

am aware, first pointed out by Sir W. Gowers and Hitzig. Stages 1 and 2 follow each other rapidly; stage 3 supervenes usually after a long interval or not at all. This happens in such a way that in the midst of an area with retardation of pain stimuli a smaller area becomes analgesic. In accordance with this, an area of stage 2 is, at least in early cases, surrounded by a zone of retardation of pain sense,² and an area of the third stage is found as a rule surrounded by an analgesic zone. Frequent changes in involved areas within a short time also are characteristic of the first and second stages. In the first two stages no marked lack of co-ordination is observed in the affected limbs. Wherever this was the case diminished sensation for touch was found. In no incipient case with lost Achilles jerk³ in one or both legs was a normal condition of sensation found in that limb. In all cases with deficient sexual power some disturbance in the sensation of the skin of the genital organs was found.

II. As to the quantity, the disturbance of sensation develops also systematically; that is to say, it follows the distribution of the posterior spinal roots. This has already been suggested by Hitzig,⁴ M. Laehr,⁵ Marinesco⁶, and H. Patrick⁷.

Owing to the very extensive overlapping of these roots (quite in accordance with the observations of C. S. Sherrington⁸ in *Macacus*) absolute loss of pain sense in a certain area can be observed only if two or more adjacent roots are involved. In the zones, where healthy overlap diseased roots only relative analgesia and retardation of pain sense is found.

The first roots involved in locomotor ataxy are, with great constancy, the third, second, and fourth dorsal, the fifth lumbar, first sacral, and fourth lumbar; from these localities the pathological process extends upward and downward.⁹

The comparative study of the development of disturbances in sensation in locomotor ataxia and allied diseases is most helpful in locating with greater accuracy the root distribution in certain parts of the human body. We find in many cases in the cervico-dorsal region the same peaks and notches in the border lines as were observed by Head and Sherrington. It appears, however, that the extent of the root areas, mapped out after this method, correspond more closely to the areas of Sherrington than to those of Head; and that, as Head himself and Thorburn have suggested, Head's zones do not correspond to posterior root zones, but to sensory segments of the cord. The cutaneous overlapping is certainly more extensive for touch than for pain; this is in accordance with Head, who worked on entirely different lines.

With regard to this method, the following facts are important:

1. As a rule, the extent of the disturbance of sensation in early cases is not quite symmetrical; usually on one side one or two more roots are involved than on the other.

2. In early cases of tabes the involvement of another root accompanying an attack of pain or numbness is a rather frequent occurrence. Areas with numb feeling are nearly always found analgesic, at least for quickly applied pin pricks.

3. In cases of advanced tabes persistent healthy root zones are very often observed within large areas of analgesia.

Finally, it is remarkable that the trigeminus area, at least the two upper branches, is very rarely involved; and also, that the nipple in very many cases, though surrounded by analgesic areas, long preserves its sensibility for pain and touch.

The development of disturbances of sensation of the skin described above was observed to occur with very great constancy¹⁰ in nearly 100 cases examined during the last eighteen months in New York and London. Of many of these cases diagrams and photographs were repeatedly taken. No border lines were drawn, but the answer obtained after each individual inquiry was noted down on the skin. These results held good also for many cases of allied diseases (ataxic paraplegia, syphilitic affections of the cord, combined sclerosis). The different qualities of disturbance of sensation were also met with in several cases of other spinal maladies—for example, different forms of myelitis, surgical cross lesions, and even disseminated sclerosis—often extending in the same order as in tabes.

If my observations can be accepted as numerous enough to permit me to draw conclusions, I would say that:

1. Cases of recognisable tabes dorsalis without any change in the perception of the skin do not occur.

2. The first and most constant objective symptoms of the disease are disturbances in the sensation of the above description, and absent or slowly-produced diminished Achilles jerk.¹¹

From the practical point of view we arrived at the conclusion that in suspected cases of tabes incipiens it is hardly of any use to test the sensation for touch, whereas it is of the greatest importance to test with great care the sensations of pain (pin prick), and to inquire also after the existence of retardation of pain perception, especially in the customary chest zone (third dorsal root zone). In three cases, in which the differential diagnosis between tabes and pseudo-tabes had to be suspended, adequate examination according to the above rules proved to be of decisive value.

It is rather strange that thus far in clinical examination, as well as by previous workers in this particular line, the sense for touch was by preference examined, whereas the sense for pain gives far more information; and also that the dissociation of the sense for touch and pain was regarded so long as characteristic of syringomyelia, whereas this dissociation, as I have shown, is a most common phenomenon in nearly all organic diseases of the cord.

As far as the work was done in London, I am greatly indebted to the visiting physicians of the National Hospital for the Paralysed and Epileptics, especially to Sir William Gowers for permitting me to examine the cases fully, and also to the house-physicians for facilitating the work.

NOTES AND REFERENCES.

¹ Examined after the method, described by me in the *Journal for Nervous and Mental Diseases*, July, 1899, p. 424. ² *Loc. cit.* ³ Compare previous communications in *Belge Médicale*, January, 1899; and *Neurologisches Centralblatt*, No. 23, 1899. ⁴ Hitzig, *Über traumatische Tabes, etc.*, Berlin, 1894.

⁵ M. Laehr, *Archiv für Psychiatrie*, Bd. xvii, H. 3, 1895, p. 669. ⁶ G. Marinesco, *Semaine Médicale*, October 13th, 1897. ⁷ H. Patrick, *New York Med. Journal*, 1897, p. 173. ⁸ C. S. Sherrington, *Phil. Trans. R. S. of London*, 1898, v. 190, p. 46. ⁹ It is most probable that further anatomical research will throw some light on this peculiar distribution. ¹⁰ Except in one case of so-called high tabes. ¹¹ Examined after the method described by me in the *Neurologisches Centralblatt*, 1899, No. 24.

MEMORANDA:

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

THREE VARIETIES OF SKIN TUMOUR EXISTING SIMULTANEOUSLY IN ONE INDIVIDUAL.

I HAVE recently had under my care two cases of epithelioma of the right hand occurring in men employed in gasworks. One of them, aged about 60, presented a somewhat unusual combination of tumours. The three following were present:

1. On the outer aspect of the left hand over the fifth metacarpal bone was a warty-looking growth, which had existed for about five years. When removed it showed microscopically the typical structure of a warty papilloma.

2. Near the inner canthus of the right eye there was a small ulcer with slightly raised edges and smooth base, which had made its appearance ten years previously. Clinically it had all the appearance of a rodent ulcer, and after removal this was confirmed by microscopic examination.

3. Lastly, on the right hand there was an ulcer of some size on the stump of the index finger, which finger had been amputated some months previously for epithelioma. The original ulcer that necessitated the amputation of the index finger appeared about five years before. I amputated the hand above the wrist, and microscopic examination of the ulcer proved it to be a typical squamous-celled epithelioma.

The simultaneous occurrence in one individual of three varieties of skin tumour exhibiting different modes of growth and with different clinical characters seems to me of sufficient interest to justify the case being put on record.

GEORGE THOS. BEATSON.
Glasgow.

FRACTURE OF BOTH CLAVICLES.

FRACTURE of both clavicles is an accident of such rarity that it is worth recording. A gentleman was galloping over one of his harvest fields, and put his horse at a stool; instead of rising to clear the stool it rushed through it, its forelegs got

entangled in some of the sheaves, it came down on its head, and, according to some of the labourers on the field who saw the accident, turned heels-over-head. The rider fortunately was thrown clear of the horse, and put out both his hands to save himself. Both clavicles were broken in the middle third very obliquely. The position and obliquity of the fracture in both bones was almost exactly similar. Although stunned and badly shaken by his fall he had no other injuries.

Kircaldy, N.B.

HENRY W. LAING, M.D.

VESICAL CACULUS RESEMBLING CANCER.

A WOMAN, aged 50, for twelve months had been suffering from severe pain in the region of the bladder. There was no symptom of cystitis, and the presence of a stone could not be made out by sounding, but on vaginal examination a very hard lump could be felt. As the case was thought to be one of cancer, she was sent to the Manchester Infirmary for operation. She was sent home and told to come back in a month. However, a few days ago, she was in severe pain again, and I was sent for, and on arriving at the house she passed a calculus about the size of a hen's egg, or rather larger. She is now free from pain, but has frequency in micturition.

Colne.

A. A. G. DICKEY, M.D.

INFLUENZA WITH URTICARIAL RASH AND DESQUAMATION SIMULATING SCARLET FEVER.

CASES of influenza accompanied by a red rash are sufficiently common not to attract much attention, and several such are referred to in Dr. Parsons's report on the epidemic of 1889-90 to the Local Government Board, and also in his further report the occurrence of desquamation in a proportion of cases either with or without previous rash is mentioned. In the following case an unusual combination of circumstances might easily have led, on the *post hoc ergo propter hoc* principle, to the conclusion that a wrong diagnosis had been made, and it therefore seems worth recording.

Inspector R—— of the Metropolitan Police, was first seen by me on September 4th, 1899. His face then had the appearance of a boiled lobster, and his arms and hands had what appeared to be an urticarial rash. He was put on the sick list, and in a few days the rash gradually disappeared, while pains in the back and limbs, similar to what he had had in a previous attack of influenza, developed, and left no doubt as to the nature of the present attack.

On September 13th he was granted a fortnight's leave of absence and went to the seaside, but reappeared on September 22nd in a state of alarm because his hands were desquamating freely, and he had been telegraphed for the day before, one of his children having shown symptoms of scarlet fever. It was found, however, that other cases of scarlet fever had occurred among the boy's playmates in the same street, two of whom had been removed to hospital, and in any case it was clear that what the inspector had suffered from was influenza, and not scarlet fever.

H. NELSON HARDY, F.R.C.S.Ed.,
Divisional Surgeon, Metropolitan Police.

REPORTS

ON

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

HOSPITAL FOR WOMEN, LIVERPOOL.

CASE OF HYDATID CYST IN THE OMENTUM OBSTRUCTING
LABOUR: SUBSEQUENT ABDOMINAL SECTION
AND REMOVAL.

(Under the care of JOHN E. GEMMELL, M.B., Honorary
Surgeon to the Hospital.)

MRS. M. C., aged 29, 1-para, was seen by me with Dr. Harcourt Davies, of Walton, on the night of July 5th, 1899. The history was that the patient had been in labour for twenty-seven hours, being attended by a midwife, who had

called in Dr. Davies on account of the delay; the latter found that the labour was obstructed by a tumour.

On examination, a cystic tumour was felt low down in the pelvis; the first stage of labour was completed, and the head unable to descend into the pelvis. The tumour was the size of a cocoanut, and was between the pains felt to be movable. The diagnosis was that of ovarian tumour, and with a cystic tumour of such a size the question of immediate operative interference was never considered, but on the patient being placed under an anaesthetic it was found that between the pains we could push the tumour out of the pelvis into the abdomen; after this, forceps were applied, and delivery easily effected.

On examination of the abdomen after delivery, we found the tumour occupying the right iliac fossa, and very movable. The puerperium was normal.

On August 14th the patient was admitted into the Hospital for Women under my care, and on examination we could feel a cystic tumour to the right of the uterus, which, being very mobile, could be pushed high up into the abdominal cavity or down into the pelvis; it was about the size of a small cocoanut, and of a soft solid consistence. The uterus was in normal position. The diagnosis was now made of a dermoid ovarian cyst with a long pedicle.

On August 18th I opened the abdomen, and passing the fingers into the peritoneal cavity the omentum was felt spread over the cyst and adherent to it and to the abdominal wall; and on exploring the pelvis, the uterus was in normal position, both ovaries and Fallopian tubes healthy and free, and the cyst in no way connected with them. The omentum being separated from the front of the tumour, a trocar and cannula were pushed into the cyst, the wall of which was very thick and irregular, and on squeezing the cyst a jelly-like matter came out, which was observed to consist of daughter cysts, the tumour being thus proved to be a hydatid.

As is usual in cases of hydatid cysts in the abdominal cavity there was no pedicle, but adhesions to the omentum on its upper and lower surfaces formed a pedicle for it, and allowed of the free movement remarked upon. On the right side, at its lowest part, it was adherent to the bladder, from which it was with difficulty separated. The adherent omentum was now ligatured in several pieces and separated, and the cyst removed. One small cyst, about the size of a barrelona nut, which contained several daughter cysts, was found fixed to the posterior wall of the uterus, and removed. The abdominal cavity, omentum, intestines, liver, and pelvis were thoroughly explored, but no more cysts were discovered. The abdomen was washed out and closed with silkworm gut; no drainage was used.

The first dressing was on the eighth day (August 25th), when the wound was healed and the stitches removed. The recovery was uninterrupted.

REMARKS.—This case is interesting mainly from the rarity of the condition; and although there are many recorded cases of hydatid disease of the abdominal cavity, yet looking over the literature of the subject I find no record of such a cyst being a cause of obstructed labour, although Galabin in his textbook of midwifery states that such cysts may be found in the pelvis and obstruct labour, but are rare, and cannot be diagnosed from ovarian tumours unless there is also a tumour of the liver. It is further to be noted that this cyst was solitary, whereas, in most instances recorded, cysts have been found to be multiple. The treatment of the case during labour is not different from the treatment of any case of tumour obstructing labour, namely, whenever possible push the tumour beyond the presenting part, and therefore there is no necessity to discuss the reasons, for and against, immediate operation by vaginal or abdominal section. Such operations are easy enough to do at the time, but must be even easier, and certainly safer, when undertaken after the puerperium. The pathological condition is that of the echinococcal mother cyst, containing numerous daughter cysts, and these cysts under the microscope show the typical characters of the laminated outer layer of the cyst wall proper, hooklets, and granular matter. It is impossible to say how the patient came to be infected. She stated that she had never resided in the country, had never lived anywhere where dogs were kept, and had never cared for dogs.

RELIEFS R.A.M.C. IN INDIA.

THE relief of R.A.M.C. officers detailed to proceed home in transports of the current trooping season will not take place at present.

THE ARMY MEDICAL SERVICE.

A. M. R. writes: If, as you say, "the so-called reserve is manifestly inadequate," how much more so must civilian surgeons be, who have had no experience at home or in camp with volunteers? The arrangements about "leading surgeons" for the Cape does not read well for the Royal Army Medical Corps; it is rather a direct insult to them, or they are deemed incompetent, as Professor Ogston insinuates.

** We do not agree with the latter part of this criticism. The Director-General has expressly said that the services of the consulting surgeons were asked for by him, and that in doing this he was, as we have pointed out, merely following Continental example, and in no way reflecting on the skill of his own officers, which we are certain is the last thing he would do. Nor do we think the great bulk of the R.A.M.C. will in any way resent the presence among them at the Cape of consulting surgeons. It is certain that expert civilians will in future be present with all modern armies; and if expert civil engineers or electricians, why not surgeons? Such men are employed for consultative and not executive or administrative work.

ONSEWER writes thanking us for keeping the real state of the Army Medical Service before the public. If it gets abroad that the regular service has fully met the necessities of two army corps, nothing will be done to increase its numbers or efficiency. The efficiency at the Cape is at the price of great inefficiency at home; where nursing sisters are not at hand, the sick are handed over to untrained men from regiments. The civil profession may supply doctors, but these are not medical officers, as the Americans found to their cost in the Spanish war. Medical officers can no more be extemporised than can those of any branch of the service.

** The outcome of this war will undoubtedly be an overhaul of our army establishments; and it will not be our fault if the Army Medical is not one of them.

MEDICO-LEGAL.

"PRIVILEGE" AS TO MEDICAL CERTIFICATES.

ARTHUR sends the following: A well-known railway company has issued a new form of certificate to its medical officers for the examination of candidates as to fitness for employment in its service. In case of rejection a blank is left to be filled up by the medical man, in which he is directed to insert the cause of rejection. Our correspondent asks whether a certificate given in this form would be considered a privileged communication if the reason for rejection were divulged by any official into whose hands the certificate happened to come.

** Where a certificate of this kind is given as part of the medical man's duty, and the information is, as it is in this case, properly required by his employers, the communication of the certificate to them would, we are advised, be held to be privileged, provided, of course, that the cause of rejection is set down in good faith and without malice. But if any official of the company were to improperly publish the certificate no privilege would attach to him.

MEDICAL EVIDENCE AT INQUESTS.

D. P. writes to inquire whether the coroner is justified in holding an inquest without medical evidence, and whether such an inquest is legal?

** When the coroner has decided to hold an inquest, which it is his legal duty to do in all cases arising from injuries or violence, he issues his warrant to the summoning officer directing him to summon a jury and such witnesses as he (the coroner) may think necessary to ascertain the cause of death, and the circumstances attending the same. In the case alluded to by our correspondent, which was a very bad case of burns, attended by him twice before death, the coroner did not summon the medical witness, and in the absence of his evidence the jury doubtless heard the evidence of what had occurred, and having viewed the body arrived at probably a correct and unanimous verdict: That the deceased died from shock following severe burns on the body, caused by so-and-so, and that the death was from an accidental cause. Then the coroner would be justified in issuing an "order for burial," and afterwards he would register the death with all the particulars required by law, including a copy of the verdict. Had the coroner or the jury not been satisfied with the evidence given, they could have adjourned for medical or further evidence, but in the case in question the cause of death was probably so apparent that we presume the coroner did not think it necessary to summon any medical witness. This is the only explanation we can give, but there can be no doubt that in the absence of medical evidence incorrect verdicts, some of a ludicrous character, are occasionally arrived at, more especially when the coroner himself has had no medical education, and when the evidence of the local policeman as to the cause of death is considered sufficient. Although such inquests are legal, they are not as a rule satisfactory, as clearly shown in evidence taken be-

fore the recent Parliamentary Committee on the Certification of Deaths, when it was recorded that the following verdict had been returned to the Registrar-General: "That the deceased died from a stone in the kidney which he had probably swallowed when he fell drunk upon a gravel heap."

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

Appointments.—Mr. F. C. Kempson, M.B., of Gonville and Caius College, and Dr. G. Elliot-Smith, Fellow of St. John's College, have been appointed Demonstrators of Anatomy. Dr. Hill (Master of Downing), Professor Allbutt, Professor Woodhead, and Dr. Sladen have been appointed to represent the university at the preliminary meeting for promoting a Congress on Tuberculosis to be held in London in the spring of 1901. Professor Woodhead has been appointed a member of the Museums Syndicate and of the State Medicine Syndicate; Dr. Donald MacAlister a member of the latter syndicate; and Mr. F. Deighton, M.B., a member of the Medical Board.

CONJOINT BOARD IN ENGLAND.

THE following gentlemen passed the First Examination of the Board at the October quarterly meeting of Examiners in the subjects indicated:

Chemistry and Physics.—E. F. R. Alford, University College, London; E. G. Anthouzis, St. Mary's Hospital; J. Aylen, St. George's Hospital; T. G. Campbell, St. Mungo's College, Glasgow; R. C. Bright, University College, Bristol; J. M. Carroll, Royal College of Surgeons, Edinburgh; J. Clarke-Hall, St. George's Hospital; C. A. F. Cresswell and A. H. Curtis, University College, London; V. A. Cranks, Clifton Laboratory; L. Doudney, Guy's Hospital; K. Edgar, St. Olave's Grammar School; F. G. Goble, Guy's Hospital; C. A. Godson, St. George's Hospital; M. Grundy, University College, London; F. F. Hatton, University College, Bristol; W. F. H. Ives, Hartley Institute, Southampton; A. H. Jacob, London Hospital; R. Jones, L.S.A. Lond., Royal College of Surgeons, Edinburgh; E. L. King, University College, London; C. H. Morris and J. F. Murphy, London Hospital; R. E. Palmer and W. H. Powell, St. Mary's Hospital; C. H. Reinhold, Guy's Hospital; T. W. Sexton, Middlesex Hospital; C. Speers, St. Mary's Hospital; and R. M. Wingent, Guy's Hospital.

Practical Pharmacy.—C. F. M. Abbott-Brown, King's College, London; L. D. Bailey, St. George's Hospital; J. E. L. Bates, Guy's Hospital; H. E. Batten and S. L. Brimblecombe, St. Mary's Hospital; I. W. Bent, private study; H. S. Burnell-Jones, London Hospital and King's College, London; G. A. Carter, Royal College of Surgeons, Edinburgh; A. F. Cole, St. Mary's Hospital; F. P. Cole, Calcutta Medical College; R. H. Cooper, Charing Cross Hospital; G. C. Cross and M. B. Dawson, Middlesex Hospital; S. J. Evans, Guy's Hospital; H. S. Faber, St. George's Hospital; H. A. Fenton, St. Mary's Hospital; S. C. Foster, Westminster Hospital; J. V. Foster, Mason (University) College, Birmingham; H. Gardner, Firth College, Sheffield; A. W. H. Grant, Charing Cross Hospital; C. S. Hawes, St. Bartholomew's Hospital; H. W. J. Hawthorn, Mason University College, Birmingham; A. S. Hosford, University College, London, T. H. J. E. Hughes, St. Mary's Hospital; T. Hutchinson, Mason University College, Birmingham; M. R. Johnson, London Hospital; F. J. F. Jones, Guy's Hospital; V. R. F. Kroenig, King's College, London; J. C. G. Kunhardt, St. Mary's Hospital; F. W. Longhurst, St. George's Hospital; E. H. McMahon, Charing Cross Hospital; R. M. McQueen and W. Martin, St. George's Hospital; J. I. Papanicola, London Hospital; H. F. Powell, University College, London; T. R. Roberts, St. George's Hospital; G. M. Seagrove, H. H. Serpell, and H. E. Stanger-Leathes, St. Bartholomew's Hospital; Percy N. Smith and W. G. Speers, St. Mary's Hospital; A. M. Stevens, University College, London; F. Talbot, Charing Cross Hospital; J. L. Tayler, St. Thomas's Hospital; W. B. B. Taylor, London Hospital; E. M. Thomson, St. George's Hospital; R. H. Tribe and J. E. Turle, University College, London; A. F. Van Dyk, Royal College of Surgeons, Edinburgh; T. H. Vickers, St. Mary's Hospital; E. C. Williams, St. Bartholomew's Hospital; J. A. Williams, University College, London; Mr. R. O. Wilson, University College, Bristol; C. W. T. Woods, St. George's Hospital; and J. H. Wroughton, St. Bartholomew's Hospital.

Elementary Biology.—F. C. J. Baker, King's College, London; H. S. Burnell-Jones, London Hospital and King's College, London; T. G. Campbell, St. Mungo's College, Glasgow; L. Doudney, Guy's Hospital; H. J. Duske, St. Mary's Hospital; W. H. Hamilton, Tonbridge School; F. F. Hatton, University College, Bristol; A. G. Payne, Charing Cross Hospital.

Medical Jurisprudence.—H. Gask, Guy's Hospital; F. A. Hort, Middlesex Hospital; R. Jones, L.S.A. Lond., Royal College of Surgeons of Edinburgh; and T. Morgan, Guy's Hospital

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following gentlemen having passed the First Professional Examination for the Diploma of "Fellow" in Anatomy and Physiology:

J. Armour, M.B., B.A. Toronto, M.R.C.S. Eng., L.R.C.P. Lond., Toronto University and University College, London; L. Bousfield, B.A. Cantab., Cambridge University and London Hospital; E. W. Brewerton, M.R.C.S. Eng., L.R.C.P. Lond., St. Bartholomew's Hospital and King's College, London; E. R. Carpenter, M.R.C.S. Eng., L.R.C.P. Lond., St. Bartholomew's Hospital; J. Cunningham, M.B., B.S. Melb., Melbourne University and St. Bartholomew's Hospital and King's College, London; J. S. Fairbairn, M.R.C.S. Eng., L.R.C.P. Lond., M.B., Ch.B. Oxon., Oxford University and St. Thomas's Hospital; A. J. Fairlie-Clarke, B.A. Cantab., Cambridge University and St. Bartholomew's Hospital; W. J. H. Hislop, M.R.C.S. Eng., L.R.C.P. Lond., M.B., C.M. Edin.,

Edinburgh University, King's College, and London Hospital; A. R. F. Hubbard, Charing Cross Hospital; H. R. Jeremy, London Hospital; F. J. McCann, M.D., C.M.Edin., M.R.C.P.Lond., Edinburgh University and King's College, London; J. C. Matthews, B.A.Cantab., Cambridge University and University College, Liverpool; T. R. Mulroney, M.R.C.S.Eng., M.D. and M.C.Malta, L.R.C.S.&P.Eng., Bombay, Edinburgh, and King's College, London; L. G. Nash, Guy's Hospital; V. B. Nesfield, St. Mary's Hospital; F. N. B. Odgers, B.A.Oxon., Oxford University and Guy's Hospital; A. P. Parker, M.B., B.Ch.Oxon., Oxford University and Middlesex Hospital; E. S. Parker, University College, London; F. H. Parker, B.A.Cantab., Cambridge University and Guy's Hospital; A. E. Pinniger, Middlesex Hospital; L. B. Rawling, M.R.C.S.Eng., L.R.C.P.Lond., M.B., B.C.Cantab., Cambridge University and St. Bartholomew's Hospital; C. N. Sears, St. Thomas's Hospital; J. C. Shaw, M.R.C.S.Eng., L.R.C.P.Lond., St. Bartholomew's Hospital; J. E. Simpson, M.R.C.S.Eng., L.R.C.P.Lond., University College, London; J. L. Stephenson, St. Mungo's College, Glasgow; E. S. Steward, M.R.C.S.Eng., L.R.C.P.Lond., Yorkshire College, Leeds; St. Bartholomew's Hospital, and King's College, London; G. O. Taylor, London Hospital; F. L. Thomas, Guy's Hospital; G. W. Thompson, M.B., C.M.Edin., Edinburgh University and King's College, London; B. J. Ward, Queen's Faculty of Medicine, Mason College, Birmingham; J. Wharton, B.A.Cantab., Cambridge University and Owens College, Manchester.

Seventy-four gentlemen presented themselves for this examination, 32 of whom passed, and 42 were referred back to their professional studies for six months.

The following gentlemen have passed the Preliminary Science Examination in Chemistry, Physics, and Practical Chemistry for the licence in Dental Surgery:

F. G. Day, Guy's Hospital; W. James, Middlesex Hospital; and F. W. Targett, East London Technical College, People's Palace.

Six gentlemen were referred back to their professional studies for three months.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

Messrs. T. J. Abbott, L.R.C.S.I.; R. J. Coulter, B.Ch., Univ. Dub.; T. Gilchrist, L.R.C.S.I.; R. D. Joyce, M.R.C.S.; D. A. McCurdy, L.R.C.S.I., and H. W. Oulton, L.R.C.S.I., having passed the necessary examination, have been admitted Fellows of the College.

OBITUARY.

HUGH RHODES, M.D., C.M.GLASG., M.R.C.S.ENG.,
Sheffield.

THE death of Dr. Hugh Rhodes, a young man of considerable promise, on November 16th, has occasioned great regret. Circumstances made it almost a tragedy. Not that it was sudden or at all unexpected, but for the courageous struggle he persistently and to the very last made, to carry on his professional duties, when for at least two years he and his more intimate friends were well aware that he was the subject of disease which, ere long, must prove fatal. This was not long after his marriage. The indomitable pluck he displayed could only be admired by those who knew the circumstances, and in spite of the difficulties mentioned he acquired such a success that, had his health and life been spared, it was clear he was marked out for a more than usually successful career. As it is, he passed away at the early age of 34, leaving a name for honourable dealing in professional and private life, and one which must for long be held in the highest esteem by his seniors no less than by his more immediate contemporaries.

He was the eldest son of Mr. H. G. Rhodes, Manager of the Dronfield Branch of the Sheffield and Rotherham Banking Company, and was born at Fulwood. He was educated at Dronfield and at Sheffield Grammar Schools, and passed on to Glasgow University to study medicine. He gained the Walton Bursary and the first prize in Anatomy in his year; and became M.B., C.M. (with honours) in 1887, M.R.C.S.Eng. in 1890, and M.D. in 1891. His first appointment was that of Assistant House-Surgeon to the Cumberland Infirmary, Carlisle; subsequently he was Assistant House-Surgeon and House-Surgeon to the General Infirmary, Sheffield. In 1892 Dr. Rhodes resigned the latter post, receiving many substantial tokens of regard, and joined Mr. W. Dale James in partnership in Sheffield. He was for a time Demonstrator of Anatomy, and lately Lecturer on Medical Jurisprudence in University College, Sheffield. He also lectured on Ambulance class work for the Sheffield School Board and the Midland Railway. About three years since he married the youngest daughter of the late Mr. E. Lucas, of Dronfield, and has left one little girl. He was Local Secretary of the Medical Defence Union and of the North of England Gynaecological Society, and was a member of the Sheffield Medico-Chirurgical

Society. He was the author of a thesis entitled *Koch's Treatment in Phthisis and Lupus*. Dr. Rhodes was much respected by his fellow practitioners.

The funeral took place at Dronfield Cemetery in the presence of his father, brother, and a large number of other relatives and friends.

SEVERAL correspondents have announced that Dr. STARK was killed on November 18th in Ladysmith by a shell. Dr. Arthur C. Stark graduated M.B., C.M.Edin in 1883, and was engaged in making investigations for a book on birds in South Africa, which was to be the first of a series of reports on the fauna of the region south of the Zambesi, to be issued under the direction of Mr. Sclater, of the Capetown Museum. We are indebted to Mr. Jonathan Hutchinson for the following extract from a letter which he has just received from his brother, long resident in Natal: "The Dr. Stark whose tragic death at Ladysmith you will have noticed, was an intimate and esteemed friend of mine. He was a naturalist of repute. He introduced himself to us at Boshfontein some five years ago, having heard of G.'s reputation as a local collector. He expressed a strong wish to explore the Drakensberg Range, and asked our advice as to ways and means. Eventually we agreed to take him for a consideration, we finding waggon, oxen, servants, horses, tent, and food. We then went and had a most enjoyable time; they ornithologised and I sketched. I found him a congenial man. I believe he leaves two grown-up daughters in London, who were educated at Girton. It appears that he had attached himself (being in Natal) to the Ladysmith medical staff. Coming out of his hotel he had both his legs taken off by a shell. 'Take care of my cat,' he said, and died almost immediately. I have felt his death very much, as that of an intimate friend."

SUDDEN death has removed a cultivated, laborious, and highly esteemed member of the profession, FREDERIC WILLIAM SKRIMSHIRE, M.R.C.S., L.R.C.P., who died at his house, in Morpeth, Northumberland, of angina pectoris, on November 17th. Until about five years ago he had enjoyed excellent health; but at that time a severe attack of influenza made a radical change in his constitution. In spite of his active life he became far too stout, and frequently suffered from attacks which he attributed to indigestion. However, he did all his professional work, being apparently in fair health, until the night before his death. On the day of his death he was quietly reading after breakfast, when he put his hand to the region of his heart, uttered an exclamation of pain, and fell from his chair. Dr. A. Brumell and Dr. Dickie both attended to him at once, but in half an hour he died. Mr. F. W. Skrimshire was born at Holt, Norfolk, where his father was a medical man. He studied for the profession at King's College, London, and passed the College and Hall examinations in 1870. He was Assistant Demonstrator of Anatomy at King's College Medical School for a time, and was then appointed House-Surgeon to the Dispensary at Morpeth. At the end of three years, during which his services received marked approbation from the governors, and patients, he resigned his post, and entered into partnership with the late Dr. M. Brumell. Mr. Skrimshire held several public appointments. He was (since 1888) Medical Officer of Health to the Morpeth Union District; Medical Officer and Public Vaccinator to one of the Districts of the same Union; Medical Officer to the Staff of the Post Office; and Surgeon-Lieutenant to the 1st Volunteer Brigade of the Northumberland Fusiliers. He was a member of the British Medical Association and of the Northumberland and Durham Medical Society, and was a Certifying Factory Surgeon. During his term of office as medical officer of health the Grand Stand on Morpeth Common was at his urgent solicitation converted by the Town Council into an isolation hospital. He was the senior practitioner in Morpeth, and his opinion, which was always carefully formed, was much sought after by his colleagues. His principal tastes, outside the work of his profession, were Freemasonry (he was a past master), volunteering, the services of the church (he had for years been a member of the choir and for the last two years rector's churchwarden), and music. He was a singer of taste, a pianist of skill, and composer of no mean ability. In every respect he was held in great esteem by all classes, and his death created profound regret throughout the town. He has

left a widow and five young children, for whom great sympathy has been evinced. The funeral was attended by deputations from the public bodies with which he had been officially connected, and also by the officers and band of the 1st V.B.N.F. and the men of the Morpeth company of the same battalion.

JOSEPH SAMUEL PRENDERGAST, M.D., Inspector-General of Hospitals, died at Bath on November 20th, in his 90th year. He was in point of age the father of the Army Medical Department, but entering the service pretty late in life, there is still a senior surviving officer, Inspector-General Dane. He entered the service in February, 1836, as Assistant Surgeon, and retired as Deputy-Inspector-General, with the honorary rank of Inspector-General, in May, 1863. He served in the Crimea on the personal staff of the Field-Marshal Commanding-in-Chief, was with Lord Raglan in his last moments, and accompanied his body to England. He was in the battles of Alma, Inkerman, and Balaklava, and at the siege of Sebastopol, for which he held the medal with four clasps, the fifth class of the Medjidieh, and the Turkish medal. Those medical officers who entered the service during the Mutiny will remember Inspector-General Prendergast as head of the medical division at Fort Pitt, Chatham—a smart little man, strict in discipline, but with a kindly keen wit and humour. He was among the last of the medical officers of the old school.

DR. HENRY HICKS, F.R.S., F.G.S., of Hendon Grove, Hendon, died on November 18th from heart disease. He was the son of the late Thomas Hicks, surgeon, of St. David's, was born in 1837, and received his medical education at Guy's Hospital. He became M.R.C.S., L.S.A., in 1862, and M.D. St. Andrews in 1878. He resided at St. David's from 1862 to 1871, and then at Hendon, where he had a very large practice. After a few years in Hendon he retired from general practice and became a specialist in mental diseases. His first geological paper was communicated to the Liverpool Geological Society. He communicated numerous papers to the Geological Society, British Association, London Geologists' Association, and to the *Geological Magazine*. Of late, his investigations were mainly confined to the oldest (pre-Cambrian) rocks of Great Britain, and he has shown that they are exposed in many areas in which their presence had hitherto been unsuspected. Dr. Hicks has also described many new fossils discovered by him in the Cambrian, Ordovician, and Silurian rocks, and has written several papers on the classification of these rocks. He also published results of explorations carried on by him in ossiferous caverns in North and South Wales, in which evidence is given to show that man occupied some of the caverns during a part of the glacial period. In 1891 he described the glacial deposits at Hendon and Finchley, and in 1892 he published an account of the discovery of mammoth and other remains in Endsleigh Street, London, with sections of the deposits in which they were found. Dr. Hicks was awarded the Bigsby Gold Medal of the Geological Society in 1883; he was President of the Society in 1896-98, had been Honorary Secretary, and was for many years on the Council. He was President of the London Geologists' Association in 1883-5, and was elected a Fellow of the Royal Society in 1885. He married, in 1864, Mary, only daughter of the Rev. P. D. Richardson, Vicar of St. Dogwell's, Pembrokeshire. He received the Diamond Jubilee Commemoration medal in 1897.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. G. A. Hendricks, Professor of Anatomy in the University of Minnesota, aged 49; Dr. Remi Lavise, Surgeon to the Hôpital Saint-Jean, and Professor in the University of Brussels, aged 52; and Dr. Amilcare Nascimbene, of Milan, for some years editor of the *Gazzetta Medica Lombarda*, aged 37.

PRESENTATION.—Dr. Whitfield Perkins, Admiralty Surgeon, Port Isaac, has been presented with a revolving reading desk and table, in oak and brass, by the chaplain, officers, and members of the Christchurch Hawkestone Institute, in token of appreciation of his services as Honorary Medical Officer to their Holiday Camps at Port Gaveme in 1898 and 1899.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,340 births and 4,135 deaths were registered during the week ending Saturday last, December 2nd. The annual rate of mortality in these towns, which had been 17.3 and 19.3 per 1,000 in the two preceding weeks, declined again to 18.9 last week. The rates in the several towns ranged from 11.4 in Croydon, 13.6 in Huddersfield, 14.1 in Wolverhampton, and 14.3 in Blackburn, to 22.0 in Brighton, 23.3 in Liverpool, 24.9 in Plymouth, and 25.2 in Hull. In the thirty-two provincial towns the mean death-rate was 18.6 per 1,000, and was 0.8 below the rate recorded in London, which was 19.4 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.1 per 1,000; in London the death-rate was equal to 1.7 per 1,000, while it averaged 2.3 in the thirty-two provincial towns, among which the highest zymotic death-rates were 3.6 in Salford, 4.0 in Preston, 5.5 in Sheffield, and 7.6 in Hull. Measles caused a death-rate of 1.1 in Preston, 1.1 in Birkenhead and in Sheffield, and 3.1 in Hull; "fever" of 1.1 in Birmingham and in Sunderland, and 1.5 in Nottingham; and diarrhoea of 1.0 in Plymouth. The mortality from scarlet fever and from whooping-cough showed no marked excess in any of the large towns. The 121 deaths from diphtheria included 52 in London, 17 in Sheffield, 8 in Leeds, 7 in Liverpool, 6 in West Ham, 5 in Manchester, and 4 in Salford. Fourteen fatal cases of small-pox were registered last week in Hull, but not one in any other of the thirty-two provincial towns or in London; and only one small-pox patient was under treatment in the Metropolitan Asylums Hospitals on Saturday last, December 2nd. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had been 3,564, 3,578, and 3,503 at the end of the three preceding weeks, had further declined to 3,445 on Saturday last; 294 cases were admitted during the week, against 328, 334, and 293 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, December 2nd, 922 births and 625 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 10.0 per 1,000 in each of the two preceding weeks, rose to 20.5 last week, and was 1.6 per 1,000 above the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 17.5 in Leith and 18.6 in Perth, to 21.6 in Paisley and 29.0 in Greenock. The zymotic death-rate in these towns averaged 2.4 per 1,000, the highest rates being recorded in Greenock and Perth. The 266 deaths in Glasgow included 14 from measles, 3 from scarlet fever, 5 from "fever," and 8 from diarrhoea. Three fatal cases of diarrhoea occurred in Edinburgh; 4 of measles and 4 of diarrhoea in Dundee; and 12 of measles in Greenock.

UNSAFE CONDENSED MILK.

THE occasions on which the public attention is drawn to the sale or use of unwholesome food appear to grow more frequent year by year. Rarely does a week go by but some flagrant offence is disclosed. This circumstance is doubtless the result of the increased energy displayed by local authorities in detecting and dealing with such cases; and while it is unquestionably true that even at the present day the offences that are discovered probably form only a small proportion of those which actually occur, the lesson presented by the disclosures and heavy penalties inflicted must inevitably serve as a wholesome check upon such disgusting and harmful practices.

The latest offender is a woman, who, according to the report before us, trades under the superlative title of the Tip-Top Cake Company. She was found by an official of the Poplar Board of Works to have in her possession 210 tins of bad condensed milk. Although witnesses for the defence sought to prove that the milk was not used in the manufacture of pastry, etc., the magistrate, Mr. Dickinson, had no difficulty in deciding that the milk was intended for such uses, and a penalty of 10 guineas and 5 guineas costs, or, in default of distress, six weeks' imprisonment, was inflicted.

Another case was tried before the magistrate at the Thames Police-court on November 30th. The defendant, a confectioner of Poplar, was charged with having on his premises 71 tins of milk in an unsafe condition, and intended for the food of man. It was stated that condensed milk was used for making caramel toffee. Dr. Alexander, Medical Officer to the Poplar Board of Works, gave evidence that the tins were blown. The defendant, who said that he remembered nothing as to the purchase of the milk, was convicted by the magistrate, who stated that the making of toffee for children with this milk aggravated the offence. The penalty was £20 and £10 10s. costs.

RIGHT OF M.O.H. TO NOTIFICATION FEE.

ALPHA SIGMA asks whether the medical officer of health of a small burgh in Scotland, who is also engaged in private practice in the burgh, is entitled to make any charge for the notification of cases of infectious diseases.

* * *—Certainly he is entitled to charge the statutory fee of 2s. 6d. Section XI of the Notification Act states that where a medical practitioner attending on a patient is himself the medical officer of the district he shall be entitled to [the] fee to which he would be entitled if he were not such medical officer.

THE date of the reception of the Presidents and Lady Presidents of the League of Mercy by the Prince and Princess of Wales at Marlborough House, has been fixed for Monday, the 18th inst., at 12 noon.

MEDICAL NEWS.

DR. YERSIN, whose name is well known for his researches on the plague, has been charged by the Government of Cochin China with a special mission to Java.

PRESENTATION.—A dinner was held at the Café Royal on November 30th, at which Dr. Morgan Dockrell was the guest of the evening. Professor Windle, M.D., F.R.S., who presided, proposed the toast of "Our Guest," and concluded by presenting Dr. Dockrell with an illuminated address and a service of silver plate, subscribed for by a large number of medical brethren and friends as a mark of esteem, and in recognition of Dr. Dockrell's recent action in the law courts to check the unauthorised use of his name in trade advertisements. Dr. Dockrell in responding expressed his gratitude to the subscribers.

MOSELEY HALL CONVALESCENT HOSPITAL.—In the report in the BRITISH MEDICAL JOURNAL of November 11th, on the recent opening at West Kirby, near Liverpool, of a country hospital for children suffering from chronic diseases, appears the statement that "the idea of a country hospital for chronic diseases, as distinguished from a home for incurables, seems to be a new one in this country." We are informed, however, that the Moseley Hall Convalescent Hospital, near Birmingham, was opened in April, 1892, and the last annual report records the excellent work accomplished during 1898, when the number of children admitted was 725, as compared with 614 in the preceding year. The daily average of children in the hospital was 61, and the detention-rate 30.64 days. It is gratifying to observe that no case of infectious disease had occurred in the hospital for more than eighteen months. In the case of the West Kirby Hospital, patients are not to be admitted for a shorter period than six months, and they may remain as inmates as long as two years. But at Moseley Hall detention is evidently much shorter. The admissions for each of the following diseases were twenty-five or over during the year: enteric fever, caries of spine, tuberculous hip, bronchitis, pneumonia, chorea, abscesses, debility, burns or scalds.

DEATH UNDER CHLOROFORM.—A quarryman, aged 49, of Egerton, Lancashire, had for years suffered from internal piles, especially during the past five or six months, and was about to undergo an operation for their removal on Saturday, November 11th, when death ensued. At the inquest it was stated that the deceased had "taken a drop of drink occasionally," but had not been drunk for a month. Dr. Robinson said the piles were ulcerated and bleeding, and he intended to excise them at the patient's own home. He had examined deceased carefully, and believed he would stand the anæsthetic. Dr. Boulton also examined deceased's heart, and administered the chloroform with a mask. The deceased struggled very violently; insensibility was, therefore, delayed. Two drachms of chloroform were used before unconsciousness ensued, when the breathing became deeply stertorous, the face and lips blue, and the pulse and respiration ceased. The veins were distended, one in the arm was opened, and black blood flowed freely. Artificial respiration was performed; a few ineffective respirations followed, but the heart ceasing to act, some ether was injected. Dr. Robinson considered death to be due to "paralysis of the right side of the heart from excessive strain caused by congestion of the lungs and asphyxia from violent struggling." There was no congestion of the lungs prior to the administration of chloroform. The verdict was "Death from misadventure." This would seem to have been a case of alcoholism, with the usual difficulty of producing anæsthesia common in such cases. The order of events was probably—struggling, fixation of chest wall, asphyxia, distension of the right side of the heart, and cessation of both pulse and respiration.

DENTAL HOSPITAL OF LONDON.—The annual dinner of the staff and past and present students of the hospital was held in the Whitehall Rooms of the Hôtel Métropole on December 2nd. Mr. Alfred Coleman, F.R.C.S., was in the chair. There were also present about 200 gentlemen. The toast of "The Queen" having been duly honoured, the Chairman gave that of "The Past and Present Students," and recalled the names of the six men—Messrs. Cartwright, John Tomes, Harrison,

R. Hepburn, Underwood, and Ibbetson—who were the first six officers of the hospital at its opening in 1859, and to whose exertions and sacrifices much of the success of the school and of the present high position of dental surgery was due. He hoped the new hospital would be ready for occupation in October next. Mr. W. B. Bacon (Tunbridge Wells) and Mr. J. T. Carter (Saunders Scholar of the past session) returned thanks for the past and present students respectively. Mr. F. A. Bevan, one of the Trustees, who proposed "The Hospital and School," observed that the cases treated during the past year numbered 63,298, or about 800 more than in the previous year; but, whilst there were 3,800 more extractions, the stoppings were 2,600 fewer than in the previous year. The Chairman had told them that teeth were becoming worse every year; the above figures seemed to prove it. In the army great importance was attached to good teeth; if soldiers in a long campaign had to eat "bildong" day after day and could not well masticate it, indigestion should ensue. Dr. Walker had just shown his interest in the school by giving an entrance scholarship of £20. Dr. Walker, in responding, said the new building was now at its third floor, and Mr. Woodruff traced the history of the school, and said that several foreign students were now at work there. Mr. C. S. Tomes proposed "The Visitors," for whom Dr. Montague Murray, Dean of Charing Cross Hospital, responded. He hoped that in the new London University there would be a Board of Dental Studies. Lastly, Mr. J. Smith Turner proposed "The Chairman," whom he described as "one of the boys of the old brigade." He spoke of the deep debt of gratitude which the dental profession owed to the College of Surgeons for founding the diploma of L.D.S., at an expense of £800, as the College had had to go to Parliament for a new charter. He warned students that if they went in for a university degree they should not be satisfied with one that was whittled down to the greatest possible extent. The Chairman replied. Mr. Chambers recited "The Absent-minded Beggar," and a collection was made for the Lord Mayor's War Fund, which realised £14 8s. 3d.

MEDICAL VACANCIES.

The following vacancies are announced:

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.

BIRMINGHAM AND MIDLAND EYE HOSPITAL.—Assistant House-Surgeon. Salary, £100 per annum, with apartments and board. Applications to the Chairman of the Medical Board by December 15th.

BOOTLE: BOOUGH OF.—Resident Medical Superintendent to the Hospital for Infectious Diseases. Unmarried. Salary, £150 per annum, with board, washing, and apartments. Applications endorsed "Resident Medical superintendent" to the Chairman of the Hospital Sub-committee, Town Hall, Bootle, by December 14th.

BRENTON INFIRMARY.—Resident House-Surgeon; unmarried. Salary, £70 per annum, with furnished apartments, etc. Applications to W. Powell Price, No. 6, Bulwer, B.c.w.n, by December 20th.

BRIGHTON: SUSSEX COUNTY ASYLUM.—Assistant House-Surgeon; unmarried, and under 30 years of age. Salary, not exceeding £80 per annum, with board and residence. Applications to the Secretary by December 20th.

BRIGHTON: ROYAL HOSPITAL FOR SICK WOMEN AND CHILDREN.—House-Surgeon. Salary, £100 per annum, with rooms and attendance. Applications, endorsed "House-Surgeon," to the Secretary by December 15th.

CANTERBURY: KENT AND CANTERBURY HOSPITAL.—(1) House-Surgeon. (2) Assistant House-Surgeon. Unmarried in each case. Salary for the former, £200 per annum, rising to £200, and the latter £250. Board, etc., provided. Applications to the Secretary by December 25th.

CENTRAL LONDON OPHTHALMIC HOSPITAL. Gray's Inn Road, W.C.—House-Surgeon. Board and residence provided. Applications to the Secretary by December 15th.

DROITWICH UNION.—Medical Officer for the Ombersley Medical District. Salary, £62 10s. per annum and fees. Applications to the Clerk, Board Room, by December 15th.

DUDLEY: GUEST HOSPITAL.—Senior Resident Medical Officer. Salary, £100 per annum, increasing to £120, with board, residence, etc. Applications to the Secretary by December 21st.

EDINBURGH: UNIVERSITY OF.—(1) Examiner in *Materia Medica*; (2) Two Examiners in *Obstetrics*. 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.

GREENWICH NORTHERN GENERAL HOSPITAL.—Junior House-Physician. Appointment for six months. Salary at the rate of £30 per annum, with board, lodging, and washing. Applications to the Secretary by December 15th.

GREENNOCK INFIRMARY.—(1) House-Surgeon. (2) Assistant House-Surgeon. Salary, £60 and £40 respectively, with board and residence. Applications to the Secretary, 2, Hamilton Street, Greenock.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, Bloomsbury, W.C.—(1) House-Physician; (2) House-Surgeon. Appointments for six months. Salaries, £30 each, with board and residence. (3) Resident Medical Superintendent. Appointment for one year, subject to annual re-election. Salary, 100 guineas per annum, with board and residence. Applications on forms provided to be sent to the Secretary by December 15th.

HULL ROYAL INFIRMARY.—Junior Assistant House-Surgeon. Salary, £20, with board and lodging. Applications to the Chairman, House Committee, by December 15th.

LEEDS: GENERAL INFIRMARY.—Honorary Assistant Ophthalmic and Aural Surgeon. Applications, endorsed "Appointment of Honorary Assistant Ophthalmic and Aural Surgeon," to the Secretary, by December 15th.

LEEDS: HOSPITAL FOR WOMEN AND CHILDREN.—Honorary Surgeon. Applications to the Election Committee at the Hospital by December 15th.

LEEDS.—Medical Officer to the Beckett Street Fever Hospital. Salary, £150 a year, with board, lodgings, and washing. Applications to the Medical Superintendent, Manston Hospital, Manston, near Leeds, by December 10th.

LEWES DISPENSARY AND INFIRMARY.—Resident Medical Officer. Salary, £100 per annum, with furnished apartments, board, etc. Applications to the Honorary Secretary, 311, High street, Lewes, December 30th.

LINCOLN LUNATIC ASYLUM.—Assistant Medical Officer. Salary, £100, with board and washing. Applications to the Medical Superintendent.

LONDON LOOK HOSPITAL. (1) House-Surgeon to the Female Hospital, Harrow Road, W.; (2) House-Surgeon to the Male Hospital, 91, Dean street, W. Salary of the former, £68 per annum, and of the latter, £64 per annum, with board, lodgings, and washing in each case. Applications to the Secretary at the hospital, Harrow Road, by December 14th.

MANCHESTER MAR HOSPITAL.—Clinical Clerkship. Appointment for six months. Honorarium of 10 guineas. Applications to the Secretary, 23, Byrom Street, Manchester.

MIDDLESEX HOSPITAL, W.—(1) Medical Officer and Registrar to the Cancer Department. (2) Assistant to the Director of the Cancer Research Laboratories. Appointments are annual, eligible for re-election. Salary of the former, £200 per annum, with board and residence in the College. Salary of the latter, £100 per annum, and an honorarium of £50 after his second year if re-elected. Applications to the Secretary. Superintendent by December 13th.

NOEHT-HASTHORPE HOSPITAL FOR CHILDREN.—House-Physician. Appointment for six months. Salary at the rate of £50 per annum. Applications to the Secretary, at the City Office, 27, Clement's Lane, London, S.E., by December 15th.

NOTTINGHAM: NORWICH AND NORWICH HOSPITAL.—House-Physician; unmarried, and not more than 30 years of age. Salary, £200 per annum, with board, lodgings, and washing. Applications to the Secretary by December 16th.

NOTTINGHAM GENERAL DISPENSARY.—Clinical Assistant. Salary, £60 for six months (renewable). Applications to the Secretary.

PLYMOUTH, SOUTH DEVON AND EAST CORNWALL HOSPITAL.—House-Surgeon. Salary £100, with board and residence. Applications to the Honorary Secretary by December 18th.

PONTEFRACT GENERAL DISPENSARY AND INFIRMARY.—Resident Medical Officer. Salary commencing at £150 per annum, with furnished rooms, etc. Applications to the Secretary by December 11th.

QUEEN ADELAIDE'S DISPENSARY, Bethnal Green, E.—Resident Medical Officer; unmarried, and under 35 years of age. Salary, £100 per annum, with furnished apartments, etc. Applications to the Secretary by December 14th.

RICHMOND UNION.—Medical Officer and Public Vaccinator for the Mortlake District. Salary, £90 per annum and fees. Applications to the Clerk to the Guardians, 17, The Green, Richmond, Surrey, by December 12th.

ROYAL COLLEGE OF PHYSICIANS, London.—Milroy Lecture for 1901. Applications to the Registrar by January 5th, 1900.

ROYAL FERN HOSPITAL, Gray's Inn Road, W.C.—Assistant Physician; must be F. or M.R.C.P. Lond. Applications to the Secretary by December 16th.

ROYAL LONDON OPHTHALMIC HOSPITAL, City Road, E.C.—(1) Senior House-Surgeon, salary, £75, with board and residence. (2) Curator and Librarian. Salary, £120. (3) Junior House-Surgeon. Salary, £50, with board and residence. (4) Junior Out-patient Surgeon. Salary, £50. Applications to the Secretary by December 14th.

ST. MARY, ISLINGTON.—Medical Officer for the No. 2 Upper Holloway Central District. Salary, £100 per annum and fees. Applications to the Clerk, Guardians' Offices, St. John's Road, Upper Holloway, by December 11th.

ST. SAUVEUR'S UNION.—Dispenser at the Infirmary, East Dulwich Grove, S.E. Salary, £120 per annum, and dinner and tea daily. Applications or forms provided to be sent to the Clerk, Union Office, John Street, W., Blackfriars Road, S.E., by December 11th.

SALOP COUNTY COUNCIL.—County Medical Officer of Health. Salary, £750 per annum. Applications to the Clerk, Shrewsbury, Salop, by December 27th.

SOUTHAMPTON: BOYAL SUTH HANTON INFIRMARY.—Assistant House-Surgeon. Appointment for six months. Salary at the rate of £50 per annum, with rooms, board, and washing. Applications to the Secretary before December 23rd.

THROAT 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.

VICTORIA HOSPITAL FOR CHILDREN, Queen's Road, S.W.—House-Surgeon. Appointment for six months. Honorarium, £25 and board and lodging. Applications to the Secretary by December 23rd.

WEST AFRICAN RAILWAYS.—Two Assistant Medical Officers. Salary, £30 to £35 per month, with free quarters, first-class passage out and home, and four months' leave after eight months' residential service. Applications, endorsed "Assistant Medical Officer," to Messrs. Shefford and Son, 35a, Great George Street, S.W.

WEST HAM UNION.—Medical Officer for No. 15 District. Salary, £130 per annum, rising to £180 and fees. Application, or forms provided, to the Clerk, Guardians' Offices, Union Road, Leistonone, by December 13th.

WEST LONDON HOSPITAL, Hammeram 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 13th.

WREXHAM INFIRMARY.—House-Surgeon. Salary, £30 per annum, with board, lodgings, and washing. Applications on forms provided to the Secretary, 1, Church Street, Wrexham, by December 16th.

YORK: Medical Officer of Health of the City. Salary, £400 per annum. Must devote his whole time to the duties. Applications, endorsed "Medical Officer of Health," to the Town Clerk, Guildhall, York, by January 4th, 1900.

MEDICAL APPOINTMENTS.

BLOXAM, G. E., M.R.C.S., L.R.C.P., appointed Medical Officer to the Western Dispensary, Bath, vice H. Culliford Hopkins, deceased.

BUTTERFIELD, Frank, M.R.C.P., appointed Junior House-Surgeon of the Blackburn and East Lancashire Infirmary.

EVANS, Arthur H., M.D., B.S.Lond., F.R.C.S.Eng., appointed Senior Surgeon to the East Dispensary, Liverpool.

GUNN, Albert A., M.B., Ch.B. Edin., appointed Senior House Surgeon of the Blackburn and East Lancashire Infirmary.

HELLINE, J. B., M.D. Lond., appointed Honorary Obstetric Physician to the Leeds Infirmary, vice James Brathwaite, M.D. Lond.

HOPKINS, J. J., L & L.M.R.C.P., L & L.M.R.C.S.J., J.P., appointed Medical Officer and Medical Officer of Health to the Castleterre No. 1 District.

JONES, T. O., L.R.C.P., L.R.C.S.Eng., reappointed Medical Officer of Health to the Ruthin District Council.

KELLYACK, T. N., M.D. Vict., M.R.C.P. Lond., appointed Assistant to the Professor of Medicine, the Owens College, Manchester.

NICHOLSON, H. Gilbert, M.R.C.S., L.S.A., appointed Honorary Medical Officer to the Queen's Ade'side Dispensary, Bethnal Green.

PATERSON, James N., M.B., C.M., F.R.C.S.Eng., appointed Assistant Ophthalmic Surgeon to the Edinburgh Royal Infirmary.

PUGH, R. M.S., Ch.B., appointed Senior Assistant Medical Officer at the Birmingham City Asylum.

REYLL, M. Carv., M.R.C.S. Eng., etc., appointed Surgical Registrar to the Westminster Hospital, and Demonstrator of Physiology in the Westminster Hospital Medical School.

SMITH, Charles Edward, M.B., Ch.B. Edin., appointed Junior Assistant House-Surgeon to the Royal Devon and Exeter Hospital, Exeter.

STANWELL, St. John, M.B. Edin., M.C.S., appointed Surgeon to the Stamford General Infirmary, Stamford, vice R. Farrar, M.D. Oxon., M.R.C.S., resigned, and Surgeon to the Post Office at Stamford.

WHITEHORN, A. L., M.R.C.P. Lond., B.S., M.R.C.S. Eng., appointed Honorary Ophthalmic and Annual Surgeon to the Leeds General Infirmary, vice J. A. Nunneley, M.B. Lond., M.R.C.S. Eng., appointed Consulting Surgeon.

WIGG, James, L.R.C.P. Lond., appointed District Medical Officer for Ward 2 of the St. Pancras Parish, vice Mr. Louis B. Cleary, resigned.

ST. THOMAS' HOSPITAL.—The following gentlemen have been appointed as House-Officers from Tuesday, December 5th:—

Assistant House-Physicians—F. H. Ellis, M.B., B.C.Cantab., L.R.C.P., M.R.C.S.; B. F. Howlett, L.R.C.P., M.R.C.S.

Assistant House-Physicians—H. R. Beale, L.R.C.P., M.R.C.S.; L. S. Dudgeon, L.R.C.P., M.R.C.S.

Obstetric House-Physicians—(Senior) G. B. Thawates, M.B. Lond., L.R.C.P., M.R.C.S.; (Junior) H. M. K. Clarke, L.R.C.P., M.R.C.S.

Clinical Assistants in the Special Department for Diseases of the Throat—A. J. B. Adams, L.R.C.P., M.R.C.S.; S. M. Seftage, M.C. Lond., & kin—Y. Takaki, L.R.C.P., M.R.C.S.

Clinical Assistant in the Electrical Department—E. F. Buzzard, M.A., M.B., B.C. Oxon., M.R.C.P. Lond.

Several other gentlemen who held offices before have received an extension of their appointments.

DIARY FOR NEXT WEEK.

MONDAY.

Medical Graduates' College and Polytechnic, 22, Cheneys Street, W.C., 4 P.M.—Dr. Colleton and Mr. Turner: Discussion of Skin.

West London Post-Graduate Course, West London Hospital, Hammarth, W., 5 P.M.—Dr. Monin: The Diagnosis and Treatment of Pelvic Hemorrhage.

TUESDAY.

London Threat Hospital, 204, Great Portland Street, W., 4.30 P.M.—Dr. Furniss Potter: The Use of Instruments.

West End Hospital for Diseases of the Nervous System, 78, Welbeck Street, W., 4 P.M.—Dr. Harry Campbell: Cases of Epileptic affections of the Brain.

Medical Graduates' College and Polytechnic, 22, Cheneys Street, W.C., 4 P.M.—Dr. W. Miller Ord: Consultation (Medical).

WEDNESDAY.

Royal College of Surgeons of England, 5 P.M.—Mr. Henry G. Howes: Bradshaw Lecture on a Centennial Review of Surgery.

Hospital for Consumption, Brompton, 4 P.M.—Dr. Hector Mackenzie: Bronchiectasis.

Medical Graduates' College and Polytechnic, 22, Cheneys Street, W.C., 4 P.M.—Mr. W. Houghton: Consultation (Surgical).

THURSDAY.

Ophthalmological Society of the United Kingdom—Patients and Card Specimens at 8 P.M. Onair at 8.30 P.M. Dr. Clinical Evening—Mr. George Seeling: Considerations on the Use of Lens. F. Oerl Shaw: Symptomatic Ophthalmitis after Enucleation.

Mr. John Griffith: Sarcoma of the Upper Conjunctival Cul-de-Sac. Mr. A. H. Thompson: Embolism of the Central Artery of the Retina. Mr. G. D. Maynard: Nasal Duct Dilator. Mr. G. Brookbank James: Changes in the Macula Area consequent upon Injury.

Charlton Cross Hospital, 4 P.M.—Mr. Gibbs: Demonstration of Surgical Cases.

FRIDAY.

London Threat Hospital, 204, Great Portland Street, W., 4.30 P.M.—Mr. Waggett: Prognosis in Chronic Deafness.

Hospital for Sick Children, Great Ormond Street, W.C., 4 P.M.—Dr. Arthur Newholme will open a discussion on The Health of Scholars with special reference to the Education Code and the Board of Education Act, 1890.

Hunterian Society, 8.30 P.M.—Pathological Meeting. Specimens will be shown by Dr. Hingston Fox, F.R.C.S., Mr. T. J. Smith, Mr. T. J. Tait, and other Fellows.

Hospital for Sick Children, Great Ormond Street, W.C., 4 P.M.—Dr. Still: Some Gastro-intestinal Disorders of Infancy.

Medical Graduates' College and Polytechnic, 22, Cheneys Street, W.C., 3 P.M.—Dr. Harrison: Low Class Roentgen Ray. Demonstration at 4 P.M.—Mr. J. Hutchinson: Consultation (Surgical).

West London Post-Graduate Course, West London Hospital, Hammarth, W., 5 P.M.—Mr. Bidwell: The Methods of Performing Intestinal Anastomosis.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in post-office order or stamps with the notice not later than Wednesday morning, in order to ensure insertion in the current issue.

BIRTH.

BODGE.—On December 5th, at Studley E.S.O., Warwickshire, the wife of F. Bodg, M.D., of a son.

MARRIAGES.

NICHOLSON—NAIRN.—At Dairsie House, Fife, on the 5th inst., by the Rev. W. J. Macleod, M.A., St. Bride's Free Church, Kirkcaldy, assisted by the Rev. John Campbell, B.D., Kirkcaldy Parish Church, and the Rev. W. D. Beattie, Montrose Free Church, Henry Oliphant Nicholson, M.B., M.S., second son of the late Professor Allevyn Nicholson, M.D., D.Sc., F.R.S., of Aberdeen University, to Eliza, fourth daughter of Michael B. Nairn, Esq., of Park House and Dysart House. At Home, 20, Manor Place, Edinburgh, third week in January.

ROWAN—HIME.—On the 7th inst., at the Church of St. Mary Magdalene, Bradford, by the Rev. G. E. Redhead, Vicar, assisted by the Rev. D. Linklater, D.D., Vicar of Stroud Green, cousin of the bride. Mr. Henry Denis Rowan, B.A., M.O., son of the late Lieutenant-Colonel Terence O'Brien Rowan, 34th Regiment, to Rosalind, daughter of Thomas Whiteside Hume, Esq., B.A., M.D., Bradford.

DEATHS.

GOODWORTH.—On November 30th, after twelve months' painful illness, Emily Mary, wife of E. P. Goodworth, Beech House, Winterton, Doncaster, aged 55 years.

JACKSON.—On the 4th inst., at 6, Flock Street, Whitehaven, Thomas Jackson, M.D., aged 65.

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*.—L. P. Tu. 2.30; o.p. F. 2.
CHARING CROSS. *Attendances*.—Medical and Surgical, daily, 1; Women, W., 1; S. 9.30; Skin, M. Tu. 2.30; Dental, M. Th. 8.45; Throat and Ear, F. 8.30; Electro-Therapeutics, Tu. Th. 9.30; Children, Tu. F. 1; Boentgen, 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 OSTEOPATHIC. *Attendances*.—M. Tu. Th. F. 2. *Operations*.—M. 4.
BEST 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. Tu. F. 2.30; Throat and Ear, Tu. F. 2.30; Skin, W. 2.30; Dental, M. 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. F. 1.30; Ear, Tu. F. 1.30; Skin, Tu. 1.30; Dental, daily, 9; Throat, F. 2. *Operations*.—M. W. Th. F. 1.30; (Ophthalmic), M. 1.30; Th. 2.
HOSPITAL FOR WOMEN, SOHO. *Attendances*.—M. 9; Tu. W. 12; Th. 9; F. S. 12. *Operations*.—Th. 2.
KING'S COLLEGE. *Attendances*.—Medical and Surgical, daily, 2; Obstetric, daily, 2; o.p. daily, 1.30; Eye, M. W. Th. 1.30; Ear, Th. 2.30; Throat, M. 1.30; F. 2; Dental, M. Th. 10; Skin, M. 10. *Operations*.—W. Th. F. 2.
LONDON. *Attendances*.—Medical, daily, 1.p. 2; o.p. 1.30; Surgical, daily, 1.30 and 2; Obstetric, M. Tu. Th. F. 2; o.p. W. S. 1.30; Eye, Tu. S. 9; Ear, W. 9; Skin, Th. 9; Dental, Th. 9. *Operations*.—Daily, 2.
LONDON TEMPERANCE. *Attendances*.—Medical, M. Tu. W. Th. F. 1.30; Surgical, M. Th. 1.30. *Operations*.—M. Th. 4.30.
LONDON THROAT, Great Portland Street. *Attendances*.—Daily, 2; Tu. F. 6. *Operations*.—Daily, 9.30.
METROPOLITAN. *Attendances*.—Medical and Surgical, daily, 2; S. 9; Obstetric, W. 2; Eye, W. 2; Throat and Ear, Th. 2; Dental, Tu. Th. S. 9. *Operations*.—Tu. W. 2.30; Th. 4.
MIDDLESEX. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. 1.30; M. 9; W. 1.30; Eye, Tu. F. 9; Ear and Throat, Tu. F. 9; Skin, Tu. 4; Th. 9.30; Dental, M. F. 9.30; W. 9. *Operations*.—Daily, 1.30.
NATIONAL OSTEOPATHIC. *Attendances*.—M. Tu. Th. F. 2. *Operations*.—W. 10.
NEW HOSPITAL FOR WOMEN. *Attendances*.—Daily, 2; Ophthalmic, W. S. 9.30. *Operations*.—Tu. F. 9.
NORTH-WEST LONDON. *Attendances*.—Medical, daily, exc. S. 2; S. 10; Surgical, daily, exc. W. 2; W. 10; Obstetric, W. 2; Eye, W. 9; Skin, F. 2; Dental, F. 9. *Operations*.—Th. 2.30.
ROYAL EYE, Finsbury Street. *Attendances*.—M. W. F. 3; Tu. F. 9.30 and 7.30. *Operations*.—Tu. 3.
ROYAL EYE, Southwark. *Attendances*.—Daily, 2. *Operations*.—Daily.
ROYAL FREE. *Attendances*.—Medical and Surgical, daily, 2; Diseases of Women, Tu. S. 9; Eye, M. F. 9; Skin, Th. 9; Throat, Nose, and Ear, W. 9. *Operations*.—W. S. 2; (Ophthalmic), M. F. 9.30; (Diseases of Women), S. 9.
ROYAL LONDON OPHTHALMIC. *Attendances*.—Daily, 9. *Operations*.—Daily, 10.
ROYAL OSTEOPATHIC. *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. 2.30; Eye, M. Tu. S. 2; S. 9; Ear, Th. 2.30; Children, Tu. F. 2.30; Skin, Tu. 2; Skin, Tu. 9; Larynx, Tu. F. 2.30; Orthopaedic, M. 2.30; Dental, Tu. F. 9; Electrical, M. Tu. Th. F. 1.30; (Ophthalmic), Tu. F. 5; Abdominal Section for Ovariectomy, F. 2.
ST. GEORGE'S. *Attendances*.—Medical and Surgical, daily, 1.p. 1; o.p. 12; Obstetric, I.p. Tu. F. 1.45; o.p. M. Tu. 2.30; Eye, W. S. 1.30; Ear, Th. 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. 8; Skin, M. Th. 9; Dental, W. S. 9; Electro-Therapeutics, M. Th. 2.30; Children's Medical, Tu. F. 9. *Operations*.—M. 2.30; Tu. W. F. 2; Th. 2.30; S. 10; (Ophthalmic), F. 10.
ST. PETER'S. *Attendances*.—M. 2 and 5; Tu. 2; W. 5; Th. 2; F. (Women and Children), 2; S. 4. *Operations*.—W. F. 2.
ST. THOMAS'S. *Attendances*.—Medical and Surgical, M. Tu. Th. F. 2; o.p. daily, 1.30; Obstetric, Tu. F. 2; o.p. W. S. 1.30; Eye, Tu. F. 2; o.p. daily, exc. S. 1.30; Ear, M. 1.30; Skin, F. 1.30; Throat, Th. 1.30; Children, S. 1.30; Electro-therapeutics, o.p. Th. 2; Mental Diseases, o.p. Th. 10; Dental, Tu. F. 10. *Operations*.—M. W. Th. S. 2; Tu. F. 3.30; (Ophthalmic), Th. 2; (Gynaecological), Th. 2.
SAMARITAN FREE FOR WOMEN AND CHILDREN. *Attendances*.—Daily, 1.30. *Operations*.—Gynaecological, M. 2; W. 2.30.
THROAT, Golden Square. *Attendances*.—Daily, 1.30; Tu. F. 6.30. *Operations*.—Daily, exc. M. 10.
UNIVERSITY COLLEGE. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetrics, M. F. 1.30; Eye, M. W. 1.30; Bar. M. Th. 9; Skin, Tu. F. 2; Throat, M. Th. 9; Dental, Tu. F. 9. *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; Skin, M. F. 4; 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.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 1, Agar Street, Strand, W.C., London; those concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, Strand, W.C., London.

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

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Manager, 429, Strand, W.C., on receipt of proof.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—or course not necessarily for publication.

CORRESPONDENTS not answered are requested to look at the Notices to Correspondents of the following week.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

IN order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL, and not at his private house.

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

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

QUERIES.

M.D. wishes to know what is a fair charge per head per term for attending twenty boarders at a grammar school.

* * * A usual charge is from 7s. to 10s. per head per term for ordinary medical and surgical attendance.

L.M.C. asks for advice in the treatment of the following case: A young man, aged 33, who resides in a tropical colony, suffers from intense itching of the lower extremities after bathing, which he does three times a day. He occasionally gets an attack of urticaria from nervousness—as, for instance, before speaking in public.

TYRES FOR AMBULANCES.

DR. W. ALLEN (Midhurst, Sussex) asks for opinions on pneumatic tyres for fever hospital ambulance vans running on country roads. He finds them liable to burst, and questions whether pneumatic tyres are any better than solid rubber for fever vans.

TEMPERAMENT AND DISEASE.

X. Y. Z. would like to know if there is any literature relating to the influence of temperament upon disease, and especially if there is any, and where it is to be found, having reference to the bearing of temperament upon tropical acclimatisation.

HERNIA IN CLUB CANDIDATES.

CLUB SURGEON asks if candidates for admission into any club or friendly society should be rejected if suffering from hernia.

* * * Certain friendly societies, notably the Ancient Order of Foresters, forbid the admission into their order of any candidate who is ruptured. If the matter, however, is left to the discretion of the surgeon he might in many cases admit such candidates if the hernia were capable of being thoroughly relieved by a suitable truss.

CHOICE OF A BICYCLE.

COUNTRY SURGEON, aged 46, height 5 ft. 9 $\frac{1}{2}$ ins., weight about 11 st., has just learnt to cycle on a borrowed Bantam of 22 in., geared to 60 in. He is barely of average robustness, but has found cycling far less exhausting than walking, and has ridden over 30 miles in one day. He finds, however, some difficulty in mounting an ordinary safety, and thinks of getting a 24 or 26 in. Bar tam of 60 in. gear, but first wishes to know from more experienced men whether this will be best, or should he persevere with a safety?

ONE FEE FOR TWO CLUBS.

A CLUB SURGEON asks advice under the following circumstances: A vacancy for a surgeon having arisen in his district, he has been asked to become a candidate for the appointment, and has been promised the support of a certain number of the members if he will consent to forego his fees from such members as pay towards another club to which he has been surgeon for some time past. Some of his professional brethren in the neighbourhood think he will be taking an unfair advantage in the competition by so doing.

* * * We would counsel our correspondent not to assent to such a position.

THE OFFICE OF HIGH SHERIFF.

ALPHA writes: I shall be glad if you will reply to the following query: I have been nominated High Sheriff for the county, and am trying to claim exemption on the ground that the luxury it affords is rather an expensive one. Can I claim exemption on the following grounds: (a) by virtue of my medical profession, being in active daily practice; (b) I have no freehold property in the said county. I shall also be glad if you can inform me how to go about claiming exemption, and to whom write.

P.S.—Perhaps I ought to mention that I am a justice of the peace for the county, though my freehold property is in an adjoining county.

* * * We assume that our correspondent has been nominated for election to the office of High Sheriff for next year, and that his nomination was made on November 12th. With regard to his claim for exemption upon the ground of his being a member of the medical profession, we are not aware of the existence of any statutory exception in favour of registered medical practitioners. Nevertheless, in making the appointment, we have no doubt that the fact of his being in active practice would entitle him to the privilege which is extended to barristers and solicitors. Apart from this, however, we think that our correspondent's second ground of exemption is quite sufficient, as it is provided by Section IV of the Sheriffs Act, 1887, that "a person shall not be appointed sheriff nor bailiff of a franchise except he have sufficient land within his county or bailiwick to answer the Queen and her people." Exemption should have been claimed on November 12th at the Royal Courts of Justice, but probably a letter addressed to the Chancellor of the Exchequer, setting out our correspondent's claim for exemption, may have the desired effect, if received by the authorities before the sheriffs' names are "pricked" by the Queen.

With reference to the postscript, we should observe that the case of a justice of the peace has no bearing upon the present point, as it is governed by Section I of the Justices Qualification Act, 1744.