

It is noteworthy that the incubation period appeared to be the same for the two forms of the parasite, for the two quartermasters were both taken ill on the ninth day after leaving Colombo, one with benign tertian, the other with the small malignant parasite.

It has been said that Europeans are more likely to contract the malignant malarial infections, and natives the benign forms; the reverse, however, occurred in this outbreak.

Rogers in his recent work on kala-azar states that the crescent body is rarely met with in Indian fevers; this outbreak does not bear out his assertion, but concurs rather with the experience of Ross, Carter, and others, who affirm that the crescent parasite is frequently seen.

I beg to acknowledge the kindness of Dr. Manson in giving me permission to publish these notes, and also for the trouble he took in confirming my diagnosis of the blood parasites.

THE EFFECTS OF A CHILL DUE TO A SUDDEN CHANGE IN TEMPERATURE, AMOUNTING TO 150° F.

By CHARLES D. MUSGROVE, M.D. EDIN.,
Penarth, Wales.

In September, 1894, on board a steamer, of which I was surgeon, while crossing the Indian Ocean, 5 degrees south of the equator, an engineer, with his fellow engineers, was called upon one afternoon to undertake some repairs in a chamber which was situated immediately above the boilers, and surrounded by the tubes leading from the furnaces to the funnel. The temperature in this compartment was 160° F., and on this account the work had to be conducted in spells of two or three minutes at a time, as it was found that by the end of even this short period the men were threatened with symptoms of heat apoplexy. In the intervals the men came out to "cool" themselves on deck, where the heat was of course excessive at that time of day. After an hour or more of this the work was completed, and the engineer in question entered the compartment once more for the purpose of making a final inspection. He was attired in the thinnest of cotton suits, and perspiration was pouring off him from head to foot; and it was in this condition that on emerging from this atmosphere of 160° F. he immediately descended and entered the refrigerating chambers, where the temperature was more than 20° F. below freezing point, in fact few degrees above zero; the walls and floors were covered with a thick coating of snow. Without even an overcoat or a scrap of clothing in addition to his sweat-saturated cotton suit, he remained for a quarter of an hour in this atmosphere.

On retiring to his cabin he had a headache, and spent a restless night. When I saw him at 8 A.M. next day his temperature was 104° F., the pulse and respirations rapid. He was shivering violently, and was lying on his side with his knees drawn up on account of severe pain in the abdomen, the walls of which were rigid and acutely tender to pressure, sufficiently so to indicate that peritonitis was present. The bowels were costive, but this condition gave place during the next day or two to diarrhoea, with motions characteristic of inflammation of the lining membrane of the colon. The urine was loaded with albumen; circumstances did not permit of a microscopic examination for casts. In the chest there were rhonchi to be heard at various parts, with patches and tubular breathing, and signs of pleurisy, with doubtful effusion at the bases behind. Over the heart, in the second and third left interspaces close to the sternum, there was a to-and-fro friction murmur heard, but it was indefinite in character, and he could not hold his breath so as to enable one to differentiate it; it disappeared in the course of a day or two, and was not accompanied by any irregularity in the pulses, so that it was probably not due to pericarditis.

The progress of the case was characterised by a gradual subsidence of all the symptoms, and by an absence of anything in the nature of a crisis. From the afternoon of the first day the temperature and pulse-rates fell steadily, and by about the fourth day they had reached the normal. The abdominal pain became less intense, and in forty-eight hours

had disappeared, and the diarrhoea which had supervened passed off a couple of days later. The pulmonary symptoms abated also, and by the end of the first week the lungs had completely cleared up. By the end of this period also the amount of albumen in the urine was a mere trace, and within ten days from the onset of the illness the patient was in comparatively good health, and able to resume his duties. One point of interest is that throughout the case there was an entire absence of any rheumatic symptoms or pains in the limbs or joints.

Such an experience as this, involving a sudden variation in the temperature of the surrounding air, amounting to 150° Fahrenheit, must be almost unprecedented, and the surprising fact, to my mind, is that the congestion which occurred in consequence of it left no evident permanent change behind. Probably the widespread nature of the congestion was the patient's safeguard, as the view may be held that the engorgement of each organ would act to some extent as a drain or a poultice to that of the other organs, thus preventing any great amount of inflammatory effusion in any particular viscus.

MEMORANDA:

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

THE CLINICAL VALUE OF ENLARGEMENT OF THE SPLEEN.

In all textbooks of medicine, uniform enlargement of the spleen is mentioned very prominently, as a symptom in certain common diseases. The chief are—leukæmia, engorgement from cirrhotic liver, amyloid disease, tuberculosis, peritonitis, acute miliary tuberculosis, malaria, pyæmia, erysipelas, typhoid fever, and some other zymotic diseases.

How often have those who have carefully searched for splenic enlargement actually discovered it? Of course, in surgical conditions of the spleen, one can do much both by percussion and palpation, but in the majority of likely medical cases, one rarely feels satisfied that enlargement of the spleen exists. In some cases of thin children, when the fingers can be doubled in under the edge of the ribs, the spleen can be readily felt. There can, however, be no doubt that enlarged spleen is a very valuable symptom, but it is a mistake to exalt its clinical significance seeing that it is usually only found *post mortem*. One may safely say that many famous physicians have failed to recognise enlarged spleens which have been proved, *post mortem*, to be twice the normal size. The most cautious decline to say that a spleen is enlarged till they actually feel it.

Physiologists have shown that the spleen is actively engaged in important metabolic processes. It has a very distensible capsule and plexus of veins. Even in good health it varies much in size, being largest about five hours after a heavy meal. This would constitute an initial difficulty as to the normal size of the spleen in the living subject. The spleen is also a very movable organ. If a patient be corpulent with much fat in the great omentum, if the stomach and adjacent colon be overloaded or the reverse, if the over-lying lung above be diseased, or if there be pleuritic adhesions, if the kidney be larger than normal or have much perinephric fat, obvious difficulties will arise in percussion and even in palpation.

Different percussors will bring out different results. It is wise, therefore, to warn the student not to be disappointed at not being able to discover enlarged spleen in all diseases where it is found *post mortem*. By all means let him try to discover it.

ROBERT TURNER, M.A., M.D., F.R.C.S. Edin.

Eastwood, Notts.

YAWS IN MOTHER AND INFANT.

M., the wife of a native official at Nailaga, was confined of a child on February 26th, 1898. She was attended on the same day by Avisai, the native practitioner from whom I gathered the history of the child previous to March 17th, on which day I saw them both. The child was reported to me to be suffer-

ing from a peculiar eruption, and this I found to be ordinary encrusted yaws, the only peculiarity being its appearance during the first month of life, a thing sufficiently rare to surprise the natives. The disease is so common that it usually excites no comment. It is ordinarily contracted by contagion or purposed inoculation in childhood. A belief obtains among natives that it is necessary for healthy development that every child should contract it, and also, perhaps with more truth, that the symptoms are more severe if it be contracted in adult life. As a consequence, scarcely any natives reach adult life without experiencing its ravages. The following exact history was obtainable in this case: The child when born had a peculiar eruption like prickly heat (*karokaro*) on the ring finger of the left hand, and on a small area of his back. On the ninth day the eruption was observed to have assumed the characteristics of *coko* (pronounced *thoko*). From the original localised yaws, the disease became a general one, and involved in scattered patches covered with thick yellow crusts the whole body, while the hands and feet were distorted by more deeply situated tissue growths. I now examined the mother, who said she had contracted *coko* in childhood, and not since, and that she was not then its subject. I found on her right wrist, on the cheeks, on the upper sternal region, and on the thighs, typical warty growths of yaws such as the subjects often present when the force of the disease is in a measure abated. She was suffering from gonorrhœa, and had been so suffering at confinement.

I diagnosed, in the mother, a second infection by yaws, and in the child yaws contracted in the act of birth or closely thereabout. I dismiss as improbable the theory that the yaws in the mother was a recrudescence of disease contracted in childhood; because, if the disease had retained any virulence it would have displayed itself in a woman of the patient's age (over 30) rather in tertiary form than as warty excrescences; while, again, had these warty growths been the secondary product of a declining later infection, the history of a succession of crops of yaws in diminishing intensity would have been obtainable. As it was, the comparatively mild character of the eruption, too insignificant to attract the subject's attention, rather supports the theory of a comparatively recent new infection of a subject to a degree protected by a previous attack.

I may mention that I have seen two other women, nearly certainly infected in childhood, in whom the order of infection in the above case was reversed, the disease being contracted from the children they were suckling. The disease was in both cases localised, as far as I could observe, to the immediate vicinity of the nipple, the mammary gland being enlarged and indurated. I was unable to see them more than once.

Natasi, Ba., Fiji Islands.

A. HERBERT HALLEN, M.D.

SEVERE DYSENTERY: CARDIAC FAILURE; HYPODERMIC INJECTION OF ARTIFICIAL SERUM: RECOVERY.

In May, 1898, I received an urgent call to attend a young man who, I was told, was suffering from very severe diarrhœa.

On arriving at the house, some six miles distant, I found that he had had continuous diarrhœa for three days. The features were pinched, the tongue furred and dry, and there was severe tenesmus and abdominal pains. The stools, which were passed in quick succession, in fact about every quarter of an hour, were most offensive, containing large quantities of blood and mucus.

I at once put him under treatment, trying all the different recognised remedies for dysentery without avail, when, as a last resource, I injected an enema of nitrate of silver (g. 1 to $\frac{1}{2}$ litre of water) well up the lower part of the descending colon by means of a soft indiarubber catheter. This enema had the desired effect, as soon after the evacuations became much less frequent. He continued to progress favourably for some two or three days, when I suddenly received a very urgent message.

On arriving at his bedside I was astounded to find him in a state of collapse; his face was pinched and anxious-looking, his extremities were cold, his pulse could hardly be felt, and was 140 a minute. He complained of a feeling of great

oppression in the chest, with considerable difficulty in breathing, a rattling sound being heard in the throat at each inspiration. The heart sounds in the mitral and aortic areas were decidedly faint, in the tricuspid slightly more pronounced. The dysenteric evacuations had once more returned with their former severity; in fact I considered the case almost hopeless. However, after applying hot bottles to the extremities, and again injecting another enema of nitrate of silver well up the lower bowel, and giving small quantities of stimulant by the mouth frequently repeated, I determined to try the effect of the injection of the salt solution prepared according to the following formula: Sodium chloride g. 9, distilled water g. 1,000. I disinfected the patient's abdomen over the spot where I intended making the puncture, and as soon as it was possible injected half a litre of the so-called artificial serum hypodermically.

I was surprised to see the difference in the patient after this half litre of fluid had been properly absorbed. I was able to note a distinct difference in the pulse; from 140 it had come down to 120; it could now be distinctly felt. The patient was able to answer any questions put to him, and told me that the great sense of oppression he had recently felt in his chest had almost entirely disappeared; in fact he said he felt a different man. Twenty-four hours later I injected another half litre of salt solution, after which I was glad to find my patient quite out of danger.

I publish this case as I consider it shows what faith we can put in this salt solution injected hypodermically, even when it appears that life is fast ebbing away, and I am firmly convinced that it only needs to be tried to prove itself a most indispensable adjunct to modern therapeutics.

HERBERT J. WALKER, M.B.Edin.

Durazno, Central Uruguay, S. America.

ON SAWDUST BAGS AS A SURGICAL DRESSING.

Materials Required.—(1) Clean sawdust passed through a sieve of $\frac{1}{8}$ to $\frac{1}{4}$ inch mesh; (2) bags of muslin or butter cloth of various shapes and sizes.

Method of Preparation.—(1) Slightly moisten the sawdust with 1 in 1,000 solution of mercury perchloride, and then fill the bags, and lightly stitch up the open end; dip one surface into 1 in 20 carbolic lotion, and place the bag with the wet surface down on an aseptic tray; the next bag is dipped, and placed similarly on top of the first, and so on, until all the bags are damp with the lotion; (3) the whole set is now placed in a sterilising oven, and heated to 100° C. for one hour.

Method of Use.—The bags are now ready for use. A deep dressing of Lister's double cyanide gauze is used, and the bag bandaged on outside. If preferred, however, one surface of the bag may be impregnated with double cyanide by mixing the latter into the carbolic lotion (30 gr. of double cyanide to one pint of 1 in 20 carbolic lotion).

Advantages.—These bags are cheap, thoroughly absorbent, comfortable, easily applied, and reliably antiseptic. If the bags are sufficiently damp they are not dusty.

ERNEST F. NEVE, M.D., F.R.C.S.Edin.

Mission Hospital, Kashmir.

MALFORMATION OF KIDNEY AND URETER.

MAY I add another variety to the long list given by Dr. Newman in the BRITISH MEDICAL JOURNAL for September 3rd? My specimen was taken from a man aged 65, who died of uræmia, the right kidney and ureter being distended with purulent urine, the bladder hypertrophied and sacculated. The bladder, ureters, and kidney were dissected out *en masse*. The left kidney was represented by a small fibrous mass, in size equal to half a chestnut. From this mass the left ureter, very thin walled and distended to double its normal size by thin, turbid fluid, terminated in the highest part of the left seminal vesicle. There was no continuation of ureter to the bladder, nor was there any suggestion of an opening to be found on examination from within the bladder. The abnormality is congenital, the ureter and vesicula having protruded from the Wolffian duct in conjunction instead of separately. There are two similar specimens in the museum of St. Bartholomew's Hospital.

Plymouth.

C. HAMILTON WHITEFORD.

MEDICAL NOTES OF THE MANŒUVRES.

THE Commander-in-Chief has called for returns from all officers commanding units in the recent manœuvres, reporting on the physical condition generally of the men and on the manner in which they bore fatigue; also as to the numbers that went into hospital from heat, fatigue, or other causes, and allied matters, and it is to be hoped that the information supplied will be made public. The Connaught Hospital at Aldershot, which practically constituted the "base" of the Northern Army, received, it is stated, during the operations not far short of 1,000 cases, mild and severe. These were mainly composed of men who had been returned "unfit" for duty owing to sore feet, heat-stroke, exhaustion, etc.; these were detained for some time in the field before being sent into the Connaught Hospital. Many of the cases were drafted off from time to time from the Connaught Hospital to the Cambridge and Third Station Hospitals in Aldershot Camp.

The sick of the Southern Force were sent chiefly to Portsmouth, and it is reported that somewhere about 1,000 men were disabled temporarily or otherwise, and so sent to hospital there. A number of these were cases of sore feet and exhaustion owing to excessive marching, which, after short detention, were returned to duty. Trying marches in the burning sun, in some cases with an insufficient supply of drinking water, or no water at all, led to much discomfort. These are said to be the hardest manœuvres that any troops have ever gone through, and the failure of civil transport is now well known. The cases of sickness due to heat are reported to be to some extent due to the scanty protection to the head afforded by the field service cap. Some of the battalions at Aldershot seem to have borne the fatigue and heat well, for they contributed very few cases to the sick list during the fortnight the manœuvres lasted. The troops, on the whole, seem to have returned to Aldershot camp in very good condition, notwithstanding a daily round of "early rise, a long march, a wearisome wait for baggage till nightfall, and bed."

A word or two must be said as to incapacity to march owing to sore feet. How is it that so many cases are now reported? During the Aldershot manœuvres, 1870, with a force of some 29,000, only 1 per 1,000 of strength was the number incapacitated for duty from "footsoreness." During 1895, in the report on the New Forest Manœuvres, the Duke of Connaught stated that footsoreness was "very prevalent among the infantry;" 824 cases of blistered feet occurred on the march to the forest, 114 cases during the manœuvres, and 19 on the return march. The figures of this year will afford further data for the investigation of this very important subject.

A circumstance connected with arrangements for the reception of the sick which created public alarm and indignation at Aldershot has been, on investigation, completely cleared up, and the "responsible authorities" (which, we suppose, means the medical and military authorities) have been exonerated from blame. The blundering regarding the sick on arrival not being met by the necessary transport arose in the first instance from the action of a corporal in charge of the party detaining at Aldershot Station instead of at Farnborough Station, at which his railway warrant directed him to alight with his party, and where ambulances were duly awaiting the party of sick.

The Royal Army Medical Corps receives commendation for good work done from the Aldershot correspondent of a service contemporary.

MEDICO-LEGAL.

LEX.—Prosecutions have taken place under circumstances similar to those stated, and it is believed that convictions have been obtained. A practitioner or a nurse who caused the death of a patient under the circumstances stated would certainly be liable to indictment, and, if convicted, would probably receive a severe sentence.

MEDICAL WITNESSES AT INQUESTS.

J. W. B.—Neither the Coroners' Act nor any other statute limits the number of witnesses who may be called on to give evidence at an inquest. Those called—whether medical or lay—are entitled to their proper fees for attendance. The right to fees for making a *post-mortem* examination depends on the fact of such examination being ordered by the coroner. Any qualified person whom he may instruct to make it is entitled to his statutory fee for the work so done. If he has done the work on the request of an unauthorised person, he must look to that person for his remuneration.

CHARGE OF PROCURING ABORTION.

THE case of John Lloyd Whitmarsh, L.R.C.P. Edin., L.S.A., has already been referred to in the *BRITISH MEDICAL JOURNAL* (July 16th and August 13th). The result of his trial at the Old Bailey for the alleged murder of Alice Bayly was that the jury failed to agree and they were discharged. The prisoner will be tried at the next sessions. Bail was refused.

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: A. Parkin, College of Medicine, Newcastle-upon-Tyne. Honours, Second Class: G. Mack, College of Medicine, Newcastle-upon-Tyne; T. Y. Simpson, Cooke's School of Anatomy; T. S. Coates, College of Medicine, Newcastle-upon-Tyne. Pass List: C. C. Adeniyi-Jones, College of Medicine, Newcastle-upon-Tyne; E. P. Appleby, College of Medicine, Newcastle-upon-Tyne; A. J. S. Brandon, St. Thomas's Hospital; F. Clarkson, St. Thomas's Hospital; F. B. H. Caudwell, M.R.C.S., L.R.C.P., Charing Cross Hospital; H. W. Dudgeon, M.R.C.S., L.R.C.P., Guy's Hospital; W. R. D. Daglish, College of Medicine, Newcastle-upon-Tyne; G. E. Froggatt, Middlesex Hospital; J. H. Graham, College of Medicine, Newcastle-upon-Tyne;

I. H. S. Hawes, St. George's Hospital; R. S. Hindmarch, College of Medicine, Newcastle-upon-Tyne; A. E. Hodge, College of Medicine, Newcastle-upon-Tyne; E. L. Jenkins, Cooke's School of Anatomy and Westminster Hospital; J. H. Martin, College of Medicine, Newcastle-upon-Tyne; J. W. H. Morrison, College of Medicine, Newcastle-upon-Tyne; W. A. Murray, College of Medicine, Newcastle-upon-Tyne; A. H. Proctor, College of Medicine, Newcastle-upon-Tyne; M. J. Quirke, Mason College, Birmingham; T. B. Rhodes, Mason College, Birmingham; H. Reah, College of Medicine, Newcastle-upon-Tyne; S. Raw, College of Medicine, Newcastle-upon-Tyne; F. K. Scott, College of Medicine, Newcastle-upon-Tyne; W. Waters Stainthorpe, College of Medicine, Newcastle-upon-Tyne; F. W. Syme, Guy's Hospital; G. de B. Turtle, King's College; W. Wakefield, Mason College, Birmingham.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,504 births and 5,165 deaths were registered during the week ending Saturday last, September 17th. The annual rate of mortality in these towns, which had increased from 14.7 to 24.6 per 1,000 in the nine preceding weeks, declined to 24.0 last week. The rates in the several towns ranged, from 15.1 in West Ham, 15.8 in Swansea, 16.3 in Croydon, and 16.5 in Portsmouth to 34.8 in Salford, 37.0 in Bolton, 37.2 in Gateshead, and 46.0 in Sunderland. In the thirty-two provincial towns the mean death-rate was 25.9 per 1,000, and exceeded by 4.7 the rate recorded in London, which was 21.2 per 1,000. The zymotic death-rate in the thirty-three towns averaged 7.2 per 1,000; in London the rate was equal to 5.4 per 1,000, while it averaged 8.4 in the thirty-two provincial towns, among which the highest zymotic death-rates were 12.3 in Bolton, 12.6 in Norwich, 13.6 in Gateshead, 14.0 in Salford, and 17.4 in Sunderland. These high rates were caused by the excessive fatality of summer diarrhoea. Measles caused a death-rate of 1.1 in Plymouth; scarlet fever of 1.0 in Huddersfield; whooping-cough of 1.5 in Cardiff and 3.2 in Halifax; "fever" of 1.0 in Salford and 1.4 in Norwich; and diarrhoea of 10.2 in Huddersfield, 10.7 in Norwich, 11.4 in Salford, 11.9 in Bolton, 12.6 in Gateshead, and 15.2 in Sunderland. The 70 deaths from diphtheria in the thirty-three towns included 29 in London, 10 in Leeds, 6 in West Ham, 5 in Manchester, 4 in Swansea, and 3 in Liverpool. No fatal case of small-pox was registered during the week under notice, either in London or in any of the thirty-two large provincial towns; and only 2 small-pox patients were under treatment in the Metropolitan Asylums Hospitals on Saturday last, September 17th. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had been 2,178, 2,240, and 2,300 at the end of the three preceding weeks, had further risen to 2,319 on Saturday last; 242 new cases were admitted during the week, against 182, 238, and 273 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, September 17th, 924 births and 567 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 23.0 per 1,000 in the four preceding weeks, declined to 18.8 last week, and was 5.2 per 1,000 below the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 16.4 in Edinburgh and 17.0 in Greenock to 19.8 in Glasgow and in Leith, and 20.4 in Perth. The zymotic death-rate in these towns averaged 5.2 per 1,000, the highest rates being recorded in Greenock and Dundee. The 276 deaths registered in Glasgow included 3 from diphtheria, 7 from whooping-cough, 6 from "fever," and 49 from diarrhoea. Six fatal cases of measles, 6 of whooping-cough, and 15 of diarrhoea were recorded in Edinburgh.

PLURAL OFFICES.

THERE is no law prohibiting a duly qualified medical practitioner from holding the appointments of public vaccinator, medical officer of health for an urban sanitary district, and medical officer to a Poor-law union together. Opinions differ as to the desirability of several offices being held by one person, but the duties appertaining to the offices named do not seem to be necessarily conflicting. The Local Government Act, 1888, provides that county medical officers shall not hold any other appointment except that of district medical officer, and may not engage in private practice. In other cases the authority which makes the appointment can prescribe the conditions under which it is to be filled up.

POOR-LAW MEDICAL OFFICERS AND SECURITY OF TENURE.

M. B. A. writes regretting the small attendance of Poor-law medical officers at the annual meeting in Edinburgh, and expressing the hope that the question of security of tenure for parochial medical officers in Scotland will be pressed to the front.

SALARIES OF POOR-LAW MEDICAL OFFICERS.

"MEMBER" writes to draw attention to an advertisement which has just appeared in the *Devon and Exeter Gazette* for a medical officer to the Bampton District of the Tiverton Union. The salary offered by the Guardians is £72 15s. per annum, this to include all extra fees except for midwifery, vaccination, and lunacy. Our correspondent asks whether the British Medical Association cannot get Government to make it illegal for Guardians to contract themselves out of the liability for the extra fees ordinarily awarded to district medical officers for special cases. We have already expressed the opinion that contracting out of the liability for these extra fees should not be sanctioned by the Local Government Board, and we cannot understand on what grounds it is so

often allowed, it being a direct contravention of Art. 177 of the Consolidated Order July 24th, 1847, which is as follows: No salary of any district medical officer shall include remuneration for operations and services of the following classes, etc. These being specified as certain fractures and dislocations and certain operations. We believe the Local Government Board have the power to exempt certain unions from the operation of this regulation, but when this power is exercised it renders the regulation seriously misleading. It is, we consider, much to be regretted that it should not be invariably enforced.

MEDICAL NEWS.

THE Third Italian Congress of Pædiatrics will be held at Turin from October 1st to 6th.

ITALIAN CONGRESS OF MEDICINE.—The ninth meeting of the Italian Congress of Internal Medicine will be held at Turin from October 3rd to 7th. The questions proposed for discussion are: (1) Bleeding; (2) Organotherapy.

PRINCE OF WALES'S HOSPITAL FUND.—The Prince of Wales's Hospital Fund has received a cheque for £500 from Mr. Patrick Vans Agnew Reid as a thanksgiving. The donor wishes the sum to be invested, the interest alone being applied to the benefit of the fund.

TORQUAY MEDICAL SOCIETY.—A special meeting of this Society will be held on Friday, October 7th, at 4.30 p.m., Mr. R. H. Grimby in the chair, when an address on Gastric Perforation will be delivered by Mr. T. Pickering Pick, F.R.C.S. All members of the profession will be welcomed.

LADY SUSAN GEORGIANA BROWN, C.I. (daughter and co-heiress of the great Lord Dalhousie), who died on January 22nd, left estate sworn at £25,679 14s. 8d. Letters of administration have been granted to her husband, Mr. W. Hamilton Brown, of Colstoun, N.B. Mr. Brown—who changed his name on his marriage—will probably be better known to our readers as Surgeon-Lieutenant-Colonel Briggs, whose victorious struggle with the War Office excited so much interest some years ago.

THIRSTY PURITANS.—That our Puritan forefathers did not believe in the healthfulness of water as a beverage (says the *New York Medical Record*) would seem probable from a copy of a record of the town of Beverley, Mass., on the occasion of a minister's ordination in 1785. It is as follows: "Thirty bowles of punch before they went to church, £3; 80 people eating in the morning, at 16d., £6; 10 bottles of wine before they went to meeting, £1 10s.; 68 dinners at 30d., £10 4s.; 44 bowles of punch while at dinner, £4 8s.; 28 bottles of wine, £2 14s.; 8 bowles of brandy, £1 2s.; cherry rum, £1 10s.; and 6 people drank tea, 9d."

THE REGISTRATION OF PLUMBERS.—The Lord Mayor of Manchester presided at a public meeting in Manchester on September 19th, at which Dr. Mansel-Howe delivered an address on the Registration of Plumbers and Domestic Sanitation. Mr. Lees Knowles, M.P., said that all parties in the House were committed to the principle of the Bill, the main object of which was to afford additional safeguards to the public health by enabling persons employing plumbers to select, when they desired to do so, those who had given evidence of their qualification for plumber's work. What, however, was wanted was the support and assistance of the general public opinion. The Government required to be stirred up in the matter, and he suggested that the supporters of the movement ought to make a representation to Parliament, and explain what their views were, pointing out that it was to the advantage of the country that the Bill should be passed.

THE LOSSES OF THE AMERICAN ARMY IN THE WAR.—According to an estimate prepared by a New York newspaper, during the recent war there were killed in the army 260, in the navy 12, in the marines 7; while the wounded of the army number 1,400, in the navy 10, in the marines 13, giving a total of 279 killed and 1,423 wounded. After the declaration of peace the figures are stated to be as follows: Died in camp at Santiago, 341; died on home-coming troopships, 95; died in camps of recuperation, 150; died in camps of mobilisation, 800; miscellaneous (hospitals and homes), 70; giving an estimated total of those killed by disease at 2,086, while the estimated total of those stricken by disease was in round

numbers 40,000. The American papers are full of complaints of the mismanagement of the War Department. The camps are said to have been hotbeds of disease; the doctors had not a sufficient supply of medical necessaries, and the soldiers had not enough food. Men who went unscathed through the campaign are said to have died of starvation on their return to their own land. It is possible, of course, that these statements are exaggerated, but there certainly seems to be a case for a searching public inquiry.

EPISCOPAL PROHIBITION OF CLERICAL QUACKERY.—The Bishop of Augsburg recently issued an ordinance to the following effect: "Deplorable statements of recent date compel us in the strongest manner to warn our diocese and clergy to observe the decrees of the church as to the illegal practice of medicine by clergymen, and, above all, to see to it that they keep on good terms with the members of the medical profession." The ordinance is clearly directed against Wörishofen, which is situated in the diocese of Augsburg, and in which certain clerical disciples of the late Father Kneipp continue to practise his system of treatment.

MEDICAL VACANCIES.

The following vacancies are announced:

- BATH GENERAL OR ROYAL MINERAL WATER HOSPITAL.—Resident Medical Officer and Secretary by September 26th.
- BETHLEM HOSPITAL.—Two Resident House Physicians. Appointments for six months from November 1st. Apartments, complete board and washing provided. Applications, endorsed "House Physicians," to the Treasurer, Bridewell Hospital, New Bridge Street, E.C., before October 3rd.
- BOOTLE BOROUGH HOSPITAL, Derby Road, Bootle.—Junior House-Surgeon. Salary, £40 per annum, with board, lodging, washing, etc. Applications to the Chairman by September 26th.
- BRADFORD ROYAL INFIRMARY.—Honorary Physician. Applications to the Secretary by September 26th.
- BRIGHTON: SUSSEX COUNTY HOSPITAL.—Fourth Resident Medical Officer. Unmarried, and under 30 years of age. Salary, £30 per annum, with board, washing, and residence.—Applications to the Secretary by October 5th.
- BURY INFIRMARY, Lancashire.—Junior House-Surgeon. Salary, £30 per annum, with board, residence, and attendance. Applications to the Honorary Secretary.
- CAMBRIDGE: ADDENBROOKE'S HOSPITAL.—Resident House-Physician. Salary, £65 per annum, with board, lodging, and washing. Applications to the Secretary by December 3rd.
- CARDIFF: UNIVERSITY COLLEGE OF SOUTH WALES AND MONMOUTHSHIRE.—Temporary Assistant Lecturer and Demonstrator in Physiology. Appointment for one year. Salary, £120. Applications to the Secretary by October 1st.
- CARMARTHEN JOINT COUNTIES ASYLUM.—Second Assistant Medical Officer; age not to exceed 30 years. Salary, £120 per annum, increasing to £140, with board, residence, attendance, and washing (5 allowed in lieu of stimulants). Applications to the Medical Superintendent, by October 8th.
- CANTERBURY: KENT AND CANTERBURY HOSPITAL.—Assistant House-Surgeon: unmarried. Salary £50 per annum, with board and lodging. Applications to the Secretary by October 15th.
- CENTRAL LONDON OPHTHALMIC HOSPITAL, Gray's Inn Road, W.C.—House-Surgeon. Board and residence provided. Applications to the Secretary by October 4th.
- CHELSEA, BROMPTON, AND BELGRAVE DISPENSARY, 41, Sloane Square, S.W.—Surgeon. Applications to the Secretary before October 1st.
- CROYDON GENERAL HOSPITAL.—House-Surgeon. Salary £100, increasing to £120 per annum, with board and residence. Applications to the Secretary by October 4th.
- ELLESMERE URBAN AND RURAL DISTRICTS.—Joint Medical Officer of Health. Salary £40 per annum. Applications to the Clerk to the Joint Committee, Ellesmere, by October 3rd.
- GLASGOW EYE INFIRMARY.—Resident Assistant House-Surgeon. Salary £50, with apartments and board. Applications to the Secretary, 88, West Regent Street, Glasgow, by September 26th.
- GREAT YARMOUTH HOSPITAL.—House-Surgeon.—Salary £30 per annum, with board and lodging. Applications to the Hon. Secretary by October 1st.
- HEFORD GENERAL INFIRMARY.—Resident House-Surgeon. Unmarried. Salary, £100 per annum, with furnished rooms, board, washing, gas, coals, and attendance. Applications to the Secretary by September 26th.
- HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST,rompton, S.W.—Resident House-Physicians.—Applications to the Secretary by September 28th.
- HOSPITAL FOR DISEASES OF THE THROAT, Golden Square, W.—Resident Medical Officer. Salary, £50 per annum, with board, residence and washing. Senior Clinical Assistant. Appointments for six months, but renewable. Applications to the Secretary by October 1st.
- HOSPITAL FOR SICK CHILDREN, Great Ormond Street, Bloomsbury.—Resident Medical Superintendent. Salary, £105 per annum, with board and residence. Applications (on forms provided) to the Secretary by October 18th.
- KILBURN PROVIDENT MEDICAL INSTITUTE.—Vacancy on the Medical Staff. Applications to the Secretary, 7, Cavendish Road, Brondesbury, by September 30th.
- LEEDS: GENERAL INFIRMARY.—Resident Ophthalmic Officer. Salary £50 per annum, with board and lodging. Applications to the Secretary to the Faculty by October 4th.
- LIVERPOOL DISPENSARIES.—Assistant Surgeon; unmarried. Salary £80 for the first year, increasing to £90, with apartments, board, and attendance. Applications to the Secretary, 34, Moorfields, Liverpool, by September 28th.
- LIVERPOOL INFIRMARY FOR CHILDREN.—Assistant House-Surgeon. Appointment for six months. Salary £25, with board and lodging. Applications to the Honorary Secretary by September 30th.
- LIVERPOOL: UNIVERSITY COLLEGE (VICTORIA UNIVERSITY).—Professor of Midwifery and Gynecology. Applications to the Registrar by October 8th.
- LONDON COUNTY ASYLUM, Claybury, Woodford Bridge, Essex.—Junior Assistant Medical Officer, between 23 and 30 years of age. Salary, £150 per annum, with board, furnished apartments, and washing.—Applications to R. W. Partridge, Clerk, Asylums Committee Office, 21, Whitehall Place, S.W., by October 5th.
- LONDON HOSPITAL, Whitechapel, E.—Assistant Surgeon. Applications to House Governor by October 14th.
- LONDON TEMPERANCE HOSPITAL, Hampstead Road, N.W.—Assistant Resident Medical Officer. Appointment for six months. Board, residence and washing provided, and honorarium of £5. Applications to the Secretary by September 28th.
- NEW HOSPITAL FOR WOMEN, 144, Euston Road, N.W.—Three qualified medical women as Clinical Assistants in out-patient department. Appointment for one year. Applications to Secretary by September 28th.
- NORTHAMPTON GENERAL INFIRMARY.—Junior Assistant House Surgeon. Appointment for six months. Board, lodging, washing, and honorarium of £10.—Applications to the House-Surgeon by October 1st.

PADDINGTON GREEN CHILDREN'S HOSPITAL, W.—House-Physician and House-Surgeon, Appointments for six months. Salary at the rate of £50 per annum, with board and residence. Applications to the Secretary by October 8th.

PLYMOUTH, SOUTH DEVON, AND EAST CORNWALL HOSPITAL.—Assistant House Surgeon for six months, but renewable. Salary at the rate of £50 per annum, with board and residence. Applications to the Honorary Secretary by October 5th.

PRESTON ROYAL INFIRMARY.—Assistant House-Surgeon. Salary, £50 per annum, with board, rooms, washing, etc. Applications to the Secretary, 5, Winckley Street, Preston, by September 24th.

QUEEN CHARLOTTE'S LYING-IN HOSPITAL, Marylebone Road, N.W.—Assistant Resident Medical Officer. Appointment for four months. Salary at the rate of £50 per annum, with board, residence, and washing. Applications to the Secretary by October 5th.

ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.—Senior Resident Medical Officer. Salary £100 per annum, with board, residence, and washing. House Physician and Casualty House Surgeon, appointments of two latter for six months. No salary, but board, etc., provided. Applications to the Secretary by October 10th.

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

ROYAL ORTHOPEDIC HOSPITAL, 297, Oxford Street, and 15, Hanover Square, W.—House Surgeon and Anaesthetist; unmarried. Appointment for six months, but eligible for re-election. Salary £100 per annum, with partial board and residence. Applications to the Secretary by October 5th.

RUTHIN RURAL DISTRICT COUNCIL.—Medical Officer of Health. Salary, £60 per annum. Welsh essential. Applications to the Clerk by September 24th.

ST. MARY'S CHILDREN'S HOSPITAL, Plaistow, E.—Assistant Resident Medical Officer. Appointment for six months. Salary at the rate of £40 per annum, with board, lodging, and washing. Also Ophthalmic Surgeon. Applications to the Secretary by September 27th.

SOUTHAMPTON: ROYAL SOUTH-HANTS INFIRMARY.—House Surgeon. Salary £100 per annum, with apartments, board, and washing. Applications to the Secretary by October 5th.

SOUTHPORT EYE, EAR, AND THROAT HOSPITAL.—Honorary Surgeon to the Throat Department. Applications to the Honorary Secretary, 13, Scarisbrick Street, Southport, by October 10th.

TEIGNMOUTH HOSPITAL, S. Devon.—House-Surgeon. Salary £60 per annum, with board, lodging, and washing. Applications to the Chairman of Committee.

VENTNOR, ISLE OF WIGHT: ROYAL NATIONAL HOSPITAL FOR CONSUMPTION.—Assistant Resident Medical Officer; unmarried. Salary £30 per annum, with board and lodging. Applications to the Board of Management, 34, Craven Street, Charing Cross, by October 6th.

WEST HAM HOSPITAL, Stratford, E.—Junior House Surgeon. Appointment for one year, but eligible for election as Senior. Salary £50 per annum, with board, residence, etc. Applications to the Secretary by October 3rd.

MEDICAL APPOINTMENTS.

BLACK, J. R., M.D. Edin., appointed Visiting Surgeon to the Greenock Infirmary, *vice* Dr. Paton, deceased.

BROWN, J. R., M.D., C.M., appointed Medical Officer of the Fourth District of the Thinegoe Union.

CANDLER, John, M.R.C.S. Eng., L.S.A., reappointed Medical Officer of Health to the Denwood Rural District Council.

CHRISTNUTT, J., R.A., L.R.C.S., L.R.C.P. Edin., appointed Medical Officer to Howden Union Workhouse and District, East Yorkshire, *vice* Henry Tireman, M.R.C.S., deceased.

EASTMENT, J. W., M.R.C.S. Eng., L.R.C.P., appointed Medical Officer for the Fourth District of the Saffron Walden Union.

ELLIS, R. K., M.B., B.Ch., appointed Medical Officer for the Third District of the Southwell Union.

EVE, Frederick S., F.R.C.S., appointed Surgeon to the London Hospital *vice* J. McCarthy, F.R.C.S., resigned.

HENDERSON, G. C., M.R.C.S., L.S.A., appointed Chief Medical Officer for Zululand, and District Surgeon for Eshowe Division, Zululand, *vice* Dr. Balfe, transferred.

KELLY, Dr. M. T., appointed Medical Officer of the Workhouse and the Coddennham District of the Boscmore and Claydon Union.

LEITCH, John W., M.A., M.B., Ch. B. Glasg., appointed Junior Assistant Medical Officer to the Counties Asylum, Carlisle, *vice* T. D. Bell, M.R.C.S., L.R.C.P., resigned.

MCCARTHY, Jeremiah, F.R.C.S., appointed Consulting Surgeon to the London Hospital.

MEAKIN, Ethilda, M.B., appointed Junior Medical Officer to the Camberwell Infirmary.

MORSE, Fdward, L.R.C.P., L.R.C.S. Edin., reappointed Medical Officer of Health for Great Torrington.

MUIR, D. K., L.R.C.P., L.R.C.S. Edin., appointed Medical Officer for the South Longbenton District of the Tyneburn Union.

PIMBLETT, W. H., M.B. and C.M. Edin., appointed Medical Officer for the Seventh District of the Preston Union.

RANDLE, J. M., L.R.C.P. Lond., M.R.C.S. Eng., reappointed Medical Officer of Health to the Ivybridge District Council.

SENWICK, A. C., M.B., Ch. B. Edin., appointed House-Surgeon to Noble's Isle of Man Hospital, Douglas.

RICHARDS, Dr., appointed Medical Officer of Health for Dronfield.

SLEIGH, David Stewart, B.A., M.B., B.Ch., B.A.O. T.C.D., L.M., appointed Assistant Resident Medical Officer in the North Dublin Union.

SPRAGUE, W. C., M.D. Edin., M.R.C.S. Eng., appointed Medical Officer for the Seventh District of the Saffron Walden Union.

WARREN, Ernest D., M.R.C.S., L.R.C.P., appointed Senior Assistant Medical Officer to the Counties Asylum, Carlisle.

WILLIAMS, J. Humphry, M.D. Edin., reappointed Medical Officer of Health to the Flint Town Council.

WRENCH, E. B., M.B., B.C. Cantab., appointed Medical Officer for the Baslow District of the Bakewell Union.

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 or stamps with the notice not later than Wednesday morning in order to insure insertion in the current issue.

MARRIAGES.

CARLYON-MACNAGHTEN.—On September 15th, at St. Andrews, Ashley Place, S.W., by the Rev. Canon Hamilton, uncle of the bride, Frederick Harold Carlyon, M.B. C.M., of Truro, Cornwall, to Violet Isabella, elder daughter of the late Colonel Wm. H. Macnaghten, C.B., Commandant 13th Bengal Lancers, of 15, Evelyn Mansions, S.W.

KNOWLES-NICOL.—On September 14th, at St. George's Church, Leeds, by the Rev. J. J. Milne, M.A., Principal of Seaford Technical College (brother-in-law of the bridegroom), assisted by the Rev. J. C. Wright, M.A., Vicar of St. George's, Thomas Knowles, M.B. C.M. Edin., of the Crofts, Gargrave-in-Craven, son of the late William Knowles, of Kirkby Malham, to Christian Isabel, second daughter of William Henderson Nicol, of 12A, Clarendon Road, Leeds.

DEATHS.

ELLIS.—On September 14th, at 100, Rye Hill, Newcastle-on-Tyne, Richard Ellis, F.R.C.S. Edin., in his 67th year.

SKIPPER.—On September 13th, at 128, Tollington Park, N., Edward Skipper, M.D.

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.*—i-p., Tu. 2.30; o-p., F., 2.

CHARING CROSS. *Attendances.*—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.30; Skin, M. Th., 1.45; Dental, M., 9; Throat and Ear, F., 9.30. *Operations.*—Th. F., S., 3.

CHERSEA 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.*—M. W. Th. 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., 2.

GUY'S. *Attendances.*—Medical, daily, 2; 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., 2. *Operations.*—Tu. F., 1.30; (Ophthalmic) M., 1.30; Th., 2.

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

KING'S COLLEGE. *Attendances.*—Medical and Surgical, daily, 2; Obstetric, daily, 2; o-p., Th., 1.30; Skin, W., 1.30; Ear, Th., 1.30; Throat, M., 1.30, F., 2; Dental, M. Th., 1.30; W., 1.30. *Operations.*—W. Th. F., 2.

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

LONDON TEMPERANCE. *Attendances.*—Medical, M. Tu. W. Th. F., 1.30; Surgical, M. Th., 1.30.

LONDON THROAT, Great Portland Street. *Attendances.*—Daily, 2; Tu., F., 6. *Operations.*—Daily, 2.

METROPOLITAN. *Attendances.*—Medical and Surgical, daily, 2; S., 9; Obstetric, W., 2; Eye, W., 2; Throat and Ear, Th., 2; Dental, Tu. Th. S., 9. *Operations.*—Tu. W., 2.30; Th., 4.

MIDDLESEX. *Attendances.*—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th., 1.30; Eye, M., 9; W., 1.30; Ear, Tu. F., 9; Skin, Tu., 9; Th., 9; Dental, M. F., 9.30; W., 9. *Operations.*—Daily, 1.30.

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, daily, exc. S., 2, 8; 10; Surgical, daily, exc. W., 2, 10; 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, W., 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, 2. *Operations.*—M., 2.

ROYAL WESTMINSTER OPHTHALMIC. *Attendances.*—Daily, 1. *Operations.*—Daily, 2.

ST. BARTHOLOMEW'S. *Attendances.*—Medical and Surgical, daily, 1.30; Obstetric, M. W. F., 2; o-p., W. S., 9; Eye, M. Tu. W. Th. S., 2; o-p., M. Th., 9; W. S., 2.30; Ear, Tu. F., 2; Skin, Tu., 9; Larynx, Tu. F., 2.30; Orthopaedic, M., 2.30; Dental, Tu. F., 9. Electrical, M. Tu. Th. F., 1.30. *Operations.*—Daily, 1.30; (Ophthalmic), Tu. F., 2; Abdominal Section for Ovariectomy, F., 2.

ST. GEORGE'S. *Attendances.*—Medical and Surgical, daily, i-p., 1; o-p., 12; Obstetric, i-p., Tu. F., 1.45; o-p., M. Th. 2.30; Eye, W. S., 1.30; Ear, Tu., 2; Skin, W., 2.45; Throat, F., 2; Orthopaedic, F., 12; Dental, M. Tu. F., S., 12. *Operations.*—Daily, 1; Ophthalmic, M., 1; Dental, Th., 9.

ST. MARK'S. *Attendances.*—Fistula and Diseases of the Rectum, males S., 2; females, W., 9.30. *Operations.*—M., 9; Tu., 2.30.

ST. MARY'S. *Attendances.*—Medical and Surgical, daily, 1.45; o-p., 12.45; Obstetric, Tu. F., 1.45; o-p., M. Th., 1.10; Eye, Tu. F., 9; Ear, M. Th., 9; Throat, Tu. F., 3; Skin, M. Th., 9; Dental, W. S., 9; Electro-therapeutics, M. Th., 2.30; Children's Medical, Tu. F., 9. *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, Th., 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. F., 3.30; (Ophthalmic), Th., 2; (Gynaecological), Th., 2.

SAMARITAN FREE FOR WOMEN AND CHILDREN. *Attendances.*—Daily, 1.30. *Operations.*—Gynaecological, M., 2; W., 2.30.

THROAT, Golden Square. *Attendances.*—Daily, 1.30; Tu. F., 6.30. *Operations.*—Daily, exc. M., 10.

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

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

WESTMINSTER. *Attendances.*—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, Tu. F., 9.30; Ear, Tu., 1.30; Skin, W., 1.30; 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.

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Atiology*, London. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate*, London.