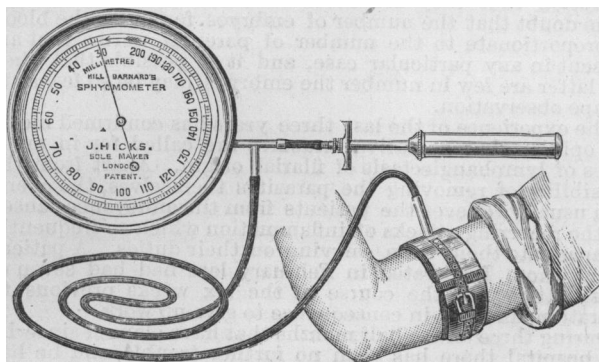


# A SIMPLE AND ACCURATE FORM OF SPHYGMOMETER OR ARTERIAL PRESSURE GAUGE CONTRIVED FOR CLINICAL USE.

BY  
LEONARD HILL, M.B., and HAROLD BARNARD,  
Lecturer on Physiology, M.S., F.R.C.S., Surgical Registrar,  
London Hospital. London Hospital.

THIS instrument consists of: (1) A broad armlet, which is strapped round the upper arm. The armlet is formed of a flexible steel band, on the inside of which there is fastened a bag of thin indiarubber. The rubber bag is connected by a Y-tube with (2) a small compressing air pump fitted with a valve and (3) a pressure gauge.

The pressure gauge is of special construction. Roughly, it consists of a metal tambour, the expansion of which is



exhibited in a highly magnified form by means of an index or pointer which travels round a dial. This dial is graduated in millimetres of mercury. The armlet, pump, and pressure gauge when not in use fit conveniently into a leather case. The instrument is used thus: (1) The armlet is strapped round the upper arm so that it fits closely to the skin. (2) By means of the pump the pressure is raised within the rubber bag until the pulsation indicated by the index of the pressure gauge becomes of maximal excursion. (3) At this point the pressure indicated by the gauge is read, and this pressure is the mean arterial pressure.

The armlet can be applied to the arm of any individual with the greatest ease, for the flexible steel band adapts itself to any shape or size. In children the armlet can be fitted equally well to the thigh, and the pressure is then taken in the femoral artery. The armlet is bound closely round the arm so that the rubber bag may be but slightly distended when the pressure is raised within up to the arterial tension. If the bag were greatly distended the elasticity of the bag would come into play, and from this an error in the readings would arise. To avoid this error the rubber bag is made thin and flaccid. By raising the pressure within the bag the venous outlets are blocked. This, if continued for long, produces great congestion of the arm and discomfort. For this reason the readings must be taken rapidly. The pressure is never to be maintained on the arm for more than a minute or so. The following is a convenient plan of work:

- (1) Force up the pressure rapidly till pulsation appears. (2) Continue to force up the pressure till pulsation disappears or obviously becomes lessened. (3) Slightly open the valve and allow slow leakage. As the pressure falls, note where the pulsation becomes maximal. (4) Let the air out entirely, and empty the arm of venous blood either by elevation of the limb or friction. (5) Repeat the operation and take another reading.

By following this plan no pain or discomfort will arise.

In studying the effect of exercise, posture, drugs, etc., successive readings must be taken in the above manner, first during the normal, and then during the experimental condition.

Owing to the effect of position on the circulation, the readings must be taken uniformly, with the arm placed by the

side and on the same level as the heart. The muscles of the arm must be relaxed during the observations. The arterial tension is constantly varying slightly, owing to changes in the force of the heart beat and the respiratory oscillations of pressure. Thus the maximal pulsation may be found now at one place and now at another, a few millimetres higher or lower. The mean of the different readings must be taken just as is done when the mercurial manometer is used in physiological experiments on animals. In conditions of quiet respiration these variations are often not great, and the pressure may be read at each observation within 2 or 3 millimetres. Variations of pressure by 5 to 10 mms. Hg. are of frequent occurrence, are physiological, and of no importance.

When the rubber bag presses upon the outside of the arterial wall, with a pressure equal to that mean pressure exerted from within, the wall is able to oscillate with the greatest freedom. In systole the artery is fully expanded, while in diastole it is collapsed by the pressure of the bag.

The accuracy of this index has been proved by repeated experiment. Thus the armlet was strapped round the neck of a dog (excluding the trachea). A cannula was inserted into the femoral artery, and connected with a mercurial manometer. Simultaneous readings were then taken of the pressure in the femoral artery, as indicated by the mercurial manometer, and the pressure in the carotid arteries as indicated by the sphygmometer. The maximal pulsation of the index of the sphygmometer was thus found to occur always at a pressure which exactly corresponded with the mean pressure in the femoral artery.

It is well known that the carotid and femoral mean pressures are practically the same in the dog when the animal is lying in the horizontal position. To show in yet another way the accuracy of this instrument the following experiment was performed. Whilst one arm was passively elevated above the head and the other remained dependent by the side, simultaneous readings were taken from either brachial artery by means of two sphygmometers. From the dependent arm the higher reading was obtained. The difference was equivalent in mercury to the height of the vertical column of blood which separated the two points of observation.

The facility with which the instrument can be used for clinical purposes is illustrated by a series of observations which we have made upon patients placed under the influence of anaesthetics. Before and during administration a series of readings were taken at intervals of time, and from the figures thus obtained curves were plotted out. In 8 cases of anaesthesia with gas and oxygen (sitting posture) the arterial pressure either rose a few millimetres of mercury or remained constant. In 4 cases of anaesthesia with ether the arterial pressure remained constant or fell a very few millimetres of mercury. In 6 cases of anaesthesia with chloroform the sphygmometer indicated an extensive and rapid fall of arterial pressure. This fall equalled 20 to 40 mm. of mercury. The normal arterial pressure in most healthy young men appears to be 110 to 130 mm. Hg. in the sitting posture.

We shall shortly be in a position to publish a series of preliminary observations on arterial pressure in different pathological states. By means of this instrument, which is made for us by Mr. J. Hicks, of 8, Hatton Garden, E.C., we believe that the arterial pressure can be taken in man as rapidly, simply, and accurately as the temperature can be taken with the clinical thermometer.

## MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

### THYROID GLAND SUBSTANCE IN OBESITY.

I HAVE been trying this treatment on stout Anglo-Indians (who were desirous of taking off a stone or two, and improving their figures) for some time back, but have only done so systematically and regularly since the beginning of this year. I first used tabloids of the whole gland substance

(prepared by Burroughs, Wellcome and Co.), but, finding that these disagreed in some instances, owing no doubt to the fatty matter they contain, I was very pleased to see Dr. Hutchison's article On the Active Constituent of the Thyroid Gland, in the JOURNAL of January 23rd, and at once wrote to Messrs. Burroughs, Wellcome and Co. for a supply of thyroid colloid tablets. In sending me these, they informed me that they were not prepared according to the method advocated by Dr. Hutchison; but, as they requested me to give them a trial, I did so in four cases of obesity, which I had under treatment by their whole gland tabloids. In one of these cases the result was decidedly disappointing, as the patient gained 1 lb. in a fortnight, whereas he had previously, on the whole gland tabloids, lost from  $2\frac{1}{2}$  to 3 lbs. a week. Two of the cases, although they did not actually gain in weight, lost decidedly less than they had done on an equivalent dose of the whole gland tabloids; and the other patient (who had, however, not previously taken the whole gland tabloids) lost from  $2\frac{1}{2}$  to 3 lbs. a week, which result I am perfectly satisfied with. As, however, the effect of these colloid tabloids was on the whole disappointing, I asked Messrs. Burroughs, Wellcome and Co. to prepare some for me exactly according to Dr. Hutchison's method, which they kindly did. I have tried these tabloids (which Burroughs, Wellcome and Co. label "Thyroid Proteid") in five cases of obesity, in all of which I am well satisfied with the results—two patients having lost one stone, or a little more, in six weeks; and this without any change or modification of diet. As regards the comparative merits of these different preparations of the thyroid gland, I cannot do better than quote from a letter (just received) from one of my stout patients, who says:—"I have no hesitation in saying that of the three sorts of tabloids I have used, Hutchison's is the most efficacious."

It will be noted that I have employed three different preparations of the thyroid gland in the treatment of this condition, viz.:

1. The Thyroid Gland Substance. This I administered in the forms of tabloids, representing the whole of the gland substance; and these I found efficacious, in that they produced the required reduction in weight; but they had the disadvantage of deranging the digestion in some cases, and so I had recourse to

2. The "Colloid Substance," which also I used in the form of tabloids. These, as already said, were distinctly disappointing. I next tried

3. The "Thyroid Proteid" tabloids, and found them as efficacious as the whole gland ones, without their disadvantage of deranging the digestion. Messrs. Burroughs, Wellcome and Co. are now, at my suggestion, labelling them "Thyroid Colloid-(H)," to show that they are prepared according to Dr. Hutchison's process, to whom I think is due the credit of having isolated the active principle of the thyroid gland, and demonstrated this distinctly in his article above referred to. I have simply followed in his lines, and furnished further clinical proof of the activity of the "colloid" matter of the thyroid gland in a different class of cases.

As regards the doses used and the mode of administration, I generally gave one 5-grain tabloid of the whole gland three times a day, immediately after meals—the tabloids being swallowed with a little water; and, when using the "colloid substances" and "thyroid proteid" tabloids, I administered an equivalent dose (1 grain of the colloid matter being equivalent to 10 grains of the whole gland) in a similar manner. In beginning the treatment, I always directed the patient to lie down (or at any rate remain seated) for a quarter of an hour after taking the remedy; and none of my patients have ever experienced any discomfort or ill-effects while taking the drug.

In conclusion, although I have been fortunate to have met with no ill-effects in conducting these experiments, I would caution those who wish to give this remedy a trial to do so with care, and on no account to allow their patients to dose themselves; and, further, in case this remedy should become popular, I would caution stout people against having recourse to it, except under medical advice.

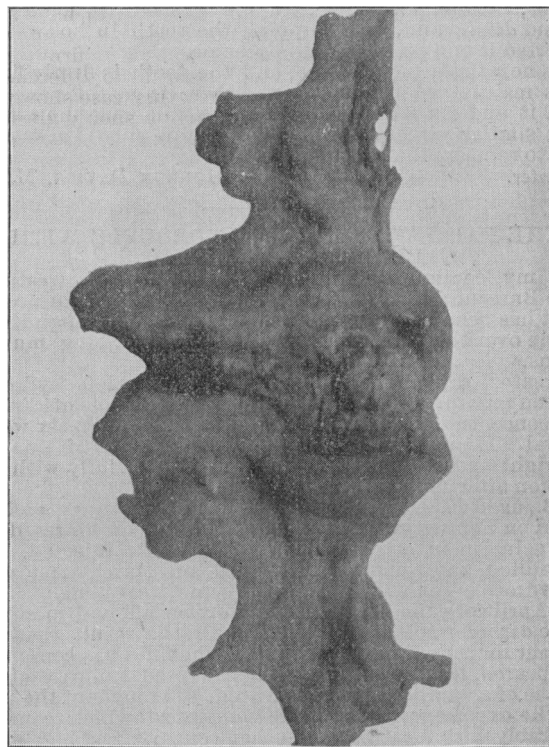
P. JERVIS, Surgeon-Major, I.M.S.

rough End, N., September 13th.

#### A CASE OF "EXTRAUTERINE GESTATION."

F. S., a married woman, aged 27, up till July 11th had enjoyed perfect health. On that day she appeared quite well and partook of her meals heartily. About 7 P.M., however, she complained of sudden violent pain in the lower part of the abdomen, vomited, and went to bed. Mustard was applied by her relations; brandy and castor oil being administered internally, which she vomited immediately. I saw the patient at 11 P.M. and found her in a state of extreme collapse, eyes sunken, lips blue, face blanched, extremities cold, and bathed in a cold, clammy perspiration.

She complained of having suddenly vomited, and of violent pain in the lower part of the abdomen. She had not menstruated for two months. She had eaten nothing out of the usual course. She was the mother of three children. The pulse was 100, small and scarcely perceptible. The skin was slightly darkened round the nipples. There was slight distension of the abdomen. On palpation the uterus could not be defined or any tumour made out. Deep-seated dulness on percussion extended from the middle line to the right iliac fossa. The above symptoms suggested to me the rupture of a tubal gestation. I gave the patient a hypodermic injection of morphine and ordered ice to the abdomen.



An operation was impossible on account of the profound shock, and I had no alternative but to leave the case till the morning. The patient died at 7 A.M. the following morning; just twelve hours from her first symptoms.

An inquest was held and a *post-mortem* examination ordered by the jury. On opening the abdomen I found numbers of large clots together with a great quantity of fluid blood, which I cleared out and I immediately sought the right tube which was found enlarged and ruptured  $1\frac{1}{2}$  inch (from centre of rupture) from the right cornua. The accompanying illustration shows a bristle passed through the tube across the ruptured part and into the ligament beyond. The uterus was slightly hypertrophied, soft, and was lined with deciduous membrane. Its measurements were as follows: Length 4 inches, breadth across fundus  $3\frac{1}{4}$  inches, internal measurement from fundus to os internum  $2\frac{1}{2}$  inches. The fetus lay free in the peritoneal cavity wrapped in a blood clot, and was of two months' development. All the other organs were healthy and the body well nourished.

The case is interesting on account of the rapidity of death; the large amount of hæmorrhage, probably accelerated by the hot applications; and in that the right tube was the seat of rupture. Also on account of the age of the foetus and the disproportionate enlargement of the uterus. And lastly on account of the condition of the patient, who was previously a strong, healthy working woman.

Leicester.

JOHN SIDES D. MACCORMAC.

## REINSERTION OF A TOOTH.

I BELIEVE that the following case of successful reinsertion of a tooth that had been out nearly four hours is of great interest.

On June 19th last G. K., aged 10, fell off a wall into a brook, and, among other injuries, knocked out his left central incisor tooth. He was brought home at 3 o'clock, and carried the tooth with him; his mother washed his mouth and threw the tooth with the water on the sink, where the tooth remained for over two hours; she then put the tooth in her purse in order to show it to the boy's father on his return home. At 6 o'clock she came to ask me to go to see the boy, and she took the tooth out of her purse to show it me. I saw the boy at 6.30, and, after attending to his other injuries, I examined the socket and washed out some blood clot and debris, and, after dipping the tooth in hot water, I reinserted it and pressed it firmly home.

It is now three months ago, and the tooth is firmly fixed; it has maintained its colour, and there is no difference between it and its fellow. I think that this case shows that, under similar circumstances, an attempt should always be made to reinsert the tooth.

Leicester.

JOHN T. HORRON DAVIES, M.D.

## THE PAINLESS CURE OF HYDROCELE WITH CARBOLIC ACID INJECTION.

SINCE my communication on this method of treatment to the BRITISH MEDICAL JOURNAL in 1887, I have not noticed that it has been adopted in general practice, although its advantage over the old iodine injection after tapping must be obvious.

I treated a young man successfully for left hydrocele eighteen months ago, having to inject 20 minims of carbolic acid (concentrated solution) a second time after six weeks' interval. He presented himself to me in April of this year with right hydrocele, which I treated successfully with one injection after tapping.

J. B., aged 66, had right hydrocele for two years, and was tapped on February 7th, 1897, 20 minims of concentrated carbolic solution in glycerine being afterwards injected. The sac refilled and remained unaltered on March 21st, when the hydrocele was subjected to the same treatment.

On April 29th the fluid was again drawn off, and 30 minims of the carbolic solution injected, with the result that now, just four months after the operation, the fluid has completely disappeared, leaving a thickened, collapsed tunica vaginalis in place of a cumbersome bag of fluid. Throughout the treatment he experienced very little discomfort, which contrasts favourably with what he might have experienced had iodine been used instead of carbolic acid.

Since 1887 I have frequently treated cases that had been subjected to the painful iodine injection, which failed to cause absorption of the re-effused fluid, and was successful in each case with one carbolic acid injection as against two or more of iodine that had been made by other operators. The above-cited cases have been the only two that have required more than one injection at my hands for the establishment of permanent success.

Devonport.

GEO. A. RAE, L.R.C.P.E., L.R.C.S.E.,

## PROLONGED ADMINISTRATION OF IODIDE OF POTASSIUM.

DORIS C., a girl, now aged 13, first came under my care eight years ago, when she was 5 years old. She is the firstborn of healthy parents, there being no signs of struma in either the father or mother, but a maternal aunt has chronic laryngeal trouble probably of a tuberculous kind. She is the only girl of the family, four boys born after her being healthy,

and the parents attribute Doris's condition to vaccination from another child. The boys were all vaccinated from the calf. Doris was vaccinated at 3 months, and when a year old glands in various parts of the body began to enlarge and some broke down. She was taken to a London hospital, the doctor there pronouncing her a bad case, that she "looked as if she would have many abscesses," and advised her being sent into the country, which was done till I first saw her.

Whilst in the country but little improvement took place, though she was given milk and good food freely. For the past eight years about thirty glands have been implicated, mostly on the neck, two or three on the left wrist, some on the inner part of the right thigh, and two or three at the bridge of the nose, all having passed through the well-known stages of enlargement, caseation, breaking down, and suppuration. One and all are now firmly and healthily cicatrised, adhesions having occurred to the radius and nasal bones. As soon as I saw her I put her on iodide of potassium, rapidly increasing the doses until 8 gr. three times a day (24 gr. per diem) was reached, and this quantity was steadily taken for eight years, making a total of about 8 lbs. of the drug taken during that time. At no time did she show intolerance of it, nor have any complications in lungs, ears, eyes, etc., occurred. The teeth, though irregularly placed, are good sound teeth, with regular edges; she is, in fact, now a fat, strong, healthy, intelligent child, and is physically in every way beyond the average. Her weight is 5 st. 9 lbs., and her height 4 ft. 8½ ins. Menstruation has not yet commenced.

Tottenham, N.

GEORGE H. VOS, M.B., M.R.C.S.

## REPORTS

ON

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

## ROYAL INFIRMARY, NEWCASTLE-UPON-TYNE.

THREE CASES OF NEPHROLITHOTOMY IN WHICH THE STONES WERE EXTRACTED BY AN INCISION THROUGH THE PELVIS OF THE KIDNEY: NO FISTULA.

(Under the care of FREDERICK PAGE, M.D.)

[Notes by P. L. ARMSTRONG, House-Surgeon.]

CASE I.—J. B., aged 56, a joiner, was admitted on September 21st, 1896, suffering from well-marked symptoms of stone in the left kidney, of three years' duration. On September 28th the kidney was exposed by an oblique incision in the loin, and a stone detected in its pelvis. The stone was cut down upon and extracted through a wound made directly upon it through the pelvis, without injury to the renal tissue. The wound was drained by a small piece of gauze. The wound was dressed the following day; some urine had escaped into the dressing. It was also dressed the next day, when the gauze was removed, and then not again till October 2nd, when the sutures were removed. The wound healed by first intention. No blood was passed in the urine after October 7th.

CASE II.—H. S., aged 34, a locomotive fireman, was admitted on June 12th, 1897, with well-marked symptoms of stone in the right kidney, of five years' duration. On June 19th the kidney was exposed by a vertical incision reaching from the last rib to the crest of the ilium, and a stone felt in the pelvis of the organ. It was removed by the same plan adopted in the former case. The wound healed by first intention.

CASE III.—M. C., a nurse in the Royal Infirmary, aged 36, had well-marked symptoms of stone in the right kidney for twelve years. On August 11th, 1897, the right kidney was exposed by a vertical incision in the loin, and twenty-seven calculi, varying in size from a pea to a large filbert, extracted through an incision made directly into the pelvis of the kidney. The wound healed entirely by first intention without any constitutional disturbance.

REMARKS BY MR. PAGE.—It is usual in nephrolithotomy to extract the stone through an opening made into the sub-

can advise whether the claim would be likely to succeed in that court. Different judges take different views.

#### LOCUM TENENTES AND INQUEST FEES.

MERCURY desires to know to whom the fee paid for giving evidence at a coroner's court belongs, whether to the *locum tenens* or to the principal. (a) legally, (b) ethically. Would the fact of the *locum tenens* giving the evidence after his engagement had terminated make any difference?

\*.\* In the absence of an agreement to the contrary all fees paid to a *locum tenens* while in the service of his principal, and on the latter's account, belong to the principal, and can be legally recovered by him. It is different, however, if the evidence is given after the termination of the *locum tenens*'s engagement; in this case the principal could not recover the fee at law, but he is ethically entitled to it. The *locum tenens* must, however, be reimbursed for the extra time that has been expended in the principal's service. It is customary, under such circumstances, for the principal to share the fee with the *locum tenens*.

M.O.H.—There is no legislative enactment to prevent the use of "a mixture containing opium labelled 'anodyne syrup,'" or to prevent its sale by a registered chemist and druggist for the purpose mentioned. The Pharmacy Act requires that in the sale of such a preparation it shall, at least, be distinctly labelled with the name of the article and the word "Poison," and with the name and address of the seller. If the preparation contains one of the poisons in the first part of the schedule to the Act, other precautions must be taken in its sale. Failure to conform with these regulations constitutes an offence under the Act, entailing liability to a penalty of £5.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF DURHAM.

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

Honours: Second Class.—Claudia Anita Prout Rowse, London School of Medicine for Women; F. Pope, Mason College, Birmingham. Pass List.—F. W. Burn, College of Medicine, Newcastle-upon-Tyne; H. C. Coxon, College of Medicine, Newcastle-upon-Tyne; L. S. Davison, College of Medicine, Newcastle-upon-Tyne; Selina Fitz-Herbert Fox, London School of Medicine for Women; E. Goffon, College of Medicine, Newcastle-upon-Tyne; W. J. Harrison, College of Medicine, Newcastle-upon-Tyne; J. A. Hartigan, College of Medicine, Newcastle-upon-Tyne; L. F. Hemmans, College of Medicine, Newcastle-upon-Tyne; H. G. Harris, St. Bartholomew's Hospital; J. T. Johnson, College of Medicine, Newcastle-upon-Tyne; Margaret Joyce, London School of Medicine for Women; R. A. R. Lankester, University College, London; R. F. Moorshead, University College, Bristol; R. A. Moorland, College of Medicine, Newcastle-upon-Tyne; G. B. Picton, College of Medicine, Newcastle-upon-Tyne; N. Roberts, College of Medicine, Newcastle-upon-Tyne; H. R. D. Spitta, St. George's Hospital; C. W. Von Bergen, College of Medicine, Newcastle-upon-Tyne.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

### HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,176 births and 3,600 deaths were registered during the week ending Saturday last, September 25th. The annual rate of mortality in these towns, which had declined from 29.5 to 18.5 per 1,000 in the six preceding weeks, further fell to 17.1 last week. The rates in the several towns ranged from 10.3 in Birkenhead, 10.4 in Swansea, 11.2 in Plymouth, and 13.7 in Brighton to 21.3 in Sunderland, 22.3 in Manchester, 22.4 in Sheffield, and 22.5 in Liverpool. In the thirty-two provincial towns the mean death-rate was 18.0 per 1,000, and exceeded by 2.3 the rate recorded in London, which was 15.7 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.9 per 1,000; in London the rate was equal to 2.1 per 1,000, while it averaged 3.4 in the thirty-two provincial towns, among which the highest zymotic death-rates were 6.6 in Wolverhampton, 6.7 in Hull, 6.9 in Burnley, and 8.2 in Preston. Measles caused a death-rate of 2.3 in Portsmouth and 2.9 in Burnley; scarlet fever of 1.0 in Leicester and in Gateshead; "fever" of 1.2 in Hull, and 1.3 in Bolton; and diarrhoea of 4.6 in Hull, 4.8 in Wolverhampton, and 5.0 in Preston. The mortality from whooping-cough showed no marked excess in any of the large towns. The 75 deaths from diphtheria in the thirty-three towns included 45 in London, 4 in Birmingham, 3 in West Ham, and 3 in Leicester. 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 were under treatment in any of the Metropolitan Asylums Hospitals. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital, which had increased from 2,380 to 3,652 at the end of the nineteen preceding weeks, had further risen to 3,697 on Saturday last, September 25th; 358 new cases were admitted during the week, against 376 in each of the two preceding weeks.

### HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, September 25th, 914 births and 532 deaths were registered in eight of the principal Scotch towns. The

annual rate of mortality in these towns, which had increased from 18.1 to 19.4 per 1,000 in the three preceding weeks, declined to 17.8 last week, but was 0.7 per 1,000 above the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 14.0 in Paisley and 15.1 in Aberdeen to 18.7 in Edinburgh and 22.0 in Greenock. The zymotic death-rate in these towns averaged 2.6 per 1,000, the highest rates being recorded in Dundee and Greenock. The 255 deaths registered in Glasgow included 13 from whooping-cough, 11 from diarrhoea, 5 from "fever," and 2 from measles. Five fatal cases of scarlet fever, 2 of diphtheria, and 2 of "fever" were recorded in Edinburgh.

### POORHOUSE MEDICAL CERTIFICATES.

MR. FALCONER STEWART, Secretary to the Local Government Board for Scotland, has issued a circular relating to the form of medical certificate required in cases of persons to whom relief in the poorhouse has been offered. "It appears to the Board," the circular states, "that the word 'pauper' does not always correctly describe the person in connection with whom the certificate is to be granted, and that the word 'applicant' might sometimes with propriety be substituted." To the circular is appended a new form of certificate to meet the above suggestion.

### INSANITARY INTER-RELATIONS.

THE urban districts of Hayle and Phillack, in Cornwall, have been made the subjects of inspection and report by Dr. St. George Mivart, on behalf of the Local Government Board. In an exhaustive report, dealing in detail with matters of local self-government as well as with actual conditions prevailing, Dr. Mivart relates how Hayle has to depend for its water on the gathering grounds located in the adjoining district of Phillack, and how the sources of supply are subject to dangerous forms of pollution—as, for instance, by privies and the like. Phillack itself has a series of wells, public and private, open also to serious pollution, whilst constant efforts on the part of the Board at Whitehall to move the council in the direction of providing an adequate and proper service have proved futile. That such service can be had is obvious, and this, too, at reasonable cost. Hayle is itself at present apparently without the amount of water needed to supply its neighbour; but we have here the anomaly of a district dependent on wells liable to pollution whilst water from its own area is taken by the adjoining area as a means of public supply, Hayle, however, having some doubt as to its power to remedy the dangers to which its water is open within the limit of jurisdiction of the Phillack Council. Surely the farce ought to cease. In the face of conditions such as these we feel how much stronger would be the position of the Cornwall County Council if they had at their command the services of a competent county medical officer of health.

### DUAL NOTIFICATION FEES.

"A COLCHESTER DOCTOR" has written to some of the daily papers of East Anglia commenting on the action of the town council of his borough with reference to the compulsory notification of infectious disease. So far as we can learn, the Devonport town council have asked other boroughs to join them in a petition to the Local Government Board asking that the Act of 1889 may be amended in so far as it renders necessary the notification of the same case of disease by each and every medical man called in to see the patient. One of the councillors of Colchester, in seconding a resolution in favour of the petition, is reported to have said that each member of a firm of doctors might, if he wished, notify the same case and receive the fee. It is this implication that has apparently nettled "A Colchester Doctor," and we do not wonder at it. But, apart from this unfortunate remark, our sympathies are with the Council, who have in mind only the unnecessary expenditure of public money now entailed by statute. It is not the "might notify" that is in question, but the "must notify" that compels every medical man to certify to a case of notifiable disease with which he in anywise comes into professional contact.

It may be that members of a firm are, for the purposes of the Act, one individual, and we take it that the dual charges made by such members are only a very small proportion of the total of such charges sent in under our present complex notification system. In any case the amendment sought has its origin not in the fancied abuse of the Act by medical men practising in partnership, but in the fact, known by experience, that different medical practitioners, consultants, physicians, and the like, having professional cognisance of a notifiable case of disease are unable, without violating the law, to withhold what they know in many instances to be an unnecessary certificate which entails a charge upon the rates. The necessity for amendment lies in the drafting of the Act, not in the action under statute of medical men.

### THE BRUSSELS M.D. AND PUBLIC HEALTH APPOINTMENTS.

PUBLIC HEALTH, who holds the diplomas M.R.C.S. and L.R.C.P., and is a diplomate in Public Health of an English university, wishes to know if the M.D.Brux. would be likely to be of any service to him in getting a public health appointment, as circumstances do not permit of his getting an English M.D. degree.

\*.\* Every evidence of professional knowledge must assist in getting a public appointment. As many practitioners seek to obtain the M.D.Brux., it is to be presumed that they expect to derive some benefit therefrom. We cannot suggest any other degree in addition to those named by our correspondent.

## MEDICAL NEWS.

REUTER'S agent in Bombay, telegraphing on September 22nd, states that the plague is increasing in the Bombay Presidency, and several Europeans at Poona have been attacked by the epidemic.



**FIFESHIRE MEDICAL ASSOCIATION.**—At the sixteenth annual general meeting of the Fifeshire Medical Association held in Dunfermline on September 24th, the following office-bearers were elected for the ensuing year:—*President:* Dr. G. Hunter Mackenzie, Edinburgh; *Vice-President:* Dr. Lang, Kirkcaldy; *Council:* Drs. Ritchie, Ceres; John Macdonald, Cupar; Turnbull, Cupar; *Hon. Secretary:* Dr. Douglas, Cupar; *Hon. Treasurer:* Dr. A. G. Macdonald, Cupar.

### MEDICAL VACANCIES.

The following vacancies are announced:

**BETHLEM 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 AND MIDLAND EAR AND THROAT HOSPITAL.**—House-Surgeon. Appointment for six months. Honorarium £100 10s. on completion of appointment, and board, lodging, and washing. Applications to the Honorary Secretary of the Medical Committee by October 13th.

**BIRMINGHAM AND MIDLAND HOSPITAL FOR WOMEN.** Out-patient Surgeon. Applications to the Honorary Secretary, John S. Nettlesford, Beechenhurst, Selly Hill, Birmingham, by October 6th.

**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.

**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.

**BRISTOL ROYAL INFIRMARY.**—Resident Casualty Officer. Appointment for six months. Board, lodging, and washing provided. Conditional honorarium of £20. Applications to the Secretary by October 9th.

**CHELTEMHAM GENERAL HOSPITAL.**—Resident Surgeon for the Branch Dispensary; unmarried, or, if married, without family. Salary, £180 per annum, with partly furnished house, coal and gas. Applications to the Honorary Secretary and Treasurer, General Hospital, Cheltenham, by October 30th.

**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.

**DUNDEE ROYAL LUNATIC ASYLUM.**—Medical Assistant. Salary, £100 per annum, with board, lodging, and washing. Applications to Dr. Rorie, Royal Asylum, Dundee.

**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.

**LONDON TEMPERANCE HOSPITAL,** Hampstead Road, N.W.—Assistant Resident Medical Officer. Appointment for six months. Doubly qualified. Residence, board, and washing provided, and an honorarium given at the termination of the appointment. Applications to A. W. Bodger, Secretary.

**LONDON THROAT HOSPITAL,** Great Portland Street.—House-Surgeon (non-resident). Honorarium, £25 per annum. Application to the Honorary Secretary of the Medical Committee before October 13th.

**METROPOLITAN HOSPITAL,** Kingsland Road, N.E.—House-Physician, House-Surgeon. Appointments tenable for six months. Must be doubly qualified. Salary for each post at the rate of £40 per annum. Applications to Charles H. Beyers, Secretary, by October 9th.

**MORECAMBE URBAN DISTRICT COUNCIL.**—Inspector of Nuisances. Salary, £104 per annum. Applications, endorsed "Inspector," to be sent to Jno. Bond, Surveyor, Council Offices, Morecambe, by 1 P.M. on October 2nd.

**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.

**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 HOSPITAL FOR DISEASES OF THE CHEST,** City Road, E.C.—Resident Medical Officer. Appointment for six months. Salary, at the rate of £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, by October 5th.

**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. GEORGE'S UNION INFIRMARY,** Fulham Road, S.W.—Second Assistant Medical Officer. Appointment for one year. Salary, £50, with board, residence, and washing. Applications to Dr. H. W. Webster.

**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.

**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.

**SUSSEX COUNTY HOSPITAL,** Brighton.—Fourth Resident Medical Officer, doubly qualified; unmarried, and when elected under 30 years of age. Salary, not exceeding £30 per annum, with board, washing, and residence in the hospital. Applications to the Secretary, at the Hospital, by October 13th.

**SWANSEA GENERAL HOSPITAL.**—House-Physician. Salary, £50 per annum, with board, apartments, laundress, and attendance. Applications to J. W. Morris, Secretary, 9, Castle Street, Swansea, by October 4th.

**VICTORIA HOSPITAL FOR SICK CHILDREN,** Queen's Road, Chelsea, S.W.—House-Surgeon, doubly qualified. Appointment for twelve months. Honorarium, £50, with board and lodging in the Hospital. House-Physician, doubly qualified. Appointment for eight months. Honorarium at the rate of £5 per annum, with board and lodging. Applications to the Secretary, by October 16th.

**YORK: THE RETREAT.**—Junior Assistant Medical Officer. Salary, £100 per annum, with board, lodging, and washing. Applications to Dr. Bedford Pierce, by October 13th.

### MEDICAL APPOINTMENTS.

**ADDENBROOKE, B., M.B., B.S.Durh.,** appointed Medical Officer to the Kidderminster Rural District Council.

**ASHTON, G., M.B.,** appointed an Assistant Medical Officer to the Chorlton Union Workhouse.

**BENNETT, F. Dillon, M.R.C.S., L.R.C.P., L.S.A.,** appointed Junior Medical Officer to the Army and Navy Co-operative Societies, *vice* Dr. Stanley De Butts, resigned.

**BOGER, Wm. H., L.R.C.P.Edin., M.R.C.S.,** appointed Medical Officer the Lanteglos District of the Liskeard Union.

**CALDERWOOD, George, M.D.Glasg.,** reappointed Medical Officer of alth to the Egremont Urban District Council.

**CLARK, John S. F., M.R.C.S.Eng., L.R.C.P.Edin.,** appointed Medical Officer for the Moretonhampstead District of the Newton Abbot Union, *vice* F. G. Englebach, L.R.C.P.Lond., M.R.C.S.Eng., resigned.

**DAVIES, John Edward H., M.R.C.S.Eng., L.R.C.P.Lond., L.S.A.Lond.,** appointed Honorary Surgeon to Wrexham Infirmary; Medical Officer of Health for the Northern Division of the Wrexham Rural District Council; Medical Officer to the Wrexham Fever Hospital; and Certifying Factory Surgeon for the Wrexham District.

**ELBRINGTON, Nicolas, L.S.A., M.R.C.S.,** appointed Medical Officer for the Wethersfield District of the Braintree Union, *vice* H. R. G. Rust, M.R.C.S.Eng., resigned.

**EWENS, H. L., M.D., B.S.Univ.Durh., M.R.C.S.Eng., L.R.C.P.Lond.,** appointed Medical Officer and Public Vaccinator to the St. Peter's District of the Maldon Union, *vice* Dr. Scott, resigned.

**FISHER, H. H., M.D.Lond., M.R.C.S.Eng.,** appointed Medical Officer or the No. 2 District of the Milton Union, *vice* C. H. Fisher, M.D.Glasg.

**FISHER, R. W., M.R.C.S.Eng., L.R.C.P.Lond.,** appointed Medical Officer to the Workhouse and the First District of the Westbury-on-Severn Union.

**FOX, Edward J., B.Sc.Lond., M.R.C.S.Eng., L.R.C.P.Lond.,** appointed House-Surgeon to the Manchester Southern Hospital for Diseases of Women.

**GOLDIE-SCOT, T., M.B.Edin.,** appointed Assistant Medical Officer to the Warneford Asylum, Oxford.

**HAMILTON, Henry Thomas, L.S.A.Lond.,** appointed Medical Officer for the Third District of the East Ashford Union, *vice* Henry Hamilton, M.R.C.S.Eng.

**HANNIGAN, M. H., M.D. R.U.I., M.Ch.,** appointed Medical Officer for the Seventh and Eighth Districts of the Stow Union, *vice* A. Pearce, M.R.C.S., resigned.

**HARDEN, Arthur, M.Sc.,** appointed Lecturer in Chemistry at the Pathological Institute of Preventive Medicine, London.

**HITCHINS, Frederic C., M.R.C.S.Eng., L.R.C.P.Lond.,** appointed Assistant House-Surgeon to the Royal Hants County Hospital, Winchester.

**HITCHINGS, R., M.R.C.S., L.R.C.P.,** appointed Medical Officer of Health of the Headington Union Workhouse.

**HOOTON, W. Arthur, L.R.C.P., M.R.C.S., L.D.S.,** appointed Honorary Dental Surgeon to the Manchester Royal Infirmary.

**LANE, H.A., M.R.C.S., L.R.C.P.,** appointed an Assistant Medical Officer the Chorlton Union Workhouse.

**LITTLE, James, M.D.Edin., M.R.C.S.Eng.,** reappointed Medical Officer Health to the Maryport Urban District Council.

**LOYD, D., L.R.C.P., L.R.C.S.Eng.,** appointed Medical Officer of Health to the Newcastle Emlyn Urban District.

**MCGACHEN, F. W. D., L.F.P.S.Glasg., L.S.A.,** appointed Medical Officer or the Broxtown District of the Guisborough Union, *vice* J. D. Leigh, M.B.

**MARMION, E. J., B.A., M.B.Dub.,** appointed Medical Officer of the Melton Union Workhouse, *vice* C. H. Fisher, M.D.Glasg.

**MONTGOMERY, W. Percy, M.B., B.S.Lond., F.R.C.S.Eng.,** appointed Resident Surgical Officer to the Manchester Royal Infirmary.

**MOULD, Philip G., M.R.C.S.Eng., L.R.C.P.Lond.,** appointed Third Assistant Medical Officer at the Asylum of the Manchester Royal Infirmary.

NEAVE, Edward F. M., M.B., Ch.B. Edin., appointed a Resident Medical Assistant in the Dundee Royal Infirmary.

RAW, Nathan, M.D. Durh., appointed Medical Officer to the West Derby Union Infirmary, *vice* H. C. Chapman, M.B. Lond., resigned.

ROSCOE, H., M.R.C.S. Eng., L.R.C.P. Lond., appointed Resident Medical Assistant at the Dyffryn Aled Asylum, near Colwyn Bay.

STEWART, W., M.D., appointed Medical Officer for the Bacup No. 2 District of the Harlingen Union.

STODDART, W. H. B., M.R.C.S., L.R.C.P., appointed Pathologist and Assistant Medical Officer to the County Asylum, Prestwich, Manchester, *vice* Dr. Fricke, deceased.

STOTT, H., M.R.C.S. Eng., L.R.C.P. Lond., D.P.H. Eng., appointed Medical Officer of Health to the Burgess Hill Urban District *vice* E. F. Fussell, M.B. Aberd., M.R.C.P. Lond.

SUMPTER, Eustace Wyatt, M.B., B.S. Durh., appointed House-Surgeon to the West Norfolk and Lynn Hospital, King's Lynn.

SUTCLIFFE, John, M.R.C.S. Eng., L.R.C.P. Lond., appointed Assistant Medical Officer at Cheadle Asylum.

THOMAS, D., M.R.C.S. Eng., L.R.C.P. Lond., appointed Medical Officer of Health for Limehouse.

TORRENS, James, M.D., appointed Medical Officer for the Worfield and Claverley District of the Bridgnorth Union, and Medical Officer for the Trysull District of the Seisdon Union, *vice* T. W. Haslehurst, M.R.C.S. Eng., L.S.A., resigned.

TRIPP, Charles L. H., L.R.C.P. Lond., M.R.C.S. Eng., L.S.A., appointed Medical Officer to the Dawlish District of the Newton Abbot Union.

TRUMPER, O. B., M.B., Ch.B., appointed Medical Officer for the Market Rasen and the Tealy Districts of the Caistor Union, *vice* George H. Barton, L.R.C.P. Edin., M.R.C.S. Eng., resigned.

WADDELOW, John J., M.R.C.S. Eng., L.R.C.P. Lond., appointed Medical Officer of Health to the Whittlesey Rural District, *vice* J. H. Webster, L.R.C.P. Edin., M.R.C.S. Eng., resigned.

## DIARY FOR NEXT WEEK.

## TUESDAY.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC. Queen Square, W.C., 3.30 P.M.—Sir W. Gowers: On the Neuron and Discharge.

## WEDNESDAY.

OBSTETRICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8 P.M.—Specimens will be shown by Dr. F. J. McCann and others. Paper—Mr. Alban Doran: On the Management of True and False Capsules in Ovariotomy.

## FRIDAY.

CLINICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8.30 P.M.—Dr. W. P. Herringham: Sudden Death in Rheumatic Fever due to Myocarditis. Dr. W. H. White and Mr. J. Langton: Stricture of the Pylorus; Loreta's Operation. Dr. A. G. Phear: A case of Cerebral Sinus Thrombosis. Mr. G. H. Makins: A case of Oesophagotomy for the Extraction of a Tooth Plate, in which Cellular Emphysema developed in the Neck without injury to the Pleura.

WEST KENT MEDICO-CHIRURGICAL SOCIETY, Royal Kent Dispensary, Greenwich, 8.15 P.M.—Annual Meeting. Election of Officers for 1897-98. Purvis Oration by Dr. G. H. Savage: The Insanities of Evolution and Dissolution.

## 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.

COATES.—On the 24th of September, at Ingleside, Whalley Range, Manchester, the wife of William Coates, M.R.C.S., of a son.

MCREDIE.—On September 23rd, at Wincanton, Somerset, the wife of Percy G. McReddie, M.B., of a daughter.

POWELL.—On September 22nd, at Glenarm House, Upper Clapton, N.E., the wife of Herbert E. Powell, M.R.C.S., of a son.

TONGE.—On September 22nd, at Rock House, Beer, near Axminster, the wife of Edward Tonge, M.B., B.S., of a daughter.

## MARRIAGES.

RUSSELL—MACKENZIE.—At Edinburgh, on September 23rd, by the Rev. T. Currie, M.A., assisted by the Rev. J. Hood Wilson, D.D., Sir James A. Russell, M.D., LL.D., F.R.C.P. Ed., F.R.S. Ed., to Mary Ruth, daughter of the late Captain George Boyes Prior, R.A., and widow of Captain D. G. MacKenzie, Bombay Cavalry.

WHEATLEY—THOMPSON.—On September 29th, at All Saints', Upper Norwood, by the Rev. P. B. Power, M.A., formerly Vicar of Worthing, assisted by the Rev. J. Oakley Coles, Vicar of All Saints', James Wheatley, M.D., son of Charles Wheatley, of Edgerton, Huddersfield, to Mary Elizabeth, only daughter of Charles H. Thompson, of Oaklands, Beulah Hill.

## DEATHS.

BROGDEN.—Died at Lagos, West Coast of Africa, on August 9th, Marie Victoria Brogden, formerly of St. Bartholomew's Hospital.

CARNELLEY.—On September 18th, in his forty-first year, at Fallowfield, Matthew Carnelley, M.R.C.S., L.R.C.P., of Ruddington, Nottinghamshire, the dearly-loved son of William Carnelley, of Fallowfield, Manchester.

## 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.

CHARGING CROSS. *Attendances*—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.20; 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. 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. F., 3; Skin, F., 1.30; Throat, F., 1.30; Dental, Tu. Th. F., 2.30. *Operations*—W. F. S., 1.15.

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; (Obstetric), Th., 2.

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

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

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

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

ROYAL FREE. *Attendances*—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Skin, Th., 9; Throat, Nose, and Ear, S., 8; 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. Tu. S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopedic, M., 2.30; Dental, Tu. F., 2. *Operations*—M. Tu. W. S., 1.30; (Ophthalmic), Tu. Tu. 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; 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., 8; females; W., 9.45. *Operations*—M., 2; Tu., 2.30.

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

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

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

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

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

UNIVERSITY COLLEGE. *Attendances*—Medical and Surgical, daily, 1.30; Obstetrics, M. W. F., 1.30; Eye, M. Th., 2; Ear, M. Th., 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., 2; Electrotherapeutics, 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.