

tion, and vomiting with irregular pyrexia for a few weeks, and a diagnosis of posterior basic meningitis was made. The infant survived the acute stage, and lived on with slight hydrocephalus for nearly four months from the onset. There was slow emaciation, and death apparently from exhaustion. At the necropsy the brain showed no trace whatever of lymph, but only fibrous thickening of the pia arachnoid at the base and some adhesion between the medulla and cerebellum. The lungs showed early tuberculous foci, with caseous mediastinal glands; there was very early tuberculous ulceration of the intestine and slight caseation of the mesenteric glands.

Here, then, is a case which so far as morbid anatomy goes, appears at first sight to be almost positive proof of the possibility of recovery in tuberculous meningitis. The infant had a meningitis at the base of the brain which recovered, and within a few weeks of the meningitis it died of generalised tuberculosis.

Fortunately, however, cultures were made from the fluid in the recesses of the lateral ventricles, and pure cultures of the diplococcus of posterior basic meningitis were obtained. Had the micro-organism already disappeared, as usually happens at so late a period in the disease, one can well imagine that such a case would have gone to swell the number of supposed recoveries from tuberculous meningitis.

This case at least emphasises the necessity for caution in deciding the nature of a past meningitis. Simple posterior basic meningitis may occur in a tuberculous infant, and an infant with simple basic meningitis may, especially in its enfeebled condition, develop tuberculosis.

Much the same might be said of syphilis. It would be strange indeed if this form of meningitis did not occasionally occur in a syphilitic child. In such a case the fibrous thickening at the base of the brain in the chronic stage of posterior meningitis might easily be mistaken for a syphilitic condition. The peri-arthritis which I have mentioned is also a possible source of error. I have once at least known the dusky reddening and swelling round a joint to be regarded as a point in favour of the meningitis being syphilitic. It was in that particular case that pure growths of the diplococcus of posterior basic meningitis were obtained both from the meningitis and from the exudation around the tendon sheaths close to the joint, which itself was healthy.

I may say, in conclusion, that my observations were all made on cases under the care of Dr. Barlow, Dr. Lees, and Dr. Penrose, to whom I am indebted for permission to make use of them.

MEMORANDA:

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

CASE OF RECURRENT POISONING BY THE PRIMULA OBCONICA.

In October, 1896, I was called to G. W., aged 40, head gardener on an estate near. I found him suffering from tremendous œdema of the right hand, with well-marked lymphangitis of right arm, and tenderness in axillary glands. Next day there began a profuse serous discharge from several points on the back of the hand, and from between the second and third fingers. The pain in the joints was excessive, and the patient was slightly feverish. The discharge continued for eight days, gradually decreasing.

In June, 1897, the patient had a similar attack, all the symptoms of the first being reproduced, only with less severity. This attack yielded to treatment in a week.

In September, 1898, a third attack came on, this time in the right foot. Pain, œdema, and slight serous discharge from dorsum of foot. The discharge was much less than in the two attacks in the hand, and on the fourth day the swelling had completely disappeared.

Diagnosis.—When called in the first time I could discover no skin abrasion whatever, and inquiry failed to trace any of the usual causes of local blood poisoning. Careful questioning, however, disclosed the fact that a few days previously the patient had handled a number of plants of the primula

obconica. These plants were subsequently banished from the greenhouses. In the second and third attacks there was again no abrasion on hand or foot, and the patient had handled none of these plants since October, 1896. I concluded, therefore, that the poison must still be in the tissues in spite of the lapse of time (two years) from its first effect.

Treatment.—In each attack I applied a carbolic poultice locally, and administered liquor ferri perchlor. internally. The symptoms began to abate from the commencement of treatment in each case, having up to then gradually got worse.

Note.—The time between the first and second attacks was eight months; between the second and third sixteen months; indicating a gradual elimination of the absorbed poison, also proved by the lesser severity of the symptoms.

Query.—For what length of time should one expect a patient to be liable to these recurrent attacks?

GERALD R. LEIGHTON, M.B., C.M. Edin.

1. Grosmont, near Hereford.

FOREIGN BODY IN LUNG. ABSCESS: RECOVERY.

I was called to see H. D., aged 9, on February 23rd. I was told that he had swallowed the claw of a small crayfish the day before, that he complained of pain in the stomach, and had vomited a few times. There was a slight urticarial rash over the chest and abdomen. I did not notice any difficulty in breathing nor any laryngeal symptoms. I prescribed medicine and diet.

On May 20th I was called again, and found pneumonia of the upper lobe of the right lung, and moist sounds an inch and a half from the sternum, extending to the lower border of the second to the upper border of the third rib. The temperature was 103.4° and the pulse 130. I was told that he had had a cough from about a fortnight after I had last seen him, and had the day previously coughed up a portion of the claw. The mother then informed me that after he had "swallowed" the claw he had a fit of choking; she had thrust her finger down his throat and brought up her finger with blood on it. The portion of claw had unfortunately been thrown away, but on May 24th he coughed up the terminal joint, which was handed to me; it is $\frac{1}{4}$ inch in length and covered with spines. He spate a somewhat tardy recovery, pus appearing in the sputa till about the middle of June.

J. H. MURRAY-AYNSLEY, L.R.C.P. Lond., M.R.C.S.

Eketahuna, New Zealand.

TENDER HEEL DUE TO EXOSTOSIS OF THE OS CALCIS.

AMONG the minor complaints met with in general practice, but not frequently seen in hospitals nor described in text-book, is one that is characterised by lameness due to pain in the heel when it is pressed on the ground, completely disabling the patient from the ordinary avocations of life.

In a typical case there is no pain when the foot is at rest, but on pressing the part of the heel over the posterior tuberosities on the inferior surface of the os calcis about the points of the ligamentous attachments, considerable tenderness is felt, extending in some cases round the bony ridge to the superior surface anterior to the tendo Achillis.

The pain is usually described as resembling the prick of a needle or piece of glass, and as if penetrating the bone. On examination one can sometimes feel a small nodular substance in the most painful part.

I have recently examined six cases by radiography 5 women past middle life and 1 a man, aged 28, a clerk in an office. Considerable care and patience were necessary to get a good representation of the true condition on the negative, but by fixing the tube at a distance of from 20 to 40 inches from the plate, according to the substance of the foot, with an exposure considerably less than that required to define the normal bone shadow, I obtained excellent negatives showing a ring of bony growth surrounding the posterior end of the os calcis, and giving it a hammer-head appearance, a condition somewhat similar in a minor degree to the bony outgrowths fringing the small joints of a patient with rheumatoid arthritis. Four of my cases were women engaged in shop work, very energetic in character, on foot the whole day, and habitually wearing rather thin shoes. One case was a lady of active habits, but reduced in health and strength by a long resi-

dence in India. The sixth case was a young man whose days (of ten hours) were spent standing at a desk. In all the cases, except only in that of the young man, in whom both heels were affected, the pain was noticed somewhat suddenly in one foot. There was no rheumatic history or constitutional complication in any of the cases.

The treatment recommended consisted of hot douches, application of belladonna plaisters, and a circular pad to relieve the pressure.

Lincoln.

G. M. Lowe, M.D., F.R.C.P. Edin.

POISONING BY CANNABIS INDICA: RECOVERY.

On a Friday evening at 10 P.M. I was called to see a gentleman, aged 39 years, who was found lying "in a faint on the floor" in his lodging. The patient had been seen by his friend, who came for me, at 9.15, and he was then in perfect health. I found the patient lying on his back breathing quietly but feebly, his pulse was weak and irregular, the heart sounds were just audible. The whole body was bathed in perspiration and felt cold to the touch, the limbs flaccid, plantar reflex absent. Eyelids closed. On opening them the pupils were found widely dilated. There was a slight contraction of the pupils on bringing a candle close to the eyes, but they dilated immediately on removing the candle, though the room was brightly lighted. The patient could not be roused by shaking or by shouting in his ear. There was no movement of the eyeball or lids on touching the conjunctiva.

I injected $\frac{1}{2}$ gr. strychnine sulphate hypodermically, and in a few minutes the patient opened his eyes and looked round in a frightened sort of way and tried to raise himself, but was unable to do so. I asked him what had happened to him. He tried to speak and pointed in the direction of the fireplace. Looking in the direction indicated I saw two phials on the mantelpiece. One was unlabelled and nearly empty, having only a few drops of a dark brown sweet smelling liquid in it. The other bottle, an ordinary 2 ounce phial, was labelled "Indian Remedy," and was about three-fourths full of a greenish coloured liquid. I tasted the liquid, and as it reminded me of cannabis indica I asked, "Indian hemp?" The patient nodded his head and then went through the motion of putting something to his lips and drinking, and then pointed to the bottle in my hand and again went through the movements as if drinking. I asked him, "Did you drink all this? do you understand what I say?" He nodded and said something which sounded like "Yes, il."

I gave him a hypodermic injection of $\frac{1}{2}$ gr. of apomorphine, with the result that in less than five minutes he vomited a large quantity of dark green fluid. He was then given a breakfast cupful of black coffee which he seemed to relish, but vomited again in a few minutes. He then lay back and slept for about a quarter of an hour. On waking he said he felt better, but complained of numbness in his arms and legs. We put him to bed between the blankets and he fell asleep almost immediately. I left him asleep at 11.45 P.M. At 1.30 A.M. I was called again as the patient had been sick five or six times within an hour and his friend had got nervous. I found him sitting retching violently, but bringing up nothing. I gave him a little iced milk and soda, which relieved him almost at once and he again lay down and fell asleep. I saw him again at 10.30 A.M., he seemed very comfortable, said he slept from 2.20 till 8 o'clock, when he had a small cup of bovril and some dry toast.

He says he must have taken about two teaspoonfuls of the poison, which was the ordinary B.P. tincture of Indian hemp. He has been in the habit of taking a few drops occasionally for sleeplessness, but does not know why he took so much this time. He had taken a little hot gin and water a short time before and thinks he must have been a little "confused." After taking the dose he sat down in an armchair and he remembers no more till he found me bending over him. He had no pleasant sensations, but when he awoke felt frightened and though he knew what was going on he had no power to answer my questions at first.

I saw the patient on the Sunday forenoon following and he said that though weak he had nothing to complain of, and he expressed himself as sorry for all the trouble he had given, but was more than grateful that he had been "saved."

New Cross, S.E. T. EDMONDSTON SAXBY, L.R.C.P., L.R.C.S.E.

REPORTS

ON

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF THE BRITISH EMPIRE.

GUY'S HOSPITAL.

CASE OF IMPACTED RENAL CALCULUS IN LEFT URETER AND ATROPHIED RIGHT KIDNEY: SUPPRESSION OF URINE: OPERATION: DEATH: NECROPSY.

(Under the care of Mr. Howse.)

[Reported by Mr. MONTAGUE WAY, M.R.C.S., L.R.C.P. Lond., House Surgeon.]

A MAN, aged 47, was admitted for suppression of urine. He gave a history of his having suffered from "colic" for the last sixteen years, which he described as sudden attacks of extreme pain in the left loin, descending to the left testicle, accompanied with collapse and vomiting and followed by presence of blood in the urine. On the night previous to admission he went to bed feeling quite well, but was soon awakened by an attack of colic of unusual severity, which lasted an hour; he vomited several times and had the desire to micturate, but could only pass an ounce of blood-stained urine.

When he came up to the hospital he had passed no urine for twelve hours, but had the desire to do so. He was admitted, and ordered a hot bath; while in the bath he passed half an ounce of blood-stained urine. A catheter was passed, but no urine came away; this was done again twelve hours after with the same result. The man appeared extremely ill, suffering great pain; the left testicle was retracted and somewhat atrophied. There was considerable pain on palpating the left loin, but nothing definite could be felt. Impacted calculus in the left ureter was diagnosed and an operation was advised. A.C.E. mixture was given, and an incision in the loin over the left kidney was made and the kidney exposed. It was found to be considerably larger than a normal kidney and of a hard leathery consistence. No calculi could be felt. An incision was made along the convex edge of the kidney and a small calculus was found and removed.

A trocar and cannula were passed into the pelvis of the kidney and some blood-stained urine drawn off. A sound was then passed down the left ureter for 6 inches, but no obstruction was found. The hæmorrhage from the incision in the kidney was extraordinarily severe, very much more so than usually results from such an incision; it quite precluded the possibility of prolonging the operation. The patient being extremely collapsed a drainage tube packed closely round with iodoform gauze was placed in the wound, dressings applied, and the patient put back to bed. Patient never recovered from the collapsed condition and died 4½ hours after the operation.

At the necropsy a small uric acid calculus was found firmly impacted in the left ureter 2 inches from the bladder; the pelvis of the left kidney was not dilated, but contained four minute calculi. The right kidney was very small, the kidney substance being completely disorganised and atrophied. The lobules were distended with thick cheesy pus, probably of a tuberculous nature. The right ureter was very much thickened throughout its whole extent, and its lumen was completely blocked. Thus the left kidney was the only working organ, and this may very probably explain the very severe hæmorrhage met with. The whole specimen is preserved in the Guy's Hospital Museum.

MEDICAL STUDENTS IN GERMAN-SPEAKING UNIVERSITIES.—According to the most recent issue of the German *Universitätskalender* the number of students of medicine in the several universities is as follows: Munich, 1,416; Vienna, 1,192; Berlin, 1,090; Würzburg, 680; Leipzig, 630; Freiburg, 522; Kiel, 428; Graz, 417; Erlangen, 414; Breslau, 364; Zürich, 340; Bonn, 337; Strassburg, 324; Greifswald, 323; Tübingen, 278; Marburg, 274; Heidelberg, 272; Geneva, 270; Königsberg, 249; Halle, 245; Giessen, 240; Göttingen, 225; Jena, 222; Bern, 189; Lausanne, 145; Basel, 141; Rostock, 99.

'partially. Dividing appointments between partners would be no improvement. The suspicion of bias would be as strong as if both duties were discharged by the same man.

THE LOCAL GOVERNMENT (IRELAND) ACT, 1893, AND "EXISTING OFFICERS."

MR. C. O'BRIEN (Devon House, Whitehall, Bristol) writes: Having seen in the BRITISH MEDICAL JOURNAL of October 1st, p. 1016, that a medical officer who spends more than ten years in the service is entitled to ten-sixtieths of his annual salary and emoluments, what I want to know is this: Is it compulsory on the guardians to pay it? I spent more than ten years as dispensary medical officer in Ireland.

"* We have been careful to point out in a previous answer that "a medical officer to whom the Medical Officers' Superannuation Act (Ireland), 1869, applies" is one "who," in the words of Section 1 of the Union Officers' Superannuation Act, 1865, "shall become incapable of discharging the duties of his office with efficiency, by reason of permanent infirmity of mind or body, or of old age, upon his resigning or otherwise ceasing to hold his office."

We are glad to think that such is not the case with our correspondent. Both the Union Officers' Superannuation Act, 1865 (28 Vic., cap. 26), and the Medical Officers' Superannuation (Ireland) Act, 1869 (32 and 33 Vic., cap. 50), apply to Poor-law and dispensary medical officers, "who become disabled by infirmity or age to discharge the duties of their offices," and to such ill-fated officers alone.

UNIVERSITIES AND COLLEGES.

ROYAL UNIVERSITY OF IRELAND.

FIRST EXAMINATION IN MEDICINE.—The following candidates have passed this examination:

A. P. Barry, University College, Dublin; C. Baylor, Queen's College, Cork; W. H. N. Bright, Queen's College, Galway; S. Broderick, University College, Dublin; W. F. Christian, University College, Dublin; W. H. Davis, Queen's College, Belfast; A. Dick, Queen's College, Belfast; P. Dwyer, University College, Dublin; S. J. Killen, Queen's College, Belfast; J. W. McFarland, University College, Dublin; P. J. Murray, University College, Dublin; C. E. Saffern, Queen's College, Belfast; T. H. Saffern, Queen's College, Belfast; C. B. T. Tivy, Queen's College, Cork; Margaret Touer, Queen's College, Belfast; J. W. A. Wilson, Queen's College, Belfast.

SECOND EXAMINATION IN MEDICINE.—The following candidates have passed the examination:

Upper Pass.—J. Armstrong, Queen's College, Belfast; *A. L. Black, Queen's College, Belfast; *J. Carroll, Catholic University School of Medicine; *P. Doherty, Catholic University School of Medicine; G. Ebrill, Catholic University School of Medicine; T. J. Hartigan, Catholic University School of Medicine; *S. R. Hunter, Queen's College, Belfast; A. McCloy, Queen's College, Belfast; *S. McClure, Queen's College, Belfast; *H. M. McCrea, Queen's College, Belfast; W. A. Sandys, Queen's College, Galway; *C. F. White, Catholic University School of Medicine; J. A. Williams, Queen's College, Cork.

Those marked with an asterisk may present themselves for the further examination for Honours.

Pass.—H. M. Agnew, Queen's College, Belfast; D. R. Campbell, Queen's College, Belfast; J. Clements, Queen's College, Galway; Adeline English, Catholic University School of Medicine; W. J. B. Fergus, Queen's College, Belfast; J. H. Ferris, Queen's College, Belfast; R. W. Fisher, Queen's College, Belfast; J. H. Gill, Queen's College, Belfast; J. Gillespie, Queen's College, Belfast; J. J. Jaffé, Queen's College, Cork; J. Knox, Queen's College, Belfast; M. J. Landy, Catholic University School of Medicine; M. M. Lee, B.A., Catholic University School of Medicine; G. F. Luke, Queen's College, Belfast; R. McCandless, Queen's College, Belfast; F. H. McCaughey, Queen's College, Belfast; F. E. McCune, Queen's College, Belfast; E. J. McKenna, Queen's College, Cork; J. McMurray, Queen's College, Belfast; F. C. Manor, Queen's College, Belfast; J. F. G. Martin, Queen's College, Belfast; J. J. O'Hare, Catholic University School of Medicine; D. S. A. O'Keefe, Queen's College, Cork; H. E. Richards, Queen's College, Galway; W. Rodgers, M.A., Queen's College, Belfast; W. B. Sampson, Catholic University School of Medicine; E. F. Scott, Queen's College, Galway; M. A. Shinkurn, Queen's College, Cork; E. A. Stewart, Queen's College, Belfast.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At a meeting of the College on Friday, October 7th, William John Thompson, M.D., was admitted as Member.

CONJOINT BOARD IN IRELAND.

PRELIMINARY EXAMINATION.—Candidates have passed this examination as undernoted:

Honours (in order of merit).—R. J. B. Buchanan, A. H. Marks, P. J. Owens, D. C. V. FitzGerald, T. Fitzgerald, H. R. C. Rutherford, R. G. Griffin, M. Denny, G. G. Tabuteau.

Pass (alphabetically).—P. O'Brien, Butler, E. C. Byrne, T. Cashin, S. Clare, J. S. Dunne, P. Graham, S. E. Hanbury, J. W. Jackson, D. Lawson, A. S. L. Maydwell, J. M. Moriarty, T. F. Murphy, N. V. McDowell, J. R. H. MacManus, V. H. McSwiney, J. Norman, W. Ormsby, J. Owens, H. F. Philipson, J. W. Rutherford, J. Sullivan, M. D. Sweetnam.

Forty-two candidates were rejected.

A supplemental examination will be held on November 1st and 2nd; regulations unchanged.

FIRST PROFESSIONAL EXAMINATION.—Candidates have passed this examination as undernoted

Completed the Examination.—T. M. Allen, J. E. Brereton, A. H. R. Duncan, J. B. Logan, Miss M. E. M. Logan, J. J. Moore, J. Murphy, F. G. McCaughey.

In Anatomy.—W. Cremins, J. Gulavan, E. C. Jennings, J. Onraet, A. M. Sayers.

In Biology.—W. Cremins, J. F. Farrell, A. M. Sayers, P. M. Sheridan.

In Pharmacy.—W. Cremins, G. F. H. Davison, E. C. Jennings.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

ENGLISH URBAN MORTALITY IN THE THIRD QUARTER OF 1898.

[SPECIALLY REPORTED FOR THE BRITISH MEDICAL JOURNAL.]

THE vital statistics of the thirty-three large English towns dealt with by the Registrar-General in his weekly returns are summarised in the accompanying table. During the three months ending September last 84,892 births were registered in these thirty-three towns, equal to an annual rate of 30.4 per 1,000 of their aggregate population, estimated at 11,218,378 persons in the middle of this year. In the corresponding periods of the three preceding years the birth-rates in these towns were 31.1, 30.1, and 31.1 per 1,000 respectively. In London the birth-rate last quarter was 29.5 per 1,000, while it averaged 30.9 in the thirty-two provincial towns, among which it ranged from 22.6 in Huddersfield, 22.9 in Halifax, 24.3 in Bradford, and 25.1 in Brighton, to 34.3 in Liverpool, 34.4 in Salford, 35.5 in Sunderland, 36.6 in Gateshead, and 37.0 in Wolverhampton.

During the quarter under notice 56,894 deaths were registered in the thirty-three towns, corresponding to an annual rate of 20.3 per 1,000, against 20.2, 19.1, and 21.2 in the third quarters of the three preceding years. In London the rate of mortality was 19.4 per 1,000, while it averaged 21.0 in the thirty-two large provincial towns, among which it ranged from 15.6 in Huddersfield, 15.9 in Cardiff, 16.0 in Swansea, 16.1 in Oldham, and 16.2 in Croydon, to 24.1 in Manchester, 25.1 in Wolverhampton, 26.3 in Liverpool, 27.5 in Sunderland, and 28.7 in Salford. The 56,894 deaths registered in the thirty-three towns last quarter included 13,834 which were referred to the principal zymotic diseases, equal to an annual rate of 4.94 per 1,000, against 4.97, 4.19, and 5.73 in the corresponding periods of the three preceding years. In London the zymotic death-rate last quarter was equal to 4.32 per 1,000, while it averaged 5.36 in the thirty-two provincial towns, among which it ranged from 2.48 in Halifax, 2.79 in Oldham, 3.06 in Huddersfield, 3.39 in Swansea, and 3.44 in Cardiff, to 7.37 in Sheffield, 7.44 in Preston, 7.61 in Wolverhampton, 7.86 in Sunderland, and 8.10 in Salford. The 13,834 deaths referred to the principal zymotic diseases in the thirty-three towns during the quarter under notice included 10,763 which resulted from diarrhoea, 986 from whooping-cough, 681 from diphtheria, 662 from measles, 428 from "fever" (principally enteric), 312 from scarlet fever, and 2 from small-pox. The 10,763 fatal cases of diarrhoea were equal to an annual rate of 3.84 per 1,000, which, with one exception, exceeded that recorded in the corresponding quarter of any of the ten preceding years. In London the diarrhoea death-rate was equal to 3.20 per 1,000, while it averaged 4.29 in the thirty-two provincial towns, among which this disease showed the highest proportional fatality in Wolverhampton, Salford, Preston, Sheffield, Hull, and Sunderland. The deaths referred to whooping-cough, which had been 1,596 and 1,454 in the two preceding quarters, further declined to 986 during the three months under notice, and were equal to an annual rate of 0.35 per 1,000; in London the death-rate was 0.38 per 1,000, while it averaged 0.33 in the thirty-two provincial towns, among which whooping-cough was proportionally most fatal in Swansea, Salford, Preston, Halifax, Sheffield, Sunderland, and Newcastle-upon-Tyne. The fatal cases of diphtheria, which had declined from 1,097 to 680 in the three preceding quarters, were 681 during the three months ending September last, and were equal to an annual rate of 0.24 per 1,000; in London the diphtheria death-rate was equal to 0.32 per 1,000, while it averaged 0.19 in the thirty-two provincial towns, among which this disease caused the highest proportional fatality in West Ham, Cardiff, Swansea, Wolverhampton, Birkenhead, and Leeds. The deaths from measles, which had been 2,196, 2,749, and 1,929 in the three preceding quarters, further declined to 662 during the three months under notice, and were equal to an annual rate of 0.24 per 1,000; in London the death-rate from this disease was equal to 0.21 per 1,000, while it averaged 0.25 in the thirty-two provincial towns, among which measles showed the highest proportional fatality in Portsmouth, Plymouth, Norwich, Liverpool, Manchester, Gateshead, and Newcastle-upon-Tyne. The deaths referred to different forms of "fever" (including typhus, enteric, and simple and ill-defined forms of fever), which had declined from 772 to 305 in the three preceding quarters, rose again to 428 during the three months ending September last, and were equal to an annual rate of 0.15 per 1,000; in London the "fever" death-rate was equal to 0.11 per 1,000, while it averaged 0.18 in the thirty-two large provincial towns, among which the highest rates were recorded in Norwich, Birkenhead, Salford, Sunderland, and Newcastle-upon-Tyne. The fatal cases of scarlet fever, which had declined from 599 to 374 in the three preceding quarters, further fell to 312 during the three months under notice, and was equal to an annual rate of 0.11 per 1,000; in London the scarlet fever death-rate was 0.10 per 1,000, while it averaged 0.12 in the thirty-two provincial towns, among which this disease was proportionally most fatal in Wolverhampton, Norwich, Salford, Leeds, Sunderland, and Gateshead. Of the 2 deaths from small-pox registered last quarter in the thirty-three towns, 1 was recorded in Liverpool and 1 in Gateshead.

Infant mortality in the thirty-three towns, measured by the proportion of deaths under one year of age to registered births, was equal to 275 per 1,000 during the three months ending September last, against 252, 232, and 278 in the corresponding quarters of the three preceding years. In London the rate of infant mortality was equal to 269 per 1,000, while it averaged 284 in the thirty-two provincial towns, among which it ranged from 193 in Oldham, 204 in Huddersfield and in Halifax, 207 in Swansea, and 227 in Bristol, to 315 in Norwich, 318 in Sheffield, 324 in Blackburn, 336 in Sunderland and in Wolverhampton, 343 in Preston, and 382 in Salford.

MEDICAL NEWS.

SIR DOUGLAS GALTON, K.C.B., will on Monday, October 17th, at 8 P.M. give an address introductory to the twenty-sixth course of lectures and practical demonstrations in sanitary science arranged by the Sanitary Institute for sanitary officers and students at the Parkes Museum.

LECTURES AT THE HOSPITAL FOR CONSUMPTION, BROMPTON.—The winter session of lectures at the Hospital for Consumption and Diseases of the Chest, Brompton, will commence on Wednesday next, October 19th, when at 4 P.M. Dr. J. Mitchell Bruce will give a lecture on Aneurysm of the Aorta, illustrated by cases. Subsequent lectures will be given on succeeding Wednesdays during October, November, and December, ending on December 14th. The lectures are free to qualified medical practitioners and to students attending the practice of the hospital.

READING PATHOLOGICAL SOCIETY.—The fifty-seventh annual meeting of the Reading Pathological Society was held at the Royal Berkshire Hospital on October 6th, the President, Dr. H. H. Phillips-Conn, in the chair. Several guests, including Dr. J. F. Payne (President of the Pathological Society of London), Dr. P. J. Freyer, Mr. H. S. Collier, and Mr. R. Swinhoe honoured the Society by their company. The annual oration was delivered by Mr. Malcolm Morris, who selected as his subject, The Use and Abuse of Internal Remedies in the Treatment of Skin Diseases, which is published at p. 1113. The cordial thanks of the Society were accorded to Mr. Malcolm Morris, on the proposition of the President, seconded by Mr. H. R. Hayes. The members of the Society and their guests then adjourned to the Queen's Hotel, where was held the annual dinner. This was followed by the usual toasts, special reference being made to the absence, through illness, of Mr. T. L. Walford, one of the founders of the Society, and of Mr. O. C. Maurice, who recently held the office of President.

TUBERCULOSIS AND PSEUDO-TUBERCULOSIS.—Bacteriology makes yearly advances on so large a scale that the clinician, surgeon, and practitioner must rely more and more on those who make a speciality of the science, for even the professional pathologist is becoming handicapped. For several years physicians have talked glibly of the bacillus tuberculosis, and apparently on safe grounds, for it seemed as though that microbe had been proved to be a "good species," as zoologists would say, as definite as *felis leo* or *ilex aquifolia*, and with as definite specific habits and properties. Dr. Flexner, of Baltimore, has recently detected an organism in tuberculous deposits from a man who died with extensive consolidation in both lungs, the symptoms being precisely those characteristic of pulmonary tuberculosis. This germ is figured and described in the July number of the *New York Journal of Experimental Medicine*. It is not simply another species of the genus bacillus, to which B. tuberculosis belongs; on the contrary, it is included in a totally different class of micro-organisms, the streptothrices as defined by Kruse. The genus streptothrix includes S. actinomycetes, associated with a well-known disease, and S. Maduræ, found in Madura foot. After a careful description of the micro-organism, which he terms S. pseudo-tuberculosis, and a full account of the histological changes with which he found it associated, Dr. Flexner concludes that this species is the cause of the pathological process which he detected, and that, especially in peritoneal deposits, the pathological picture of this disease, which he terms "pseudo-tuberculosis hominis streptothricia," resembles so nearly tuberculosis in human beings that the two diseases can be separated only by the demonstration of the causative micro-organism in each case; yet Dr. Flexner thinks that possibly at some future time a clinical picture differing from that of true tuberculosis may come to be established for this disease.

MEDICAL VACANCIES.

The following vacancies are announced:

AYR COUNTY HOSPITAL.—House-Surgeon. Appointment for one year. Salary, £50 per annum, with residence, board, and washing. Applications to the Secretary by October 22nd.

BIRMINGHAM AND MIDLAND EAR AND THROAT HOSPITAL, Edmund Street, Birmingham.—House-Surgeon. Appointment for six months. Honorarium, £21 on

completion of appointment, with board, lodging, and washing. Applications to the Honorary Secretary of the Medical Committee by October 18th.

BETHLEM HOSPITAL.—Two Resident House-Physicians. Appointments for six months. Apartments, complete board and washing provided. Applications, endorsed "House-Physicians," to the Treasurer, Bridewell Hospital, New Bridge Street, E.C., by October 17th.

BURY COUNTY BOROUGH OF.—Medical Officer of Health. Salary, £300 per annum, with actual disbursements. Applications, endorsed "Medical Officer of Health," to John Haslam, Town Clerk, by October 19th.

CARLETON ADDENBROOK HOSPITAL.—Resident House-Physician. Salary £65 per annum, with board, lodging, and washing. Applications to the Secretary by December 8th.

CANTERBURY: KENT AND CANTERBURY HOSPITAL.—Assistant House Surgeon, unmarried. Salary, £50 per annum, with board and lodging. Applications to the Secretary by October 22nd.

CITY OF LONDON UNION INFIRMARY.—Assistant Medical Officer for the Infirmary, Bow Road. Unmarried or widower without children; between 25 and 35 years of age. Salary, £150 per annum, with furnished apartments, rations, and washing. Applications, on forms provided, to F. W. Crane, Clerk to the Guardians, 61, Bartholomew Close, E.C., by October 24th.

CROYDON BOROUGH.—Resident Medical Officer at the Croydon Borough Hospital for Infectious Diseases. Salary £120 per annum, rising to £140 at the end of six months, with board and residence. Applications endorsed "Resident Medical Officer," to Dr. Wilde, Town Hall, Croydon, by October 30th.

EAST LONDON HOSPITAL FOR CHILDREN AND DISPENSARY FOR WOMEN, Shadwell, E.—Medical Officer for the Casualty Department. Appointment for six months (renewable). Salary at the rate of £100 per annum. Applications to the Secretary by October 2nd.

GRIMSBY AND DISTRICT HOSPITAL.—Resident House-Surgeon. Salary, £80 per annum, with board, lodging, and washing. Applications to the Secretary by November 21st.

HASTINGS, ST. LEONARDS, AND EAST SUSSEX HOSPITAL.—Assistant House-Surgeon. Appointment for six months, but renewable. Gratuity £10, with residence, board, and laundry. Applications to the Secretary by October 25th.

HERTFORDSHIRE COUNTY ASYLUM, Hill End, near St. Albans.—Medical Superintendent. Salary to commence £500 per annum, and, after completion of asylum, furnished residence, light, vegetables, fuel, washing, milk and butter. Applications to C. E. Longmore, Clerk of the Hertfordshire County Asylum, Clerk of the Peace Office, Hertford, by October 24th.

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.

HOSPITAL FOR WOMEN, Soho Square, W.—House-Physician. Appointment for six months. Salary, £30 for that period. Applications to the Secretary by October 19th.

LEICESTER INFIRMARY.—House Surgeon. Tenure of office not exceeding three years. Salary, £120 for the first year, rising at the rate of £10 per annum until the third year, with board, apartments, and washing. Applications to the Secretary, 24, Friar Lane, Leicester, by October 24th.

LONDON TEMPERANCE HOSPITAL, Hampstead Road, N.W.—Resident Medical Officer. Appointment for one year or more. Salary, 100 guineas per annum, with board, lodging, and washing. Applications to the Secretary by October 21st.

LONDON THROAT HOSPITAL, 240, Great Portland Street.—Non-resident House-Surgeon. Appointment for six months. Salary at the rate of £25 per annum. Applications to the Secretary of the Medical Committee by October 25th.

NATIONAL DENTAL HOSPITAL AND COLLEGE, Great Portland Street, W.—Anaesthetist. Applications to the Secretary by October 26th.

NORTH-WEST LONDON HOSPITAL, Kentish Town Road, N.W.—Resident Medical Officer and Assistant Resident Medical Officer. Appointments for six months. Salary of £50 per annum attached to the senior post. Personal application on November 1st, at 5 P.M.

ROYAL ORTHOPEDIC HOSPITAL, 207, Oxford Street, and 15, Hanover Square, W.—House-Surgeon and Anaesthetist, unmarried. Salary, £100 per annum, with residence and partial board. Applications to the Secretary by October 26th.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.—Resident Medical Officer. Salary at the rate of £100 per annum, with furnished apartments, board, and washing. Applications to the Secretary by October 25th.

ROTHERHAM HOSPITAL AND DISPENSARY.—House-Surgeon. Salary, £105 per annum, with board and washing. Applications, endorsed "Staff," to the Secretary.

SOUTHSEA: ROYAL PORTSMOUTH, PORTSEA, AND GOSPORT HOSPITAL.—Assistant House-Surgeon. Appointment for six months, but renewable. Board and residence provided and honorarium of £15 15s. Applications to the Secretary by October 27th.

TOWER HAMLETS DISPENSARY.—Physician. Applications to the Secretary, White Horse Street, E., before November.

WEST AFRICA GOVERNMENT RAILWAY IN.—Medical Officer to accompany staff of surveyors. Salary, £40 per month, travelling allowance, and first-class passage out and home. Engagement about eight months. Applications, marked "Medical Officer," to W. Shelford, 35a, Great George Street, Westminster, S.W.

WESTMINSTER HOSPITAL, Broad Sanctuary, S.W.—Physician. Applicants to attend the House Committee on Tuesday, October 18th, at 10 A.M.

WEST LONDON SCHOOL DISTRICT.—Dentist for the District School at Ashford, near Staines. Remuneration, £80 per annum, including travelling expenses. Applications to C. D. Hume, Clerk to the Managers, Ashford, Middlesex, by October 19th.

MEDICAL APPOINTMENTS.

BARRY, Dr. James, appointed Medical Officer to the Rathcormac Dispensary District, vice James Ahern, L.R.C.P., L.R.C.S. Ireland.

BLUMFELD, J. M.D., B.C. Cantab., appointed Surgeon to Women and Children at the Chelsea, Brompton, and Belgrave Dispensary.

CROWLEY, Ralph H., M.D., appointed Honorary Physician to the Bradford Royal Infirmary.

EDWARDS, S. Watkin, M.B., appointed Medical Officer to the Middlesbrough District of the Middlesbrough Union.

FAIRWATER, W. E., L.R.C.P. Lond., M.R.C.S., appointed Resident Medical Officer to the Guest Hospital, Dudley.

GENGÉ, G. Gilbert, M.D., B.S. Lond., D.P.H. Camb., M.R.C.S., L.R.C.P., appointed Resident Medical Officer at the Croydon General Hospital, vice G. G. Bothwell, M.B., O.M. Aberd., resigned.

HEDLEY, A. S., M.B., B.S. Durh., appointed Medical Officer for the Workhouse and the Rothbury East District of the Rothbury Union.

HICK, Henry, L.R.C.P. Edin., M.R.C.S. Eng., appointed Medical Officer of Health for the Borough of New Romney.

HOWARTH, William J., M.D., D.P.H. Vict., appointed Medical Officer of Health for the County Borough of Derby, vice Dr. Iliffe, deceased.

LAW, Dr., appointed Medical Officer of Health to the Macduff Town Council, vice A. B. Lyon, M.B., C.M. Aberd., resigned.

MARSTON, F. E., L.R.C.P. Lond., M.R.C.S. Eng., appointed Medical Officer for the Welshpool District of the Forde Union.

MILLER, G. Victor, M.B., C.M. Edin., appointed Ophthalmic and Aural Surgeon to the North Riding Infirmary, Middlesbrough.

ORME, W. Bryce, M.R.C.S. Eng., L.R.C.P. Lond., appointed Principal Medical Officer to the Port Said Government Hospital.

POGSON, Buckley, M.D., appointed Visiting Medical Officer to the Protestant Dissenting Charity Schools, Birmingham.

ROBERTS, Kilham, M.R.C.S. Eng., L.R.C.P. Lond., appointed Medical Officer of Health to the Ampleth Rural District Council.

SIMPSON, G. A., M.R.C.S. Eng., L.S.A., reappointed Medical Officer of Health for the Acton Urban District Council.

TAYLOR, F. A., M.R.C.S.Eng., appointed Medical Officer for the Second and Fifth Districts of the Romney Union.
WALTER, R. H., M.B., C.M.Édin., appointed Medical Officer for the Sixth District of the Yeovil Union.
WEITAKER, E. T., M.B., Ch.M., B.Sc.Édin., D.P.H. Camb. F.C.S., appointed Medical Officer of Health to the Miesmere Urban and Rural District Councils, *vice* C. J. Glasson, L.R.C.P.Lond., M.R.C.S.Eng., resigned.

DIARY FOR NEXT WEEK.

MONDAY.

London Post-Graduate Course. London Throat Hospital, 8 P.M.—Dr. Herbert Tilley: Demonstration of Selected Cases (Ear, Throat, and Nose).

TUESDAY.

Pathological Society of London. 8.30 P.M.—Dr. F. W. Andrewes: Pollicular Enteritis due to Streptococci and Bacillus Enteritidis Sporogenes. Mr. S. G. Shattock: Acromegalic Skull. Dr. W. S. Lazarus-Barlow: Carcinoma arising in an Accessory Thyroid Gland (?). Mr. H. B. Robinson: Butter Cyst of the Breast. Dr. H. Walshaw: On the Occurrence of Bony and Cartilaginous Nodules in the Tonsil. Mr. P. de Santi: Case of Multiple Primary Sarcomata of the Scalp of Nineteen Years' Duration; Removal; Recurrence in the Lungs.
Chelsea Clinical Society. Holy Trinity Parish Hall, Pavilion Road, Sloane Square, 8.30 P.M.—Address by the President (Dr. Foster Palmer) on Certain Undefined Factors in the Spread of Disease.
North-West London Clinical Society. North-West London Hospital, 8.30 P.M.—Monthly Demonstration of Clinical Cases.
Royal Microscopical Society. 20, Hanover Square, W., 8 P.M.
London Post-Graduate Course. Hygiene at Parkes Museum, 3.30 P.M.—Professor Wynter Blyth: Construction of Dwelling Houses, etc.
West London Post-Graduate Course. West London Hospital, W., 5 P.M.—Dr. Seymour Taylor: Surface Anatomy of the Upper Extremity.
Hospital for Consumption. Brompton, 4 P.M.—Dr. J. Mitchell Bruce: Aneurysm of the Aorta (illustrated by cases).
West End Hospital for Diseases of the Nervous System. Welbeck Street, W., 4 P.M.—Dr. Harry Campbell: On the Motor Tract, with cases of the Different Types of Paralysis.

WEDNESDAY.

Harveian Society of London. 8.30 P.M.—Clinical Meeting. Dr. A. P. Luff: A Case of Great Enlargement of the Spleen. Mr. Stansfield Collier: (1) Congenital Dislocation of Patella; (2) A Case for Diagnosis. Dr. Jackson Clarke: Cases of Spinal Curves. Dr. Leonard Guthrie: Left Hemiplegia associated with Atrophy of Right Optic Nerve. Dr. James Taylor: A Case of Paralysis.
Charing Cross Hospital. Post-Graduate Class, 4 P.M.—Mr. Waterhouse: Demonstration of Surgical Cases.
London Temperance Hospital. 2 P.M.—Dr. Soltan Fenwick: Clinical Demonstration to Senior Students.

THURSDAY.

Harveian Society of London. 8.30 P.M.—Clinical Meeting. Dr. A. P. Luff: A Case of Great Enlargement of the Spleen. Mr. Stansfield Collier: (1) Congenital Dislocation of Patella; (2) A Case for Diagnosis. Dr. Jackson Clarke: Cases of Spinal Curves. Dr. Leonard Guthrie: Left Hemiplegia associated with Atrophy of Right Optic Nerve. Dr. James Taylor: A Case of Paralysis.
Charing Cross Hospital. Post-Graduate Class, 4 P.M.—Mr. Waterhouse: Demonstration of Surgical Cases.
London Temperance Hospital. 2 P.M.—Dr. Soltan Fenwick: Clinical Demonstration to Senior Students.

FRIDAY.

London Post-Graduate Course. Bacteriology at King's College, 3 to 5 P.M.—Professor Crookshank: Examination of Air, Soil, and Water, etc.
West London Post-Graduate Course. West London Hospital, W., 5 P.M.—Dr. Seymour Taylor: Surface Anatomy of the Lower Extremity.
Lectures on Medical Relief. Portman Rooms, Baker Street, W., 4.30 P.M.—Mr. C. S. Loch: Growth of Medical Charities.

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.

BIRTH.

HUGHES.—On August 30th, at Salt Lake City, Utah, U.S.A., the wife of S. Hughes, M.B., M.R.C.S., of a son.

MARRIAGES.

BUIST-HUTCHISON.—At the Cathedral Church of St. Mary, Edinburgh, on October 11th, 1898, by the Rev. Hugh J. Lawlor, D.D., Professor of Ecclesiastical History in the University of Dublin, John Henry Buist, M.D., to Helen, younger daughter of the late Henry Hutchison, 4, Grosvenor Street, Edinburgh.

LUMSDEN-BENNY.—At Loch Park House, Denny, Stirlingshire, on the 6th inst., by the Rev. James Lumsden, B.D. (brother of the bridegroom), assisted by the Rev. A. Oram McGregor, B.D., Denny, John H. Lumsden, M.B., C.M.Aber., to Isabella Charlotte, younger daughter of Michael Benny, M.D.Édin., M.R.C.S.Éd. No cards. At home first and third Thursdays in December.

MACMULLAN-THOMAS.—On October 6th, at St. James's, Piccadilly, by the Rev. E. Parnell, LL.B., Rector of Ruardene, Glos., James Neil Macmullan, L.R.C.P. & S.E., L.F.P.S.G., of Drybrook, Glos., eldest son of Douglas Macmullan, Esq., of Bushmills, Co. Antrim, to Fanny Maude, eldest daughter of Richard Thomas, Esq., of Penarth.

MCCOULL-GRAHAM.—At Tyneworth Parish Church, on September 28th, by the Rev. E. Croisdale-Harris, Robert McCoull, L.R.C.P., L.B.C.S.Éd., third son of the late George McCoull, M.R.C.S.Eng., of Ovington, Northumberland, to Lucy, daughter of the late William Graham, of North Shields.

PATTERSON-MCCOULL.—At Ovingham Parish Church, on October 4th, by the Rev. C. E. Donnell, M.A., Frank Russell Patterson, M.B., C.M., of Blackburn, second son of John Patterson, M.D., of Constantinople, to Mary, second daughter of the late George McCoull, M.R.C.S.Eng., of Ovington, Northumberland.

TURNER-BARRY.—On the 6th inst., at St. Stephen's, South Dulwich, by the Rev. R. C. Joynt, M.A., assisted by the Rev. F. E. White, M.A., Vicar of the parish, John Sidney Turner, M.R.C.S., F.L.S., of Stanton, Annerley, S.E., to Emily Jane, only daughter of Mrs. Barry, of Dilkhoosh, Sydenham Hill, S.E., and of the late Dr. John Boyle Barry, of Calcutta.

DEATHS.

LEWIS.—On October 2nd, at Henfield, Sussex, Charles Francis Lewis, M.R.C.S.Eng., L.R.C.P.Édin., aged 68.

MOXON.—On October 9th, at 44, King Street, Great Yarmouth, suddenly, Thomas Henry Moxon, M.R.C.S., J.L.S.A., aged 67 years.

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. F., 2; Tu. F., 5. Operations.—1-p., Tu., 2.30; o.p., F., 2.
CHANCING 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.
CHELSEA HOSPITAL FOR WOMEN. Attendances.—Daily, 1.30. Operations.—M. Th. F., 2. CITY OPHTHALMIC. 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., daily, 1.30; Eye, W. Th., 1.30; Ear, Th., 2.30; Throat, M., 1.30, F., 2; Dental, M. Th., 10; Skin, W., 1.30. Operations.—W. Th. F., 2.
LONDON. Attendances.—Medical, daily, 1-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. Operations.—M. Th., 4.30.
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; o.p., M., 9; W., 1.30; Eye, Tu. F., 9; Ear, Th. Throat, Tu. F., 9; Skin, Tu., 4; Th., 9.30; 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, S., 10; Surgical, daily, exc., W., 2, W., 10; Obstetric, W., 2; Eye, W., 9; Skin, F., 2; Dental, F., 9. Operations.—Daily, 9.
ROYAL FREE, 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., 2.30; Ear, Th., 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 Ovariotomy, F., 2.
ST. GEORGE'S. Attendances.—Medical and Surgical, daily, 1-p., 1; o.p., 12; Obstetric, 1-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, 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., 1.0; 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. F., 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., 1.30; Eye, M. W., 1.30; Ear, M. Th., 9; Skin, Tu. F., 2; Throat, M. Th., 9; Dental, Tu. F., 9.30. Operations.—Tu. W. Th., 2.
WEST LONDON. Attendances.—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th., 2; Ear, Tu., 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 *Articulate, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.