

MEMORANDA:

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

CHRONIC HYPERTROPHY AND DILATATION OF THE BLADDER SIMULATING AN OVARIAN CYST: DEATH FROM URÆMIA.

F. E., aged 55, was admitted into the Hospital for Women under my care on account of an abdominal tumour. She had had two children, and menstruation ceased five years ago.

History.—For eight or nine months the patient has remarked that her abdomen has been larger, but during the last four or five weeks it has somewhat rapidly increased in size. There has never been any abdominal pain. During the last three weeks the urine has had a tendency to run away, but prior to that she had passed it as usual.

Physical Signs.—The abdomen is greatly distended, and is occupied by a large globular swelling which arises in the pelvis and extends to the ensiform cartilage. Both flanks are resonant on percussion, but the note everywhere else is dull. Fluctuation is not very distinct. Vaginal examination: The cervix uteri is located very high. The anterior vaginal roof is pushed markedly down by a firm roller-like swelling.

There is slight oedema of both legs. The temperature and pulse are normal.

The patient was placed in the lithotomy position, and a No. 4 catheter—the largest which could be passed—was inserted, and five ounces of urine were then drawn off. The catheter was withdrawn because the urine ceased to flow. An aspirator needle was inserted mid-way between the pubes and umbilicus, and after drawing off about two pints of urine in this way a large catheter, No. 8, was inserted (the relief of tension allowing of this being passed fairly easily), and in all 10 pints of urine were removed from the bladder. The patient was seized with uræmic convulsions, and died six hours later.

The following are the *post-mortem* notes furnished by Dr. Dalton: Peritoneum, liver, and spleen normal. The bladder reached to considerably above the umbilicus, and the deflection of the peritoneum from the anterior abdominal wall to the bladder was located 3 or $3\frac{1}{2}$ inches above the pubes—these 3 or $3\frac{1}{2}$ inches were occupied by rather thickened subperitoneal fat. The wall of the bladder was thick and firm, showing true hypertrophy. A portion of the anterior wall of the bladder was ecchymosed. The viscus contained a pint and a half of ammoniacal urine mixed with mucus and blood. There was no true sacculation between muscular bundles, but the trigone was much enlarged, and formed a pouch between its base and the urethra. The conformation of this pouch was such that the sacculated part pressed downwards and backwards on the vagina; while the base of the trigone, which was greatly thickened, formed a ridge which over-arched the sac above and in front. On either side of the vagina the bladder pouched slightly backwards.

The meatus externus was high up behind the pubes, and was surrounded by dense fibroid tissue, as if there had once been a cellulitic deposit there which had organised. The mucous membrane of the urethra was hæmorrhagic and rough, particularly at the meatus internus.

The ureters were dilated, and admitted the little finger. There was considerable hydronephrosis—double—but a fair amount of cortical substance still remained.

Gordon Square, W.C. JAMES OLIVER, M.D., F.R.S. Edin.

CASE OF LARYNGEAL TUMOUR IN AN OLD WOMAN: REMOVAL: RECOVERY.

A WOMAN, aged 79 years, was seen by me on May 3rd, 1898, on account of cough and huskiness of voice. She had had bronchitis some years ago, but with this exception had never suffered from any illness. In February, 1898, she began to notice hoarseness, and felt at times as if she were unable to get her breath. On examination I found a tumour growing, apparently from the left side of the larynx and extending obliquely forwards and to the opposite side, preventing any

view of the vocal cords. The tumour moved up and down with respiration, and apparently had a very thick pedicle. I asked Dr. Hunter Mackenzie, of Edinburgh, to see the case with me, and he advised removal of the tumour. He operated intralaryngeally, under cocaine, and removed the entire growth by one application of the laryngeal forceps. After removal it was seen that there was marked intralaryngeal thickening on the opposite side of the larynx, and also at the base of the epiglottis. The tumour was about the size of a large acorn. Microscopically, "the epithelium over the surface was enormously thickened, but did not invade the subjacent fibrous tissue." The tumour was a fibroma, and the intralaryngeal thickening was evidently inflammatory. Recovery was complete and uneventful. A month afterwards examination showed a distinct improvement in the condition of thickening, but there was a small excrescence at the site of removal. This, however, disappeared slowly, and now the patient is in perfect health, with no cough or trouble in breathing, and the larynx is practically normal.—I am, etc.,
Penrith. D. G. PEARCE THOMSON, M.D.

IRRIGATION OF THE INTESTINES WITH HOT WATER IN COLLAPSE DURING LABOUR.

Not being aware that hot water injections into the intestines have been previously employed in cases of collapse, I venture to put on record the following case which may prove interesting:

On July 16th, 1899, I was called in to attend Mrs. R., aged 29, in her second confinement. She appeared to be healthy, and of good constitution. When I reached her at 4 A.M. labour was advanced, pains severe and sharp, the membranes had ruptured, and the amniotic fluid drained away to a great extent. It was a head presentation occiput to the left ilium. During a sharp and long pain the woman became at once collapsed, with rapid, feeble pulse, and cold perspiration all over her body.

I had no ether to inject hypodermically, but having at hand Prof. Cantani's irrigator I injected a large quantity of hot water into the intestines. The effect was magical—the woman rallied quickly, her pulse became stronger, and she returned to the normal state in a short time. I applied at once Barnes and Simpson's combined forceps; the instrument locked without difficulty, and after three or four gentle tractions I extracted a healthy male child.

The patient convalesced without a single unfavourable symptom.

Malta.

G. F. INGLOTT, M.D., D.M.O.

SUBCUTANEOUS EMPHYSEMA AND PNEUMOTHORAX DUE TO FRACTURED RIBS.

A COAL miner, aged 45, sustained a fracture of at least two of the upper ribs on the left side, with upward dislocation of the clavicle on the right side, from the fall of a mass of coal on his chest. Emphysematous crackling, limited to the site of the broken ends of the ribs, could be felt, but there was no apparent swelling. The patient was much collapsed, but after the application of hot bottles, and the administration of a warm drink, he revived. About seven hours later the emphysema had become general, but not excessive in amount, and there were signs of pneumothorax on the left side. Free incisions made through the areolar tissue over the chest and in the right axilla quickly relieved the dyspnoea; but six hours later it again became extreme. Owing to the clotting of the effused blood and lymph, the incisions had become practically closed, and air in cellular tissue had re-accumulated. Relief was got by other incisions, and instructions were given to have the wounds roughly swabbed with lint dipped in a weak carbolic solution, when the patient continued to make a good recovery. On the eighth day, when the air in the cellular tissue and in the pleura had entirely disappeared, paroxysms of dyspnoea occurred. It appeared, however, that previous to his accident the patient had suffered from occasional attacks of dyspnoea accompanied by frequent and diminished micturition, and the urine was now found to contain albumen. The numerous incisions healed without suppuration.

This case is a somewhat rare one, as emphysema, due to fractured ribs, does not often become general, and pneumo-

thorax rarely accompanies the more common forms of emphysema due to fractured ribs. The late Professor Spence, in his lectures, described a case exactly resembling the above. When pneumothorax occurring as a complication in these cases occasioned dyspnoea, Mr. Erichsen advocated the withdrawal of the air by means of a trocar and cannula between the ribs, but Mr. Spence preferred free incisions through the areolar tissue, thus giving exit to the air in the areolar tissue and the pleural cavity at the same time.

W. CÆSAR HAMILTON, L.R.C.P., L.R.C.S.E.
Strathmiglo, Fife.

SUDDEN DEATH FROM OBSTRUCTION OF A BRONCHUS.

J. P., aged 61, was brought into St. Mary's Hospital dead, having been found lying in the G.W.R. goods yard, where he was employed as a shunter, struggling for breath and apparently unconscious, about ten minutes before. When seen his face was pale and rather cyanosed. There was no possibility of accident, nor had he ever been known to have epileptic fits or other similar attacks.

At the necropsy, in the left bronchus at its bifurcation, was found a plug of tobacco extending for a short distance into both branches. When removed it was found to be of about the bulk of a small plum, in its moist condition. The left lung was intensely congested, and the right also to a less extent. The heart was empty and flaccid, the aortic valves were rigid and calcareous, but the other valves were normal and the heart muscle was good. The liver, spleen, and brain were also engorged with blood. The kidneys were a little congested, but otherwise normal. The bladder was hypertrophied, and the middle lobe of the prostate enlarged, but there was no cystitis. No other pathological condition was present.

The man was not known to be in the habit of chewing. He had complained occasionally of pain in the cardiac region, but had never consulted a doctor for it and had always been considered a healthy man.

Sudden death from obstruction of one bronchus alone is rare, and in this case would probably not have occurred had it not been for the aortic disease, the other lung being quite normal. The shock and the violent expiratory efforts together with the additional strain thrown on the heart by the sudden pulmonary congestion appear to have caused fatal syncope.

Probably the man stumbled, and in saving himself allowed the plug he was chewing to slip into the trachea beyond the larynx, which prevented the expulsion of so large a mass.

CHARLES W. BUCKLEY, M.B.Lond.,
House Physician to St. Mary's Hospital.

PERIODIC DIARRHŒA.

W.G., aged 27, consulted me last November about attacks of diarrhœa to which he had been subject for about two months. Every now and then about five in the afternoon or ten at night he would have to run to the water-closet, and would pass a large motion, the first portion well formed, the last portion semi-solid. He was particular about going to stool every morning after breakfast. He was careful in regard to diet, and led a quiet life, taking exercise sufficient to keep himself in good condition. He wanted to know the cause of the attacks, and refused to take drugs or alter his diet until that cause was discovered, but he was willing to report himself occasionally to allow of investigation of his case. The evening before his first visit to me he had had one of his attacks at 10 P.M. He volunteered the suggestion that partaking of mushrooms the evening previous might account for it. The following week he visited me again, on the morning after another attack. Ten days had passed between the two attacks, and mushrooms had been partaken of on several occasions, but not for two days before the last attack. The bowels had not acted after breakfast on that morning.

The following week he returned, having had another attack, this time at 5 P.M. the previous evening. Ten days had again elapsed since the last attack; no food taken could account for it.

As to the character of the stools on the ten mornings, on the first morning nothing passed, on the next four mornings well formed and fairly copious motions, during the remaining five mornings the motions became less copious and hard, and on

the tenth morning almost nothing was passed. He was ordered to drink a tumbler of water at bed-time and on getting up in the morning, and every ninth evening to take a dinner pill. I hoped by giving a free motion in the morning to prevent a motion later in the day. Three weeks later he returned saying the cure was as bad as the disease, as several motions followed the taking of the pill. But he had not been troubled in the afternoon or evening. He refused any further aperient medicine. I then directed that if the stool passed was not satisfactory in amount to inject half a drachm of glycerine in a few ounces of warm water. The following week he reported that the motions in the morning were increased by the injection, but at 5 P.M. on the tenth day he had had a motion, but not so copious or so urgent.

I ordered him to continue the treatment, and in addition to take 15 drops of the tincture of chloroform and morphine three times on both the ninth and tenth days, a dose to be taken after the motion, before lunch, and at 5 P.M., so that the bowels would be under the influence of the medicine from 10 A.M. till 10 P.M.

After four weeks he returned reporting no more motions at inconvenient times, and those in the morning improved. I then told him to use the injection and the mixture less often. About two months afterwards he reported that he had practically stopped the injection, and took the medicine very seldom. Now, 10 months since I first saw him, he passes good motions every morning, and has stopped all artificial aids, and the diarrhœa has not returned. When he first came to me he was so much distressed about these attacks that he was beginning to look with dread on the idea of going out amongst his fellows, and declined invitations which otherwise he would have been pleased to accept.

Diarrhœa is looked on as disease by the general public. It would seem that in this case the diarrhœa was simply Nature working at an inconvenient time. Under careful treatment the peristaltic energy which is so valuable in the preservation of health was controlled.

Bedford. CHAS. J. HILL AITKEN, M.B., C.M.

NITROGLYCERINE IN XERODERMIA.

The following case may be of interest as indicating, what I think, is a new treatment for this affection: The patient was a boy of nine years, who had suffered from the second month of his life. For two years he had gone through a continuous course of the orthodox treatment, including even thyroid gland. For the whole of his life after that the mother had never ceased the assiduous use of emollient ointments, but with little or no result, even to the degree of palliation. When I saw him first, the skin was harsh and dry all over the body, limbs, and face. All over the trunk the skin exhibited the crocodile hide pattern; on the more exposed parts, the face, the hands, knees, and shins, there were large cakes of dry and hard epidermis that really amounted to ichthyosis.

It occurred to me that if the skin could be kept continuously flushed with blood, the condition might be alleviated, and so without any great hopes, I ordered the child $\mathfrak{m}\mathfrak{j}$ of liq. glonoini (B. P.) with nitrous ether $\mathfrak{m}\mathfrak{v}$ thrice daily. I also ordered some ung. ac. salicylic. to be used. Later, as a control experiment, I had it used on one limb only. I was gratified to find that in a fortnight's time the patient's skin was in a better condition than it had been known to be in all his life. Finding by the control experiment that the ointment made no difference, I have since discontinued it. For three months the child went on more or less steadily with the medicine; and save for slight patches on the cheeks, which more resembled dry eczema than the other condition, his skin is soft and supple, and readily perspires. I have given him since the three months a respite from the medicine for three weeks, but there has been no perceptible return of the disease.

Talking the case over with Dr. Eddison, of Leeds, he quoted a remark made to him by Hebra, which seems much to the point of the relief afforded to this patient, viz., that the silky smoothness of the drunkard's skin, so far removed from this condition, is due to the active circulation in the cutis due to the frequent imbibition of alcohol. The hint seems valuable in cases of this kind, and if the same result may be obtained by an innocuous drug it is surely worth further trial.

Halton, near Leeds.

B. BASKETT, M.B.Oxon.

occurring in the Potteries and in London, gout being a very common accompaniment in the latter district, while such a connection is very rarely observed in Staffordshire. The thenar muscular flattening and the tendinous thickening on the dorsum of the metacarpus were elements which he emphasised in the diagnosis of plumbism, although he never attributed the development of these physical signs to local contact with the glaze.

Dr. Arlidge was a Justice of the Peace for Newcastle-under-Lyme and for the county of Staffordshire, and in 1878-79 was Mayor of the borough. He received from the North Staffordshire Field Club the Garner medal, and in February, 1898, he was the recipient of a remarkable testimonial consisting of his portrait subscribed for by the past and present members of the General and Medical Committee of the North Staffordshire Infirmary, and of an illuminated address and a presentation of plate made on behalf of the medical profession throughout the country.

FREDERICK H. LEWIS, M.B., B.C.CAMB., M.R.C.S.,
L.R.C.P.

WE regret to announce the death from heart failure during scarlet fever of Mr. Frederick Henry Lewis, of Weymouth Street, London, at the early age of 32. He was the son of the late Dr. Frederick Lewis, of Gloucester Place, W. He received his early education at Queen's College, Taunton. He entered St. Bartholomew's Hospital in 1885, from whence, having passed the Anatomy and Physiology Examination of the Conjoint Board, he went to Cambridge University, where he took the degree of B.A. in 1891 with honours in Natural Science. He then returned to St. Bartholomew's and passed the final Conjoint Board Examination in 1892, and took the degrees of M.B., B.C.Cantab. in 1893.

Mr. Lewis held several valuable posts, including a House-Physiciancy, Extern Midwifery Assistant, and Assistant Chloroformist (for two years) at St. Bartholomew's, and House-Surgeon to the Royal Alexandra Hospital for Children at Brighton. When he retired from his post of Assistant Chloroformist at St. Bartholomew's, he studied diseases of the ear and throat in Vienna, and, returning to England at the beginning of last year, he was appointed Non-resident House-Surgeon to the Throat Hospital in Great Portland Street, a post which he had filled with entire satisfaction to all with whom he worked, and who will lose in him one whose genial nature and great capabilities cannot be easily replaced.

Dr. Herbert Tilley, who had been an intimate friend of Mr. Lewis for fifteen years, writes: "On Saturday morning, October 21st, Lewis was to have given an anæsthetic for me, and wrote saying he was too ill, and asked me to come and see him. I found his throat acutely inflamed, and the well-marked scarlet rash on the body. He was soon after removed to the London Fever Hospital, Liverpool Road, and at first progressed favourably, but on October 17th and 18th his temperature remained between 103° and 106° F.; heart failure supervened, and he died on Wednesday, October 18th.

"His loss is one which many friends must now be mourning. As an anæsthetist, he was one of the most skilled I have known, and possessed that rare gift of making his patients feel quite at home before they took the anæsthetic; more especially was this the case with children. In private life he was 'hail fellow well met' with all, whilst his philosophic views upon things in general and his fund of quiet humour made him excellent company. To those of us who knew him well is brought home the personal loss of a kind-hearted, modest, and faithful friend, of whom it may be truly said that he was 'one of the best.'"

It is with much regret that we have to record the death (after an illness of about eighteen months' duration) of Dr. E. C. PALMER, of Lancaster House, Lincoln, which took place on October 21st. The deceased, who was only in his 35th year, was educated at Downing College, Cambridge (B.A., 1888; M.A., M.B., B.C., 1893), and at St. Bartholomew's Hospital, London. He took the diploma of M.R.C.S., L.R.C.P.Lond. in 1891, and was House-Physician at the Royal Free Hospital. Several years ago he joined the late Mr. Charles Dalton in practice in Lincoln, and very soon took the entire charge of it, with much success. He was one of the salaried medical

officers of the General Dispensary, and Surgeon-Lieutenant in the 1st Volunteer Battalion of the Lincolnshire Regiment, besides holding other minor public appointments. He was a member of the Midland Branch of the British Medical Association, and an energetic supporter of the Lincoln Medical Society. A thorough type of a cultured and athletic English gentleman, he was deservedly popular with his own profession, his patients, and the public generally, and much sympathy is felt for his widow and his two-year-old son. His funeral, with military honours, took place at St. Peter-at-Gowts and the Canwick Cemetery, on Tuesday, October 24th, and was attended by almost all the medical profession in Lincoln, and by very many friends and acquaintances.

WE regret to report the death, at the early age of 29, of Dr. WILLIAM MENZIES HUTTON, which took place in his father's house, The Manse of Oldhamstocks. After a course marked by ability, he took the degrees of M.B., C.M. in 1891; the degree of M.D., with a gold medal for his thesis, in 1894; and the Fellowship of the Royal College of Surgeons of Edinburgh in 1895. In 1893 he was Syme Surgical Fellow in the University of Edinburgh. He was House-Surgeon in the Royal Infirmary of Edinburgh and in the Southport Infirmary. He had made several contributions to the BRITISH MEDICAL JOURNAL and other periodicals. Recently he had settled in practice in Edinburgh, and had been appointed Medical Registrar in the Royal Infirmary. At the last meeting of the Board of Managers reference was made to his death by the Rev. Dr. Scott and by the Rev. Rowland Ellis, both referring to his high scholarship and the great attention and skill he displayed in his work.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Eduard Juliewitsch Petri, Professor of Geography and Ethnology in the University of St. Petersburg; Dr. William Binaud, *agrégé* of the Bordeaux Medical Faculty, author of numerous contributions on surgical subjects, aged 37; Dr. Gonzalo Aróstegui, sometime Professor of Surgery in the University of Havana, aged 96 years; and Dr. C. Cron, Medical Director of the well-known Sanatorium at Grunewald.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

Examination for the M.B.—The first and second examinations for the degree of Bachelor of Medicine will commence on Wednesday, December 6th, 1899. The names of the candidates must be received by the Secretary to the Boards of Faculties not later than 10.30 A.M. on Wednesday, November 22nd, 1899.

UNIVERSITY OF CAMBRIDGE.

Fellowships.—Mr. J. J. Lister, M.A., Demonstrator of Comparative Anatomy, and Mr. A. C. Seward, M.A., F.R.S., University Lecturer in Botany, have been elected to Fellowships at St. John's College. Professor Sims Woodhead has been elected to a Professorial Fellowship at Trinity Hall.

Demonstrator.—Mr. Ivor Lloyd Tuckett, Fellow of Trinity, has succeeded Mr. Eichholz as Additional Demonstrator of Physiology under Sir M. Foster.

ROYAL COLLEGE OF PHYSICIANS.

THE Quarterly Comitia of the College was held on Thursday, October 26th, the President (Dr. W. S. Church) in the chair.

Admission of Members.—The following gentlemen, having passed the required examination, were admitted as Members: E. F. Buzzard, M.A., M.B.Oxford; W. H. Davis, M.A., M.B.Oxford, L.R.C.P.; T. F. Gardner, L.R.C.P.; D. W. Samways, M.A., M.D.Camb., L.R.C.P.; K. Sevestre, M.A., M.D.Camb., L.R.C.P.; E. Stainer, M.A., M.B.Oxford.

Grant of Licences.—The licence of the College to practise physic was granted to 122 gentlemen. Of these 26 were granted under regulations dated October 1st, 1884; two under old regulations before October 1st, 1884.

Report on the Brussels Conference.—A report upon the International Conference on the Prevention of Venereal Diseases, held at Brussels in September last, was received from Dr. Radcliffe Crocker, and a cordial vote of thanks to him was passed.

Recognition of Technical School.—A report of the Committee of Management, recommending that the Rochdale Municipal Technical School, which has been visited on behalf of the Committee, be added to the list of institutions recognised by the Board as a place of instruction in Chemistry, Physics, and Practical Chemistry, was adopted.

Laboratories.—The Laboratories Committee reported that since June 9th last 700 doses of antitoxin, each containing 2,000 units, and 9,000 doses, each containing 4,000 units, for the treatment of diphtheria in the hos-

pitals of the Metropolitan Asylums Board, had been supplied, and all the demands fully met. During this period 41,000,000 units had been supplied. During the quarter Messrs. Parke Davis and Co. had had 500 c.c.m. of diphtheria antitoxin tested in the laboratories. It was certified as containing 450 units per c.c.m., as sterile, and as being free from excess of antiseptic. Under the grant from the Goldsmiths' Company 705 doses of antitoxin, containing 1,670,000 units, had been supplied to the general and children's hospitals in or near London. Six new applications for permission to work in the laboratories had been received, and of those who had been at work since the Committee made their last quarterly report all but four had applied for permission to continue their researches.

Election of Representatives.—Dr. W. S. Church, the President, was unanimously re-elected as the representative of the College on the Council of University College, Bristol. Dr. Liveing and Dr. Halliburton were re-elected as members (respectively) of the Committee of Management and of the Laboratories Committee. A letter from Dr. J. F. Payne was read expressing his desire to be allowed to retire from the Laboratories Committee on being elected Harveian Librarian.

A Morgagni Medal.—A letter was received from Dr. J. F. Payne, offering for the acceptance of the College a medal struck in commemoration of the recent presentation of a bust of Morgagni to St. Thomas's Hospital by a committee of Italian physicians, and the best thanks of the College were accorded to the donor.

Alteration of By-law.—The following alteration of By-law clxiii was moved for the second time and adopted by the College: The fee to be paid for admission as a Member of the College shall be 40 guineas; except when the candidate for the Membership is a licentiate of the College, in which case the fee already paid for the licence shall be deducted from the 40 guineas.

Finance.—The quarterly reports of the Examiners for the Licence and of the Finance Committee were received and adopted.

Library.—A list of the books presented to the library during the past quarter was read and the thanks of the College accorded to the donors.

MEDICO-LEGAL.

A CORONER'S INQUIRY.

THE *Westminster and Pimlico News* of October 20th reports an inquest recently held by Mr. Troutbeck at the Coroner's Court, Westminster, on the body of Minnie Mary Watts, aged 1 year 11 months. The deceased was the child of a police-constable, and on October 4th slipped and struck her eye against the corner of the bed. Gangrenous inflammation of the eye supervened and death took place at St. George's Hospital shortly after. The child was a club patient, and it was suggested that on that account the patient did not receive proper attention. From the evidence, however, it appeared that the doctor had done all he possibly could under the circumstances, but it was stated in evidence that he had said sometimes he had eighty patients to attend in the day, and the coroner is reported to have said "that it was a very serious thing that these clubs should put such pressure upon their doctor, and it was a state of things that was very prejudicial to the public health." The jury returned a verdict of "accidental death," and expressed the opinion that there had been no neglect on the part of the medical man.

DOCTOR AND PATIENT.

AT the Norwich County Court on October 24th Mr. Alfred Henry Miller, surgeon, sued Robert Kemp, a boot manufacturer, to recover £12 14s. 6d. for medical services, the defendant counterclaiming £50 for alleged negligence. According to the evidence, as reported in the *Eastern Daily Express*, the defendant met with an accident, resulting in a fracture of the tibia and fibula. It occurred about twenty miles from his residence, and he was attended at the time by a local practitioner. On the patient's return to his own home he sent for the plaintiff, who went on with the case. The only allegation of negligence was that the plaintiff, when first called, had not unfastened the bandages and examined the fracture, and that the half-inch shortening of the injured limb was due to this neglect. After hearing the evidence of several surgeons, in the course of which it appeared that the same leg had since been fractured in another accident, the jury found for the plaintiff: and his Honour, who stated that he fully agreed with the jury, gave judgment for the plaintiff and against the counterclaim.

MEDICAL PARTNERSHIPS.

A CORRESPONDENT, about to enter into partnership with another medical man, writes as follows: The rule, I believe, in general force as to patients' debts owing before the date of partnership is that these debts go to the doctor who is selling. Do old-standing debts or recent debts claim precedence?

. In the absence of any agreement to the contrary, old-standing debts, provided they have not been rendered irrecoverable by the Statute of Limitations—that is, are not more than six years old, claim precedence of recent debts.

RIGHT TO COMMENCE PRACTICE.

OMEGA.—On the facts stated we do not think there can be any objection, legal or ethical, to our correspondent starting a practice at "B."

BLACKPOOL.—On the facts as gathered the patient certainly appears to be liable to pay the account. In case of refusal, however, we should recommend that the facts be laid fully before a solicitor.

THE first meeting of the Royal Statistical Society will be held at the Society's Rooms on Tuesday, November 21st, at 5 P.M.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,545 births and 4,623 deaths were registered during the week ending Saturday last, October 28th. The annual rate of mortality in these towns, which had been 18.6 and 19.0 per 1,000 in the two preceding weeks, further rose to 21.1 last week. The rates in the several towns ranged from 10.1 in Cardiff, 12.7 in Croydon and in Derby, 13.4 in Norwich, and 14.0 in Plymouth to 24.8 in Salford, 27.3 in Sheffield, 27.7 in Liverpool, and 29.7 in Bristol. In the thirty-two provincial towns the mean death-rate was 21.1 per 1,000, and was identical with the rate recorded in London. The zymotic death-rate in the thirty-three towns averaged 2.2 per 1,000; in London the death-rate was equal to 2.0 per 1,000, while it averaged 2.4 in the thirty-two provincial towns, among which the highest zymotic death-rates were 3.6 in Portsmouth, in Birkenhead, and in Salford, 4.2 in Hull, 4.5 in Swansea, and 5.6 in Sheffield. Measles caused a death-rate of 1.1 in Nottingham, 1.2 in Salford, 1.4 in Sheffield, and 2.3 in Birkenhead; scarlet fever of 1.1 in Burnley; whooping-cough of 1.0 in Gateshead; "fever" of 1.1 in Nottingham and in Sunderland, and 1.4 in Sheffield; and diarrhoea of 1.0 in Bristol, in Liverpool, in Salford, and in Gateshead, and 1.2 in Wolverhampton and in Manchester. The 130 deaths from diphtheria in the thirty-three towns included 58 in London, 13 in Sheffield, 7 in Leeds, and 6 in Portsmouth, in Swansea, and in Birmingham. Four 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 Asylum Hospitals on Saturday last, October 28th. The number of scarlet fever patients in these hospitals, and in the London Fever Hospital, which had increased from 2,538 to 3,408 at the end of the eight preceding weeks, had further risen to 3,504 on Saturday last; 414 new cases were admitted during the week, against 461, 455, and 447 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, October 28th, 970 births and 546 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 18.1 and 17.3 per 1,000 in the two preceding weeks, rose again to 17.9 last week, but was 3.2 per 1,000 below the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 10.8 in Leith and 13.5 in Perth to 18.8 in Greenock and 20.3 in Glasgow. The zymotic death-rate in these towns averaged 1.0 per 1,000, the highest rates being recorded in Paisley and Greenock. The 28 deaths registered in Glasgow included 8 from measles, 3 from scarlet fever, 2 from diphtheria, 4 from "fever," and 13 from diarrhoea. Three fatal cases of diphtheria were recorded in Edinburgh; 2 deaths from "fever" occurred in Dundee, and 2 from diphtheria in Greenock.

ZYMOTIC MORTALITY IN LONDON.

THE accompanying diagram shows the prevalence of the principal zymotic diseases in London during the third or summer quarter of this year. The fluctuations of each disease and its fatal prevalence, as compared with that recorded in the corresponding periods of recent years, can thus be readily seen.

Small-pox.—One fatal case of small-pox was registered in London last quarter, the corrected average number in the corresponding periods of the ten preceding years being 43; one small-pox patient was admitted into the Metropolitan Asylum Hospitals during the quarter, but none remained under treatment at the end of September last.

Measles.—The deaths referred to measles, which had increased from 238 to 696 in the four preceding quarters, declined again to 530 during the three months ending September last, but were 37 above the corrected average number. Among the various sanitary areas of the metropolis measles showed the highest proportional fatality in St. Saviour Southwark, St. George Southwark, Newington, St. Olave Southwark, Bermondsey, and Greenwich.

Scarlet Fever.—The fatal cases of this disease, which had declined from 139 to 84 in the three preceding quarters, rose again to 87 during the three months under notice, but were as many as 165 below the corrected average number in the corresponding periods of the ten preceding years. Among the various sanitary areas this disease was proportionately most fatal in Fulham, Clerkenwell, Bethnal Green, St. Saviour Southwark, St. Olave Southwark, and Rotherhithe. The number of scarlet fever patients in the Metropolitan Asylum Hospitals, which had been 2,372 and 2,372 at the end of the two preceding quarters, had further risen to 2,836 at the end of September last. The number of new cases admitted into these hospitals, which had been 2,880 and 2,990 in the two preceding quarters, further increased to 3,760 during the quarter ending September last.

Diphtheria.—The deaths referred to diphtheria in London, which had declined from 511 to 357 in the three preceding quarters, rose again to 438 during the three months under notice, but were 108 below the corrected average number. Among the various sanitary areas this disease showed the highest proportional fatality in Shoreditch, St. George Southwark, Newington, St. Olave Southwark, Bermondsey, and Rotherhithe. The number of diphtheria patients in the Metropolitan Asylum Hospitals at the end of September last was 1,470, against 1,159 and 1,273 at the end of the two preceding quarters; 2,651 new cases were admitted during last quarter, against numbers declining from 2,241 to 1,953 in the three preceding quarters.

Whooping-cough.—The fatal cases of this disease, which had been 68 and 538 in the two preceding quarters, further declined to 205 during the three months ending September last, and were 147 below the corrected average number; among the various sanitary areas whooping-cough was proportionately most fatal in St. James Westminster, St. George-in-the-

MEDICAL NEWS.

FEMALE MEDICAL STUDENTS IN BALTIMORE.—The Johns Hopkins Medical School, Baltimore, has opened with thirty-five women in the school, six of whom are freshmen, with fourteen in the graduating class. In the first class that graduated there was one woman. Seven women in all have taken their degrees from this school, and nearly every one now holds the position of resident physician in some well-known hospital in some part of the country.

THE BRISTOL MEDICAL SCHOOL.—It is proposed to hold the Bristol Medical School annual dinner at the Clifton Grand Spa on November 16th. Mr. Nelson C. Dobson, F.R.C.S., will preside, and his Honour Judge Austin will be the guest of the evening. Already 120 gentlemen have signified their intention to be present. Great interest attaches to this dinner, as it is the first official function held since the amalgamation for clinical purposes of the Royal Infirmary and General Hospital. We are asked to state that should any old student have been inadvertently omitted from the list of those to whom notice has been sent, it is hoped that he will communicate with the Hon. Secretary of the Dinner Committee, Royal Infirmary, Bristol.

ADMISSION OF WOMEN TO LEARNED SOCIETIES.—At the annual meeting of the Agricultural Association for Women a paper by Mrs. Farquharson, F.R.M.S., was read in which she discussed the exclusion of women from many learned societies, and pointed out that in the case of the Linnean and Royal Microscopical Societies ladies might be elected Fellows, but were not admitted to the meetings. In the discussion which followed, Mrs. Garrett Anderson pointed out that the British Medical Association admitted women to all the privileges of membership. The position of a society which elects women members to its membership, but forbids them to attend its meetings, is surely most illogical. There can be no reason why ladies should not be admitted to the meetings of the societies concerned with science in which they take an interest, and there is every reason why they should.

THE WEST LONDON HOSPITAL.—The annual dinner of the staff of the West London Hospital took place at the Great Central Hotel on Wednesday, October 25th, 1899. Mr. Percy Dunn occupied the chair, and out of the twenty acceptances for the dinner, seventeen members of the staff were present. After the usual loyal toasts, the Chairman proposed the toast of "The West London Hospital" and referred to the great success which had attended the organisation of the Post-Graduate College in connection with the Hospital. He referred also to the many advantages likely to accrue from the enlargement and improvements now being effected in the outpatient department. The Dean of the Post-Graduate College, Mr. L. A. Bidwell, replied and gave some interesting facts relating to the growth and progress of the undertaking. Subsequently the *réunion* resolved itself into a committee in which many and various matters concerned in the well-being of the hospital were discussed, and resolutions thereupon passed. The toast of the health of the Chairman, proposed by Mr. Keetley, brought the proceedings to a close.

MEDICAL VACANCIES.

The following vacancies are announced:

- ABERDEEN UNIVERSITY.**—(1) Examiner for Graduation in Surgery (including Clinical Surgery); (2) Examiner for the Diploma in Public Health. Applications to the Secretary of the Court by November 6th.
- BETHLEM HOSPITAL.**—Two Resident House-Physicians. Appointment for six months. Apartments, board, and washing provided, and honorarium of £12 12s. per quarter. Applications, endorsed "House-Physicians," to the Treasurer, Bridewell Hospital, New Bridge Street, E.C., by November 6th.
- BIRMINGHAM AND MIDLAND EYE HOSPITAL.**—Assistant House-Surgeon. Salary, £50 per annum, with apartments and board. Applications to the Chairman of the Medical Board by November 11th.
- BRISTOL GENERAL HOSPITAL.**—Assistant Physician. Applications to the Secretary by November 22nd.
- BRISTOL ROYAL INFIRMARY.**—Dispenser. Non-resident. Salary, £150, with dinner and tea. Applications to the Secretary by November 15th.
- BURY ST. EDMUNDS.**—SUFFOLK GENERAL HOSPITAL.—House-Surgeon. Salary, £130 a year, with board, lodging, and washing. Applications to the Secretary by November 20th.
- BUXTON.**—DEVONSHIRE HOSPITAL.—Assistant House-Surgeon. Salary, £50 per annum, with furnished apartments, board and washing. Applications, endorsed "Assistant House-Surgeon," to the Secretary.
- CAMBRIDGE.**—PARISH OF ST. GILES.—Assistant Medical Officers for the Workhouse, Gordon Road, Peckham between 24 and 35 years of age. Salary, £120 per annum, with furnished apartments, and £1 ls. weekly in lieu of board and washing.

- Applications, on forms provided, to be sent to the Clerk to the Guardians, 29, Peckham Road, S.E.
- CENTRAL LONDON OPHTHALMIC HOSPITAL,** Gray's Inn Road, W.C.—House-Surgeon. Board and residence provided. Candidates must attend at the Hospital on Thursday, November 9th, at 4 p.m.
- CHICHESTER HOSPITAL FOR WOMEN,** Fulham Road, S.W.—Clinical Assistant. Post tenable for three months. Fee, 8 guineas. Applications to the Secretary.
- DERBY BOROUGH ASYLUM.**—Assistant Medical Officer. Salary, £120 per annum, with board and washing. Applications to Dr. Macphail, Rowditch, Derby, by November 7th.
- EDINBURGH ROYAL INFIRMARY.**—Superintendent. Salary, £500 per annum, with house, coal, and light. Applications to Mr. W. Caw, Treasurer and Clerk, by November 15th.
- EXETER.**—ROYAL DEVON AND EXETER HOSPITAL.—Junior Assistant House-Surgeon. Appointment for six months. No salary, but board, lodging, and washing provided. Applications to the House-Surgeon.
- FRENCH HOSPITAL AND DISPENSARY.**—Resident Medical Officer; unmarried. Salary, £20 per annum, with full board. Applications to the Secretary, 172, Shaftesbury Avenue, W.C.
- GLAMORGAN COUNTY COUNCIL AND CARDIFF CORPORATION.**—Bacteriologist to the Joint Committee and Lecturer on Bacteriology in the University College, Cardiff. Salary, £300 per annum. Applications to W. B. E. Allen, Clerk to the Joint Committee, Glamorgan County Offices, Cardiff, by November 6th.
- GRIMSBY AND DISTRICT HOSPITAL.**—Resident House-Surgeon. Salary, £80 per annum, with board, lodging, and washing. Applications to J. P. Winttingham, Honorary Secretary, St. Mary's Chambers, Great Grimsby, by November 18th.
- HOSPITAL FOR CHILDREN,** Great Ormond Street, Bloomsbury.—Resident Medical Superintendent. Appointment for one year, subject to annual re-election. Salary, £105 a year, with board and residence. Applications to the Secretary by November 31st.
- HULL ROYAL INFIRMARY.**—Senior House-Surgeon; unmarried. Salary, 100 guineas per annum, with board and furnished apartments. Applications to the Chairman of the House Committee by November 7th.
- LAGOS RAILWAY, West Africa.**—Two Qualified Assistant Medical Officers, between 25 and 40 years of age. Salary, £80 to £35 per month. Applications, endorsed "Assistant Medical Officer," to Messrs. Shelford and sons, 35A, Great George Street, Westminster, S.W.
- LINCOLN.**—BRACEBRIDGE ASYLUM.—Junior Assistant Medical Officer; unmarried, and not over 30 years of age. Salary, £125 per annum, with furnished apartments, board attendance, etc. Applications to Mr. W. T. Page, jun., 5 and 6, Bank Street, Lincoln, by November 25th.
- LIVERPOOL DISPENSARIES.**—Senior Surgeon at the East Dispensary, 34, Moorfields, Liverpool, by November 14th.
- LONDON LOCK HOSPITAL,** Harrow Road, W.—House-Surgeon to the Female Hospital. Salary, £50 per annum, with board, lodging, and washing. Applications to the Secretary by November 18th.
- LONDON TEMPERANCE HOSPITAL, N.W.**—(1) Surgical Registrar and Anesthetist. Assistant Resident Medical Officer. (2) Assistant Resident Medical Officer. Appointment for six months. Board, residence, and washing provided. Honorarium at the rate of 50 guineas per annum. Applications to the Secretary by November 9th.
- MANCHESTER CHILDREN'S HOSPITAL,** Pendlebury.—Honorary Aural Surgeon. Applications to the Secretary, Dispensary, Goatside Street, Manchester, by November 8th.
- MANCHESTER.**—ST. MARY'S HOSPITAL, Quay Street.—Resident Medical Officer. Appointment for six months, subject to re-election. Salary, £65 per annum, with board and residence. Applications to Thomas Browning, Chartered Accountant, by November 16th.
- METROPOLITAN ASYLUMS BOARD.**—Assistant Medical Officers at the Fever and Small-pox Hospitals. Unmarried, and must not exceed 35 years of age. Salary, £150 per annum for the first year, £160 the second, and £200 the third and subsequent years. Applications on forms provided to be sent to the Secretary of the Board, Norfolk House, Norfolk Street, Strand, by November 8th.
- NATIONAL ORTHOPEDIC HOSPITAL.**—Honorary Anesthetist. Applications to the Secretary, 234, Great Portland Street, by November 11th.
- OXFORD EYE HOSPITAL.**—House-Surgeon. Honorarium £50 on completion of a year's residence, with board and lodging. Applications to the Honorary Secretary, 29, Banbury Road, Oxford, by November 30th.
- OXFORD.**—RADCLIFFE INFIRMARY.—Surgeon. Applications to the Secretary by November 25th.
- PONTERFRACT GENERAL DISPENSARY AND INFIRMARY.**—Resident Medical Officer. Commencing salary, £130 per annum, with furnished rooms, etc. Applications to the Secretary by November 11th.
- POPLAR HOSPITAL FOR ACCIDENTS,** Poplar, E.—First and Second Assistant House-Surgeons. Appointment for six months, but renewable. Salary, at the rate of £45 per annum with board and residence. Applications to the House Governor by November 15th.
- PRESTON ROYAL INFIRMARY.**—Assistant House-Surgeon. Salary, £50 per annum, with board, lodging, washing, etc. Applications to the Secretary by November 8th.
- PUBLIC DISPENSARY,** 32, Stanhope Street, Clare Market.—Resident Medical Officer. £105 per annum, with furnished apartments, coal, and gas. Applications to the Secretary by November 11th.
- QUEEN CHARLOTTE'S LYING IN HOSPITAL,** Marylebone Road, N.W.—(1) Assistant Resident Medical Officer. Appointment for four months. Salary at the rate of £60 per annum, with board, residence, and washing. (2) Ophthalmic Surgeon; (3) Dental Surgeon; (4) Physician to Out-patients. Applications to the Secretary for the first post by November 7th, and for the remainder by November 18th.
- ROYAL EAR HOSPITAL,** Soho.—(1) Anesthetist. (2) House-Surgeon, non-resident. A small honorarium is given. Applications to the Honorary Secretary before November 10th.
- ST. LEONARD'S-ON-SEA.**—CHELSEA HOSPITAL FOR WOMEN CONVALESCENT HOME.—Honorary Medical Officer. Applications to the Secretary of the Hospital, Fulham Road, S.W., by November 18th.
- SCARBOROUGH HOSPITAL.**—Assistant Resident House-Surgeon. Appointment for six months, subject to re-election. Salary, at the rate of £50 per annum, with board and lodging. Applications to the Honorary Secretary by November 18th.
- STOKE-UPON-TRENT UNION.**—Resident Medical Officer for the Workhouse. Salary at the rate of £150 for the first year, with an increase of £15 per annum to a maximum of £175, with board, washing, and furnished apartments. Applications to the Clerk to the Guardians, Union Offices, Stoke-upon-Trent, by November 6th.
- TOTTENHAM HOSPITAL.**—Senior Resident Medical Officer. Commencing salary, £69 per annum, with board, residence, and laundry. Applications to the Chairman of the Joint Committee by November 6th.
- UNIVERSITY COLLEGE HOSPITAL.**—Second Anesthetist. Applications to the Secretary by November 7th.
- WOOLWICH UNION.**—Assistant Medical Officer at the Infirmary, Plumstead; unmarried, and not more than 30 years of age. Salary, £100 per annum, rising £10 yearly to £110, with apartments, rations, and washing. Applications on forms provided, to be sent to the Clerk to the Board, Union Office, Woolwich, by November 15th.

MEDICAL APPOINTMENTS.

- ARMER, A., M.B. Lond.** appointed Assistant Medical Officer of the Workhouse for the Township of Toxteth Park &c. J. Prentice, resigned.
- BOON, J. G., L.R.C.P., L.R.C.S. (Irel.)** appointed Medical Officer for the Broseley District of the Madley Union.
- ROBERT, P. V. L. R.C.P., L.R.C.S. (Edin.), L.F.P.S. (Glasg.)** appointed Medical Officer for the Weston District of the R. Thubury Union, vice W. Dinwiddie, M.D., resigned.
- BUTTERWORTH, J. J., M.B., B.Ch.** appointed Junior House-Surgeon to the Manchester Royal Eye Hospital.

CHURCH, B. E., L.S.A., appointed Medical Officer of the 4th District of the Stroud Union, *vice* F. Fowler, M.B.E.S., L.R.C.P.Lond., resigned.

CLUGG, J. Gray, M.D. B.S., F.R.C.S., appointed Honorary Assistant Surgeon to the Manchester Royal Eye Hospital.

CRADDOCK, S., M.B.E.S.Eng., L.S.A., appointed Medical Officer to the Children's Homes of the Bath Union.

HUSKIE, J., M.B., C.M. Edin., appointed Medical Officer of the North Sefton District of the West Derby Union, *vice* W. Howlands, L.R.C.P.L., M.B.E.S.Eng.

KEY, David T., M.B.E.S. and L.S.A.Lond., appointed Medical Officer and Public Vaccinator for the Wyeke Regis District of the Weymouth Union, *vice* M. F. Simpson, resigned.

O'FARRELL, H., L.R.C.P., L.R.O.S.Irel., appointed Medical Officer to the No. 1 Portunna Dispensary District.

STOKES, H. Fraser, M.D., appointed District Medical Officer, London County Council.

TAYLOR, H. J., M.B.E.S., L.R.C.P.Lond., appointed Senior House-Surgeon to the Manchester Royal Eye Hospital.

WHITELAW, F. M.B.E.S., L.R.C.P.Lond., appointed Medical Officer for the Second District of the Holsworthy Union, *vice* J. H. White, resigned.

ZATTOUN, F. S., M.B., C.M. Edin., appointed Medical Officer for the Third District of the Bellingham Union, *vice* W. Linwood, M.D., resigned.

DIARY FOR NEXT WEEK.

MONDAY.

Odontological Society of Great Britain. 40, Leicester Square, W.C., 8 p.m.—Inaugural address by the President, Mr. Storor Bennett. Paper by Mr. J. F. Colyer and General Communications by Mr. F. J. Bennett, Mr. U. Robbins and Dr. F. Hewitt.

Central London Throat, Nose, and Ear Hospital, Gray's Inn Road.

TUESDAY.

Pathological Society of London. Jenner Institute Grosvenor Road, E. ad W., 8.30 p.m.—Laboratory Meeting. Demonstrations by—Drs. Macfadyen and Walter: "A Diathetic-like Organism found in Pigeons." Dr. Klein, F.R.S.: "The Bacillus of Pseudo-tuberculosis." Professor Morsley, F.R.S.: Lantern Demonstration. Drs. Dean and Barker: Hemolytic Action of Toxins; Test Tube Demonstration. Drs. Eyer and Washburn: The Method of Testing Antimicrococcal Serum. Mr. Shattock: "Chromocyst Clumping." Dr. Dean: "Diphtheria Immunity." Dr. Orr: A New Method of Staining Medullated Nerve Fibres, and a Modification of Marchi's Method. Dr. Salter: Tetanus Immunity. Micrococci at 9. Dr. Macfadyen, Mr. Shattock, Dr. Dean. The latter will show a new streptothrix. The lantern.

Wens London Post-Graduate Course. West London Hospital, Hammersmith, W., 5 p.m.—Mr. McAdam Eccles: The Anatomy and the Dislocations of the Joints of the Upper Extremity. Lecture I.

Jenner Institute is in Grosvenor Road, opposite Chelsea Bridge, two minutes' walk from Grosvenor Road Station, first station outside Victoria. Cab fare, 1s. 6d. from Cavendish Square. Bus from Sloane Square and Victoria to Chelsea Bridge every five minutes, fare 1d.

Wens and Hospital for Diseases of the Nervous System. 78, Welbeck Street, W., 4 p.m.—Dr. Harry Campbell: Cases of Chorea and allied Affections.

London Throat Hospital. 204, Great Portland Street, W., 4.30 p.m.—Dr. Edward Law: Examination of the Throat.

National Hospital for the Paralyzed and Epileptic. Queen Square, W.C., 8.30 p.m.—Dr. Ormerod: Muscular Atrophy.

WEDNESDAY.

Hunterian Society. 8.30 p.m.—Dr. Newton Pitt will open a Discussion on the Treatment of Typhoid Fever.

Hospital for Consumption. Brompton, 4 p.m.—Dr. P. Kidd: Laryngeal Tuberculosis.

THURSDAY.

British Gynecological Society. 8 p.m.—Specimens will be shown by Dr. Purcell, Dr. Herbert Snow, and Mr. Bowdman Jessett. Papers:—Dr. R. H. Hodgson: A Case of Tuberculous Peritonitis simulating Abdominal Tumour; Operation; Recovery. Dr. James Oliver: On the Physico-chemical Conditions concerned in the Production of Version of the Uterus.

Ophthalmological Society of the United Kingdom. 8 p.m.—Mr. Arnold Lawson: Corneal Horns. Messrs. E. Treacher Collins and C. Devereux Marshall: Two Cases of Primary Tumour of the Optic Nerve. Mr. John Griffith: Iritis, a sequel of Gonorrhoea.

London Throat Hospital. 204, Great Portland Street, W., 4.30 p.m.—Mr. Oland Woakes: Diseases of the Ethmoid Bone; Diagnosis and Treatment.

Clinical Society of London. 8.30 p.m.—Mr. H. B. Robinson: Acute Intestinal Obstruction due to an Intussusception of Meckel's Diverticulum.

Charing Cross Hospital. Post-Graduate Course, 4 p.m.—Dr. Green: Cases in the Wards.

Central London Throat, Nose, and Ear Hospital. 5 p.m.—Dr. Dundas Grant: Differential Diagnosis of Nasal Obstructions.

North London Medical and Chirurgical Society. Great Northern Central Hospital, 8.30 p.m.—Clinical Evening.

West London Post-Graduate Course. West London Hospital, Hammersmith, W., 5 p.m.—Mr. McAdam Eccles: The Anatomy and the Dislocations of the Joints of the Lower Extremity. Lecture II.

FRIDAY.

Mr. J. Bland Sutton: A Case in which Primary Nephrectomy was Performed for Complete Rupture of a Kidney. Dr. Norman Dalton: A Case of Enlarged Spleen due to Congenital Volvulus of the Stomach and Transverse Colon, and simulating Splenic Anemia.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 5s. 6d., which sum should be forwarded in post-office order or stamps with the notice not later than Wednesday morning, in order to ensure insertion in the current issue.

BIRTHS.

JARDINE.—At 5, Clifton Place, Glasgow, W., on October 31st, the wife of Robert Jardine, M.D., F.F.P. and S.G., of a son.

WALKER.—At "Las Aceasas," Durazno, Republic of Uruguay, South America, on August 22nd, the wife of Herbert J. Walker, M.B. Edin. Univ., of a son.

MARRIAGE.

CAMPBELL—THOMAS.—On October 21st, at Carmarthen, Henry Campbell, L.R.C.P.E., L.R.O.S.E., etc., of 319, Cowbridge Road, Cardiff, to Edith S. Thomas, third daughter of Thomas Thomas, Esq., J.P., Official Receiver for Swansea and Carmarthen Districts.

DEATH.

ARLIDGE.—On October 27th, at Onslow, Newcastle-under-Lyme, John Thomas Arlidge, M.D., F.R.C.P., J.P., aged 77 years. Late of the High Grove, Stoke-on-Trent. Friends please accept this the only intimation.

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.—1 p.m., Tu., 2.30; o.p., F., 2.

CHARING 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. F., 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 ORTHOPAEDIC. 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.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu. F., 1; Skin, Tu. F., 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. F., 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 p.m.; 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.

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 and Throat, Tu. F., 9; Skin, Tu., 4; Th., 9.30; Dental, M., 9.30; W., 9. Operations.—Daily, 1.30.

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

NEW HOSPITAL FOR WOMEN. Attendances.—Daily, 2; Ophthalmic, W., 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.—Th., 2.30.

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

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

ROYAL FREE. Attendances.—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Skin, Th., 9; Throat, Nose, and Ear, W., 9. Operations.—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.

ROYAL LONDON OPHTHALMIC. Attendances.—Daily, 9. Operations.—Daily, 10.

ROYAL ORTHOPAEDIC. 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., 2; 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, 1 p.m.; o.p., 12; Obstetric, 1 p.m., 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., 2.

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, 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, Tu. F., 1.30; Electro-therapeutics, o.p., Th., 2; Mental Diseases, o.p., Th., 10; Dental, Tu. F., 10. Operations.—M. W. Th. S., 2; Tu. F., 3.30; (Ophthalmic), Th., 2; (Gynaecological), Th., 2.

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

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

UNIVERSITY COLLEGE. Attendances.—Medical and Surgical, daily, 1.30; Obstetrics, M. F., 9.30; 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 ON WEDNESDAY. TELEGRAMS CAN BE RECEIVED ON THURSDAY MORNING.

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