

It is only possible here to describe the general conclusions to be drawn, and the mode by which they have been arrived at. So far as they go, they completely support the view brought forward by me in Edinburgh last year. Both Mr. Maxwell and myself are desirous of expressing our indebtedness to Dr. Andrewes for his kind help and many excellent suggestions, without which it would have been impossible to bring the work to a satisfactory conclusion.

The methods which were employed in this investigation were as follows:

In all the cases described in this paper the urine was drawn off with a boiled soft rubber catheter, or else a boiled silver catheter; the meatus urinarius was washed with soap and water, and an antiseptic lotion. The catheter, until required for immediate use, was put in sterilised water, and the manipulator's hands prepared as for a surgical operation. The urine was caught in a sterilised test tube, the first portion escaping from the catheter being rejected. Cultures were made directly from the urine, no centrifugalising process being used. Cultures were made directly into nutrient broth and milk tubes, and surface cultures on sloped agar-agar and gelatine tubes. From the latter subcultures on agar or gelatine tubes and gelatine shake cultures were made. Agar or gelatine plates were used when the organisms appeared to be multiple. The cultures were examined fresh, and their reaction with Gram's stain tested. With regard to the reliability of this simple method of drawing off the urine for examination without the use of Melchior's or other complicated catheters, all I can say is that, having tried it frequently on patients whose urine was expected to be sterile, I have never succeeded in growing organisms from their urine, with one exception, in which, what was apparently an air infection of *sarcina lutea* occurred at the upper end of the culture tube.

CASE I.—R. L., 63. Urinary trouble for two years or more; when admitted had to pass water about every hour or oftener. Urine foul, 1030, alkaline; albumen and pus; prostate enlarged. July 8th, 1898. Urine contained streptococcus pyogenes albus and bacillus coli communis in small quantity. August 5th. Bacillus coli alone. August 17th. Bacillus coli chiefly, also bacillus pyocyaneus, probably from accidental contamination.

CASE II.—J. G., 52. Pain and difficulty in micturition for about six hours. Had had catheters passed. Prostate hard and nodular, probably carcinoma; had passed blood on several occasions. Urine acid, 1024. Enormous quantity of bacilli. Bacillus coli communis formed the great mass of the bacilli present. There was also present in very small quantity a large diplococcus that retained the stain on staining by Gram's method, and may possibly have been a urethral organism contaminating the urine.

CASE III.—J. P., 67, admitted August 3rd, died August 13th, 1898. History of three years' painful and difficult micturition. Self-catheterisation past two years. Three months ago acute attack of cystitis, which improved under benzoate of ammonia; a second attack four days before admission. Prostate a good deal enlarged. Urine very foul, 1015, albumen, much pus. Got steadily worse, refused operation, and died ten days after admission. The bladder was small and contracted; a sacculus containing several calculi communicated with it. Ureters and kidney calyces were dilated and contained pus. *Bacteriological Examination*.—August 3rd: Bacillus coli communis and bacillus proteus vulgaris. August 13th. Same forms present. At the *post-mortem* examination fluid taken from the calyces of the kidneys contained the same bacilli.

CASE IV.—J. A., 71, admitted October 8th, died October 24th, 1898. History.—A year of urinary trouble; frequent catheterisation; acute cystitis last fortnight, accompanied by a good deal of pain and bleeding. Prostate enlarged. Urine 1010, ammoniacal pus and blood. Suprapubic cystotomy. Carcinomatous growth in bladder, in addition to enlarged prostate. *Bacteriological Examination*.—Pure culture of bacillus coli communis.

CASE V.—J. P., 52. Stricture 6 years previously; much neglected. Wheelhouse's operation performed. Urine 1016, ammoniacal; trace of albumen, pus, and triple phosphates. *Bacteriological Examination*.—January 17th, 1899. Urine drawn by suprapubic aspiration, contained bacillus coli communis and bacillus proteus vulgaris. January 31st: Urine drawn by silver catheter; contained same bacilli, but the B. proteus was much diminished in quantity.

CASE VI.—H. L., 28, admitted with prolapsed semigangrenous piles, which were reduced under an anæsthetic, and operated on later. Suffered from retention immediately after admission. Had never had a catheter passed, or suffered from venereal disease. Urine alkaline, 1024, contained blood and pus. Rapidly recovered from the cystitis as the rectal trouble cleared up. *Bacteriological Examination*.—Pure culture of bacillus coli communis.

CASE VII.—J. M., 20. Admitted with a fracture dislocation at level of the 11th or 12th dorsal vertebra. During his stay in hospital of nearly three months had two attacks of cystitis, which cleared up under treatment. Urine 1028, ammoniacal; contained pus, blood, and abundantropy mucus. *Bacteriological Examination*.—January 20th, staphylococcus albus (first attack); February 18th, staphylococcus albus (second attack).

CASE VIII.—A. T., 35. Extrauterine pregnancy. Operation. Large abscess cavity closely bound down by great omentum; contained about 2 pints of pus and a decomposing fetus. Admitted July 2nd; discharged December 28th, 1898. *Bacteriological Examination of Pus*.—July 5th, 1898:

Pus teemed with streptococci and staphylococci of various sizes, and also contained bacillus coli, but in small amount. August 15th: Streptococci and staphylococci present in small proportion. The principal organism is now bacillus coli, with a slight secondary infection of bacillus pyocyaneus. September 26th: No cocci present. Bacillus coli the predominant organism. Bacillus pyocyaneus present in very small quantity.

General Conclusions.—In only one case of cystitis has the bacillus coli communis been actually noticed to supplant the cocci which were present in an earlier stage of the disease (namely, in Case I), but in this instance the supplanting of the one organism by the other was a regular and gradual process. The same gradual disappearance of cocci was, however, equally well marked, namely, in Case VIII (extrauterine pregnancy). Cocci were present in great quantity at the time of operation, but were soon supplanted by B. coli. In Case V, where bacillus coli and B. proteus vulgaris were present when the case first came under observation, B. coli soon became the predominant partner, and would in all probability, had the case been under observation a little longer, have soon become the sole occupant of the urine, and eventually have disappeared altogether.

Case VII had two attacks of staphylococcus infection, but they yielded to treatment so soon that B. coli did not presumably have time to make its appearance.

Another case (VI), which suffered from gangrenous piles, exhibited B. coli before any catheter had been passed, and it is most probable that infection took place directly from one viscus to another, owing to the passage of the bacilli through the intervening tissues.

The remaining cases only came under observation at a comparatively late stage in the course of the disease, and they all contained B. coli. It is exceedingly probable that some of them at any rate would have yielded cocci in their earlier stages, and this is borne out by their histories, which state thatropy mucus was present at the onset in nearly all of them, and this condition is nearly always associated with infection by cocci.

REFERENCE.

1 BRITISH MEDICAL JOURNAL, 1898, vol. ii, p. 1302, et seq.

MEMORANDA:

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

A METHOD FOR THE REMOVAL OF FOREIGN BODIES FROM THE NOSE AND EAR.

HAVING experienced some difficulty on more than one occasion when attempting to remove foreign bodies from the nose and ear, it occurred to me that another and more simple method must be devised, for the recognised methods—at all events in my hands—left much to be desired, and did not always prove satisfactory.

It seemed to me that the principle of suction would obviate the difficulties of grasping with forceps or a snare a smooth and slippery body, and of getting behind with the blunt hook or a stream of lotion those bodies which completely, or almost completely, filled the lumen of the auditory and nasal passages.

After making trials of several kinds of apparatus, I found that the simplest is the best. It consists of a piece of india-rubber tubing, rather less in diameter than an ordinary lead pencil, and varying in length from 1 to 3 inches, according to the distance of the foreign body from the surface, attached to the nozzle of a brass syringe. The presence and approximate situation of the body having been ascertained, the tubing attached to the syringe is passed into the nostril or meatus, as the case may be, and brought into contact with the foreign body. The piston of the syringe is then pulled out for a sufficient distance to create a vacuum in the tubing, and thus to draw the foreign body into or against its free end. The syringe is then withdrawn, and with it the foreign body attached to the tubing. In some cases I have found it advantageous to dip the tubing into glycerine before inserting it; this diminishes the chance of air entering the tubing between it and the foreign body.

In this way I have, experimentally and in the course of practice, removed a large variety of foreign bodies, such as

beans, peas, shells, seeds, cotton-wool, etc. As a matter of fact, the substances most readily removed by this method are just those substances which baffle attempts to remove them by means of forceps, snare, blunt hook and the syringe, and I have frequently proved the accuracy of this statement.

CHARLES A. STURROCK, M.A., M.B., F.R.C.S.E.

Dunfermline.

THE TREATMENT OF ACUTE TROPICAL DYSENTERY.

IN the BRITISH MEDICAL JOURNAL of January 29th, February 12th, February 26th, April 9th, and April 16th, are memoranda and letters, detailing the efficacy of magnesium sulphate, and decrying ipecacuanha as "useless," in the treatment of acute tropical dysentery.

My experience entirely confirms this opinion. During the year 1898 I treated 11 cases of acute dysentery in the 7th Bombay Infantry Hospital at Jubbulpore, all with magnesium sulphate, and was struck with the superiority of this drug over ipecacuanha. All the cases were typical acute or subacute dysentery, with scanty frequent motions, containing blood and mucus; and all were cured in an average of five to eight days with magnesium sulphate.

I resumed medical charge of the regiment on February 22nd, 1898, previous to which date my *locum tenens* had treated 3 cases of dysentery (which, I was informed by the hospital assistant, differed in no way from those treated by me during the rest of the year), with ipecacuanha, in the old-fashioned way, and these were an average of 27 days under treatment. This, I think, clearly demonstrates the superiority of magnesium sulphate over ipecacuanha as a remedy in acute tropical dysentery.

Bushey Heath.

H. J. JERVIS,
Lieutenant-Colonel, I.M.S.

HYPODERMIC INJECTIONS OF QUININE IN INTENSE MALARIAL FEVERS.

IN St. Lucia I have found the hypodermic injection of gr.x doses of quinine sulphate (when necessary) dissolved in half its bulk of tartaric acid and πx of distilled water, most useful in the comatose and cerebral forms of remittent fever, especially when constant vomiting precludes all medication by the mouth, and when I expect anal or rectal enemata are not absorbed. The syringe is of course carefully sterilised before use, and I have had no local inflammation or abscesses and no general septicæmic troubles of any kind, much less tetanus. The typical remittent fever of St. Lucia is characterised by the autumnal-æstival plasmodium malarie, two or three in each red cell attacked; pigmented spheres, flagellated and moribund, are found in fair quantity. I have seen the flagellated bodies shoot out a flagellum, and from the extremity of the flagellum shoot out a free spore, as if the flagellum was channelled. In some chronic cases received from the West Coast of Africa intensely pigmented spheres were found. In one case paralysis had been caused by malaria; the brain capillaries must have been choked by these pigmented bodies, but the patient eventually recovered. In short, I advocate an extensive trial of quinine hypodermically in all malarial fevers where mouth medication is impossible.

E. J. ERSKINE RISK,

Barbadoes, W.I.

Major, R.A.M.C.

A CASE OF TETANY DUE TO EXPOSURE TO THE SUN.

A BOY, aged 13, was brought to me by his mother and a friend, complaining of pains in his arms and legs, and inability to move his hands and feet. He was one of a large and healthy family, and had never suffered from any illness until the day before I saw him. He had been sitting in the sun all the preceding afternoon, and on reaching home complained of headache and vomited. He was sent to bed, and woke up about 5 A.M., complaining of pains in his arms and legs, and that he could not move. He was brought to the surgery at 9 A.M., when it was seen that the hands and feet were rigidly contracted in the position met with in tetany, and he was quite unable to move them. His knee-jerks were markedly exaggerated. He was very nervous and frightened, but apart from the conditions of his hands and feet appeared in good health. There was not, nor had there been, any

gastric or intestinal trouble. He was treated with a calomel purgative and 10 gr. doses of ammonium bromide every four hours. The spasm gradually relaxed, but it was five days before he could walk or use his hands properly.

The case appeared interesting owing both to the age of the patient and to the total absence of any cause for the attack that I could discover other than exposure to the sun, a somewhat unusual, or at least undescribed, cause of tetany.

Catford, S.E.

HERBERT FOX, M.B.Lond.

REPORTS

ON

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

ROCHDALE INFIRMARY.

A CASE OF COMPOUND COMMINUTED DEPRESSED FRACTURE OF THE CALVARIUM, WITH FRACTURE OF THE BASE OF THE SKULL.

(Reported by T. HILLHOUSE LIVINGSTONE, M.B., Ch.B.Edin., House-Surgeon to the Infirmary.)

A GIRL, aged 10, was struck by one of the shafts of a cart in which was a runaway horse, so that she was pushed against the side of a house with her head pinned to the wall. When I saw her she was quite unconscious, and her breathing was stertorous; her pulse was small in volume and rapid, and the respirations were jerky and irregular. There was a depressed, compound, comminuted fracture of the calvaria just about the junction of the parietal, temporal, sphenoidal, and frontal bones behind and above the external angular process on the left side. The scalp was very much torn and lacerated, and was extremely dirty; a small portion of brain matter protruded, and fragments of bones were driven into the brain substance. A serous fluid tinged with blood trickled away from the right auditory meatus, and there was considerable livid effusion into both eyelids, which were considerably swollen. There was no bleeding from the nose nor any conjunctival ecchymosis; she vomited blood, and this I considered had trickled down the Eustachian tube into the pharynx from a fracture of the base in the middle fossa which had involved the petrous portion of the temporal bone.

I thoroughly washed the lacerated scalp with antiseptics after shaving off the hair, and with considerable difficulty succeeded in raising the depressed portion of fractured bone. A small piece of very dirty bone was removed along with a small portion of brain matter. The scalp wounds were stitched with silkworm gut, except over the fractured region, where a little packing of iodoform gauze was gently inserted; the other wounds were dressed with double cyanide gauze. The right ear was syringed out with boric lotion and packed with sublimate wool, and the patient was put to bed with an icebag over her head. As she seemed very collapsed I injected brandy *per rectum*. The coma lasted for a day and a-half, and then the patient attempted to speak; the speech, however, was unintelligible, and was "lalling" in character. There was no paralysis of any of her limbs, but the right side of her face was paralysed. At this time she was very emotional and hysterical, and in a day or two recognised her mother.

In about a fortnight after the accident she was quite conscious, although the mother said she seemed more childish than usual. About three weeks afterwards, when I tested the various cranial nerves, all the face muscles of the right side were found to be equally paralysed, and there was loss of taste in the anterior two-thirds of the tongue on the right side, showing that the lesion in the seventh nerve was in the aqueduct of Fallopius.

Hearing was very defective on the same side. On testing it with a watch I found that bone conduction was absent on the affected side, showing that the deafness was not due to previous middle-ear disease but to a lesion of the auditory nerve itself. The impact of the shaft of the cart on the left side of the skull, acting by *contrecoup*, probably caused fracture of the

with the 7th Dragoon Guards. After his retirement from the army he took an active interest in the Volunteers, and became Surgeon-Major of the 3rd Volunteer Battalion Hampshire Regiment.

MAJOR ARTHUR HARDING, R.A.M.C., died at Paignton on November 13th in his 51st year. He became M.R.C.S.Eng. in 1877 and L.R.C.P.Edin. in 1878, and entered the Army Medical Department in the latter year, retiring on half-pay, through ill health, in June, 1898. His war service included the Zulu war, 1879-80 (medal and clasp); the Transvaal war, and defence of Marabastad, 1881; the Egyptian campaign, 1882, at Kassassin and Tel-el-Kebir (medal, clasp, and bronze star); the Nile campaign in 1884-5, including the battles of Abu Klea and Metemneh (two clasps and mentioned in despatches).

MEDICO-LEGAL.

CHEMIST v. DOCTOR.

IN its issue of November 11th the *Western Mail* reports an action brought by Dr. William Lloyd at the Cardiff County Court to recover £12 12s. for professional attendance on Mr. Fargher, a chemist. The defence was a counter claim for the same amount, on the ground of alleged negligence. According to the plaintiff's evidence he had been called in to attend the defendant for a fracture of his tibia, and had paid in all eighty-one professional visits, and he considered his charges fair and reasonable. The defendant on the other side sought to show that a mistake had been made, and he had not been properly treated. Dr. Corrigan, who gave evidence for the defence, said that in his opinion the tibia had not been broken, but the tendons were ruptured; the treatment in either case would be the same—absolute rest. He did not think the plaintiff had treated defendant altogether properly, but he did not accuse him of neglect; in fact, he seemed over-anxious. Dr. Wallace also, another witness, said he did not think there had been any neglect. Defendant's counsel, after hearing this evidence, said that he should withdraw the case, and the judge said it was a very cruel and serious thing to make such a charge against a medical man without the slightest evidence to support it. He thought the defendant ought to withdraw the charges, and make an apology to Dr. Lloyd. He gave judgment for the latter with costs, and also dismissed the counter claim with a separate set of costs.

A TERRIBLE BLUNDER.

UNDER this head the *South Wales Daily News* reports the circumstances under which an application was made at the Glamorgan Assizes by Mr. Arthur Lewis, who appeared for the Treasury, for the discharge of the recognisances of Mrs. Minnie Jane Hayter. In answer to the application, the judge said that Mrs. Hayter was committed to take her trial for the wilful murder of her husband, and the committal by the magistrates arose in this way: she and her husband lived in a cottage in a lonely part of the country, and her husband died. The medical man owing to whose carelessness, to use a mild expression, this poor woman had been in peril of her life, had induced the magistrates to believe that the deceased man had died of a broken neck. In his depositions before the magistrates the medical man said he found at once that the neck was dislocated, and that death must have been instantaneous. He also said that on the left side of the head he found a contusion and a small clot of blood—formed, he thought, a few hours before. He said the neck was dislocated high up, and that the dislocation must have caused instant death. He also said that a billhook was produced to him, the blunt edge of which corresponded with the bruise, and he said that it might have been used, although he could see no blood on it. On that evidence, and other evidence not nearly so material, this poor woman, who is now admitted to be perfectly innocent of the death of her husband, was committed to take her trial here on a charge of wilful murder. However, she found some kind friend—for she was very poor—to take up her case, and he obtained an order that the body might be exhumed, and in the presence of the medical man in question, Dr. W. E. Thomas, Dr. Randall, and Dr. Griffiths made another *post-mortem* examination, the medical man in question agreeing to their report, which said there was no fracture present, and that there had been no broken neck at all. The cause of death was described in these words: "I entertain no doubt whatever that the deceased died from syncope, following acute inflammation of the left lung," the gentleman in charge of the examination adding, "I may add that all the medical gentlemen present completely endorse my opinion, and in my recollection they also said they found no such wound as could be produced by a billhook." Hence on the statement by the medical man in question, this poor unfortunate woman, who is as innocent of the death of her husband as I am, has been put in peril of her life, and but for the kind friend who took up her case, assisted by the Home Office, which allowed the body to be exhumed, she would now probably be standing there to take her trial for wilful murder. The medical man is in duty bound, if he can, to make some compensation to that unfortunate person; and I hope this will go far over the face of the country that he is under the deepest obligation to her for the terrible blunder he has made. We all must sympathise very much for her, especially as she is a woman of considerable poverty. Her recognisances will be discharged, and I express my sincere regret and deepest feeling of horror that she should by such a blunder have ever been placed in such a position. I should like to add that those who sat at the Petty Sessions had nothing to blame themselves for. They acted upon the evidence before them at the time, and they were in no way to blame.

The judge does not appear to have made any comment upon the proceedings before the coroner. From the reports which have been pub-

lished, it does not appear whether the medical man who gave the evidence at the inquest and before the magistrates had received orders from the coroner to perform a complete *post-mortem* examination. If such instructions were given, it is difficult to find any excuse for the blunder committed by the medical man in question.

SINGLE DIPLOMAS.

A CONTEMPORARY in a recent issue characterises a statement which recently appeared in the columns of the *BRITISH MEDICAL JOURNAL* as "entirely misleading." The statement to which exception is taken is to be found in the Medico-Legal column of the *JOURNAL* of November 11th, and is to the following effect—namely, that the L.R.C.P.Lond. is by itself a qualification under the Medical Act, 1886, and is recognised by the Local Government Board, and its possessor would thus, if registered, be entitled to hold a Poor-law appointment.

The grounds stated by our contemporary as a justification for its somewhat sweeping criticism are that under Section 111 of the Medical Act, 1886, no single qualification entitles a person to registration, but that it must be combined with a qualification in the correlative subjects derived from another body. In fact the registered diplomas must represent separate qualifications in medicine, surgery, and midwifery, and no single qualification fulfils this requirement, nor can anyone go on the *Register* in respect of such single qualification. There appears to be some confusion between the words "qualification" and "diploma." It is perfectly true that no one can be registered subsequently to the coming into force of the Medical Act, 1886, unless he is duly qualified in medicine, surgery, and midwifery. But it is equally true that a medical body which fulfils the statutory requirements is able of itself to grant a single diploma which confers a triple qualification upon its holder which entitles him to practise medicine, surgery, and midwifery. Such is the Royal College of Physicians, and its power to grant a registrable diploma under the Act of 1886 was decided in the well-known case of the Royal College of Physicians v. the General Medical Council, in which it was held that the College always had been and was then (and therefore is now) entitled independently and without acting in combination with any other medical body to hold such qualifying examinations in medicine, surgery, and midwifery as are mentioned in the Act of 1886, and to confer by its single diploma on its members and licentiates who had passed such examination the right of registration under the Medical Acts then (and now) in force. Such again are the powers, and such the diploma of the Society of Apothecaries of London. This body obtained under the powers of Section 7 of the Medical Act, 1886, Assistant Examiners in Surgery, and has ever since granted and continues to grant a single statutory and registrable diploma in medicine, surgery, and midwifery. The right of the Society no less than that of the Royal College to do this has been consistently recognised by the Local Government Board. If any further proof were needed of the incorrectness of our contemporary's contention, it is to be sought in the pages of the *Medical Register* itself, where numbers of names will be found registered subsequently to the Medical Act, 1886, with one diploma only. Under the circumstances to which we have adverted, we therefore repeat, confirm, and amplify our original statement—namely, that the Licence of the College of Physicians of London or of the Society of Apothecaries is by itself a registrable qualification under the Medical Act, 1886, and is recognised by the Local Government Board.

NON-REGISTRABLE DEGREES.

ROSIN has this year obtained the M.D., C.M. of Queen's University, Kingston, Ontario. When signing his name, is M.D., C.M.Ont. sufficient, the degree being unregistrable?

. When the degree is unregistrable, the proper course is, we consider, to affix the name of the university granting it. In the present case it would, perhaps, be better to add the word "Kingston" to the signature.

ASSISTANTS' HOLIDAY.

VERITAS sends the following: A. is a medical practitioner, and B. acts as his assistant. B., wishing to take a holiday, informed A. of his intention, mentioning at the same time the length of his intended absence, to which A. did not object by word or deed. On B's return A. offered him half the amount of salary which had fallen due during his (B's) absence. Has A. any right to do this?

. We are advised that on general grounds, as B. appears to have taken his holiday with A.'s previous consent, nothing being said on the question of salary, it does not seem that the latter is justified in subsequently making any deduction. Possibly the question is governed by the terms of B.'s engagement, and if these are contained in a written agreement reference should be made thereto.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

Sanitary Science.—The State Medicine Syndicate report that during the present year they have examined 58 candidates for the Diploma in Public Health. Of these 34 were successful in passing both parts of the examination.

Entrance Scholarships.—The examinations at 10 of the colleges for entrance scholarships and exhibitions have just taken place. Of over 110 awards it appears that 28 have been made for Natural Science and 23 for mathematics.

Medical Examinations.—The First and Second M.B. Examinations will begin on December 11th; the Third Examination for Degrees of M.B. and B.C. on December 12th. The names of the candidates are to be sent to the Registry for the first two by November 28th and for the last by November 29th.

UNIVERSITY OF LONDON.

M.B. EXAMINATION.—The following candidates have satisfied the examiners:

First Division.—A. S. Barnes, B.Sc., Mason College and Queen's and General Hospitals, Birmingham; J. Beatty, Trinity College, Dublin; W. Billington, Mason University College and Queen's Hospital, Birmingham; W. S. Danks, St. Bartholomew's Hospital; H. L. Eason, Guy's Hospital; C. T. Hilton, Guy's Hospital; R. J. Howard, London Hospital; C. G. Pugh, B.Sc., Middlesex Hospital; S. R. Scott, St. Bartholomew's Hospital; Mabel Geraldine Stevenson, Royal Free Hospital and London School of Medicine; F. G. Thomson, University Cambridge and Middlesex Hospital.

Second Division.—Susila Anita Bonnerjee, London School of Medicine for Women; H. S. Capper, University College; H. Clifford, University College; E. H. Collens, Mason University College; H. Collinson, Yorkshire College; E. C. Davenport, London Hospital; T. Evans, University College; H. D. Everington, St. Bartholomew's Hospital; W. Ferris, St. Mary's Hospital; E. F. Fookes, Owens College and Manchester Royal Infirmary; J. Gaff, St. Thomas's Hospital; T. H. Gardner, King's College; Annie Chapman Gowdey, London School of Medicine and Royal Free Hospital; E. S. Hall, Guy's Hospital; J. C. Harcourt, St. Thomas's Hospital; H. Hartley, Owens College and Manchester Royal Infirmary; P. M. Heath, University College; W. C. Hirst, St. Bartholomew's Hospital; T. Oban, St. Thomas's Hospital; G. H. J. Hooper, Charing Cross Hospital; A. E. Horne, B.Sc., St. Mary's Hospital; Mary Muriel Griffin Iles, Royal Free Hospital; C. L. Lander, B.Sc., London Hospital; T. N. Leah, St. Mary's Hospital; Beatrice Frederica Lovibond, London School of Medicine and Royal Free Hospital; Louisa Martindale, Royal Free Hospital; G. N. Meachen, Guy's Hospital; H. H. Mills, Westminster Hospital; Christine Mary Murrell, Royal Free Hospital; J. A. O'Dowd, Birmingham Medical School; A. G. Osborn, Guy's Hospital; A. R. G. Pocock, University College; J. F. Porter, London Hospital; B. E. Potter, Charing Cross Hospital; H. M. Reeve, Guy's Hospital; B. E. Reynolds, University College; J. H. Rhodes, St. Bartholomew's Hospital; J. Robertson, Guy's Hospital; Mary Ariel Stewart, London School of Medicine and Royal Free Hospital; W. G. Stewart, Guy's Hospital; R. G. Strange, St. Thomas's Hospital; E. W. D. Swift, University College; I. Taylor, Yorkshire College; G. B. Thwaites, St. Thomas's Hospital; Jane Holland Turnbull, Royal Free Hospital; P. Turner, B.Sc., Guy's Hospital; W. H. Unwin, Charing Cross Hospital; H. J. Van Praagh, St. Mary's Hospital; Ethel Miller Vernon, London School of Medicine and Royal Free Hospital; J. G. Wallis, London Hospital; W. B. Watson, St. Mary's Hospital and Durham University; H. E. White, Mason University College; C. W. Wirgman, University College.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

The following have passed the primary part of the examination for the licence in Dental Surgery of the College: E. T. Pasley and H. Schlegel.

ANDERSON'S COLLEGE MEDICAL SCHOOL, GLASGOW.

Two additions have just been made to the teaching staff of this College. Dr. Carstairs Douglas, M.D., B.Sc., has been appointed Professor of Medical Jurisprudence in room of Professor R. M. Buchanan, resigned; and Dr. James Galbraith Connal, M.B., C.M., has been appointed Lecturer on Aural Surgery in room of Dr. James Erskine, resigned.

SOCIETY OF APOTHECARIES OF LONDON.

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

Surgery.—F. G. Aldrich (Section I), Charing Cross Hospital; R. Brookes (Section II), Westminster Hospital; J. M. Edwards (Section I), Charing Cross Hospital; D. Hamilton, Royal Free Hospital; F. Marriott, Edinburgh; G. G. Membrey (Section I), Toronto; T. C. Mitchell (Sections I and II), Leeds; H. J. Pickering (Sections I and II), St. Bartholomew's Hospital; E. D. Wortley (Sections I and II), St. Bartholomew's Hospital.

Medicine.—C. B. S. Amos (Section I), Royal Free Hospital; G. H. Bedford (Section I), Guy's Hospital; R. F. Ellery (Section II), St. Bartholomew's Hospital; R. T. Foster (Section I), Leeds; J. B. Hall (Section II), Leeds; W. K. S. Hay-Coghlan, St. Mary's Hospital; G. G. Membrey (Section I), Toronto; T. C. Mitchell (Sections I and II), Leeds.

Forensic Medicine.—C. B. S. Amos, Royal Free Hospital; G. H. Bedford, Guy's Hospital; T. Burdakin, University College Hospital; E. E. Evans, Royal Free Hospital; R. T. Foster, Leeds; M. P. Gabb, Middlesex Hospital; W. K. S. Hay-Coghlan, St. Mary's Hospital; G. G. Membrey, Toronto; T. C. Mitchell, Leeds.

Midwifery.—J. R. Clemens, St. Thomas's and London Hospitals; F. R. Featherstone, Guy's Hospital; R. T. Foster, Leeds; W. K. S. Hay-Coghlan, St. Mary's Hospital; H. Jessop, Birmingham; G. L. Parsons, Westminster Hospital; J. R. Pooler, Birmingham; C. H. Williams, St. Bartholomew's Hospital.

The diploma of the Society was granted to Messrs. M. P. Gabe, D. Hamilton, F. Marriott, T. C. Mitchell, H. J. Pickering, and E. D. Wortley.

declined to 17.3 last week. The rates in the several towns ranged from 11.5 in Burnley, 11.7 in Halifax, 12.3 in West Ham, and 12.6 in Cardiff, to 21.2 in Liverpool, 21.4 in Sheffield, 22.4 in Blackburn, and 25.3 in Preston. In the thirty-two provincial towns the mean death-rate was 17.2 per 1,000, and was 0.3 below the rate recorded in London, which was 17.5 per 1,000. The zymotic death-rate in the thirty-three towns averaged 1.9 per 1,000; in London the death-rate was equal to 2.0 per 1,000, while it averaged 1.9 in the thirty-two provincial towns, among which the highest zymotic death-rates were 3.5 in Blackburn, 3.7 in Leicester, 3.8 in Hull, and 4.3 in Sheffield. Measles caused a death-rate of 1.0 in Sheffield, 1.1 in Bradford, 1.2 in Blackburn, 1.3 in Preston, 1.4 in Birkenhead, and 1.6 in Hull; "fever" of 1.1 in Nottingham, 1.2 in West Ham and in Croydon, and 1.3 in Preston; and diarrhoea of 1.0 in Bolton. The mortality from scarlet fever and from whooping-cough showed no marked excess in any of the thirty-three large towns. The 117 deaths from diphtheria included 56 in London, 14 in Sheffield, 8 in Leicester, 8 in Liverpool, and 7 in Leeds. Six fatal cases of small-pox were registered last week in Hull, but not one in any other of the large towns; and only one small-pox patient was under treatment in the Metropolitan Asylums Hospitals on Saturday last, November 18th. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had increased from 2,538 to 3,564 at the end of the eleven preceding weeks, had further risen to 3,578 on Saturday last; 334 new cases were admitted during the week, against 414, 331, and 328 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, November 18th, 884 births and 580 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 18.8 and 17.0 per 1,000 in the two preceding weeks, rose again to 19.0 last week, and exceeded by 1.7 per 1,000 the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 13.5 in Perth and 16.6 in Dundee, to 21.3 in Greenock and 21.5 in Aberdeen. The zymotic death-rate in these towns averaged 2.3 per 1,000, the highest rates being recorded in Glasgow and Greenock. The 279 deaths registered in Glasgow included 12 from measles, 7 from scarlet fever, 5 from diphtheria, 3 from whooping-cough, 6 from "fever," and 7 from diarrhoea. Four fatal cases of diarrhoea were recorded in Edinburgh, 5 in Dundee, and 4 in Aberdeen; and 5 deaths from measles were registered in Greenock.

BURNLEY DISTRICT SANATORIUM.

THE new sanatorium of the Burnley Joint Hospital Board, erected at Kibble Park, Burnley, which was opened on November 11th by Alderman Caleb Thornber, J.P., Chairman of the Board, will provide for the proper isolation and treatment of infectious diseases, other than small-pox, occurring in Burnley Borough Rural District, Padiham, and Brierfield. The total population of this district in 1891 was 118,711, and the rateable value in 1899 is £558,007. The land on which the sanatorium is built is entirely enclosed with a substantial wall; it contains 6½ acres, and forms part of a breezy height overlooking Burnley, and varying from 600 to 750 feet above sea level. The water supply is from the Burnley corporation mains.

The buildings already completed, which allow of extensions, have been most substantially built, and equipped in the most approved fashion; they include an administration block for the medical officer, matron, dispensary, etc., and a fever pavilion for 22 adult patients in 2 wards of 10 beds each, and 2 single bed wards. The wards, bathroom, and lavatories are heated by low-pressure hot-water circulating pipes, and by Shorland's ward stoves and Manchester grates. The ventilating arrangements of the wards consist of Shorland's inlets and extractors fitted with control flaps, also glazed hopper fanlights to the windows. The ward windows are all constructed to allow of fresh air being admitted into the wards without causing draughts. The beds are of the Lawson Tait pattern, and the mattresses are stuffed with wood fibre.

The isolation pavilion contains 4 wards of 2 beds each, and 2 ward kitchens; there is also a laundry, stable, and mortuary block. The disinfection by Defries, Limited, London, is of the "Equifex" pattern, employing saturated steam at a pressure of 60 lbs. to the square inch. The mortuary is so arranged that a body may be placed under a special inspection window, whereby friends of the deceased may, with a minimum risk of infection, see the body from the exterior of the building. The drainage has been carried out on the separate system, all surface and roof water being conveyed direct to the surface water drainage of the Corporation of Burnley, and the sewage to the Corporation sewer in Marsden Road. A duplicate set of tanks for sewage disinfection has been constructed on the site, through which all sewage from the hospital buildings must pass before being turned into the sewer. Self-acting flushing tipplers of various capacities are placed at the heads of all drains. Disinfection chambers and inspection manholes have been constructed along the lines of the drains.

The total cost of land, buildings, drainage, furnishing, etc., will be about £20,000. Mr. F. S. Button, M.I.C.E., architect to the Board, prepared the plans of the sanatorium.

There is ample space on the appropriated site for 4 additional pavilions, which when completed will give further ward accommodation for 74 adult patients, making a total of 104 with those already provided for. The Committee intend as soon as possible to proceed with the erection of 2 more pavilions similar to the isolation pavilion now in use for scarlet fever patients.

BATHS AND BATHERS IN LONDON.

A RETURN presented by the Local Government Committee to the London County Council at its meeting on November 21st showed that in thirty-five parishes of London the Baths and Washhouses Acts had been adopted. Some 2,532 public baths are in existence, of which 887 are first class and 1,659 second class, in addition to 85 swimming baths. The total bathers in 1897-8 are reported to number 4,463,109. The receipts and expenditure for 1897-8 show a deficit which falls on the rates amounting to £83,360.

PUBLIC HEALTH
AND
POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,822 births and 3,785 deaths were registered during the week ending Saturday last, November 18th. The annual rate of mortality in these towns, which had decreased from 21.1 to 18.0 per 1,000 in the three preceding weeks, further

MEDICAL NEWS.

MEDICAL MAGISTRATE.—Dr. R. M. Simon, F.R.C.P., Physician to the Birmingham General Hospital, has been appointed on the Commission of the Peace for the county of Warwick.

The course of lectures on Dental Surgery by Mr. Storer Bennett, announced to be given at the Middlesex Hospital during November and December, is unavoidably postponed until after Christmas.

HOSPITAL TREATMENT FOR CONSUMPTIVES IN BERLIN.—Arrangements have been made for a daily consulting hour for phthisical patients in Professor Senator's University Policlinic, Berlin, and a ward in the Charité Hospital is to be set apart for consumptives.

SIR SQUIRE BANCROFT has promised to tell the story as arranged by himself of Dickens's *Christmas Carol*, to which some passages from *The Chimes* have been added, on behalf of the Shadwell Children's Hospital, at St. Martin's Town Hall, Charing Cross, on Monday, January 15th, at 3 P.M. The amount which Sir Squire Bancroft has been able to give to various hospitals as a result of the readings which he has given exceeds £10,000.

THE SAN REMO HOME FOR INVALID LADIES.—This home, which was established twenty-two years ago to provide a temporary residence with board, medical care, and medicine for ladies of limited means, has, we are informed, several vacancies at the present time. Only cases in which there is a prospect of restoration to health are received, and hopeless or chronic cases are not admitted. The payment made by patients is 25 francs a week, which covers board, lodging, medical attendance, medicine, and all the comfort of a villa residence. The deficit on the working of the home, which is managed by a committee of ladies and gentlemen, is made up by subscription. The Empress Frederick is the patroness, and the medical officers are Dr. A. J. Freeman and Mr. L. E. Kay Shuttleworth. Applications for admission, which must be accompanied by certificates of social position and state of health, should be sent to Mrs. Daniel, Villa Emily, San Remo, or to Miss Kay Shuttleworth, 55, Aughton Street, Southport, England.

MEDICAL DEFENCE UNION.—The usual monthly meeting of the Council of the Union was held on Thursday, November 16th, at the registered offices, 4, Trafalgar Square. Dr. Griffith was in the chair; 20 other members of the Council were present. The Treasurer reported the satisfactory state of the funds, the bank balance being £1,061. The Secretary stated that 53 applications for advice and legal assistance had been received from members since the last meeting of the Council, and 25 of these were dealt with. A writ for libel on the professional character of a member was directed to be served and all legal steps necessary ordered to be taken by the Solicitor to the Union in defence of the member's reputation. Several other cases were placed in the hands of the legal adviser. Communications were received from the General Medical Council relating to the proposed restoration to the *Medical Register* of certain names previously erased; the Secretary was directed to take certain action to oppose restoration in two cases. The number of candidates elected at the meeting was 15, making a total for the year to date of 438 new members. The members number altogether 4,449, and the guarantee fund amounts to £6,552 15s.

MEDICAL VACANCIES.

The following vacancies are announced:

- BETHNAL GREEN BOARD OF GUARDIANS.**—Second Assistant Medical Officer to the Workhouse and Infirmary, Waterloo Road. Salary at the rate of £80 per annum (payable monthly) with rations, furnished apartments, and washing. Applications on forms provided to be sent to the Medical Officer to the Workhouse.
- 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 December 16th.
- BIRMINGHAM GENERAL DISPENSARY.**—A Resident Surgeon. Salary £150 per annum (with an allowance of £30 per annum for cab hire), with furnished rooms, etc. Applications to the Secretary by December 15th.
- BLACKBURN AND EAST LANCASHIRE INFIRMARY.**—Junior House-Surgeon. Salary to commence at £30 per annum, with board, washing, lodging, etc. Applications to the Secretary, 15, Richmond Terrace, Blackburn, by November 27th.
- BRADFORD POOR-LAW UNION.**—Two Resident Assistant Medical Officers (male or female) for the Hospital and Workhouse of the Union. Unmarried. Appointments

- for one year. Salary for senior £150, and £100 for junior, with prescribed rations, etc. Applications to the Clerk to the Guardians, 22, Manor Row, Bradford, by December 4th.
- BRECON INFIRMARY.**—Resident House-Surgeon; unmarried. Salary, £70 per annum, with furnished apartments, etc. Applications to W. Powell Price, No. 6, Sulwork, Brecon, by December 20th.
- BUENOS AYRES, BRITISH HOSPITAL.**—House-Surgeon. Salary, £200 for the first year, £250 second, and £300 third year, with board, lodging, washing, and wine allowance. Applications to Dr. Louis Colbourne, Berkhamsted, Herts.
- 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, ADDENBROOKE'S HOSPITAL.**—Resident Assistant House-Surgeon. Salary, six board, lodging, and washing provided. Applications to the Secretary by December 9th.
- CARMARTHENSHIRE INFIRMARY.**—Resident Medical Officer; unmarried. Appointment for twelve months. Salary, £150 per annum, with furnished apartments, board, etc. Applications to the Secretary, 13, Guildhall Square, Carmarthen, by December 1st.
- CENTRAL LONDON OPHTHALMIC HOSPITAL.**—Gray's Inn Road, W.C.—House-Surgeon. Board and residence provided. Applications to the Secretary by December 15th.
- CHELSEA HOSPITAL FOR WOMEN.**—Fulham Road, S.W.—Clinical Assistant, tenable for three months. Fee eight guineas. Applications to the Secretary.
- EAST LONDON HOSPITAL FOR CHILDREN.**—Shadwell.—House-Physician. Board and residence, etc., provided. Honorarium of £25 on completion of six months' service. Applications to the Secretary by December 9th.
- EDINBURGH, UNIVERSITY OF.**—(1) Examiner in Materia Medica; (2) Two Examiners in Clinical Surgery. Appointments for four years. Salary of the former £75 per annum and the latter £50 each per annum. Applications to the Secretary, University Court, by December 30th.
- FLINTSHIRE DISPENSARY.**—Resident House-Surgeon. Salary, £120 a year, with furnished house, etc. Applications to the Secretary, Hagill Street, Holywell, by November 28th.
- GLASGOW VICTORIA INFIRMARY.**—Superintendent and Resident Medical Officer. Salary, £300 per annum, with board in the Infirmary and a free house. Applications to the Secretary, 22, Carlton Place, Glasgow, by December 9th.
- GUY'S HOSPITAL.**—Joint Lecturer and Senior Demonstrator of Physiology in the Medical School. Applications to the Treasurer, Superintendent's Office, Guy's Hospital.
- LEEDS GENERAL INFIRMARY.**—Honorary Obstetric Physician. Applications, marked "Private," to be sent to the Treasurer by November 28th.
- LIVERPOOL EYE AND EAR INFIRMARY.**—House-Surgeon. Salary, £80, with residence and maintenance. Applications to the Honorary Secretary, Bercy's Buildings, Liverpool, by December 2nd.
- MANCHESTER ROYAL INFIRMARY.**—Resident Medical Officer, not less than 25 years of age and unmarried. Salary, £150 per annum, with board and residence. Applications to the General Superintendent by December 2nd.
- MIDDLESEXBOURGH-ON-TESS, NORTH RIDING INFIRMARY.**—House Surgeon. Salary £100 a year, with lodging, board, and washing. Applications marked "Application for post of House Surgeon," to the Secretary by December 8th.
- NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC.**—Queen Square, Bloomsbury.—Registrar. Annual honorarium fifty guineas. Applications to B. Burford Bawlings, Secretary and Director by December 8th.
- NORTHAMPTON GENERAL INFIRMARY.**—Qualified Assistant to the House-Surgeon. Appointment for six months. Board, lodging, and washing provided, and honorarium of £25. Applications to the Secretary by November 30th.
- NORTH STAFFORDSHIRE INFIRMARY.**—Hartshill, Stoke-on-Trent.—House Governor and Secretary (non resident), age from 30 to 45 years. Salary £300 per annum. Applications to the Chairman of the General Committee by December 8th.
- NOTTINGHAM GENERAL DISPENSARY.**—Clinical Assistant; unmarried. Salary, £60 for six months, with coals, gas, furnished apartments, etc., renewable. Applications to the Secretary.
- OXFORD EYE HOSPITAL.**—House-Surgeon. Honorarium £50 on completing of a year's residence. Applications to the Honorary Secretary, 23, Banbury Road, Oxford, by November 30th.
- PARIKH OF ST. PANCRAZ WORKHOUSE.**—(1) Senior Assistant Medical Officer. Appointment for two years. Salary, £125 for the first year, £135 for the second, and residential allowances. (2) Junior Assistant Medical Officer. Appointment for one year. Honorarium, £60, with residential allowances. Applications on forms provided to be sent to the Clerk to the Guardians, Vestry Hall, Pancras Road.
- PONTERFAC GENERAL DISPENSARY AND INFIRMARY.**—Resident Medical Officer. Salary commencing at £150 per annum, with furnished rooms, etc. Applications to the Secretary by December 11th.
- ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—Three Members of the Court of Examiners. Must be Fellows of the College. Applications to the Secretary by December 6th.
- ROYAL FREE HOSPITAL.**—Gray's Inn Road, W.C.—Assistant Physician, must be F.R.C.P.Lond. Applications to the Secretary by December 16th.
- ROYAL HOSPITAL FOR DISEASES OF THE CHEST.**—City Road, E.C.—Assistant Physician; must be F. or M.R.C.P.Lond. Applications to the Secretary by December 5th.
- SALOP COUNTY COUNCIL.**—County Medical Officer of Health. Salary, £750 per annum. Applications to the Clerk, Shirehall, Salop, by December 27th.
- STAFFORDSHIRE GENERAL INFIRMARY.**—Assistant House Surgeon. Salary, £80 per annum, with board, lodging, and washing. Applications to the House-Surgeon by December 5th.
- TAUNTON AND SOMERSET HOSPITAL.**—Assistant House-Surgeon. Appointment for six months. Salary at the rate of £30 per annum, with board, washing, and lodging. Applications to the Hon. Sec., Bank Buildings, Taunton, by November 29th.
- TREBOAT HOSPITAL.**—Golden Square, W.—Junior Resident Medical Officer. Appointment for six months, but renewable. Salary, £50 per annum. Applications to the Secretary by December 10th.
- WEST LONDON HOSPITAL.**—Hammersmith Road, W.—(1) Physician; (2) House-Physician; (3) House-Surgeon. Two latter appointments tenable for six months, with board and lodging provided. Election for the former on December 11th. Applications for the two latter to the Secretary Superintendent by December 18th.
- WESTON-SUPER-MARE HOSPITAL AND DISPENSARY.**—Medical Officer to the Provident Dispensary. Salary, £50 per annum, with board, lodging, and washing. Applications to the Hon. Secretary by November 28th.
- WREXHAM INFIRMARY.**—House-Surgeon. Salary, £80 per annum, with board, lodging, and washing. Applications on forms provided to the Secretary, 1, Church Street, Wrexham, by December 10th.

MEDICAL APPOINTMENTS.

- BARKER, E. Marriott, M.A., M.B. & B.C. Cantab., L.R.C.P., M.R.C.S.**, appointed Honorary Medical Officer to the Convalescent Home of the Chelsea Hospital for Women at St. Leonard's-on-Sea.
- BEEVOE, Sir Hugh, Bart., M.D.**, appointed a full Physician at King's College Hospital.
- CARTE, W. A., M.D., M.Ch.**, Univ. Dub., appointed Senior Assistant Medical Officer to the Legos Railway, West Africa.
- DOUGLAS, Carstairs C., M.B., B.Sc. Edin.**, appointed Professor of Medical Jurisprudence in Anderson's College Medical School, Glasgow, vice R. M. Buchanan, M.B., F.R.C.S. Edin., resigned.
- FISCHER, R. C., M.D., F.R.C.S. Edin.**, appointed Professor of Ophthalmology to the School of Medicine, Cairo.
- GAIRDNER, J. F. R., M.B., C.W. Glas.**, appointed Extra Dispensary Surgeon Royal Hospital for Sick Children, Glasgow.

GIBSON, R., M.B., Ch.B. Edin., appointed House-Physician to the Hospital for Women, Soho Square, W.
 GRAY, John G., M.B.; C.M. Glas., appointed Extra Dispensary Physician, Royal Hospital for Sick Children, Glasgow.
 GROSVENOR, Randolph L., B.A. Cantab., M.R.C.S., L.R.O.P., appointed Clinical Assistant, Chelsea Hospital for Women.
 HILLIAR, G. H. S., L.R.O.P., L.R.C.S. Edin., appointed Medical Officer for the Much Wenlock District of the Madeley Union, vice A. G. Mackenzie, M.R.O.P., F.R.O.S. Edin., resigned.
 KNOWLES, Miss Beatrice, M.B., B.S. Lond., appointed Assistant Medical Officer to the Waterloo Road Workhouse of the Bethnal Green Union.
 LITTLEJOHN, R. Sydney, B.A. Syd., M.D., C.M. Edin., appointed Honorary Medical Officer to Outpatients' Department, Sydney Hospital for Sick Children.
 MACKEY, Hugh J. D., L.R.O.P., L.R.C.S. Edin., L.F.P. & S., appointed Medical Superintendent of Aston Hall, Warwickshire.
 MCLEAN, J. F., M.R.C.S., L.R.O.P. Lond., appointed Superintending Surgeon to the British Seamen's Hospital, Constantinople.
 MACMAHON, John Ross, M.B., C.M., appointed Clinical Assistant to the Chelsea Hospital for Women.
 MACHEN, G. N., M.B. Lond., M.R.C.S., L.R.O.P., appointed House-Surgeon to the Tottenham Hospital, N.
 MCKINNEY, J. M. D. St. And., M.R. J.S. Eng., appointed Medical Officer to the Hesse Urban District.
 NORMAN, G., M.B., appointed Medical Officer for the Buckhurst Hill District of the Spying Union, vice M. Hutchinson, L.R.O.P., L.R.C.S. Ire., resigned.
 STUART, Mackworth, M.R.C.S., L.R.O.P., appointed Assistant Resident Medical Officer to the London Temperance Hospital.
 WARDMAN, W., L.R.O.P., L.R.C.S. Edin., appointed Medical Officer for the Third District of the Manchester Union, vice J. M. Preston, M.B., C.M. Edin., resigned.
 YOUNG, Alfred A., M.A., M.B., C.M. Glas., appointed Extra Dispensary Surgeon, Royal Hospital for Sick Children, Glasgow.
KING'S COLLEGE HOSPITAL. The following appointments have been made: House-Physicians—(Senior) G. A. Roberts, M.R.C.S., L.R.O.P. (Junior) W. H. McMullen, M.R.C.S., L.R.O.P.; (Assistant) F. A. Sadler, M.R.C.S., L.R.O.P. House-Surgeons—S. M. Mayon, M.R.C.S., L.R.O.P.; H. B. Stratford, M.R.C.S., L.R.O.P.; P. Voepel, M.R.C.S., L.R.O.P. House Accompaniers—O. B. Fenn, M.R.C.S., L.R.O.P.; J. M. Twentyman, M.R.C.S., L.R.O.P. (Assistant).

DIARY FOR NEXT WEEK.

MONDAY.

Central London Throat, Nose, and Ear Hospital, Gray's Inn Road. W.O., 5 P.M.—Mr. Wyatt Wingrave: The Pathology of Nasal Obstruction.
West London Post-Graduate Course, West London Hospital, Ham-mersmith, W., 5 P.M.—Dr. Robinson: The Causes and Treatment of Pelvic Disease.
Medical Society of London, 830 P.M.—Mr. Mansell Moullin: Excision of the Vesicula Seminalis. Dr. H. A. Caley: Prognosis in Appendicitis, with notes of 200 cases.

TUESDAY.

National Hospital for the Paralysed and Epileptic, Queen Square, W.O., 8.30 P.M.—Mr. Gunn: Optic Neuritis.
West End Hospital for Diseases of the Nervous System, 73 Welbeck Street, W., 4 P.M.—Dr. Fletcher Beach: Cases of Epilepsy and Other Convulsive Disorders.
Royal Medical and Chirurgical Society, 8.30 P.M.—Adjourned Discussion on the Open-air Treatment of Tuberculosis, to be opened by Sir R. Douglas Powell, Bart., M.D.
London Throat Hospital, 204, Great Portland Street, W., 4.30 P.M.—Dr. Gatchett: Syphilitic Affections of the Pharynx and Larynx.
Medical Graduates' College and Polytechnic, 22, Chancery Street, W.O., 4 P.M.—Consultation (Medical), Dr. W. Miller Ord.

WEDNESDAY.

Medical Graduates' College and Polytechnic, 22, Chancery Street, W.O., 3 P.M.—Clinical Bacteriology (King's College) Class, Dr. J. O. Nash.
Hospital for Consumption, Brompton, 4 P.M.—Dr. Maguire: The Progression of Phthisical Lesions.
THURSDAY.
Medical Graduates' College and Polytechnic, 22, Chancery Street, W.O., 8 P.M.—Boatmen Ray Glass (Demonstration II), F. Harrison Low, M.B.
Hospital for Sick Children, Great Ormond Street, W.O., 4 P.M.—Dr. Garrod: Some Urinary Disorders of Childhood.
West London Post-Graduate Course, West London Hospital, Ham-mersmith, W., 5 P.M.—Mr. Percy Dunn: External Diseases of the Eye.
Central London Throat, Nose, and Ear Hospital, 5 P.M.—Dr. Dundas Grant: Treatment of Diseases of the Sinuses.
Charing Cross Hospital, Post-Graduate Course, 4 P.M.—Mr. Wallis: Demonstration of Surgical Cases.
FRIDAY.
West London Medico-Chirurgical Society, West London Hospital, W., 8.30 P.M.—Clinical Meeting. Cases will be shown by Mr. Meadum Eccles, Mr. Bidwell, Mr. Keeley, Dr. George Johnston, the President, and others.
Laryngological Society of London, 20, Hanover Square, 5 P.M.—Cases and specimens will be shown by Sir Felix Simon, Drs. Powell, Brooker, Pegler, Waggett, Messrs. Butlin, Roughton, Wingrave, and others.
Society of Anaesthetists, 20, Hanover Square, W., 8.30 P.M.—Dr. Walter Oost-estate: A Combined Inhaler for Ether, Chloroform, and A.C.E. Mixture. Clinical Cases by Mr. McCardie, Mr. E. W. Lloyd, and Mr. Turle Bakewell, etc.
London Throat Hospital, 204, Great Portland Street, W., 4.30 P.M.—Dr. Stoker: Chronic Glandular Diseases of the Nose and Nasopharynx.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 8s. 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.

MARRIAGE.

MORRISON-BETTY.—On November 18th, at St. Etheldreda's, Hatfield, Herts, by the Rev. E. A. Smith, Alexander Morrison, M.R.C.S., L.R.O.P., South Oroydon, to Louisa, youngest daughter of Richard Betty.

DEATHS.

JOHNSON.—At his residence, Cliff Bank House, Stoke-upon-Trent, on November 15th, Samuel Johnson, M.D., Ch.M., Medical Officer of Health for the Borough, aged 55 years.
 LAKEMAN.—On November 14th, at 80, Church Street, Mordbury, Thomas Lakeman, M.R.C.S., L.R.O.P., aged 84. Funeral at Mordbury Friday, November 17th, at 2 P.M. Friends please accept this (the only) intimation.
 SKRIMSHIRE.—On November 17th, suddenly, at Morpeth, Northumberland, Frederic William Skrimshire, M.R.C.S., L.S.A., in his 52nd year.

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.
 CHARGING CROSS. Attendances.—Medical and Surgical, daily, 1; Women, W. 1; S. 9.30; Skin, M. Th. 9; Dental, M. Th. 8.45; Throat and Ear, F. 9.30; Electro-therapeutics, Tu. Th. 9.30; Children, Tu. F., 1; Brompton, W., 9.45; Orthopaedic, Th. 1. Operations.—W. Th. F., 3; S., 2.
 CHELSEA HOSPITAL FOR WOMEN. Attendances.—Daily, 1.20. Operations.—M. Th. F., 2.
 CITY ORTHOPEDIC. Attendances.—M. Tu. Th. F., 2 Operations.—M., 4.
 EAST LONDON HOSPITAL FOR CHILDREN. Attendances.—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; Bar, 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; Bar, 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 p., 2; o.p., 1.30; Surgical, daily, 1.30 and 2; Obstetric, M. Tu. Th. F., 2; o.p., W. S., 1.30; Eye, Tu. S., 9; Bar, 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; F., 2.30; W., 2.30; 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., 9. Operations.—Tu. W., 2.30; Th., 4.
 MIDDLESEX. Attendances.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th., 1.30; o.p., 1.30; Eye, Tu. F., 9; Bar and Throat, Tu. F., 9; Skin, Tu., 4; Th., 2; Dental, M. F., 9.30; W. S., 9. Operations.—Daily, 1.30.
 NATIONAL ORTHOPEDIC. Attendances.—M. Tu. Th. F., 2 Operations.—W., 10.
 NEW HOSPITAL FOR WOMEN. Attendances.—Daily, 2; Ophth. almic, W. S., 9.30. Operations.—Tu. F., 9.
 NORTH-WEST LONDON. Attendances.—Medical, daily, exc. S., 2; S., 10; Surgical, daily, exc. W., 2; W., 10; Obstetric, W., 2; Eye, W., 9; Skin, F., 2; Dental, F., 9. Operations.—Th., 2.30.
 ROYAL EAR, Frith Street. Attendances.—M. W. F., 3; Tu. F., 9.30 and 7.30. Operations.—Th., 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., 9. Operations.—W. S., 9; (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; Bar, Tu. F., 2; Skin, Tu., 9; Larynx, Tu. F., 2.30; Orthopaedic, M., 2.30; Dental, Tu. F., 9; Electro-cal, M. Tu. Th. F., 1.30. Operations.—Daily, 1.30; (Ophthalmic), Tu. F., 2; Abdominal Section for Ovariectomy, F., 2.
 ST. GEORGE'S. Attendances.—Medical and Surgical, daily, 1 p., 1; o.p., 1.2; Obstetric, I. P., Tu. F., 1.45; o.p., M. Tu. 2.30; Eye, W. S., 1.30; Bar, Tu., 2; Skin, W., 2.45; Throat, 9; Dental, W., 9; Electro-therapeutics, M., 10; 9.30; Children's Medical, Tu. F., 9; 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., 1.45; Obstetric, Tu. F., 1.45; o.p., M. Th., 1; Eye, Tu. F., 9; Bar, M. Th., 9; Throat, Tu. F., 8; Skin, M. Th., 9; Dental, W., 9; 9.30; Electro-therapeutics, M., 10; 9.30; 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; Bar, M., 1.30; Skin, F., 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. F., 2; Tu., 2.30; (Ophthalmic), Th., 2; (Gynaecological), Th., 2.
 SAMARITAN FREE FOR WOMEN AND CHILDREN. Attendances.—Daily, 1.30. Operations.—Gynaecological, M., 2; W., 2.30.
 THORNTON, 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; Bar, M. Th., 9; Skin, Tu. F., 9; 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; Bar, Tu., 2; S., 10; Orthopaedic, W., 2; Diseases of Women, W. S., 2; Electro-cal, 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; Bar, 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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