looking mass with several processes extending into the surrounding fat. It is firmly connected with the subjacent pectoral muscles. The skin is rough, superficially ulcerated at one place, and adherent to the subjacent tissue round the nipple. The nipple is depressed but not considerably retracted.

"*Microscopically.*—The cutis vera, subcutaneous tissue, and fat surrounding the mamma show distinct signs of proliferative inflammation of the connective tissue elements, and little infiltration with leucocytes.

"The tumour itself presents, in most places, the appearance of an atrophied scirrhus carcinoma—that is, the epithelial cells are small, they do not fill the alveoli containing them, and the stroma is, generally speaking, abundant, and shows signs of great proliferative activity, the periacinous connective tissue shows in a marked degree the metamorphosis described as elastic degeneration. These signs of atrophy of epithelial elements and increase of connective tissue stroma are not absolutely general, and in some parts the tumour still presents the appearances of a typical scirrhus carcinoma.

"The section of liver shows several confluent nodules of scirrhus carcinoma, very cellular, epithelial cells of the same type as those found in the mammary tumour, extensive tracts of necrosis, biliary pigmentation, and capsular hepatitis.

"In conclusion, I would suggest that the mammary tumour shows signs of marked irritation of the connective tissue elements, and atrophy of the epithelial cells, and that this may be fairly attributed in part to the action of the alcoholic injections, the similarity existing between the hepatic secondary growth and the primary mammary tumour throwing a certain amount of doubt over this conclusion.

"(Signed) SHERIDAN DELÉPINE."

The clinical history showed clearly an enormous diminution of the cancer of the breast and complete disappearance of the glands in the axilla; and it may be concluded that had not the cancer in the liver developed, there was every prospect of a complete cure of the breast.

The action of the alcoholic injections would seem to be that the injected tissues, more especially the cellular, become indurated and contracted, that the blood vessels become sealed up and the nerves compressed, and hence the strangling of the nutrition supply and the shrivelling and atrophy of the tumour.

The cases in which this plan would seem most likely to be suggested are those where operation is absolutely refused or impracticable, those which have recurred and are unfit for further operation, and perhaps certain cases after operation with the view of preventing recurrence.

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

A PIPE STEM IMPACTED IN ONE OF THE BRONCHI FOR A PERIOD OF THREE MONTHS.

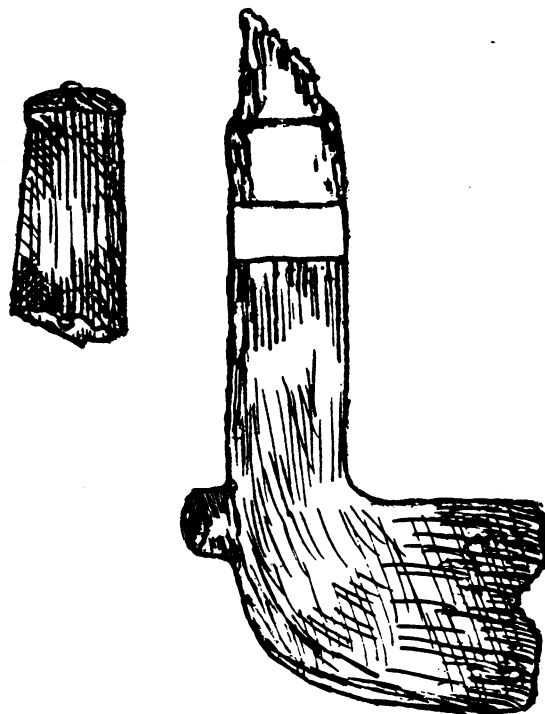
Two months ago J. W., an army pensioner, sent for me, and gave the following history. About a month previous, while he was standing quietly in the street smoking a briar pipe with a vulcanite stem he was seized with a fainting fit and fell. He was raised from the ground by the bystanders, and

recovering consciousness he looked about for his pipe, but found that the shank was broken about an inch from the mouthpiece; the broken fragment could not be found, and the man proceeded home himself feeling little the worse for his tumble; but from this date until the time I saw him he complained of a pain more or less severe in the left breast, with dyspnoea on exertion and a profuse muco-purulent expectoration, being, however, able to go on with his work. For the above symptoms he applied to me, chiefly with the object of getting on the sick list of a society to which he belonged.

On examination I detected no other symptoms than a slight systolic mitral murmur and loud rhonchi heard all over the chest, which was hyperresonant, the man being the subject of chronic bronchitis.

I applied belladonna plaster over the region of the heart, and gave him a stimulating expectorant mixture, not connecting the episode of the broken pipe with his then condition.

I saw him on two subsequent occasions, and on the last he declared himself to feel so much better that he wished to go off the sick-list and resume his work, which consisted in lifting and carrying various heavy articles.



Exact size of pipe and the fragment of stem impacted in the bronchus.

From that time until August 30th I saw nothing of him, when he walked into my consulting room with the missing piece of pipe stem in his hand, and explained that he had on the previous day, while carrying a heavy weight about 100 yards in a stooping posture, suddenly felt something move inside his chest, followed by a fit of coughing, and to his astonishment the long lost pipe shank dropped out of his mouth on to the ground surrounded by a little coagulated blood and inspissated mucus, he immediately experiencing a sense of relief in his previously embarrassed breathing.

The piece of pipe shank measures $1\frac{1}{2}$ inch by $\frac{1}{2}$ inch, and must have been lodged low down in the left bronchus.

The case, I think, must be almost unparalleled, considering the size of the foreign body and the length of time (three months) it had remained impacted in the bronchus without producing any other symptoms than occasional attacks of pain, dyspnoea, and profuse expectoration. The explanation of the mildness of the symptoms I attribute to the fact that

evidently air could freely enter the lung through the bore in the pipe stem.

If any member has met with a case at all similar I shall be very glad to know the particulars.

ARTHUR BAILIE FRANCIS, L.R.C.S., L.R.C.P. EDIN.

Carriekfergus.

A (FOREIGN BODY) TOOTH IN THE EAR REQUIRING REFLECTION OF THE AURICLE, ETC., FOR ITS REMOVAL.

I SAW this case in consultation with Dr. Glen, of South Bank, and the following are the chief points concerning it:

A. K., aged 10, complained to his mother on May 2nd of feeling something hard in his left ear. Dr. Glen saw him the same day, and, with the aid of a speculum, made out a pearly-white body deep in the meatus. As ordinary measures were useless he was placed under chloroform next day, and an unsuccessful attempt made to remove it. Three weeks after this I saw him with Dr. Glen, and failed also to remove it. There was some discharge present, and the wall of the meatus bled readily when touched. Syringing with boric lotion was ordered to be continued, and glycerine and spirit drops used twice daily. Five weeks later another attempt failed, and as the father withheld his consent to further procedure, the previous treatment was continued. However, on July 7th an incision was made close behind the auricle, the soft parts stripped off posterior wall of bony meatus with a Macewen's "searcher," and cut through close to the foreign body. Then a few shavings were taken from the posterior bony wall with chisel and mallet, which allowed of a "searcher" being slipped behind the foreign body, and at the same time removing it quite easily. It proved to be an upper incisor tooth, with a broken fang having a very sharp edge. The patient made a rapid recovery. Three weeks after the operation I removed a polypus from the meatus, and there was a good deal of discharge at this time.

I again examined him on September 4th and found the discharge much less; no granulations; has a slit-like perforation at upper and back part of drum membrane, which will probably heal. The hearing is much improved. At no period had the patient any acute symptoms. He denies having put the tooth in his ear, though he says that some three weeks prior to making the complaint, he pulled out a tooth one night in bed; thus, in some unaccountable way, it got into his ear.

With regard to foreign bodies in the ear, three rules should be remembered:

1. The surgeon should ascertain by inspection that a foreign body is really there.
2. Other than syringing, no attempt at removal should be made unless aided by mirror and speculum.
3. That a foreign body may remain in the ear for an indefinite period, and cause no symptoms other than deafness.

Stockton-on-Tees.

G. VICTOR MILLER.

THE CHLORIDE OF SODIUM TREATMENT OF TINEA TONSURANS AND TINEA CIRCINATA.

THE treatment of ringworm by common salt was first introduced in the BRITISH MEDICAL JOURNAL, November, 1895, but since then has been little noticed in the medical press. The results I am about to show will be sufficient excuse for entering first into a recapitulation of this simple process.

All scabs having been removed by soaking with olive oil, or poulticing, and, if on the head, the hair cut short, the diseased area is well rubbed with a saturated solution on a small piece of sponge. The medical man should do this himself once a day if possible, and the relatives once a day. It is a clean and painless application, but, like so many seemingly simple processes, yields its best results when the whole treatment is carried out by the medical man himself. In each of my cases I have made a microscopical examination before and after the treatment.

The following list contains brief notes of a series of 25 cases, which, on analysis, present the following results:

The average duration of treatment was 16 days, the longest duration 7 weeks (this case was an adult who would not persist in the treatment), the most rapid case 7 days.

1. S. G., aged 11. Tinea tonsurans: Two large patches on the scalp. The crusts were removed by soaking with olive oil, and the diseased area was well rubbed with the saturated solution of chloride of sodium twice daily. Case steadily improved, and was quite well in three weeks.

2. L. G., aged 14. Tinea circinata: Large circular patch over manubrium sterni treated by solution of chloride of sodium, and was completely cured in ten days.

3. M. H., aged 9. Tinea tonsurans: A small patch over occipital bone. The hair was cut short, and the patch treated with chloride of sodium solution. Quite cured in one week.

4. G. S., aged 15. Tinea tonsurans: The whole scalp was one mass of crusts, which were removed by poulticing and soaking with olive oil. The diseased area was treated with the chloride of sodium solution, and the case was cured in four weeks.

5. E. V., aged 8; 6. J. V., aged 10; and 7. H. V., aged 12. Two sisters and one brother, all suffering from tinea circinata. Each case had three or four patches, which I rubbed diligently with the saturated solution. All of them were quite well in ten days.

8. J. L., aged 14. Tinea tonsurans. Treatment, chloride of sodium. Cured in fourteen days.

9. M. S., aged 8. Tinea tonsurans. Treatment, chloride of sodium. Cured in ten days.

10. F. M., aged 7. Tinea tonsurans. Treatment, chloride of sodium. Cured in three weeks.

11. M. C., aged 15. Tinea tonsurans. Treatment, chloride of sodium. Cured in three weeks.

12. E. V., aged 17. Tinea tonsurans. Treatment, chloride of sodium. Cured in five weeks.

13. M. S., aged 25. Tinea tonsurans. Treatment, chloride of sodium. Cured in seven weeks.

14. E. P., aged 9. Tinea tonsurans. Treatment, chloride of sodium. Cured in ten days.

15. F. G., aged 7. Tinea tonsurans. Treatment, chloride of sodium. Cured in fourteen days.

16. M. T., aged 10. Tinea tonsurans. Treatment, chloride of sodium. Cured in ten days.

17. E. L., aged 12. Tinea tonsurans. Treatment, chloride of sodium. Cured in three weeks.

18. C. P., aged 14. Tinea circinata. Treatment, chloride of sodium. Cured in ten days.

19. E. F., aged 13. Tinea circinata. Treatment, chloride of sodium. Cured in ten days.

20. J. S., aged 9. Tinea circinata. Treatment, chloride of sodium. Cured in two weeks.

21. E. G., aged 8. Tinea circinata. Treatment, chloride of sodium. Cured in two weeks.

22. M. W., aged 7. Tinea circinata. Treatment, chloride of sodium. Cured in ten days.

23. L. E., aged 9. Tinea tonsurans. Treatment, chloride of sodium. Cured in fourteen days.

24. G. B., aged 12. Tinea tonsurans. Treatment, chloride of sodium. Cured in eighteen days.

25. M. M., aged 6. Tinea tonsurans. Treatment, chloride of sodium. Cured in sixteen days.

Case 13, which took seven weeks in recovering, hardly gave the treatment a fair chance, as she sometimes let three days elapse before coming to my house to have the treatment pursued.

It will be noticed that the younger the patient the more easily this treatment seems to cure. The reason, I should say, being that adults, especially women, have thicker hair, and object to much being cut away.

Dover.

CHARLES E. MURPHY, L.R.C.P., L.R.C.S. Ire.

CASE OF DIPHTHERIA TREATED WITH ANTIDIPHTHERIA SERUM.

THE success of the serum treatment of diphtheria is now so fully established that to continue to publish notes of isolated cases in which it has been used would seem to be little better than a waste of time. As showing, however, the remarkable power of the remedy in severe cases, and the importance of its early application, the following particulars are of interest:

On July 26th last a delicate girl of 4 years was brought into my surgery with a history of having been taken ill with vomiting two days previously, followed the next day by sore throat, swelling of the neck, difficulty in swallowing, and general *malaise*. There was a large patch of membrane upon the right tonsil, and extending across the arch of the palate to the right side of the uvula, with considerable swelling of the adjacent structures. Except for the marked prostration, other constitutional symptoms were but slight. During the succeeding forty-eight hours the membrane continued to spread, until both tonsils, uvula and the posterior half of the palate, were covered. The tissues of the neck became swollen and hard at both sides, and a general redness of the skin occurred in this situation. An acrid offensive discharge came from the nostrils, there was inability to swallow, a

tendency to stupor, and although the temperature did not rise above 99° F. and the pulse and breathing were not much disturbed, the child's condition was evidently becoming critical. At 10 P.M. on the 28th, 1,500 units of antidiphtheria serum, obtained from the British Institute of Preventive Medicine, were injected under the skin of the abdomen. On the following morning the condition of the patient was unaltered, except that the cellular inflammation had extended from the neck over the front of the chest to midway down the sternum, but there was thought to be a slight yielding of tension in the immediate neighbourhood of the tonsils. The urine was at this time found to be highly albuminous. On the evening of the 29th another dose of 1,500 units of serum was injected as before. The child was now extremely prostrate, and almost comatose. The following morning there was decided subsidence of the swelling about the neck and chest. An attempt was being made to support the child with nutrient enemata, but all along we were sadly handicapped by the want of a good nurse. On the 31st I called expecting to find the window blinds of the house all down, but, instead, I found a marked improvement in the child's condition. She had passed a fairly good night, looked bright, and drank some milk from a mug which she held in her own hand. The swelling and redness of the neck and chest had almost entirely disappeared, the pulse, however, was excessively weak and slow (66 per minute) and the general prostration was very great. On August 1st and 2nd the conditions remained the same, extreme prostration, and great difficulty in getting nourishment swallowed; enemata could not be retained. On the afternoon of the 2nd the child died, apparently from heart paralysis.

Although the termination of this case was disappointing, no discredit is due to the serum treatment. Four days had elapsed from the onset before the first injection could be given, and, as it has been shown that after three days the chances of success in a severe case are but slight, a fatal issue was rather to be expected. Nothing could have been plainer than that the antitoxin completely arrested and destroyed the power of the bacilli for further mischief, but unfortunately the time allowed them had been sufficient for the completion of their baneful work. The absence of anything like intelligent nursing, also, greatly reduced the child's chances of recovery. I have only to add that the diagnosis in this case was confirmed by bacteriological examination.

Epping. TREVOR FOWLER, L.R.C.P.I., D.P.H.Camb., etc.

REPORTS

ON

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

SWANSEA GENERAL HOSPITAL.

A CASE OF HYDATIDS SIMULATING TYPHLITIS: OPERATION: RECOVERY.

(By R. C. ELSWORTH, M.B. Edin., F.R.C.S. Eng., Surgeon to the Hospital.)

G. H., aged 29, a schoolmaster, was admitted suffering from what appeared to be typhlitis on October 5th, 1896.

History.—About nine years ago he began to suffer from frequent attacks of pain in the right side of the lower part of the abdomen, with much tenderness and occasional swelling in the same region. The pain was always more severe after taking a heavy meal. For months he would be quite well, and then suddenly he would be seized with paroxysmal pain, tenderness, and some swelling in the region above named. The attacks were of varying duration, from a few minutes to a whole day; but at no time was he confined to bed. There does not appear to have been any vomiting during the attacks, and the urinary functions and bowels do not seem to have been obviously affected.

Early in July, 1896, the patient had an acute attack. It began suddenly with pain in the lower part of the right side of the abdomen so severe as to "double him up." There was no vomiting, but the bowels, notwithstanding aperients, were

confined. During the day the acute character of the pain somewhat abated, but it continued so bad that he was obliged to remain in bed and to see his medical attendant, who diagnosed the case as typhlitis. He was put under treatment and remained in bed for three weeks; at the end of six weeks he was able to move about, although still in pain.

Condition on Admission.—A sparsely-built man, about middle height. He said that he was unable to stand erect on account of pain in the abdomen, and he walked with his right leg on guard, and stood with it a little in advance of the other. On examination there was great tenderness over the whole of the right half of the abdomen, and a lobulated, hard, movable swelling occupied the cæcal region. The lobulations were smooth, rounded, well defined, and more marked towards the middle line than laterally. *Per rectum* a mass could be felt to the right side, which bimanually appeared continuous with the mass above mentioned. It was rounded, firm, and apparently attached to the pelvic brim. Fluctuation could not be made out. The tongue was furred, the bowels confined. Temperature normal, pulse 90. He was placed under observation, and ordered a mild saline.

October 12th. Seven days after admission the mass in the cæcal region appeared somewhat diminished in size, and the tenderness was much less.

October 13th. The patient was anæsthetised, and I opened the abdomen by an oblique incision on the right side, midway between the umbilicus and the anterior superior iliac spine. The peritoneum around and in front of the cæcum was thickened and adherent by soft fibrous bands to the surrounding structures. The appendix could not be found, but several round, hard bodies could be felt in the region it would normally occupy. One of these was brought into view, and on stripping off the adhesions it was seen to be a hydatid cyst. It was removed along with several others by stripping off the adhesions.

In all ten cysts were enucleated, varying in size from a hazel nut to a small orange. All these cysts were situated on the inner side of the cæcum, and some had extended over the brim into the pelvis. One cyst, about the size of a hen's egg, which lay to the left of the middle line near the pubes, could not be brought into the wound on account of the adhesions, and as the patient's condition suddenly became critical it was thought advisable to leave it for a future occasion. The peritoneum was carefully cleansed, and the abdomen closed with sutures of silk-worm gut, but no drainage tube was used. After the patient was put to bed he quickly rallied, and from that time his case presented no features of special interest. He was up in a fortnight and discharged in a month, and since January of this year has been attending to his ordinary duties.

REMARKS.—The interesting point about this case is the attack of what appeared to be typhlitis of the ordinary type coming on suddenly and leaving behind a tumour, which was generally considered as inside the bowel. The probable explanation of the condition is that prior to the attack in July he had a cyst which ruptured, setting free a number of daughter cysts, and lighting up peritonitis around the cæcum, the daughter cysts becoming embedded in the exuded lymph. This view is the more probable, as during the operation, while searching for the cysts, a mass of inflamed tissue, with ragged cavity, was exposed near to and in front of the hepatic flexure of the colon. This I am inclined to look upon as the site of the original cyst which had ruptured. The pressure here of the cyst would explain the swelling of that side of the abdomen which the patient complained of, since by pressing upon the upper part of the ascending colon the cæcum would first become distended.

ROYAL INFIRMARY, SHEFFIELD.

A CASE OF STRANGULATED HERNIA IN AN INFANT 5 MONTHS OLD.

(By ARCHIBALD CUFF, B.A., M.B., B.C., F.R.C.S., Resident Medical Officer.)

STRANGULATED hernia in young infants, though not unknown, is of such rare occurrence that the record of the following case may be not uninteresting:

E. B., a badly nourished and weakly child, was admitted with the history of having vomited continually for thirty-six

meant, but must be the result of blundering in the pay department. The sooner these mad regulations are brought into harmony with common sanity the better.

NEW MILITARY HOSPITAL, PORTSMOUTH.

A new site has been selected by the Army Sanitary Committee, the Director-General A.M.S., and the Quarter-Master-General for a new military hospital on the Portsdown Hills for the Portsmouth garrison. The scheme is in connection with the proposed removal of the military hospital at Portsea, to afford space for barracks about to be constructed by the Admiralty in place of the arrangements now existing for housing seamen and marines in the old battleships in Portsmouth Dockyard.

ENTERIC FEVER IN RICHMOND BARRACKS, DUBLIN.

In alluding to five cases in a half battalion at the above barracks, and the Court of Inquiry on the occurrence thereof, the *Army and Navy Gazette* says, "The cause of sickness undoubtedly lies within the barracks, and no expense or trouble should be spared until it is removed." These Courts of inquiry have assembled in other Irish garrisons, but with no results.

SANITARIUM FOR HONG KONG.

The military authorities seem to have recognised the fact that a change for troops stationed in Hong Kong is needed. They have therefore purchased, to be used as a sanitarium, the Hotel Mount Austin, situated at the Peak, about 1,800 feet above sea level. To this the men of the different corps will be able to resort to recruit health. The temperature at this elevation is many degrees lower than in Hong Kong city.

THE INDIAN PRESS ON THE A.M.S.

An article on "Army Medical Discontent" appears in the *Times of India* weekly edition of August 20th, supporting the cause of the Medical Service. It says: "The very men at the Horse Guards who are the first to obstruct the medical claims would also be the first to raise a clamour if they saw the results of the bungling of bad doctors in the field. . . . With men retiring in disgust at one end, and at the other recruitment being wholly inefficient to keep up the mere numbers, let alone the quality, up to an irreducible minimum, this progressive depletion, without the intervention of Parliament, can have but one issue—the extinction of the Medical Department of the Army. When that undesirable consummation is about to be realised, the usual rebound will be effected, and where everything was once refused, everything will be effusively granted,

MIXED BOARDS.

At Bangalore, on August 13th, a Board was ordered to assemble to "report upon additional accommodation required at the Station Hospital," with a Lieutenant-Colonel, R.A., as President; the Principal Medical Officer, who is a Surgeon-Colonel senior to the President and Members, was ordered "to attend." The spirit and even letter of the late Mixed Board Regulation is here deliberately set aside upon the strength of an old Horse Guards military order originally.

We hear, further, of two Sanitary Boards lately at Cape Town, in which, while ordinary subalterns were detailed as members, the medical department was directed to "attend" in terms of an old Horse Guards order; as our correspondent comments, "Queen's Regulations again set aside!"

RESEARCH IN THE MEDICAL SERVICES IN INDIA.

The *Pioneer* of August 20th devotes short leaders to this subject. It says: "In the whole of India there is no official arrangement for giving medical officers thorough and practical instruction in the newest developments of their science, or for renewing the knowledge of those who, for lack of practice, have forgotten much of their early training." Again: "To speak plainly, smart men are not likely to enter a service which can have such things said about it as the writer in the *United Service Magazine* gives expression to, while medical officers feel aggrieved that measures for giving professional instruction are not adopted."

THE NURSING OF SICK SOLDIERS IN INDIA.

The *Madras Weekly Mail*, in a long and able article on this subject, contends that the arrangements for nursing European soldiers in military hospitals are inadequate and unsatisfactory; that nurses are too few in number; the men of the Army Hospital Corps unfitted (by race, and want of capacity and training) for the work; and the system of soldier attendants objectionable from various points of view. The remedy proposed is the permanent allotment of a small section of the Medical Staff Corps to each hospital.

THE RANK QUESTION.

A suggestion comes to us from a retired and very distinguished medical officer, who has most strenuously advocated fully recognised army rank for medical officers, that the latter might, without prejudice, accept "honorary rank" in a medical, and if possible, Royal Medical Corps. He says such would be in the nature of a "compromise," and he has reason to believe would, as such, be favourably entertained in high quarters.

On the other hand, "Surgeon-Lieutenant-Colonel, Retired," writes: "The lessons of the past teach that no compromise should be accepted, and that a corps organisation with substantive rank and title, but with limited command, must be granted, or—nothing. The composite title was a compromise, and was forthwith made sport of; there can, indeed, be no compromise with men who will not loyally accept it. The question is, Is the army to suffer indefinitely for lack of good medical officers because a handful of military advisers choose to kill an important branch of the service?"

Mr. GEORGE HANBURY, the Treasurer of the Paddington Green Children's Hospital, has given a donation of £100 towards paying off a debt of £1,900 due to the hospital bankers.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF DURHAM.

SECOND EXAMINATION FOR THE DEGREE OF BACHELOR IN MEDICINE.—The following candidates have satisfied the Examiners:

Anatomy, Physiology, and Materia Medica.—Honours—First Class.—R. H. Dix, College of Medicine, Newcastle-upon-Tyne. Honours—Second Class.—R. Alderson, College of Medicine, Newcastle-upon-Tyne; P. M. Perkins, St. Bartholomew's Hospital; D. M. Johnston, College of Medicine, Newcastle-upon-Tyne; J. T. Jupp, Mason College, Birmingham; F. W. Lambelle, College of Medicine, Newcastle-upon-Tyne; G. Burton-Brown, L.S.A., Guy's Hospital; J. R. Burn, College of Medicine, Newcastle-upon-Tyne; E. F. W. Bywater, Mason College, Birmingham. Pass List.—H. Braund, Guy's Hospital; B. E. G. Bailey, St. Bartholomew's Hospital; R. T. Brown, M.R.C.S., L.R.C.P., Guy's Hospital; R. H. Garbutt, College of Medicine, Newcastle-upon-Tyne; A. Hines, College of Medicine, Newcastle-upon-Tyne; J. Macfadyen, College of Medicine, Newcastle-upon-Tyne; R. Peart, College of Medicine, Newcastle-upon-Tyne; T. S. P. Parkinson, College of Medicine, Newcastle-upon-Tyne; G. W. Proctor, College of Medicine, Newcastle-upon-Tyne; R. P. Richardson, Westminster Hospital; Eleanor Shephard, London School of Medicine for Women; L. S. Smith, Mason College, Birmingham; J. E. Sidgwick, College of Medicine, Newcastle-upon-Tyne; A. M. Thomas, Guy's Hospital; J. H. Tripe, London Hospital; R. Thorne-Thorne, St. Bartholomew's Hospital; T. J. A. Tulk-Hart, M.R.C.S., L.R.C.P., Guy's Hospital; P. E. Turner, M.R.C.S., L.R.C.P., St. Bartholomew's Hospital; J. C. Velenski, College of Medicine, Newcastle-upon-Tyne.

CONJOINT BOARD IN ENGLAND.

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

H. H. Brind, L.R.C.P.Lond., M.R.C.S.Eng.; H. J. Edwards, L.R.C.P.&S. Edin.; R. Erskine, M.D., M.Ch.R.U.I.; W. E. Grandy, M.B.Trin. Coll.Dab., L.R.C.S.I.; H. L. P. Hardy, L.R.C.P.Lond., M.R.C.S.Eng., M.D.Brux.; E. S. Hoare, L.R.C.P.Lond., M.R.C.S.Eng.; G. Home, M.D.M.B., C.M.Edin.; H. Horrocks, L.R.C.P.Lond., M.R.C.S.Eng., M.B.Vict., M.D.Lond.; S. C. Lawrence, L.R.C.P.Lond., M.R.C.S.Eng.; C. V. McCormack, L.R.C.P.Lond., M.R.C.S.Eng.; G. J. K. Martyn, M.A., M.B., B.C.Camb.; A. Salter, L.R.C.P.Lond., M.R.C.S.Eng., M.D. & B.S.Lond.; W. G. Savage, L.R.C.P.Lond., M.R.C.S.Eng., B.Sc., M.B.Lond.; A. Stanley, L.R.C.P.Lond., M.R.C.S.Eng., M.D., B.S.Lond.; D. L. Thomas, L.R.C.P.Lond., M.R.C.S.Eng. & L.S.A.Lond.

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

SOCIETY OF APOTHECARIES OF LONDON.

Pass List. September, 1897.—The following candidates passed in:

Surgery.—J. B. Cautley (Section II), St. Bartholomew's Hospital; F. M. Cooper (Section II), Royal Free Hospital; J. F. Fox, Cork and Westminster Hospital; F. R. Greenwood, St. Bartholomew's Hospital; H. Munro, Guy's Hospital. *Medicine.*—E. C. Bailey, King's College Hospital; F. M. Cooper (Section II), Royal Free Hospital; R. H. Hill, New York and Middlesex Hospital; A. H. Turner, London Hospital. *Forensic Medicine.*—E. C. Bailey, King's College Hospital; R. H. Hill, New York and Middlesex Hospital. *Midwifery.*—E. C. Bailey, King's College Hospital; F. M. Cooper, Royal Free Hospital; C. G. L. Dähne, St. Bartholomew's Hospital; A. J. Hayes, Middlesex Hospital; R. H. Hill, New York and Middlesex Hospital; A. H. Turner, London Hospital; R. L. G. Worsley, St. George's Hospital.

The diploma of the Society was granted to Messrs. E. C. Bailey, C. G. L. Dähne, J. F. Fox, A. J. Hayes, and Miss F. M. Cooper.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,615 births and 3,909 deaths were registered during the week ending Saturday last, September 18th. The annual rate of mortality in these towns, which had declined from 29.5 to 19.4 per 1,000 in the five preceding weeks, further fell to 18.5 last week. The rates in the several towns ranged from 10.7 in Cardiff, 10.9 in Swansea, 12.0 in Croydon, and 13.1 in Halifax to 25.8 in Preston, 26.1 in Sunderland, 28.4 in Norwich, and 29.8 in Salford. In the thirty-two provincial towns the mean death-rate was 20.2 per 1,000, and exceeded by 4.1 the rate recorded in London, which was 16.1 per 1,000. The zymotic death-rate in the thirty-three towns averaged 3.4 per 1,000; in London the rate was equal to 2.3 per 1,000, while it averaged 4.2 in the thirty-two provincial towns, among which the highest zymotic death-rates were 7.6 in Salford, 8.6 in Hull, 9.0 in Wolverhampton, and 13.0 in Preston. Measles caused a death-rate of 2.4 in Wolverhampton and 3.6 in Preston; "fever" of 2.6 in Norwich; and diarrhoea of 4.8 in Wolverhampton and in Sunderland, 5.1 in Salford, 6.2 in Gateshead, 7.4 in Hull, and 9.5 in Preston. The mortality from scarlet fever and from whooping-cough showed no marked excess in any of the large towns. The 49 deaths from diphtheria in the thirty-three towns included 35 in London, 2 in West Ham, 2 in Wolverhampton, and 2 in Liverpool. No fatal case of small-pox was registered last week, either in London or in any of the thirty-two large provincial towns; and no small-pox patients

MEDICAL NEWS.

WE are requested to state that the Rev. A. M. Fairbairn, D.D., Principal of Mansfield College, Oxford, will distribute the prizes to the successful students of St. Thomas's Hospital on Saturday, October 2nd, at 3 P.M., in the Governor's Hall.

FRENCH UROLOGICAL ASSOCIATION.—The French Urological Association will hold its second annual meeting in Paris on October 21st, 22nd, and 23rd, under the presidency of Professor Guyon. The questions proposed for discussion are: 1. The Operations performed on the Testicle and its Adnexa for the relief of Prostatic Hypertrophy (to be introduced by Drs. Albarran and Carlier); 2. Non-gonococcal Urethritis (to be introduced by Drs. Eraud and Noguès).

THE CLAYBURY PATHOLOGICAL LABORATORY.—The first report of the pathologist in charge of the Claybury Pathological Laboratory is published in the *County Council Red Book*. It will be remembered that the laboratory was opened last year, since when Dr. Mott's report shows the amount of valuable work that has been done. The Board of Technical Education has granted a Scholarship in Neuro-pathology, and Dr. Wakelin Barrett is the recently appointed scholar.

THE BEANEY INSTITUTE, CANTERBURY.—The foundation stone of this building was laid on Thursday, September 16th, by the Mayor of Canterbury, in the presence of Dean Farrar and a large concourse of citizens. The Hon. J. G. Beane, M.D., was a native of that city, where he began life as an errand boy at the dispensary; but by his energy he raised himself to the position of one of the leading physicians of Melbourne and a member of the Legislative Council of Victoria, where he died some six years ago. He munificently bequeathed to the Mayor and Corporation of Canterbury £10,000 for the purpose of purchasing a site and building thereon a free library and institute for the benefit of the citizens of the city. During his life, too, he was constantly sending home sums for the benefit of the working men of Canterbury, and gave at one time and another £1,070 to the Kent and Canterbury Hospital. The institute will comprise a free reading room, a lending library, and a museum.

MEMORIAL TO THE LATE DR. WARD, OF BLYTH.—On September 16th a memorial bust of the late Dr. Gilbert Ward, F.R.C.S., of Blyth, was unveiled by the Right Hon. Sir Matthew White Ridley, Bart., M.P., in the hall of the Thomas Knight Memorial Hospital at Blyth. The bust, which is of white marble, and stands upon a pedestal of green marble, is by Antonio Frilli, of Venice. Dr. Ward was a native of Newcastle, where he was born on March 3rd, 1805. He took up his residence in Blyth when 27 years of age, and died there in his 90th year. During his 60 years' connection with the seaport he held a considerable number of public appointments, and his great philanthropy, his disinterested labour for the cause of the poor, and the welfare of the town generally, rendered his name a revered word in every household in the town and district. The erection of the Knight Hospital was entirely due to the zealous application with which Dr. Ward undertook to raise the necessary amount of money stipulated under the terms of the will of the late Mr. Thomas Knight, whose name the institution bears.

REPORT OF THE INSPECTOR OF RETREATS.—The seventeenth report of the Inspector of Retreats, licensed under the Inebriates Acts, records substantial advance. The number of patients treated, which was 130 in 1895, rose to 166 in 1896. The inspector paid forty visits to retreats during 1896, nearly all the visits having been without previous warning. The general health of the patients was excellent, though there had been two deaths. The number of retreats will remain at ten, though two additional establishments had been licensed during the twelvemonths, owing to the lapsing of two licences. No reason is assigned for the non-renewal of these licences, one of which was licensed to Lady Henry Somerset and a co-licencee only a year before, and the other to the Messrs. Gray, both for females only. It is unfortunate that the Dalrymple Retreat is the only home which presents full particulars of the ages, length of addiction, classification, length of residence, causation, heredity, after-history, and

other important details of the cases. If the other retreats furnished similar tables the value of the report would be greatly enhanced. The licensees all seem of one opinion as to the need for a less complicated and deterrent mode of admission of patients, and as to the need for power of compulsory reception to be vested in some constituted authority. The licensee of the Manchester Retreat for Women says that among females of all classes drunkenness is on the increase. In the Rickmansworth Retreat there was a family history of inebriety or insanity in 55 per cent. of the patients. It is to be hoped that the Government, in their promised Bill, will take the strong representations of the licensees into serious consideration.

MEDICAL VACANCIES.

The following vacancies are announced:

- BETHLEHEM HOSPITAL.**—Two Resident Clinical Assistants; doubly qualified. Appointment for six months. Apartments, board, and washing. Applications, endorsed "Clinical Assistantship," to the Treasurer, Bridewell Hospital, New Bridge Street, E.C., before October 4th.
- BIRMINGHAM GENERAL DISPENSARY.**—Resident Surgeon; doubly qualified. Salary, £150 per annum (with an allowance of £30 per annum for cab hire) and furnished rooms, fire, lights, and attendance. Applications to E. W. Forrest, Secretary, by October 18th.
- BRIGHTON AND HOVE LYING-IN INSTITUTION AND HOSPITAL FOR WOMEN.**—Honorary Surgeon. Appointment for ten years. Applications to be sent in by September 30th.
- BRISTOL DISPENSARY.**—Two Surgeons to the Districts of the Institution, doubly qualified. Particulars of Mr. Harold M. Silcock, Small Street Court, Bristol, to whom applications must be sent by October 11th.
- CHELSEA HOSPITAL FOR WOMEN,** Fulham Road, S.W.—Out-patient Physician, engaged in consulting practice. Clinical Assistant. Post tenable for three months on payment of fee of £5 5s. Applications to the Secretary for the former by October 2nd.
- CHICHESTER INFIRMARY.**—House-Surgeon. Salary, £80 per annum, with board, lodging, and washing. Applications to Eugene E. Street, Secretary, the Infirmary, Chichester, by October 11th.
- HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST,** Brompton, S.W.—Resident Medical Officer, doubly qualified, unmarried, and under 25 years of age. Also Resident House-Physicians. Applications to W. H. Theobald, Secretary, by October 13th.
- NORTH-EASTERN HOSPITAL FOR CHILDREN,** Hackney Road, N.E.—Junior House-Physician; doubly qualified. Appointment for six months. Salary, £15, with full board, and residence. Applications to T. Glenton-Kerr, Secretary, 27, Clement's Lane, E.C., by October 11th.
- NOTTINGHAM GENERAL HOSPITAL.**—Assistant House-Physician and Assistant House-Surgeon. Appointment for twelve months. Salaries, £50 per annum, with board, lodging, and washing in the hospital. Applications to E. M. Keely, Secretary, by October 2nd.
- PADDINGTON GREEN CHILDREN'S HOSPITAL,** London, W.—House-Physician, House-Surgeon. Appointment for six months. Salary at the rate of £50 per annum, with board and residence. Applications to the Secretary at the Hospital by October 11th.
- ROYAL SOUTHERN HOSPITAL,** Liverpool.—Junior House-Surgeon; doubly qualified. Salary, 60 guineas per annum, with board, etc. Applications to the Chairman of the Medical Board by September 27th.
- ROYAL VICTORIA HOSPITAL,** Bournemouth.—Ophthalmic Surgeon; must be F.R.C.S. Applications to the Chairman by October 15th.
- ROYAL VICTORIA HOSPITAL FOR DISEASES OF THE CHEST,** City Road, E.C.—Resident Medical Officer. Appointment for six months, when re-election is required. Salary, £100 per annum, with furnished apartments, board, and washing. House-Physician. Appointment for six months. Salary at the rate of £40 per annum, with board, lodging, and washing. Applications to the Secretary at the Hospital by October 5th.
- ST. MARY, ISLINGTON, GUARDIANS OF.**—Resident Second Assistant Medical Officer at the Workhouse and Infirmary, St. John's Road, Upper Holloway. Remuneration, £80 per annum and rations, apartments, and washing. Applications, on forms to be obtained at the Guardians' Offices, to be sent to Edwin Davey, Clerk, Guardians' Offices, 131, St. John's Road, Upper Holloway, N., by October 5th.
- SALOP INFIRMARY,** Shrewsbury.—House-Surgeon; must be doubly qualified—M.R.C.S. Eng., Edin., or Dub. Salary, £100 per annum, with board and residence. Applications to Joseph Jenks, Secretary, by October 1st.
- SCHOOL BOARD FOR LONDON.**—Medical Officer for the Gordon House Girls' Home, at Richmond Road, Isleworth. Salary, £40 per annum. Applications to A. E. Garland, Clerk to the Managers, School Board Offices, Victoria Embankment, W.C.
- STOCKTON AND THORNABY HOSPITAL.**—Non-Resident House-Surgeon; doubly qualified. Age not to exceed 30. Salary, £200 per annum. Applications to H. G. Sanderson, Secretary, by September 30th.
- SUSSEX COUNTY HOSPITAL,** Brighton.—Assistant House-Surgeon, doubly qualified, unmarried, and when elected under 30 years of age. Salary not exceeding £30 per annum, with board, washing, and residence. Applications to the Secretary at the Hospital by October 13th.
- SWANSEA GENERAL HOSPITAL.**—House-Physician. Salary, £50 per annum, with board, apartments, landress, and attendance. Applications to J. W. Morris, Secretary, 9, Castle Street, Swansea, by October 4th.

WHITTINGHAM COUNTY ASYLUM, Lancashire.—Assistant Medical Officer, unmarried, and not over 30 years of age. Salary commencing at £100 per annum, with prospect of further increase, together with furnished apartments, board, attendance, and washing. Applications to the Superintendent.

MEDICAL APPOINTMENTS.

ARMITAGE, E., L.R.C.P., L.R.C.S. Edin., reappointed Medical Officer of Health to the Grimsby Rural District Council.
 BETHELL, Alfred, M.R.C.S. Eng., L.S.A., appointed Medical Officer of Health to the Bridgnorth Rural District Council.
 BUCHANAN, J. H., M.D. St. And., L.F.P.S. Glasg., reappointed Medical Officer to the Thirsk Rural District Council.
 CHITTENDEN, T. Hillier, M.D., M.R.C.P., appointed Clinical Assistant to the Chelsea Hospital for Women, Fulham Road.
 COATES, B. O., M.D., appointed Clinical Assistant to the Chelsea Hospital for Women, Fulham Road.
 DAMAN, Thomas W. A., B.A. Cantab., M.B. and C.M. Edin., appointed Assistant House-Surgeon to the County Hospital, Lincoln, vice J. T. Vulliamy, M.R.C.S., L.R.C.P., resigned.
 FRASER, Hugh Ernest, M.D. Edin., appointed Medical Superintendent to the Dundee Royal Infirmary, vice N. Raw, M.D., resigned.
 GRANT, Francis William, M.D. Edin., B.Sc., C.M., appointed Medical Officer of Health for Lossiemouth and Branderburgh.
 GRAVELY, W. H., M.R.C.S. Eng., L.R.C.P. Edin., appointed Medical Officer for the Cowfold District of the Horsham Union.
 HART, A. E., M.B., appointed Medical Officer for the Drypool District of the Sculcoates Union.
 HARTLEY, Reginald, M.D., F.R.C.S., appointed Clinical Assistant to the Chelsea Hospital for Women, Fulham Road.
 HODGES, Dr. C. H., appointed Medical Officer and Public Vaccinator for the Ditton Priors District of the Bridgnorth Union.
 MOSS, Enoch, M.D. Lond., appointed Medical Officer to the Wrexham Union Workhouse.
 O'CONNOR, John E., M.B., appointed Medical Officer of Health for the Port of Lowestoft.
 SMITH, W. H., M.R.C.S., L.S.A., appointed Surgeon to the Boston Hospital.
 STANLEY, Douglas, M.D. Edin., M.R.C.P. Lond., appointed Pathologist to the Queen's Hospital, Birmingham, vice Dr. Kauffmann.
 VAUGHAN, Ethel M., M.B. Lond., appointed Assistant Medical Officer at the Infirmary of the Parish of St. Giles, Camberwell, vice Miss Cruikshank.
 WALL, C. P. B., M.B. Edin., Ch.B., appointed Assistant Medical Officer to the District Asylum, Inverness, vice R. B. Campbell, M.B., C.M. Edin., resigned.
 WIGHAM, W. H., M.B. Durh., M.R.C.S. Eng., appointed Medical Officer for the Tenth District of the Barnstaple Union, vice A. Hind, L.R.C.S., resigned.
 WILSON, A. R., M.B. Lond., L.S.A., appointed Surgeon to the Boston Hospital.

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.

BARCLAY-SMITH.—On the 16th inst., at 57, Bateman Street, Cambridge, the wife of E. Barclay-Smith, M.D., of a son.
 HOSSACK.—At "The Pentlands," 126, Woodbridge Road, Ipswich, the wife of James Hossack, F.R.C.S. Edin., of a daughter.
 MOULD.—On September 19th, at Grafton House, Sandgate, the wife of Surg.-Capt. W. T. Mould, A.M.S., of a son.
 STEER.—On September 17th, at Fulham Infirmary, Hammersmith, the wife of William Steer, M.R.C.S., Medical Superintendent, of a son.

MARRIAGES.

BARNES—HOLLIST.—On August 26th, at St. Peter's Church, Lodswoth, by Rev. C. S. Chilver, Vicar of the parish, assisted by Rev. L. Brooke Barnett, Curate of Compton, Herbert Cooper Barnes, M.R.C.S., L.R.C.P. Lond., of Petworth, Sussex, youngest son of James Barnes, Esq., of Tiverton, N. Devon, to Lilian Capron, younger daughter of Lieut.-Col. E. O. Hollist, of Lodswoth House.
 BROWN—EVANS.—On September 16th, at St. Margaret's, Westminster, by the Rev. G. B. Riddell, Dr. F. L. Brown, son of the Rev. George Brown, of Pau, France, to Rosalie, daughter of the late Manlius G. Evans, of Philadelphia, U.S.A.
 MORETON—SCHINTZ.—On the 15th inst., at St. George's, Hanover Square, London, by Rev. E. S. Richardson, Vicar of St. Matthew's, Bolton, Lancashire, John S. Moreton, M.R.C.S., Kelsall, near Chester, to Lucy, daughter of Hans G. Schintz, Childwall Hall, Liverpool.
 MORISON—BENTLEY.—On the 15th inst., at East Barnet Church, by the Rev. — Hadow, Dr. Henry Bannerman Morison, of Parkwood House, Boscombe, Bournemouth, to Daisy, second daughter of the late John Bentley, Esq., of The Clock House, East Barnet.

DEATH.

MUSHET.—On September 18th, Mary Ann Boyd Mushet, eldest daughter of the late John Mushet, of Scarborough, sister of the late William Boyd Mushet, M.B., M.R.C.P. Lond., and niece of the late Lady (Robert) Craufurd-Pollock. Dearly loved and deeply mourned.

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.
 CHAIRING 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., 3.
 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.—M. W. Th. F.
 GUY'S. Attendances.—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. 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. S., 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., 2. Operations.—Daily.
 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., 3; 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., 3; 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. F., 9. Operations.—M. Tu. Th. F., 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; Orthopaedic, W., 10; Throat, Tu. F., 3.30; 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. 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; (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., 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; Orthopaedic, W., 2; Diseases of Women, W. S., 2; Electro, 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. 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.