

1899. He stated that five weeks previously his face had been injured by the explosion of a copper cylinder containing gas. Forty-four hours after the accident he was unconscious. His nose and left upper lid were cut. Since the injury he had been unable to raise the left upper lid. At first he had loss of sensation over the whole of the left side of his face this has since partly returned. On examination a triradiate scar was seen starting on the left side of the nose and extending across the bridge, downwards to the left ala, upwards to the inner side of the left eye, and more than half way across the left upper lid. His left upper lid drooped over the eye, and he was unable to raise it except by the use of his occipitofrontalis muscle. He had complete anæsthesia over his left brow; he could feel when touched on the left cheek, but said it was numb, and different to when he was touched on the other side. When his left upper eyelid was raised his left eyeball was seen to be displaced backwards in the orbit, being at a distinctly deeper level than his right. No defect in the movement of the eye could be detected, but on looking to his left side he had homonymous diplopia. The pupils of the two eyes were equal and acted normally. I have seen him at intervals of a month since his first visit. On July 17th he had acquired considerable power in raising the upper lid. The diplopia had entirely disappeared, and he had acquired normal sensation over the left side of the face and brow. The eyeball was still displaced backwards in the orbit.

REFERENCES.

¹ *New York med. Monatschrift*, June, 1890; and *Ophthalmic Review*, vol. ix, p. 294. ² *Arch. of Ophth.*, vol. xxii, 1. ³ *Arch. f. Augenheilk.*, Bd. xviii, Hft. 3.

MEMORANDA:

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

UNUSUAL DYSPNOEA IN THE URÆMIC STATE.

A PLUMBER, aged 31, was lately under my care for severe Bright's disease. Very tense radial and tortuous temporal arteries were present. His urine deposited abundance of albumen. The heart was hypertrophied, though there was no evidence of valvular lesion. The lungs were healthy.

On December 18th, after he had been under observation for five weeks, the respirations were observed to follow the Cheyne-Stokes rhythm during sleep. The cycle consisted of eleven respirations, each increasing in intensity up to the fourth and decreasing after the eighth. The pause lasted 17 seconds; he was then sleeping quietly, and did not appear conscious of any disturbance. On December 19th he began to complain greatly of distress of breathing, though there appeared little to account for it. The respirations were regular, and their frequency not markedly increased; but he nevertheless panted, and drew his breath in gasps, and when he tried to speak talked like a man who has been running hard. Air entered the lungs freely. There was no cyanosis.

This condition of breathlessness, though it varied in intensity, never once really left him, but gradually got worse. It was not proportionately aggravated by exertion, and was always worse at night.

In a few days the Cheyne-Stokes rhythm manifested itself in the daytime, and persisted to the end; and it soon became obvious that the only periods of respite that he was destined to obtain from the increasing dyspnoea were the short apnoeic periods of the Cheyne-Stokes rhythm. Thus he became not only conscious of this phenomenon, but the cycle in his case was accompanied by the most intense suffering. In the pauses, which seldom exceeded twenty seconds, he would drink, speak in monosyllables, and often lie back and compose himself for sleep, but only to spring up again on the first sign of returning respiration, and throw himself forward and from side to side in all the agonies of suffocation as the more stertorous respirations supervened.

Chloral hydrate, in 15-gr. doses, gave some relief, and the administration of chloroform still more. He died in uræmic convulsions.

A case is elsewhere related¹ where the apnoeic state alternated rhythmically with the dyspnoea attendant on heart and lung disease. In the case I have described, however, the condition of the heart and lungs, as evidenced by physical signs, gave no reason to suspect that they contributed to the dyspnoea, though in the absence of a *post-mortem* examination one is not justified in asserting that they may not have done so.

Windsor.

CHARLES R. ELGOOD, M.D. Lond.

¹ *Lancet*, vol. ii, 1880, p. 691.A CASE OF FISTULA IN ANO TREATED BY
SUBCUTANEOUS EXCISION.

M. P., aged 23, single, consulted me on July 3rd for a chronic abscess 1 inch outside the right labium majus and level with its middle. She had suffered from it for two years. There was no history of its connection with the rectum, and it seemed rather in a position to have originated from abscess of Bartholin's gland.

She was admitted, and on trying to dissect out the sac it was found to run into the rectum by a distinct tube. This was clearly defined and lined with smooth mucous membrane. It struck me as possible to dissect this out without dividing the sphincter ani. I dissected out as much as possible from the external incision, and then passed a suture into the rectum through the tube and tied the remaining end of the suture to the portion of duct dissected out. I then dragged the tube through itself into the rectum, and finally snipped it out with its rectal opening, putting in a circular suture to close the rectal end and some buried catgut sutures to close the rest of the track. The sphincter ani and skin were thus not divided, and the parts healed by first intention.

It may be said that if the sphincter ani had been divided and sutured carefully it would have healed, as in any case of repair of complete perineal laceration. And this is so; but still I submit that it is judicious to avoid division of the sphincter ani whenever possible. A condition of such complete isolation of the sinus and absence of branches or complications is rare; but if a simple case be met with, perhaps it may be worth repeating my manoeuvre.

Wolverhampton.

FRED EDGE.

OBSTINATE HICCUGH AFTER OPERATION.

THE following case resembles that reported by Dr. Christmas in the *BRITISH MEDICAL JOURNAL* of March 11th, 1899, in that it followed, and was perhaps caused by, an operation or the use of an anæsthetic.

The patient was a Mussulman, aged 35. On November 4th, 1894, I performed lateral lithotomy under chloroform. Whilst still on the table, and semi-conscious, the patient began a violent hiccough, which continued at 5 to 7 seconds' interval for 15 days. No treatment had the slightest effect except morphine, in doses large enough to produce profound narcosis, during which the hiccough still continued, though at longer intervals. Antispasmodics, narcotics, emetics, purgatives, counter-irritation to the epigastrium and over the phrenic nerves in the neck, in fact every line of treatment described in textbooks proved useless.

No cause whatever could be detected for the hiccough. The wound was healing satisfactorily, but the patient became greatly emaciated, and it seemed as if the life would be jerked out of him, when, on November 29th, the hiccough stopped as suddenly and as unaccountably as it began. He had taken a dose of chloral hydrate a few minutes previously, but I in no way attribute his cure to that drug. I met him a few months ago. He said he had not been since troubled by hiccough.

Kalain, Cachar.

ARTHUR POWELL, B.A., M.Ch.

CASE OF PERFORATED GASTRIC ULCER.

MRS. F., aged 25, came to me on May 2nd, complaining of nausea and pain after food, but without actual vomiting. The pain was not severe, and the symptoms had troubled her for some months. I treated her for chronic dyspepsia until May 9th, when she discontinued her visits, being much improved. She, however, continued the morphine that had been ordered, as the pain returned on leaving it off.

I was called to see her at 12.15 A.M. on May 24th. She had been out all the previous day holiday-making, and three hours after taking a supper of cold mutton, bread, etc., was seized with sudden abdominal pain and vomiting. The abdomen was tender, but not tense; the temperature and pulse were normal, and the bowels had acted freely that day. I ordered her hot fomentations and morphine. I saw her again at 10 A.M., the pain was relieved, but the abdomen was tense and tender. She was anxious and somewhat collapsed. Her condition got steadily worse during the day, and at 7 P.M. I consulted with Dr. A. E. Morison, who advised an operation at once as her only

chance, her condition at this time being one of extreme collapse. We opened the abdomen, and found a small perforation on the anterior surface of the pylorus, which we sutured; the peritoneal cavity contained about a pint of fluid, but there was hardly any peritonitis. The patient died about four hours after the operation from exhaustion.

The points which strike me especially in this case are:

1. The presence of a gastric ulcer with no other symptoms than those of chronic dyspepsia.
2. The entire absence of hæmatemesis.
3. The danger of giving morphine when there is the possibility of an ulcer existing, as it merely masks the symptoms without interfering with the process of ulceration. The lesson to be learnt from the case is the danger of delay as regards operative procedure when there is only a suspicion of a perforation.

ARNOLD ROCHFORD McCULLAGH, L.S.A.Lond.
West Hartlepool.

THE USE OF ANTISTREPTOCOCCUS SERUM.

CASE I.—A boy, aged 9, was brought to me on account of a discharge from the ears, which had been present since infancy.

On examination, both membranæ tympani were found to be perforated. There was a polypus in the right ear, and a quantity of greenish pus in both.

In spite of careful treatment, extending over more than six months, the discharge persisted. I therefore determined to try the effect of the injection of antistreptococcus serum. I began with injections of 5 c.cm. twice a day. On the fifth day he had a rigor with slight vomiting and a rise of temperature. There was also a rose rash commencing at the site of the injection and rapidly spreading over the whole body. These symptoms lasted 48 hours.

I repeated the injection of 10 c.cm. on the seventh day, and on the tenth day with exactly the same result. The left ear had now ceased to discharge. The polypus in the right ear had become much smaller, the discharge very much thinner and quite inoffensive. All local treatment had been stopped while the serum was being used. I now recommended antiseptic treatment of the right ear, and 3 weeks later, although there was still slight discharge, the polyp had disappeared. I gave another injection of 10 c.cm. of serum. This was also followed by rise of temperature, *malaise*, and rash. A week later the discharge had entirely ceased in both ears, and 2 months later both membranæ had cicatrised. There has been no discharge or any trouble in either ear for more than a year.

CASE II.—Mrs. B., aged 29, who had been operated upon for suppurative salpingitis, came to me about two months after the operation on account of constant discharge from a sinus in the median incision. I had before long to open an abscess in the left iliac region, but could not produce any cessation of discharge, which was very foul and often faecal in odour. After carefully treating her for about three months by ordinary methods without much improvement, I injected 20 c.cm. of antistreptococcus serum every other day for a week. There was never any rash or rise of temperature. The discharge rapidly decreased in quantity, becoming thinner and inoffensive. A month later it had entirely ceased, and the wound had cicatrised. After twelve months she is in excellent health, and has had no recurrence of the discharge.

In the otitis case the discharge was examined by Mr. Bokenham, who found only staphylococci. The serum used was supplied by Messrs. Burroughs and Wellcome. I used in the second case serum from the same supply that I had obtained for the first case. It had been kept in a cool dark place for nine months, and apparently acted as perfectly at the end of that time as when first received.

Asbhy-de-la-Zouch.

RODERIC LOGAN, M.R.C.S.

A CASE TREATED WITH ANTITYPHOID SERUM.

M. W., a girl aged 14, was taken ill on May 18th, 1899, with diarrhoea. She was not perceptibly ailing before then, and had been at work at Leeds on May 17th. The relatives did not think her ill enough to send for medical aid until May 21st, when she was seen by my partner, Mr. R. Haygarth. Her temperature was 105.1°; she lay on her back, with flushed cheeks and pale face; she was apathetic, and only roused to speak with difficulty, although she was delirious at

night. The abdomen was tumid, the tongue furred, except at the tip and edges. Respirations were rapid, between 30 and 40 to the minute, the pulse was small and weak, and about 110, the spleen was distinctly enlarged. There was nothing in the lungs save a few scattered bronchitic râles, such as are commonly found in enteric fever. No rash was observable on the trunk or limb. The motions were quite fluid, described by the aunt in attendance as being "like coffee with milk in it"—a description which turned out to be fairly accurate, save that the colour was more yellow than coffee. There was gurgling in the right iliac fossa, and the patient complained when deep pressure was made there. My partner and I were in perfect agreement as to the diagnosis of typhoid fever. The symptoms during the next 40 hours continued the same in kind but gradually aggravating in degree. By May 23rd she was almost comatose; the temperature was always tending above 105°, the abdomen was still more distended, the diarrhoea remained nearly as frequent. There was still nothing in the lungs, and feeling certain of the diagnosis we determined to use the specific serum, for the pulse was flagging and the case seemed to be getting desperate, more especially if this was the first week of the disease. On the morning of May 23rd I injected 10 c.cm. of antityphoid serum (obtained from Messrs. Burroughs and Wellcome), and again the same dose at 8 p.m. The temperature in the morning was 105.4°; in the evening, when the second injection was made, it was 103°, though there was little difference else. Next morning at 10.30 the temperature was 101°. The patient was distinctly alive to what was passing round her; the diarrhoea had stopped. She had passed water, which she had not been able to do for 56 hours before. I gave her another injection of 10 c.cm., and by night the temperature was normal, nor has it passed the limits of health since that date. Her convalescence, which was slow for 2 or 3 days, was uninterrupted, save that on the tenth and eleventh days there was heard in front at the base of the right lung a localised crepitus of a somewhat metallic quality. There was no loss of resonance, and the whole thing cleared up in three days.

The only treatment adopted was at first Dover's powder, gr.v, every four hours, which did not stop the diarrhoea; followed by 1 grain of carbolic acid in gentian every four hours after we left off the serum.

Three weeks after the last injection the blood was tested for Widal's reaction, with negative results. We waited so long in order that there should be no fear of the serum influencing the test. But clinically the case was certainly enterica; I do not think any medical man would have hesitated to diagnose it so. And if, as we believe, it was a severe case of typhoid, beginning acutely, and aborted in the early stage, there is nothing remarkable in the failure of the blood to react. If the case has no other value, it at least points to the harmlessness of the remedy, and emphasises what I have noticed in another case—the markedly antipyretic power of the serum.

Halton, near Leeds.

B. BASKETT, M.D.Oxon.

THE SO-CALLED ABORTIVE TREATMENT OF TYPHOID BY CALOMEL.

In a large percentage of cases the diagnosis of typhoid fever is extremely difficult, especially in the early stage. Taylor, in his *Practice of Medicine*, makes no note of its great similarity to that of malaria. The differential diagnosis may be summed up in favour of malaria thus: Previous attacks, nature of the district, suddenness of onset, and height of temperature. In my own case the temperature was 105.6° in twenty-four hours from the onset. Even with these facts the following case may illustrate the difficulties:

A Boer of 50 years, prematurely old, was seen by me suffering from all the evidences of malaria. Calomel, 6 gr., followed six hours later by magnesium sulphate 1 ounce in cold saturated solution was given. The temperature, which at first was 104.4° F., was normal in 36 hours and remained so. About six weeks later I was again called to see him. His symptoms were precisely the same, but the temperature was only 101.7°. The above treatment was again adopted, but without any effect on the temperature, which varied from 101° to 103.4° for the following week in spite of quinine, when the distinctive symptoms of typhoid developed, and the case ran its usual course to convalescence. Some two months later I again saw him with precisely the same symptoms, the temperature being 104.8° F. Calomel was again given as above, and the temperature was normal in 24 hours. A week later he had a pretty severe attack of the cold stage (temperature 101.4° in the mouth), with limb and head pains. Quinine was ordered, and now (3 months later) he has had no recurrence.

In this case there were undoubtedly two attacks of malaria

with typhoid intervening. On the Continent calomel has obtained a certain amount of notoriety as being an abortive in the early stages of typhoid fever. In England that action does not seem to have been followed by a similar success. I do not think the reason is far to seek. In England there is practically no malaria, although it is more or less prevalent on the Continent. Taking the above case it will be readily seen that the difficulty of differential diagnosis is often extreme, so that if a case of malaria be wrongly diagnosed as typhoid fever, the so-called abortive action of calomel can be easily explained. The only difference in the attacks above mentioned was that in the typhoid onset the patient had been feeling out of sorts for about a week previous to his sending for me, and in the others he was hard at work—at least as hard as a Boer does work—and feeling all right twelve hours before the onset.

In conclusion let me draw attention to the almost specific action of calomel and magnesium sulphate given as quoted in the acute stage of malaria.

South African Republic. JAMES BOYD, F.R.C.S. Edin.,
Formerly Senior House Physician, etc., Glasgow Royal Infirmary.

REPORTS

ON

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

BRISTOL ROYAL INFIRMARY.

A CASE OF LOCOMOTOR ATAXY AND RIGHT HEMIPLEGIA.

(By F. H. EDGEWORTH, M.B., B.A. Cantab., B.Sc. Lond.,
Assistant Physician to the Infirmary.)

R. T., aged 30, married, came as an out-patient to the infirmary on April 25th, 1899, complaining of difficulty in walking. On examination it was found that she presented the symptoms of tabes and right hemiplegia. The pupils were of medium size, and reacted to light, but not on accommodation, nor did they dilate on skin stimulation. The optic discs were normal in appearance. Both fields of vision were contracted. Static ataxy was present, slight when the eyes were open, considerable when they were shut and the feet placed together. There was no ataxy in the movements of the arms. Neither knee-jerk could be obtained, even on reinforcement. The patient said that she had had incontinence of urine for about a year, but not of fæces.

The right side of the face was much smoother than the left, and the lower part did not act nearly so well as the left side on voluntary movement, though but little difference could be detected between the two sides on emotional expression. The movements of the eyeballs were normal, as were also those of the right orbicularis palpebrarum and frontalis. The tongue deviated slightly to the right on protrusion. The movements of the right arm were very feeble when compared with those of the left, and the right leg dragged considerably in walking. There was no contracture of the muscles of the right arm or leg. The biceps and triceps jerk were well marked in the right arm, whilst none could be elicited in the left arm. The plantar reflex in the right foot was active and of the extensor type, whilst that in the left foot was slight and of the flexor type.¹

On inquiry into the history, the patient said that she had had six children and two miscarriages; of the six children three are now living, whilst the others had died of convulsions within four months of birth. Four years ago (on April 26th, 1895) she was admitted to the infirmary under Dr. Shingleton Smith with right hemiplegia. The notes on the case state that this hemiplegia came on in the early morning of April 26th, 1895, after a few days headache.

On admission, later in the day, it was found that though articulation was defective no aphasia was present. The mouth was drawn to the left, and she could not move the lower part of the right side of the face, but could with an effort close the right eye. The right arm and leg were almost totally paralysed, and the left arm and leg seemed a little

weak. Both knee-jerks were absent. The thoracic and abdominal viscera were normal. The urine was of specific gravity 1024, and contained no albumen; the temperature was normal; defæcation and micturition were involuntary.

By April 28th the left arm and leg had completely recovered, and the right leg and arm a little; and on May 11th (fifteen days after the onset of the right hemiplegia) it was noted that the right knee-jerk was present, and in excess.

At the present time the patient presents clear evidence of tabes and right hemiplegia. The probability is that they are both of syphilitic origin, indirect and direct, the hemiplegia being due to syphilitic endarteritis and thrombosis.

It is, further, probable that the tabes had already begun before the attack of hemiplegia, as both knee-jerks were absent when the patient was first admitted four years ago. At the present time, whereas both knee-jerks are absent, the right biceps and triceps jerks are present and active. The progress of the tabetic process in the lower part of the spinal cord has again abolished the right knee-jerk, which the hemiplegia caused to reappear for a time, whereas if there be any atrophy of posterior root fibres entering the cord from the arms it is not sufficient, so far, to prevent the reinforcement of the tendon jerks in the right arm brought about by the degeneration of the right pyramidal tract.

Hughlings Jackson and Taylor published records of a similar case in 1891 and 1894,² a case in which a tabetic patient had an attack of right hemiplegia, which resulted in a return of both knee-jerks. They then wrote: "as the posterior sclerosis increases the presumption is that the knee-jerks will once more be lost." They re-examined the patient four years later, and found, as they had foretold, that there was no knee-jerk on the left side, and a slight one, obtained with difficulty only, on the right (hemiplegic) side.

The case recorded above is one by which the evidence in favour of their view is carried to completion—a case of tabes where the knee-jerk which had reappeared on the paralysed side has again altogether disappeared.

Such cases as these are of interest from another point of view; it may be inferred from them that in tabes it is very long before the posterior root fibres are all destroyed. It is to the education and development of the central connections of those which are left that the success of Frenkel's exercise treatment of locomotor ataxy is probably due.

BIRKENHEAD AND WIRRAL CHILDREN'S HOSPITAL, BIRKENHEAD.

IRRREDUCIBLE HERNIA OF FALLOPIAN TUBE AND OVARY IN A CHILD: OPERATION: RECOVERY.

(Under the care of J. PINKERTON, M.D.)

[Reported by F. S. PITT-TAYLOR, M.B., Ch.B. Vict., House-Surgeon.]

W. H., aged 16 months, was brought to the hospital on March 27th, 1899, on account of a swelling in the upper part of the left labium. Her mother said that it first appeared six months previously after an attack of crying, and that she had been able to reduce it until three months ago, when it would not go back. Since then it had gradually increased in size, and had become very tender. For the last week the child had cried incessantly. The swelling, on admission, was the size of a walnut, hard, non-fluctuating, tender, and extending upwards to the external abdominal ring. All attempts at reduction of the hernia having failed, on April 3rd chloroform was administered. Reduction was again unsuccessful, so an incision was made over the upper part of the swelling. On opening the sac the contents were seen to be the left Fallopian tube, greatly distended, and on tracing it upwards it narrowed, until at the neck of the sac its circumference was not greater than that of a lead pencil. A silk-worm-gut ligature was tied round the tube at this point, and the tube cut away upon its distal side. The proximal end, containing the ligature then receded into the abdomen through so small an opening that no suture was considered necessary to obliterate it. The wound was then closed by silk-worm sutures, and a cyanide dressing applied.

On making a section of the portion of tissue removed, it was seen to consist of a swollen Fallopian tube, filled with caseous material, the walls of which were gelatinous and presented the

¹ Vide Collier, *Brain*, 1899.

² BRITISH MEDICAL JOURNAL, July 11th, 1891, and June 23rd, 1894.

wrong, he was ever ready freely to acknowledge his error. Having made a friend, he grappled him to his soul with hooks of steel, and shut his eyes to his faults. Genial and hospitable, he ever loved to have his friends about him, and nothing he could do for them was too much. By his patients he was trusted and liked, by his friends he was beloved, and by his family he was held in fondest affection.

DR. STANLEY DE BUTTS, who died somewhat suddenly in Scotland on September 26th at the age of 34, was the third son of the late Major-General De Butts of the Royal Engineers, and received his education at Cheltenham College and St. Mary's Hospital. After qualifying, he held resident appointments at St. Mary's Hospital, the East Suffolk Hospital, and the Chichester Infirmary, and was for some time surgeon to the Union Steamship Company. Having obtained the post of Inspecting Medical Officer to the Army and Navy Stores, he commenced practice in Eaton Terrace. Directing his attention especially to the administration of anaesthetics, he held the post of Anaesthetist to the Grosvenor Hospital for Women, the London Lock, and Royal Ear Hospitals. His skill in this department of work was exceptional. By personal charm he endeared himself to all with whom he came in contact, and he leaves an unusually large circle of friends to mourn his loss.

WE regret to record the death of Dr. CHARLES GOODALL, who, during a recent visit to London, was selected to represent the Victorian Branch of the British Medical Association. He was a graduate of the Melbourne University, and was one of the founders of the Melbourne Medical Graduates' Society, which takes a prominent position in all medical matters. He was the life at all social gatherings of the profession, and he greatly distinguished himself in the manufacturing of humorous verse descriptive of medical idiosyncrasies. He exhibited great promise in the practice of his profession, and in debate he displayed a marked degree of brilliancy which indicated a complete knowledge of his subject. He died at the early age of 36 years, deeply mourned by all who knew him.

WE regret to announce the death of EDGAR HOGGEN, B.A., M.D. Dub., M.R.C.P. Lond., who died on September 4th of the consequences of a bicycle accident. At Trinity College, Dublin, he took five first-class honours in classics, a sizarship, and a classical scholarship on the Foundation. While continuing his studies he maintained himself by discharging the duties of tutor in Latin at the Military Academy, Dublin, and Classical Master in Corrigan School, Kingstown. He was besides Secretary to the Dublin University Biological Association, to the *Transactions* of which Society he contributed several papers. Entering on the study of medicine he took the M.B., B.Ch. in 1885, and in the summer of that year he obtained the post of Medical Tutor in Queen's College, Birmingham, which he held till 1888. In 1886 he became one of the Visiting Physicians to Queen's Hospital, Birmingham, which post he held till 1889, when his health broke down from stress of work. After taking an assistantship in Fife, he settled in the village of Strathmiglo, Fife, where he soon won for himself a considerable professional reputation, and took a leading part in everything that concerned the social welfare of the community. Death came to him suddenly and painlessly, and at the earnest request of those for whom he had laboured so earnestly and well, he was buried in the quiet village churchyard, leaving behind him a widow and two sons. Of his original writings the most important were his study of the Pathology of Brass Founder's Ague, published in the *Birmingham Medical Review* of 1887, and the Enlargement of the Liver in Rickets, published in the same journal in 1888, whilst his last work was that upon the Condition of Pauper Lunatics in Private Dwellings in Scotland, published in the *BRITISH MEDICAL JOURNAL* in 1898. A man of wide information, well read in the "humanities" and in general literature, his quiet reserved manner concealed a nature tenderly sympathetic to those in suffering; and in the few years of active practice he made, and has left, a wide circle of friends who mourn the loss of one who, with health and strength, might have made for himself a great name.

At the weekly meeting of the Edinburgh Royal Infirmary on Monday, September 25th, before beginning the business on the billet, the Lord Provost referred to the death of Surgeon-Major-General LITHGOW. They met, he said, under the shadow of a great calamity, because Dr. Lithgow had the confidence of every one of the managers. He was liked—he might say loved—by all the staff, and his warm sympathy was never withheld from the suffering patients within those walls. That he did his duty well they all knew, and they had often let it be known how much they appreciated his valuable services to the institution. The Lord Provost moved that they record in their minutes their deep sense of the loss which the institution had sustained by the death of Surgeon-Major-General Lithgow, and that an extract of the minute be sent to his widow and family. The Rev. Rowland Ellis, in seconding the resolution, said it was impossible for them to meet as a Board without giving expression to the feeling of the loss—the heavy loss—the infirmary had sustained by the death of Surgeon-Major-General Lithgow. In him the institution had presiding over its administration a very distinguished officer, one who had in former days seen much service in India, Egypt, and elsewhere, and who brought to bear upon the work to which he had devoted his life no ordinary skill, ability, and earnestness. What they knew of his former career showed how thoroughly he did his work, climbing step by step, by administrative skill, to the highest rung of the ladder of his profession. Nearly seven years ago he was appointed Superintendent of the Royal Infirmary, and they knew how thoroughly he threw himself into the work, and how he brought his powers to bear upon that work to try to make the institution what they all wished it to be, one of the foremost in the land. He had a keen eye for economy. He felt that the funds entrusted to the Board ought not to be needlessly frittered away, but it was economy combined with efficiency. One who knew their departed friend well had said that the outstanding note in his life was that he was thoroughly just in his dealings with all with whom he came in contact, while at the same time he was kind and courteous. That was a very high tribute. For seven years he sat at their Board, quiet, unassuming, unostentatious, always ready to assist with his advice whenever asked. They missed the courteous gentleman, and would always think of him with kindly thoughts, and would always revere his memory.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Albani, Professor of Comparative Embryology at the Collège de France, aged 75; Dr. Fernando Gonzalez del Valle, for many years Professor of Surgery in the University of Havana, at a very advanced age; Dr. C. P. Kowalsky, Professor of Hygiene in the University of Warsaw, aged 45; Professor Borysiewicz, Director of the Ophthalmological Clinic of the University of Graz; Ignaz Kraus, Magister Chirurgiae and one of the oldest practitioners of Bohemia, aged 94; Dr. Libert Defalle, Senior Physician to the Hôpital des Anglais, Brussels, aged 59, and Dr. Maurice, Secretary of the Morbihan Council of Hygiene and author of numerous contributions to the literature of hygiene and epidemiology, aged 66.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

HIGHER RANKS IN THE MEDICAL SERVICE OF THE ROYAL NAVY.

THE following is the text of an Order in Council bearing date August 8th, 1899, relative to the higher ranks of the medical service of the Royal Navy:

Whereas there was this day at the Board a memorial from the Right Honourable the Lords Commissioners of the Admiralty dated 5th day of August, 1899, in the words following, viz.:

Whereas by your Majesty's Order in Council of 1st April, 1881, the numbers of medical officers in your Majesty's navy of the ranks of inspector-general and deputy-inspectors-general were fixed as follows:

4 inspectors-general
12 deputy-inspectors-general.

And whereas we consider it desirable, in consequence of the increase in your Majesty's navy and the growth of the naval medical establishments, to add to the existing number of inspectors-general and deputy-inspectors-general, from which a selection can be made of suitable officers to fill appointments at the various medical establishments, and also in order to

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF DURHAM.

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

Honours—Second Class.—R. Thorne-Thorne, St. Bartholomew's Hospital; C. O. Bedman, University College, Bristol; R. S. Hindmarch, College of Medicine, Newcastle-upon-Tyne; H. Reah, College of Medicine, Newcastle-upon-Tyne; A. Parkin, College of Medicine, Newcastle-upon-Tyne.

Pass List.—C. C. Adeniyi-Jones, College of Medicine, Newcastle-upon-Tyne; E. B. Appleby, College of Medicine, Newcastle-upon-Tyne; F. Clarkson, St. Thomas's Hospital; T. S. Coates, College of Medicine, Newcastle-upon-Tyne; C. H. Gibson, College of Medicine, Newcastle-upon-Tyne; I. H. S. Hawes, St. George's Hospital; A. E. Hodge, College of Medicine, Newcastle-upon-Tyne; H. W. Horan, College of Medicine, Newcastle-upon-Tyne; K. Manson, College of Medicine, Newcastle-upon-Tyne; F. R. Scott, College of Medicine, Newcastle-upon-Tyne; R. T. Vaux, College of Medicine, Newcastle-upon-Tyne; J. C. Velenski, College of Medicine, Newcastle-upon-Tyne.

QUEEN'S COLLEGE, BELFAST.

ANNUAL REPORT.

THE usual annual report of the Queen's College, Belfast, has just been issued by the President, Rev. Thomas Hamilton, D.D., LL.D. The number of students attending each faculty in the session 1898-99 was as follows: Arts 126, Law 16, Medicine 206, and Engineering 14. Total 362. Of this number 226 came from the province of Ulster, 13 from the rest of Ireland, 7 from England, 5 from Scotland, and there were representatives from Canada, the United States, Belgium, Spain, Syria, and Buenos Ayres. The conduct of the students was uniformly good, no case of discipline having come before the Council during the year.

The College continues to take a high place as regards academic distinction. At the summer examinations of the Royal University last year there were 64 honours and exhibitions awarded to students of the Queen's College, being much the largest number obtained by the alumni of any college in Ireland. At the autumn examinations of the same university the Junior Fellowship in Mathematical Science was gained by Mr. W. A. Houston, the University Studentship in Ancient Classics by Mr. R. M. Henry, and the Studentship in Pathology by Dr. Thomas Houston—all students of the Queen's College. At the King's Inns examinations the John Brooke Scholarship was won by Mr. Robert T. Park, being the seventh occasion in eight years upon which this distinction has been obtained by a student of the Queen's College.

It was decided during the year to found a new Lectureship in Tropical Diseases in pursuance of a communication from the Secretary of State for the Colonies, suggesting the desirability of providing instruction in the diseases of tropical countries to such students of medicine as contemplated entering the Colonial service of the State. It is hoped that the new Lectureship will shortly be in operation. Professor James Andrew Strahan resigned the Chair of English Law during the year, and has been succeeded by Mr. W. Newell Watts, LL.D.

The number of works added to the library during the year was 757. It is estimated that the library now contains about 55,000 volumes. The capacity of the natural history museum was considerably increased by the erection of a new gallery, fitted with wall cases. Some valuable presentations were made to this museum during the year. The rearrangement of the medical museum has made great progress under the direction of Professor Symington. Several useful type collections of fractures, etc., are being formed. A new museum of hygiene and sanitary science has been founded during the year, and is being gradually fitted up with the necessary specimens and appliances.

The College Union has had a prosperous year, and continues to be of great utility to the College.

SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST, September, 1899.—The following candidates passed in:

Surgery.—N. H. Bonnerjee (Sections I. and II.), Royal Free Hospital; A. F. Carlyon (Sections I. and II.), Middlesex Hospital; A. McC. Dallas (Section I.), Bombay and Guy's Hospital; E. F. Lampori, Royal Free Hospital; A. Orme (Section II.), London Hospital; W. Rigby (Sections I. and II.), Manchester.

Medicine.—W. P. Allen, Birmingham; A. F. Carlyon (Section I. and II.), Middlesex Hospital; F. Elias, London Hospital; F. Marriott, Edinburgh; H. J. Pickering (Section II.), St. Bartholomew's Hospital; W. Rigby (Sections I. and II.), Manchester; L. L. G. Thorpe, University College Hospital; H. E. Weston (Section II.), St. George's Hospital; H. Whittaker, Cambridge.

Forensic Medicine.—W. P. Allen, Birmingham; A. F. Carlyon, Middlesex Hospital; R. F. Ellery, St. Bartholomew's Hospital; F. Marriott, Edinburgh; W. Rigby, Manchester; L. L. G. Thorpe, University College Hospital.

Midwifery.—F. P. Bush, Guy's Hospital; W. Rigby, Manchester; W. C. Stanham, London Hospital; G. H. Watson, St. Bartholomew's Hospital.

The diploma of the Society was granted to Messrs. N. H. Bonnerjee, A. Orme, W. Rigby, A. F. Carlyon, and L. L. G. Thorpe.

HOSPITAL AND DISPENSARY MANAGEMENT.

EDINBURGH ROYAL INFIRMARY.

THE following appointments were made for the ensuing winter and summer sessions: Clinical tutors—Dr. J. Lamond Lackie to Dr. J. Halliday Croom, Dr. J. W. Dowden to Professor Annandale; Dr. Scot-Skirving to Dr. P. H. MacLaren, Dr. David Waterston to Dr. C. W. MacGillivray, Dr. R. Purves to Mr. Cotterill. Appointed for six months from

September 1st, 1899: Resident Physicians—John Jeffrey, M.B., Ch.B., to Professor Sir T. Grainger Stewart, Henry Wade, M.B., Ch.B., to Professor Fraser, W. J. Barclay, M.B., Ch.B., to Professor Simpson, John D. Comrie, M.B., Ch.B., to Dr. J. O. Affleck, James Miller, M.B., etc., to Dr. Alexander James, Frank R. Seager, L.R.C.P.&S. Edin., to Dr. Bramwell, Andrew Cassels Brown, M.B., Ch.B., to Dr. Gibson. Resident Surgeons—Alfred Shearer, M.B., Ch.B., to Professor Annandale, James Mackie Cuthbert, M.B., Ch.B., to Professor Chiene, J. D. Lithgow, M.B., Ch.B., to Dr. P. H. MacLaren, A. W. Limont, M.B., Ch.B., to Mr. Cotterill, Thomas D. M'Laren, M.B., Ch.B., to Mr. Cathcart. Non-resident House-Physician—William Hope Fowler, M.B., Ch.B., to Dr. W. Allan Jamieson. Clinical Assistants—William James Stuart, M.A., M.B., Ch.B., to Professor Fraser, William Macrae Taylor, M.B., F.R.C.S.E., to Dr. Bruce (Ward 6), A. Hill Buchan, M.B., Ch.B., to Dr. Bruce (medical waiting room), F. Mayes Willcox, M.B., Ch.B., to Dr. R. W. Philip (observation ward), A. H. Macpherson, L.R.C.P.&S. Edin., to Dr. R. W. Philip (medical waiting room), John Eason, M.B., Ch.B., etc., to Dr. William Russell, G. W. Simla Paterson, M.B., Ch.B., to Dr. G. Lovell Gulland, John W. Simpson, M.B., Ch.B., to Dr. J. J. Graham Brown, Robert Cumming, M.B., Ch.B., to Dr. P. M. Bride, J. A. Thomson, M.B., Ch.B., was appointed resident medical officer at the Convalescent House for six months. Mr. W. S. Caw has been appointed interim superintendent pending the election of a successor to Surgeon-General Lithgow.

DERBY BOROUGH ASYLUM.

THE daily average number of patients in this asylum during the year 1898 was 319. On January 1st of that year there were 318, and on December 31st 324, showing an increase in the total number of 6. In the annual report the Committee state there are no vacant beds at present, and the female patients are 6 in excess of the accommodation of the asylum, and yet this is an asylum only some ten years old. In a careful summary of the ten years of its history Dr. Macphail gives some interesting figures with regard to the question of the alleged increase of insanity in the borough from which it is observed that the estimated population of the borough was 91,733 in 1889, and in 1898 it had risen to 104,834; in 1889 the ratio of first admissions per 10,000 of the population was 5.15, and in 1898 it was 5.91, with fluctuations between bringing the average down to pretty much the same. At the same time he remarks that since the asylum was opened in 1888 the number of lunatics detained in the Derby Union Workhouse has decreased nearly 50 per cent. Included in the total number of patients treated during the year are 21 private patients on a reasonable rate of board. The total number of patients admitted was 82; 51 were discharged and 25 died. The causes of death call for no special remark, says Dr. Macphail, except that nearly one-half were due to diseases of the chest. The recovery rate was 42.6 per cent. The general health of the asylum was good, and the chief improvement was the installation of the electric light, which is now being adopted in most modern asylums.

DOWN DISTRICT ASYLUM, DOWNPATRICK.

THE Inspector of Lunatics, Sir George Plunkett O'Farrell, at his visit to this asylum in December last, states that the governors of the asylum will hand over next year to their successors, the Asylum Committee of the County Council, an institution in excellent order of which they may well feel proud, and expresses the hope that these successors will take as liberal and as practical interest in the success of the asylum as their predecessors have always shown. The annual report for 1898 states that the average daily number resident was 561, the total number under care 677, the admissions 126, and the discharges and deaths 115. The average recovery rate for thirteen years is 42 per cent. Of the cases admitted Dr. Nolan records 40 as of an acutely melancholic type, in 50 a history of hereditary taint, while the number of senile cases had increased owing to the emigration of the young and wage-earning. He further mentions that the Lunacy Commissioners for New York District report that no less than 35.5 per cent. of the insane in the asylums of that State were born in Ireland. Speaking of the general health, he says that 600 were under medical treatment during the year, the most prominent disease being consumption, which caused no less than 39.6 per cent. of the deaths, for which the latest lines of treatment were practised.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,381 births and 4,506 deaths were registered during the week ending Saturday last, September 23rd. The annual rate of mortality in these towns, which had decreased from 26.8 to 21.1 per 1,000 in the four preceding weeks, further declined to 20.6 last week. The rates in the several towns ranged from 8.5 in Swansea, 10.6 in Huddersfield, 13.7 in Derby, and 14.7 in Wolverhampton, to 27.2 in Salford, 27.6 in Newcastle, 27.9 in Liverpool, and 28.6 in Sunderland. In the thirty-two provincial towns the mean death-rate was 21.7 per 1,000, and exceeded by 2.8 the rate recorded in London, which was 18.9 per 1,000. The zymotic death-rate in the thirty-three towns averaged 4.4 per 1,000; in London the death-rate was equal to 3.1 per 1,000, while it averaged 5.3 in the thirty-two provincial towns, among which the highest zymotic death-rates were 7.4 in Portsmouth, in Manchester, and in Sheffield, 8.0 in Hull, 8.4 in Preston, and 8.8 in Burnley. Measles caused a death-rate of 1.4 in Burnley; "fever" of 1.1 in Nottingham, 1.6 in Sheffield, 1.7 in Salford, and 2.5 in Portsmouth; and diarrhoea of 6.0 in Hull, 6.4 in Bolton and in Manchester, 6.8 in Sunderland, and 8.0 in Preston. The mortality from scarlet fever and from whooping-cough showed no marked excess in any of the large towns. The 87 deaths from diphtheria included 42 in London, 11 in Sheffield, 8 in Leicester, 5 in Liverpool, and 3 in Leeds. Three fatal cases of small-pox were registered last week in Hull, but not one in any other

of the thirty-three large towns; and no small-pox patients were under treatment in any of the Metropolitan Asylums Hospitals on Saturday last, September 23rd. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had been 2,538, 2,549, and 2,640 in the three preceding weeks, had further increased to 2,758 on Saturday last; 364 new cases were admitted during the week, against 252, 298, and 330 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, September 23rd, 976 births and 581 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 22.6 and 20.2 per 1,000 in the two preceding weeks, further declined to 19.0 last week, and was 1.6 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 10.8 in Leith and 14.2 in Paisley to 21.7 in Edinburgh and 22.0 in Perth. The zymotic death-rate in these towns averaged 4.5 per 1,000, the highest rates being recorded in Greenock and Perth. The 271 deaths registered in Glasgow included 3 from measles, 6 from scarlet fever, 5 from "fever," and 50 from diarrhoea. Two fatal cases of measles, 2 of "fever," and 19 of diarrhoea occurred in Edinburgh; 16 deaths from diarrhoea were recorded in Dundee, 9 in Greenock, and 3 from "fever" in Paisley.

PRACTITIONERS AND PAUPER PATIENTS.

ON further consideration of the statements on both sides as to the question which was referred to under the above heading in the **BRITISH MEDICAL JOURNAL** of September 16th, p. 756, we are of opinion that the correspondent who in the first instance submitted the case to our judgment has no cause of complaint against the other practitioner.

FRACTURE OF FEMUR IN A PAUPER PATIENT.

A CORRESPONDENT asks whether it is usual to charge the full fee of £3 for attendance to a fracture of the neck of the femur in a pauper patient.

* * The district medical officer is entitled to this fee, provided the patient survives more than thirty-six hours after his attendance on the injury, and provided also several subsequent attendances are made on the patient; otherwise he is only entitled to half the above fee.

SPECIAL FEE FOR ATTENDANCE ON A CASE OF WHITE LEG AFTER CONFINEMENT.

MEDICAL OFFICER writes saying that he was instructed by a relieving officer to attend a case of white leg shortly after the patient's confinement. He asks whether he is entitled to the special fee for such attendance.

* * If this case involved "long" attendance, we consider our correspondent would be entitled to the special fee under Article 183 of Consolidated Order of July 24th, 1847, which is as follows: "Provided that in any special case in which great difficulty may have occurred in delivery, or long subsequent attendance in respect of some puerperal malady or affection may have been requisite, the medical officer shall receive the sum of two pounds."

INDIA AND THE COLONIES.

INDIA.

SANITATION IN INDIA.—The Government of India has sanctioned improvement of the water supply of the Cherat cantonment at a cost of one lakh and a half of rupees and detailed estimates are being prepared. Enteric has been prevalent at Cherat, the sanatorium near our frontier station, Peshwar. A scheme for the sanitary improvement of the Quetta cantonment is at present under the consideration of the Government of India and a sum of 10,000 rupees will probably be sanctioned in this connection. A few months ago we announced a very heavy mortality from enteric among the troops at Quetta, Baluchistan. At Ahmednagar (Bombay residency) enteric has caused a large mortality among the artillery and the Welsh Regiment.

THE COUNTESS OF DUFFERIN'S FUND.—A brief report of the progress of the National Association for Supplying Female Medical Aid to the Women of India during the five years 1894-98 has been prepared by Lieutenant-Colonel E. H. Fenn, R.A.M.C., honorary secretary. During this period the Countess of Elgin and Kincardine held the office of Lady President and Colonel B. Franklin, I.M.S., of honorary secretary. The three objects of the Association are recapitulated, namely: (1) The education of women as doctors and midwives; (2) the provision of hospitals and dispensaries for the treatment of women and children; and (3) the supply of trained female nurses and midwives. In 1894 there were 241 students under training; in 1898 there were 324. Since the commencement of the scheme 121 assistant surgeons, 191 hospital assistants, and over 1,400 nurses, midwives, and compounders have been certified as qualified to practise in the capacities indicated by these titles. The grant of scholarships to students has been a valuable aid, and a further grant of money to enable selected officers of the Association to proceed to England to undergo additional instruction has proved a success; 250 hospitals and dispensaries have been built at a cost of 24 lakhs of rupees, and 35 lady doctors, 75 assistant surgeons, and 257 hospital assistants were employed in 1898 in relief work. The number of patients treated in 1894 was 894,200, and in 1898, 1,484,900. The invested funds of the Association amounted in 1894 to 13 and in 1898 to 22 lakhs of rupees, subscriptions and donations being in these years 54,600 rupees and 274,500 rupees respectively. These figures indicate substantial advance along the whole line of operations and are worthy of hearty congratulation.

MEDICAL NEWS.

THE VACCINE OF YELLOW FEVER.—The Brazilian National Academy of Medicine has had under consideration the work of the late Dr. Domingos Freire in regard to the etiology of yellow fever, and has recorded an emphatic protest against the practice of preventive vaccination against that disease recommended by him. The method is characterised as useless and dangerous.

GOVAN FEVER HOSPITAL.—At a meeting of Govan Combination Hospital Board, on September 18th, Miss Augusta Boyes, M.B., Ch.B., was, by a majority of seven votes to five, appointed Resident Physician at Merryflatts Fever Hospital, Shieldhall, South Govan. Several Scotch newspapers in reporting this appointment, add: "This is the first lady doctor in Scotland who has been elected to such a post," an absolutely inaccurate statement.

MEDICAL ABSTAINERS IN GERMANY.—The Association of Medical Abstiners held its fourth annual meeting at Munich on September 17th. Addresses were delivered by Professor Kraepelin on Recent Physiological Researches on the Effects of Alcohol; by Dr. Colla on Recent Clinical Researches on the Effects of Alcohol; and by Dr. Bunge on the Increasing Inability of Women to Nurse their Infants, and on the Connection between that Inability and Alcoholism.

By the will of the late Mr. Frederick Rothwell the Manchester Clinical Hospital for Women and Children receives £150, the Manchester Royal Eye Hospital £200, and the Hulme Dispensary £300.—The late Mr. Ashley Gibbings has bequeathed £100 to King's College Hospital, £100 to the Dental Hospital, Leicester Square, £100 to the British Medical Benevolent Fund, and £100 to the British Dental Benevolent Fund.

DEATH FROM STRYCHNINE POISONING.—The lamentable death of a young practitioner in Eastbourne as the result of drinking a quantity of a mixture to which a large quantity of strychnine had been by some error added points a very obvious moral. It appears to be highly probable that Dr. Dick, in making up a mixture for a club patient, filled up the bottle from a solution of strychnine instead of with chloroform water. Dr. Henry Colgate, who with Mr. Wheeler Taylor attended the deceased gentleman, said that the two dispensing bottles in Dr. Dick's surgery were almost identical. The moral, as has been said, is very obvious; it is that all poisonous drugs should be kept in bottles of such a form or provided with such a stopper that the attention of the person dispensing is automatically called to the fact.

INTERNATIONAL CONGRESS ON HYPNOTISM.—The second International Congress on Hypnotism will be held in Paris from August 12th to 16th, 1900, under the presidency of Dr. Jules Voisin. The questions proposed for discussion are: (1) The formation of a vocabulary concerning the terminology of hypnotism and the phenomena connected therewith; (2) the relations of hypnotism with hysteria; (3) the application of hypnotism to general therapeutics; (4) the indications for hypnotism and suggestions in the treatment of mental disease and alcoholism; (5) the application of hypnotism to general pedagogy and mental orthopaedics; (6) the value of hypnotism as a means of psychological investigation; (7) hypnotism in relation to the (French) law of November 30th, 1892, as to the practice of medicine; (8) suggestion and hypnotism in relation to jurisprudence; (9) special responsibilities arising from the practice of experimental hypnotism.

MEDICAL SUPPLIES FOR THE AMERICAN ARMY IN THE PHILIPPINES.—An idea (says the *Boston Medical and Surgical Journal*) can be obtained of the magnitude of the work of the medical department in the Philippines from a requisition for medical supplies made by the chief surgeon of the troops now serving in those islands. The requisition, recently received and filled, included 540 items, among them being 10,000,000 quinine tablets, 7,500,000 grains of quinine in bulk, 20 tons of Epsom salts, 5,000 bottles of paregoric, 3,000 bottles of iodoform, 8,000 bottles of collodion, 5,000 bottles of chloroform, 2,500 tins of kether, 10,000 quarts of whisky, and 7,000 quarts of alcohol. There were also 600,000 compound cathartic pills, 1,000,000 tablets of strychnine, 1,600,000

tablets of salicylate of soda, 12,000 yards of mustard plasters, 3,000 yards of adhesive plaster, 50,000 yards of plain gauze, 5,000 yards of unbleached muslin, 50,000 sterilised bandages, 96,000 roller bandages, and 4,000 pounds of absorbent cotton. The order also included 5,000 pieces of each kind of crockery and cutlery necessary to equip hospital mess tables.

DURHAM UNIVERSITY MEDICAL GRADUATES' ASSOCIATION.—The annual meeting of this Association was held recently in London, when the following officers were elected for the year 1899-1900:—*President*: Mr. T. H. Openshaw. *Vice-Presidents*: Dr. W. C. Beatley, Dr. F. S. Palmer. *Council*: Dr. W. D. Arnison, Dr. W. M. Abbot Anderson, Dr. T. Beattie, Dr. J. Clay, Dr. F. W. Cock, Dr. C. C. Cripps, Dr. E. W. Diver, Dr. J. W. Hembrough, Dr. J. Thoresby Jones, Dr. W. G. Richardson, Dr. F. Spicer, and Dr. W. G. Walford. *Honorary Treasurer*: Dr. W. S. Plummer. *Honorary Secretaries*: Mr. H. B. Angus, Dr. R. H. Milson. After the meeting the members dined together at the Hotel Cecil, Mr. T. H. Openshaw, President, being in the chair. Amongst those present were Mr. Edmund Owen (the President of the Medical Society of London), Dr. J. F. Payne (the President of the Pathological Society), Mr. John Langton (the President of the Clinical Society), and Mr. Christopher Heath. A selection of vocal and instrumental music was given under the direction of Mr. Arthur E. Godfrey. A particularly pleasant evening was spent, and an enthusiastic reunion enjoyed by the graduates and their friends.

OPHTHALMIC DISEASES AT JERUSALEM.—The annual report of the administration of the British Ophthalmic Hospital at Jerusalem (belonging to the Grand Priory of the Order of the Hospital of St. John of Jerusalem in England) shows that the work of the last year, as compared with that of its predecessor, was almost stationary, mainly from the cause that it was as much as Dr. W. E. Cant alone could by any possibility accomplish. The applicants for admission were 1,182, the in-patients admitted 598, the new out-patients 4,481, the attendances on out-patients 12,080, the operations 1,330, and the administrations of anæsthetics 683. Treatment at the hospital was, as in former years, greatly appreciated both by the inhabitants of Jerusalem and by the fellahs of the surrounding country districts; and the Chapter of the Order of St. John has since the issue of the report sanctioned the appointment of an assistant-surgeon to Dr. Cant, so that out-patients may be seen six days a week. We observe that of the 598 in-patients 364 were admitted for trichiasis with superficial keratitis, and that of the 1,330 operations 917 were Snellen's operation (extended) for trichiasis of the upper lid. There were 43 extractions of senile cataract. Amongst the 4,441 out-patients 712 had superficial keratitis, 696 keratitis with trichiasis, 437 chronic organic conjunctivitis, 422 adherent leucoma with cicatrix, and 170 were cases of cataract. The work done at the hospital certainly seems to merit generous support.

THE RELATIONSHIP OF PROVINCIAL MEDICAL EXAMINERS TO THE OFFICIALS OF THE HEAD OFFICE.—At the last meeting of the Life Assurance Medical Officers' Association held on July 5th Dr. Harris of Manchester read a thoughtful paper on the relationship of provincial medical examiners to the officials of the head office, and he put forward three points for discussion: 1. That it is desirable that the provincial medical examiners be appointed in all cases by the head office after consultation with their London physician. 2. That the provincial medical examiner should receive intimation from the head office of his appointment, and be informed as to whether he is to send his reports direct to the head office or to the branch manager. That reports should never be sent to anyone who is only a local agent and has not the management of a branch office. 3. That facilities should be afforded for the provincial medical examiners, especially in the large towns, to become acquainted with the actuaries and the London medical advisers of the particular insurance office. A lengthy discussion followed the reading of the paper and there was a very general agreement with the propositions put forward by Dr. Harris. As regards the question of what was expected of the provincial examiner in his recommendation, the feeling of the meeting was in favour of the view that he should give his opinion of the life as to whether it is a first-class or a life which should be taken with an addition or be declined, but that it is not expected that he should state the exact addition to be made.

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 6th.
- BETHNAL GREEN NEW INFIRMARY, Cambridge Heath, N.E.**—Medical Superintendent. Age from 30 to 40 years. Salary at the rate of £500 per annum, with unfurnished apartments, coal, light, and washing. Applications on forms provided to the Clerk to the Board, Bishops Road, Victoria Park, N.E., by October 5th.
- BRADFORD ROYAL INFIRMARY.**—Dispensary Surgeon; unmarried. Salary, £100 per annum, with board and residence. Applications, endorsed "Dispensary Surgeon," to the Secretary by October 3rd.
- CAIRO: EGYPTIAN GOVERNMENT SCHOOL OF MEDICINE.**—Professor of Ophthalmology. Applications, addressed "The Director, Government School of Medicine, Cairo," by October 15th.
- CARLISLE: CUMBERLAND AND WESTMORLAND ASYLUM, Garlands.**—Junior Assistant Medical Officer; unmarried. Salary, £100 per annum, with board and residence. Applications to the Medical Superintendent.
- CHELSEA HOSPITAL FOR WOMEN, Fulham Road, S.W.**—Clinical Assistant. Post tenable for three months. Fee, £8 8s. Applications to the Secretary.
- CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.**—(1) Assistant Physician; must be F. or M.B.O.P.Lond. (2) Pathologist; salary, 100 guineas per annum. (3) Second House-Physician; appointment for six months; board and residence provided, and salary at the rate of £30 per annum. Applications to the Secretary by October 11th.
- COLCHESTER: ENSEX AND COLCHESTER GENERAL HOSPITAL.**—House-Surgeon. Salary, £140 per annum, with board, washing, and residence. Applications to the Secretary by October 14th.
- DURHAM COUNTY ASYLUM.**—Assistant Medical Officer, unmarried. Salary, £140, rising to £160, with board, lodging, washing, and attendance. Applications to the Medical Superintendent, Winterton, Ferryhill, by October 3rd.
- FULHAM PARISH.**—Resident Medical Superintendent of the Infirmary and Medical Officer of the Workhouse, between 25 and 40 years of age. Combined salary at the rate of £300 per annum, with residence (partly furnished), fuel, light, and washing. Applications on forms provided to be sent to the Clerk to the Guardians, 75, Fulham Palace Road, Hammersmith, W., by October 7th.
- GREAT NORTHERN CENTRAL HOSPITAL.**—Junior House-Surgeon. Appointment for six months. Salary at the rate of £30 per annum, with board, lodging, and washing. Applications to the Secretary by October 16th.
- GUILDFORD: ROYAL SURREY COUNTY HOSPITAL.**—Assistant House-Surgeon. Salary, £30, with board, residence, and laundry. Applications to the Honorary Secretary.
- HERNFORD GENERAL INFIRMARY.**—Assistant House-Surgeon. Salary, £25 per annum, with board, residence, and washing. Applications to the Secretary by October 2nd.
- HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.**—(1) Resident House-Physician. Appointment for six months and an honorarium of £25. (2) Assistant Resident Medical Officer. Salary, £100 per annum, with board and residence. Applications to the Secretary by October 16th.
- HOSPITAL FOR DISEASES OF THE SKIN, 52, Stamford Street, Blackfriars, S.E.**—Honorary Pathologist. Applications to the Secretary by October 10th.
- HUDDESFIELD INFIRMARY.**—(1) Senior House-Surgeon; (2) Junior House-Surgeon. Salaries, £250 and £250 per annum respectively, with board, lodging, and washing. Applications to the Secretary by October 4th.
- HULL: THE ROYAL INFIRMARY.**—Senior House-Surgeon; must be Fellows, Members, or Licentiates of the College of Surgeons of England. Salary, 100 guineas per annum, with board and furnished apartments. Applications to the Chairman of the House Committee by October 3rd.
- LEEDS HOSPITAL FOR WOMEN AND CHILDREN.**—Non-Resident House-Surgeon. Appointment for six months, but eligible for re-election. Salary at the rate of £125 per annum. Applications to the Secretary of the Faculty by October 7th.
- LONDON HOSPITAL MEDICAL COLLEGE.**—Assistant Demonstrator of Anatomy. Salary, £90 per annum. Applications to the Warden by October 7th.
- LONDON LOOK HOSPITAL, Harrow Road, W.**—House-Surgeon to the Female Hospital. Salary, £50 per annum, with board, lodging, and washing. Applications to the Secretary by October 7th.
- NDON TEMPERANCE HOSPITAL, N.W.**—(1) Visiting Physician. Honorarium, 50 guineas per annum. (2) Resident Medical Officer. Salary, 100 guineas per annum, with board, lodging, and washing. Applications to the Secretary by October 7th.
- LOUGHBOROUGH AND DISTRICT GENERAL HOSPITAL AND DISPENSARY.**—Resident House-Surgeon. Salary, £100 per annum, with furnished rooms, attendance, and board. Applications to the Secretary by October 5th.
- MANCHESTER: ROYAL EYE HOSPITAL.**—Junior House-Surgeon. Salary, £70 per annum, with residence, board and washing. Applications, endorsed "House-Surgeon," to the Chairman of the Board of Management by October 4th.
- MANCHESTER SOUTHERN AND MATERNITY HOSPITAL.**—Resident House-Surgeon. Honorarium at the rate of £50 per annum, with board. Applications to G. W. Fox, Honorary Secretary, 53, Princess Street, Manchester, by October 6th.
- NORTH-EASTERN HOSPITAL FOR CHILDREN.**—House-Surgeon. Appointment for eight months. Salary at the rate of £50 per annum. Applications to the Secretary, 27, Clement's Lane, E.C., by October 17th.
- NORTH STAFFORDSHIRE INFIRMARY AND EYE HOSPITAL, Hartshill, Stoke-upon-Trent.**—(1) House-Surgeon. Salary, £120 per annum, increasing by £10 per annum, with furnished apartments, board, and washing. Applications to the Secretary by October 9th. (2) Assistant House-Surgeon. Apartments, board, and washing to be an equivalent for services rendered. Applications to the Secretary for the former by October 9th and the latter by October 23rd.
- PADDINGTON INFIRMARY.**—Resident Clinical Assistant and Second Assistant to the Medical Superintendent. Appointment for six months. Honorarium at the rate of £50 per annum. Further particulars on personal application to Dr. M. F. Squire, 285, Harrow Road, W., by October 2nd.
- PRESTON ROYAL INFIRMARY.**—Assistant House-Surgeon. Salary, £50 per annum, with board, lodging, and washing, etc. Applications to W. Lavies, Secretary, 5, Winkley Street, Preston, by October 2nd.
- ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.**—Assistant Physician; must be F. or M.B.O.P.Lond. Applications to the Secretary by October 9th.
- ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.**—Resident Medical Officer. Appointment for six months, when re-election is required. Salary at the rate of £100 per annum, with furnished apartments, board, and washing. Applications to the Secretary by October 9th.
- SALOP INFIRMARY.**—Assistant House-Surgeon. Appointment for six months, but renewable. Salary at the rate of £40 per annum, with furnished apartments, board and washing. Applications to the Secretary by October 11th.
- SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN, Marblebone Road, N.W.**—Anæsthetist. Honorarium, £20 per annum. Applications to the Secretary by October 7th.
- SANITARY INSPECTORS' EXAMINATION BOARD.**—Four Examiners. Applications to W. E. Cole, Honorary Secretary, 1, Adelaide Buildings, London Bridge, E.C., by October 10th.
- SEAFORD HOSPITAL SOCIETY (Dreadnought).**—Senior House-Surgeon at the Branch Hospital in the Royal Victoria and Albert Docks, E. Salary, £75 per annum, with board and residence, and an additional £25 per annum if certain clinical work is performed satisfactorily. Applications to the Secretary by October 9th.
- SOUTHAMPTON: ROYAL SOUTH HANTS INFIRMARY.**—House-Surgeon. Salary, £100 per annum, with rooms, board, and washing. Applications to T. A. Fisher Hall, by October 9th.
- STAFFORDSHIRE GENERAL INFIRMARY.**—Assistant House-Surgeon. Salary, £50 per annum, with board, lodging, and washing. Applications to the House-Surgeon.
- STOKE-ON-TRENT: NORTH STAFFORDSHIRE INFIRMARY AND EYE HOSPITAL, Hartshill.**—House-Surgeon. Salary £120 per annum, increasing by £10 per annum,

with furnished apartments, board, and washing. Applications to the Secretary by October 9th.

VICTORIA UNIVERSITY.—External Examiner in Anatomy. Appointment for three years. Applications to the Registrar by November 1st.

WAKFIELD: WEST RIDING ASYLUM.—Fifth Assistant Medical Officer. Salary, £100 per annum, rising £10 annually to £150, with furnished apartments, board, washing, and attendance. Applications to the Medical Director by October 15th.

MEDICAL APPOINTMENTS.

ARMITAGE, Edward, L.R.C.P., L.R.C.S. Edin., reappointed Medical Officer of Health to the Grimsby Rural District Council.

BAKES, W. J. G., L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glasg., appointed Medical Officer for the South District of the Sheffield Union, *vice* M. Leach, M.R.C.S. Eng.

BOVEY, Thos. W. W., M.R.C.S. Eng., L.R.C.P. Lond., appointed Medical Officer and Public Vaccinator for the Abbebury District of the Westmorland Union, and for the Langwedy District of the Dorchester Union, *vice* W. Hawkins, resigned.

BROADBENT, F. W., M.B., C.M. Edin., appointed Clinical Assistant to the Chelsea Hospital for Women.

BROWN, E. Archer, M.B. Edin., M.R.C.S., L.R.C.P. Lond., appointed Second Assistant Medical Officer to the St. Marylebone Infirmary, Notting Hill, *vice* Dr. Mallins, resigned.

BUCHAN, J. Hill, M.B. O.M., appointed Non-resident Clinical Assistant to the Out-patient Department of the Victoria Hospital for Consumption.

BUCHANAN, Robert MacNeil, M.B., C.M. Glasg., F.F.P.S. Glasg., appointed Bacteriologist to the Corporation of Glasgow.

CALDWELL, Wm., M.D., M.Ch. U.I., appointed Staff Physician to the Belfast Royal Hospital.

DALY, J. C., L.R.C.P., L.R.C.S. Edin., appointed Workhouse Medical Officer of the Brompton Union, *vice* H. A. Sampson, L.R.C.P., L.R.C.S. I.

DUFF, J. M.D., M.B., C.M., appointed Medical Officer of the Infectious Hospital, Chester.

ENSOR, Edwin T., M.D. New York, L.R.C.P.I., L.F.P.S., L.S.A., appointed Medical Officer for the Workhouse for able bodied Men and for the Casual Wards by the Kensington Board of Guardians, *vice* Dr. T. Liddard, superannuated.

FRENCH, E. G., M.B., Ch.B. Edin., appointed House-surgeon to the Royal Alexandra Hospital, Brighton.

FRASER, D. M.B., C.M. Edin., appointed Medical Officer for the First District of the Hawarden Union, *vice* W. O. Evans, L.R.C.P., L.R.C.S. Edin., resigned.

HUTCHINSON, F. A. S., M.R.C.S. Eng., L.R.C.P. Lond., appointed Medical Officer for the Dunmow District of the Dunmow Union, *vice* R. C. Lyle, L.R.C.P., M.R.C.S.

KIRBY, Samuel John James, M.D. Brux., L.R.C.P., L.M. Edin., M.R.C.S. Eng., L.S.A. Lond., reappointed Medical Officer of Health to the Hoxne Rural District Council.

LYON, A. P. M.B. Durh., R.S., appointed Medical Officer for the Newbottle District of the Houghton-le-Spring Union, *vice* J. T. Hutchinson, L.R.C.P. Edin., L.M., resigned.

LIXTON, Arthur, F.R.C.S. Edin., appointed Honorary Surgeon to the Birmingham and Midland Hospital for skin and Urinary Diseases, *vice* Leslie Phillips, M.D., resigned.

MCKISACK, H. L., M.D. B.U.I., appointed Assistant Physician to the Belfast Royal Hospital.

SOLOMON, Charles, L.R.C.P., L.R.C.S. Edin., reappointed Medical Officer of Health to the Skirraugh Rural District Council.

THOMSON, G. D., M.R.C.S., L.R.C.P. Lond., reappointed Medical Officer of Health for Huxington.

WINDSOR, C. W. M.D., appointed Medical Officer to the Workhouse of the Royston Union, *vice* D. B. Balding, F.R.C.S. Eng., resigned.

WATSON, Anne Mercer, M.B., Ch.B., appointed Resident Physician to the Victoria Hospital for Consumption, Edinburgh.

DIARY FOR NEXT WEEK.

WEDNESDAY.

Obstetrical Society of London. 8 P.M.—Specimens will be shown by the President, Dr. William Duncan, and others. Papers: Dr. Williamson: The Pathology and Symptoms of Hydatidiform Degeneration of the Chorion. Dr. Herman: Two Cases in which Life appeared to have been Saved by Antistreptococcal Serum.

THURSDAY.

Hospital for Sick Children, Great Ormond Street, W.C., 4 P.M.—Dr. Lees: On Rheumatism in Children.

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.

BIRTHS.

ACHESON.—On September 22nd, at Birkdale, St. Roman's Road, Southsea, the wife of Surgeon J. H. Acheson, M.N., of a daughter.

BATTERSBY.—On September 26th, at 14, Balby Road, Doncaster, the wife of J. H. Battersby, M.D., of a daughter.

BYASS.—On September 22nd, at Dorchester, Wallingford, Berks, the wife of Thomas Spry Byass, M.R.C.S., L.R.C.P., of a daughter.

MARRIAGES.

HOYLE-TUPPER.—On September 16th, at the Parish Church, Margate, by the Rev. Charles C. Hoyle, M.A., Curate of Clerkenwell and Chaplain to the Worshipful Company of Paviers, James Collings Hoyle, M.B. B.S., etc., Medical Officer of Health, Ramsgate, Burma, to Catharine Maude, fourth daughter of Lewis Clarence Tupper, Esq., of Worcester. No cards.

MARSH-CREW.—On September 27th, at Prestbury Church, by the Rev. W. H. Bonsey, John Trevellyan Marsh, M.R.C.S., L.R.C.P. Lond., Medical Officer of Health for Macclesfield, eldest son of the late John Marsh, of Sale, to Florence May, youngest daughter of Thomas Crew, of Park Villa, Macclesfield. No cards. At home (Cumberland House, Macclesfield) October 24th, 25th, 26th.

MONRO-STANLEY.—On September 21st, at Glasgow, by the father of the bride, assisted by the Rev. Alex. Monro, M.A., F. O. Manmair, David Onke Monro, M.R.C.S., British Chaplain, Antwerp, to Augusta Josephine, elder daughter of the Rev. Canon Stanley, L.L.D., British Chaplain, Antwerp.

OGILVIE-CUNNINGHAM.—On September 23rd, at Edinburgh, Walter Holland Ogilvie, Indian Medical Service, third son of the late Ogilvie Bey, M.D., of Egypt, to Ruby Cunningham Hannay, only daughter of the late Surgeon-Major R. W. Cunningham, Indian Medical Service.

SKYRME-BENNOCH.—On September 12th, by the Rev. Canon Skelton, Rector of Rickling, Christopher Ralph Skyrme, M.B. B.S., etc., of Hexhill on Sea, to Ella Mary Bennoch, daughter of the Rev. A. J. Bennoch, Vicar of Colston Bassett, Notts.

DEATH.

WHITE.—On September 24th, at 8, Lansdowne Terrace, Fawcett, Joseph White, F.R.C.S. Edin., D.O.L., of 6, Southwell Gardens, Queen's Gate, S.W., late of Nottingham, aged 77.

HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

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

CHANCING CROSS. *Attendances.*—Medical and Surgical, daily, 1; Women, W., 1; S., 9.30; Skin, M. Th., 1; Dental, M. Th., 8.45; Throat and Ear, F., 9.30; Electro-Therapeutics, Tu. Th., 9.30; Children, Tu. F., 1; Roentgen, W., 9.45; Orthopaedic, Th., 1. *Operations.*—W. Th. F., 3; S., 2.

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

CITY ORTHOPEDIC. *Attendances.*—M. 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.*—M., 9; Tu. W., 12; Th., 9; F. S., 12. *Operations.*—Th., 2.

KING'S COLLEGE. *Attendances.*—Medical and Surgical, daily, 2; Obstetric, daily, 2; o.p., daily, 1.30; Eye, M. W. Th., 1.30; Ear, Th., 2.30; Throat, M., 1.30 F., 2; Dental, M. Th., 10; Skin, M., 10. *Operations.*—W. Th. F., 2.

LONDON. *Attendances.*—Medical, daily, 1.30; o.p., 1.30; Surgical, daily, 1.30 and 2; Obstetric, M. Tu. Th. F., 2; o.p., W. S., 1.30; Eye, Tu. F., 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, 9.30.

METROPOLITAN. *Attendances.*—Medical and Surgical, daily, 2; S., 9; Obstetric, W., 2; Eye, W., 2; Throat and Ear, Th., 2; Dental, Tu. Th. S., 8. *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 and 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.*—Daily, 2.

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.*—Th., 2.30.

ROYAL EAR, Frith Street. *Attendances.*—M. W. F., 3; Tu. F., 9.30 and 7.30. *Operations.*—Tu., 3.

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., 8. *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 Ovariotomy, 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. Tu., 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, W., 1; Dental, Th., 9.

ST. MARK'S. *Attendances.*—Fistula and Diseases of the Rectum, males, S., 2; females, W., 9.30. *Operations.*—Tu., 2.30; Th., 3.

ST. MARY'S. *Attendances.*—Medical and Surgical, daily, 1.45; o.p., 12.45; Obstetric, Tu. F., 1.45; o.p., M. Th., 1; 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., 9; 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. 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, W., 2; S., 10; Diseases of Women, W. S., 2; Electro-Therapeutics, 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 ON WEDNESDAY. TELEGRAMS CAN BE RECEIVED ON THURSDAY MORNING.

Communications respecting Editorial matters should be addressed to the Editor, 1, Agar Street, Strand, W.C., London. Those concerning business matters, advertisements, subscription, delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 420, Strand, W.C., London.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone, unless the contrary be stated.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Manager, 420, Strand, W.C., on receipt of proof.

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 at 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 at his private house.

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