

SINGLE CHANNEL OPERATION.

A short description of what I have called the single channel operation is as follows:

The bone is dealt with as in the ordinary radical mastoid operation. Special attention has to be given to the upper and lower margins of the groove, which results from the removal of the posterior wall of the external auditory canal, for it will form the posterior wall of the new and wider canal, and the slit cartilaginous meatus must be closely applied to this new surface. The bony edges, therefore, must be smoothed off, and a plain walled cavity produced. The posterior superior wall of the cartilaginous canal is then slit throughout its entire length. This may either be done by the scissors or a probe-pointed knife from within outwards, or a sharp-pointed knife may be made to transfix the canal at its outer end, and, guided by a director, placed in the mastoid wound, the knife may be driven inwards till it reaches the middle ear. The mastoid skin wound is then closely stitched, and a careful packing *via* the external auditory canal causes the slit posterior cartilaginous wall to apply itself to the posterior wall of the widened bony canal. A groove of granulation tissue fills up the gap in the slit cartilaginous canal, and the result is a much widened canal through which it is easy to conduct future treatment. This treatment consists almost entirely of careful packing with special absorbent gauzes. Individual granulation masses in canal or middle ear may require special treatment, such as the application of chromic acid. This is very easily done, and indeed the accommodation is so ample for manipulation of this kind that grafting of pieces of skin would be easy *via* this external auditory canal.

The advantages of this method of operation are:

1. All dressings are removed from the side of the head within a fortnight, and the patient may resume work at that date.
2. All treatment is carried on *via* the widened canal, which is so capacious that every part of the healing surface can be easily seen through the speculum, and every nook of it cleaned and packed with absorbent gauze.
3. Complete healing takes place within three months, and two dressings per week are sufficient, as a rule.

A PLASTIC OPERATION FOR THE CLOSURE OF RETRO-AURICULAR POST-OPERATIVE FISTULÆ.

By RICHARD LAKE, F.R.C.S.,

Surgeon to the Royal Ear and Metropolitan Ear and Throat Hospitals.

It occasionally happens after the so-called radical operation for the cure of chronic suppurative disease of the middle ear and mastoid antrum that when healing has been obtained a fistula remains in the site of the operation wound. The cases in which this formation of a fistula follows are those in which the extent of the disease was sufficient to necessitate an unusually free removal of bone. It would probably never occur if Ballance's method were generally adopted; and even when it does occur its importance is only obvious to the friends or relations of the patients—that is to say, the æsthetic effect is the only unsatisfactory one. The case in which the method to be described was adopted to close such a sinus was that of a lad aged 6. He had had his mastoid opened twice previously without obtaining a cure. The case was under the charge of Dr. Hall in the Watford Cottage Hospital. Towards the end of 1899 we did the third operation, and, as far as the discharge went, obtained a cure, but left a retro-auricular sinus. This we proceeded to close about eight months after the mastoid operation. The parts were carefully cleansed both outside and inside. Two U-shaped flaps, with the convexities looking backwards, were marked out; one *a, a', a''*, in the groove leading into the sinus, somewhat larger than the hole it was destined to cover, and a second, *b, b', b''*, on the posterior surface of the auricle of the same width as the *a* flap, and cut so as to pare the margin of the sinus (s Fig. 1).

The flaps were then dissected up and the *a* flap was turned forwards on its base, so that its outer or skin surface lay over the sinus; its edges were carefully attached to the edges of the sinus, keeping the skin surface of the flap inwards (Fig. 2).

The *b* flap was drawn directly backwards to fit into the place whence the *a* flap was taken, thus having the thin *a* flap backed by the tissue of the auricle, and consequently quickly and well nourished.

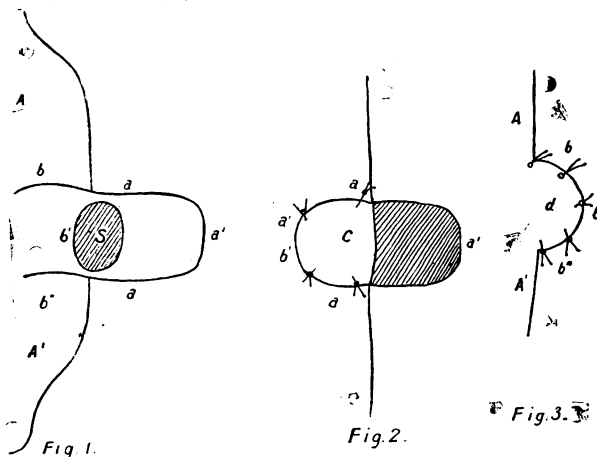


Fig. 1.—A A' auricle. *a a' a''* posterior flap. *b b' b''* anterior flap. *s* sinus.

Fig. 2.—C posterior flap in position.

Fig. 3.—d anterior flap in position.

The case did admirably, and healed, with the exception of two minute points, by first intention. The double flap was devised to obviate any tendency the operation might have to re-establish a discharge from the ear, which it effectually did. In a similar case the flaps might be cut out more rectangular.

MEMORANDA:

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

DEATH FROM AN INSECT BITE.

A GIRL, aged 8, was brought to me suffering from a bite of an insect received that day on the right side of the nose, and as I thought very probable, another in the orbit. There was swelling and erythema of the nose, proptosis, and well-marked chemosis suggesting orbital cellulitis. The next day she was much worse, the swelling extending on to the forehead, to the other eye, and down to the neck on the right side. The temperature was 104.4° F., the pulse was over 200, and not palpable at the wrist. There was twitching of the hands and arms, rigidity of the arms and legs, and the muscles of the neck, and photophobia, suggesting meningitis. I sent her to hospital, where she died on the following day from heart failure.

A *post-mortem* examination was performed. A primary focus of infection was found inside the lower lid of the right eye (an ulcer, sting, or bite). There was a few drops of pus in the conjunctiva surrounding. The inflammation had extended back into the orbit, causing orbital cellulitis, and also into the skin of the forehead. Contrary to expectations, there were no signs of meningitis; but in the left lung several recent pyæmic infarcts were found with a pyæmic abscess under the visceral pleura, and some pleural effusion. There was also some serous pericarditis. A cultivation of the blood showed a general septicæmic infection by the staphylococcus pyogenes aureus.

The case was a very remarkable one owing to the rapid onset of septicæmia from a cause which one is accustomed to regard as a trivial accident. The dissemination of the staphylococcus must have taken place very early, as only two days and a half elapsed from the time of the accident to the fatal termination.

Walthamstow.

CHAS. J. MOORE, M.B.R.U.I.

SHOCK CAUSED BY HIGH EXPLOSIVES.

The following case may be of interest as showing the effects of shock caused by high explosives.

On May 25th, 1900, an accidental explosion of dynamite took place in one of the "drives" of the Surprise Mine,

Selnhwe District. Several natives were injured and one was killed. As there were no external marks of injury on deceased beyond a fracture of left leg, and the body was found in a "winze," or small shaft, containing about $2\frac{1}{2}$ feet of water, into which he had fallen from the drive when the explosion took place—a fall of a few feet—the question arose, in view of the inquest which would be held, as to whether death was due to drowning or to effects of explosion.

On making a *post-mortem* examination I found that death was not due to drowning. There were no external marks of injury on thorax nor any fracture of ribs, but when I opened the pericardium, which was intact, I found that the heart was extensively ruptured. There was a wide laceration on the posterior surface of the left ventricle, 4.5 c.m. in length, extending to within a few lines of the apex, another rupture of the upper surface of the left ventricle measuring 3 c.m., and one of the right ventricle 7 c.m. long. The native was in good health, young, and strong.

ALEXANDER W. FORRESTER, L.R.C.P. & S. Edin.,
L.F.P. & S.G.
District Surgeon, Selnhwe, Matabeleland.

A CASE OF TOLERANCE OF ABDOMINAL SECTION IN TWO DIFFERENT PREGNANCIES.

THREE years ago Mrs. M., aged 31, came to my out-patient room with abdominal enlargement. She was found to be about four months pregnant and to have an ovarian cyst of the right side about the size of a child's head.

The patient was admitted and the ovarian tumour removed. The method of suture was that of silkworm gut, including all layers, and although the patient made an uninterrupted recovery, she has since developed a slight hernia of the scar. There was no suppuration, and I put the hernia down to insufficient or non-seizure of the fasciæ by the sutures and the consequent absence of coaptation and union. However, she is now pregnant about three months, and three weeks ago I, knowing how she fared before, took her in and resutured the parietes in tiers with catgut and silkworm gut for the skin. She has done well, and union by first intention has occurred.

Perhaps points of interest are: (1) Tolerance of two abdominal operations during two pregnancies, (2) resuture of hernia of incision during pregnancy.

There is an opinion abroad that it is advisable to leave hernia of the belly walls until labour is over, but I cannot see why careful aseptic union in layers of the parietes or careful radical operations on inguinal and femoral hernias should not succeed as well during the early months of pregnancy as at any other period, provided the wound heals *per primam*, and the anæsthetic be given carefully.

Wolverhampton.

FREDERICK EDGE, F.R.C.S.

REPORTS

ON

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

THE CHESTERFIELD AND NORTH DERBYSHIRE HOSPITAL.

A SUCCESSFUL CASE OF GASTROTOMY FOR FOREIGN BODY IMPACTED IN ŒSOPHAGUS.

(By FLAVELL EDMUNDS, M.R.C.S., L.R.C.P., Honorary Surgeon to the Hospital.)

THE following case seems worthy of recording, as, according to Mr. Treves's recent edition of *Operative Surgery*, the only two similar cases on record were performed by American surgeons, Dr. Richardson of Harvard and Dr. Bull of New York, in 1886 and 1887. About midnight on April 10th, 1900, T. S., aged 45, having as usual gone to sleep without removing his plate of false teeth (consisting of three teeth and three hooks, and measuring about 2 inches by 1 inch), woke feeling suffocated. After drinking he immediately felt a certain amount of relief in his dyspnoea, the plate evidently passing from the pharynx into the gullet. He was admitted to the hospital early in the morning of April 11th, feeling fairly comfortable,

and having very little pain. Dr. Naylor, the house-surgeon, attempted the removal of the foreign body by means of a horsehair probang, but was unsuccessful, although on the first occasion the probang was felt to catch the plate. I saw the patient later in the day, and passed a probang into the stomach without meeting any obstruction. On the following day the man suffered from acute paroxysms of pain, referred to the epigastric region, with excessive tenderness over that area, but as no vomiting occurred it was concluded that the plate was impacted at the cardiac orifice of the stomach. After consultation with my colleagues, Dr. Symes and Dr. Green, I decided to attempt the removal of the foreign body through an opening in the stomach. Half an ounce of castor oil was given that night, with an enema next morning, and just previous to the operation the stomach was well washed out with boracic solution. On passing the tube for this purpose, Dr. Naylor distinctly felt an obstruction before the tube entered the stomach.

An oblique incision $2\frac{1}{2}$ inches long was made about 1 inch below the costal border, to the left of the middle line. The stomach was at once found and held up into the wound by two silkworm-gut sutures passed through the serous and muscular coats only. Having packed it well round with sponges to avoid fouling of the peritoneum, I made an incision through the wall of the stomach, transversely to its long axis, sufficiently large to admit the finger. No trace of the plate was felt, so the opening was enlarged to about 4 inches, sufficient to admit the hand. On inserting the hand and passing the index finger into the Œsophagus I could feel one of the hooks of the plate about two inches above the cardiac orifice. The plate was firmly fixed by means of two of the hooks to the Œsophageal wall, but manipulation with long curved forceps passed along the finger released it, and it was removed through the stomach. The opening in the stomach was closed by a long continuous suture of fine silk for the mucous membrane alone, and the serous and muscular coats were brought into apposition by means of 30 or 40 Lembert sutures, also of fine silk. The parietal incision was closed by means of silkworm-gut sutures through the whole thickness of the wall. For three days following the operation, no food whatever was given by the mouth; thirst, which was a very troublesome symptom, was allayed by means of ice.

The strength was maintained by nutrient enemata, which were continued for six days. Hypodermic injections of morphine were needed to procure sleep. On the fourth day after the operation half-an-ounce of peptonised milk was given hourly by the mouth, and on the next day one ounce of milk with half-an-ounce of bovril were given alternately every two hours. On April 30th, seventeen days after the operation, the patient was taking solid food, and the week following he was taking ordinary meat diet. The temperature for the first ten days alternated between 99° and 100° , and after that fell to and remained normal. The wound was first dressed on the sixth day after the operation, and healed by first intention save for two small sutural abscesses which caused no trouble.

The remarkable feature of the case to me is that subsequent to the operation no pain whatever was complained of, either gastric or peritoneal, and the patient has been entirely free from vomiting and all dyspeptic symptoms. Now, seven weeks after the operation, he is following his occupation—that of a plumber—and feels in perfect health. The successful result of the operation was largely due to the constant attention of Dr. Naylor, the house-surgeon, and of the efficient nursing staff.

PROFESSOR ROBERT KOCH, whose return to Berlin was mentioned in a recent number, had been absent for a year and a-half, during which he had been engaged in the study of tropical diseases. His investigations were made first in Italy, then in Batavia, and lastly in New Guinea. Translations of his reports on malaria in New Guinea have been published in the BRITISH MEDICAL JOURNAL. Professor Koch was accompanied in his expedition by Staff-Surgeon Ollwig.

If some experiments recently reported by Jousset to the Société de Biologie are to be accepted, the tubercle bacilli contained in tuberculous sputum are not absolutely killed when exposed to sunshine, but as tested with guinea-pigs he come much less virulent.

years. To several of the younger members of the medical profession he was especially kind. Only a few months ago his only son, Dr. Dennis Cawood Embleton, of Bournemouth, died at the age of 46, but two daughters survive. His wife died thirty-one years ago.

THE Very Rev. Father RAYMUND FERRERS PALMER, Master in Theology of the Order of Friars Preachers, who died recently at St. Dominic's Priory, Haverstock Hill, aged 81, was originally a member of the medical profession. He was the second son of Shirley Palmer, M.D., sometime High Bailiff of Tamworth, and a medical writer of note in his day. His mother was a French *émigrée* who escaped the guillotine through the death of Robespierre on the day before that appointed for her execution. He received his education at Tamworth Grammar School and Queen's College, Birmingham. After qualifying as M.R.C.S. in 1846, he practised for some time as a surgeon in his native town. In 1853 he entered the Dominican Order, and six years later was ordained priest. His life was mainly given to historical and antiquarian research, and for full thirty years his was a familiar figure at the Record Office and the Library of the British Museum. The list of his works includes *The History of the Town and Castle of Tamworth*, *The History and Antiquities of the Collegiate Church of Tamworth*, and *The History of the Baronial Family of Marmion*. A complete list of his writings will be found in *Bibliotheca Staffordiensis*.

WE regret to announce the death of Mr. THOMAS TAUNTON, M.R.C.S.Eng., L.S.A., one of the oldest members of the medical profession in England, who recently passed away at his residence, Hern's Nest, Rugeley, Staffordshire. Born at Axminster in 1812 of an old West country Roman Catholic family, Thomas Taunton was sent first to a private school at Bonham, in Somersetshire, and in 1820 to Downside College, near Bath, where he finished his education. Having chosen medicine as his profession, he was apprenticed to Mr. Worman, a well-known practitioner of Bath, under whose tutelage he had for a companion the late Dr. Frederick Davis. In due course he entered at St. Bartholomew's Hospital, where he was known as an earnest student. He also worked, as was then the custom, in the Paris hospitals. In 1835 he became a Member of the College of Surgeons, and a Licentiate of the Apothecaries' Society. In 1840 he married Margaret, daughter of Colonel Clarke, of the Royal Marines, and had by his marriage seven sons and two daughters. On the invitation of a high personage, Mr. Taunton took up his residence in Brussels; but, although King Leopold I. personally intervened on his behalf, the Belgian medical authorities would not consent to his being granted a licence to practise without again going through the full curriculum of professional study. Mr. Taunton thereupon returned to London, where he practised for some years in the neighbourhood of Hyde Park. His health breaking down he was forced to retire to the country. Negotiations for a partnership at Rugeley, which had almost been completed, fell through owing to the religious difficulty, and Mr. Taunton set about building up a practice for himself. This he succeeded in doing; but the labours and anxieties of his work left him but little time to devote himself to the broader services of the profession to which he was devoted. Mr. Taunton was a remarkably skilful operator; his hand, even at the age of 80, was so firm and sure in the most delicate procedures that it was a pleasure to see him use the knife. His opinion, which was always judicious and well considered, was greatly valued by his brother practitioners, and in his neighbourhood he had a high reputation as a consultant. In early life he had been House-Surgeon to the Lying-in Hospital, London, and he was throughout his career particularly successful in the obstetrical branch of his art. During the whole course of his practice, extending over more than half a century, Mr. Taunton never lost a midwifery case. Always a student and wide reader, he preserved his mental faculties unimpaired to the last. In his 80th winter he read through the four folio volumes of the *Summa Theologica* of Thomas Aquinas. Mr. Taunton, who lost his wife after fifty-seven years of happy married life, spent the evening of his long and well-filled life in retirement, calmly awaiting the end, which came to him on November 5th, in the 89th year of his age.

Dr. A. T. BROSSÉAU, Professor of Clinical Surgery in the Medical Faculty of the Laval University, Montreal, and Senior Surgeon to the Notre Dame Hospital, recently died at the age of 63. Born in 1837, he studied medicine in the Medical School of Montreal, and qualified in 1860. He had a marked taste for surgery, but his first appointment in the School of Medicine was to the Chair of Botany. The appointment was so little to his liking that he openly did his best to have the subject eliminated from the curriculum of medical study. In 1872 he went to Paris and London, and worked at surgery under Verneuil, Guyon, Gosselin, Jules Guérin, Trélat, and Sir Henry Thompson. On his return to Canada he succeeded Dr. Rottot in the Chair of Forensic Medicine in 1875. At the same time he gave courses of operative surgery and clinical demonstrations in the Hôtel-Dieu. In 1878 he became Professor of Surgical Pathology and Clinical Surgery in Laval University, and two years later took a prominent part in founding the Notre Dame Hospital. He was also one of the founders of the Union Médicale du Canada and of the Montreal Medical Society. Dr. Brosseau was very successful as a teacher, and did much for the betterment of the profession in the Dominion. He was a man of great frankness of character with occasional asperities of manner which did not, however, conceal the true goodness of his heart.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. L. Tomaszewski, Medical Director of the Nicolaus Hospital, St. Petersburg, and founder of the St. Petersburg Association of Specialists in Children's Diseases, aged 68; Dr. Hugo Bergeat, a well-known laryngologist of Munich, aged 41; Dr. Moses C. White, for many years Professor in the Yale Medical College, aged 81; Dr. Stillis, author of a well-known treatise on therapeutics and materia medica, and chief editor of the American *National Dispensatory*; and Dr. Labit of Tours, a distinguished laryngologist, and one of the founders of the *Gazette Médicale du Centre*.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

THE UNDERMANNING OF THE ARMY MEDICAL SERVICE.

THE following is the distribution of the active list of the Army Medical Service, as shown in the Army List for November:

Distribution in the November Army List, 1900.

Ranks.	Home.	South Africa.	Other Foreign Stations.	Not Posted.	Total.	Remarks: Seconded.
Surgeon-Generals ..	5	1	4	—	10	—
Colonels	6	11	9	—	26	2
Lieutenant-Colonels...	22	47	62	—	125	4
Majors	29	183	157	—	369	3
Captains	13	71	106	2	192	6
Lieutenants	43	115	27	2	187	3
Total	118	422	365	4	909	18

The total is one less, through the retirement of a colonel. There are 3 more at home and 3 fewer abroad, so that the distribution is practically unchanged. Only 1 colonel is graded in the superior rank of surgeon-general; none of the lieutenant-colonels are shown with a step in rank; 116 retired pay officers, including 2 of the Indian Medical Service, are employed. Some of these are retained while over 65 years of age, a wise arrangement in view of the prolongation of the war and the uncertainty of events. Sixteen retired quartermasters are employed.

ROYAL NAVY MEDICAL SERVICE.
CAPTAIN P. H. WHISTON and Lieutenant D. O. HYDE accompany the Guard of Honour detailed to attend the Duke of York at the inauguration of the Australian Commonwealth.

MEDICO-LEGAL AND MEDICO-ETHICAL.

THE AUTHORITY OF A VACCINATION OFFICER TO TAKE PROCEEDINGS.

THE case of Langham v. Hodges, Eastbourne Guardians third parties, which was heard by his Honour Judge Martineau at the Eastbourne County Court on November 8th raises a question of some interest. A note of his Honour's decision appeared in the *Times* for November 10th. The plaintiff was clerk to the Eastbourne magistrates, who claimed from the defendant, the vaccination officer at Eastbourne, the sum of £211s. 6d. in respect of fees incurred under a number of summonses taken out by the officer. The guardians who had refused to furnish their officer with the necessary funds to pay the fees, were joined as third parties.

Mr. Schultess Young appeared for the guardians, Mr. Clarke Hall for the defendant, the plaintiff being unrepresented. It was argued on behalf of the guardians that as the original proceedings had been taken by the vaccination officer in February, 1900, the period of the guardians' liability had expired on June 24th by virtue of 22 and 23 Vict., chap. 49, Section 1.

To this argument a technical objection was taken, namely, that the guardians had given no notice of a statutory defence, and that therefore it could not be raised at the trial. It was also urged on behalf of the guardians that the vaccination officer had no authority to take proceedings without general or specific directions to that effect.

In the course of his judgment his Honour said: "I think that the technical objection holds good, and that the guardians cannot now seek protection by statute. The understanding was that the guardians would pay as they had done in respect of similar proceedings just previously, and it was not until May 18th that they had passed a resolution not to pay. The law had been clearly laid down in *Bramble v. Lowe* that the vaccination officer has implied authority to take proceedings. I have never known a more contemptible or dishonest defence than that which has been set up by the guardians." He gave judgment for the amount claimed, and against the guardians.

Leave to appeal was refused.

* * It is interesting to notice that in the above case a technical objection which was taken on behalf of the guardians was checkmated by another even more technical point which came to the assistance of the vaccination officer. The guardians were entitled to plead the Public Authorities Protection Acts, but in common with other litigants *in consimili casu*, they must give notice of statutory defence if they intend to rely upon it at the trial.

BANKRUPTCY OF MR. C. B. HARNES.

We learn from a report in the *Daily Chronicle* that on November 8th Mr. C. B. Harnes, who was well known in connection with "Harnes's belts," appeared at the Wandsworth County Court for public examination in bankruptcy. The debtor's liabilities were stated at about £7,500, and assets nil. He attributed his insolvency to liability incurred in respect of a guarantee given in connection with the reconstruction of the Medical Battery Company, Limited, and to law costs. The inquiry was adjourned.

MEDICAL ADVERTISING.

C. L. G.—A correspondent writes that "he was requested by a large manufacturer to devise for them an efficient milk steriliser, also a method by which they might place sterilised surgical dressings on the market." Both of these he has, by considerable thought and experiment, succeeded in doing. They have taken out patents for both inventions, and now ask permission to use his name in connection with the sale of both; that is to say, they wish either to call them after his name, or in some other way to publish the fact that they were devised by him. He wishes to know whether he would be acting in a professional manner in allowing them to do so, and alludes to "Gamage's" tissue and "Treves' aseptic dressings as precedents that might justify him, but he is anxious to do nothing unprofessional. We cannot recommend our correspondent to allow his name to be used in the manner suggested.

DENTISTS, ANÆSTHETISTS, AND UNQUALIFIED DENTAL ASSISTANTS.

C. W. G.—As a registered dentist, like a registered medical practitioner, is not prohibited from employing the services of an unqualified assistant under his immediate personal supervision, possibly no great exception would be taken to a medical man administering an anæsthetic for the assistant to operate in the presence of the registered dentist, his employer. But when the dentist is not present, it would unquestionably be proper to decline to give the anæsthetic. Whether the administrator does or does not himself possess a licence in dental surgery does not appear to us to affect the question at all. His medical qualification confers upon him all the rights which the minor qualification gives, and he is in the eye of the law a qualified dentist in virtue of his medical qualification, so that his position is not altered by the possession of the other. The unqualified assistant is not his servant, and he is not responsible for him; his function is simply the administration of the anæsthetic, which engrosses, or should engross, his entire attention, and were he to administer an anæsthetic for an unqualified dentist he would be countenancing an improper employment of an unqualified person acting independently, and so directly contravening the warning notice issued by the General Medical Council, who would probably regard it as an act of "covering."

THE MIDWIFE'S STATUS.

A NURSE holding the L.O.S. does not thereby acquire any superior legal status over one who has it not. A medical man who entered into "an arrangement" with a midwife to help her in all difficult cases would

certainly not show a due sense of professional dignity, but every medical practitioner is bound to render such assistance to a woman in labour as it may be in his power to afford, and the fact of a midwife being in attendance does not affect this obligation. The decision of the question whether any particular arrangement amounted to covering could only be reached after full inquiry by the General Medical Council.

PROFESSIONAL ETHICS.

G. P.—During our correspondent's absence on his holiday a patient sent for his *locum tenens*, and as the latter did not attend with sufficient promptitude called in a neighbouring practitioner, who saw her twice. The *locum tenens* called as soon as he could get there. Our correspondent wishes to know whether he should have called upon his neighbour to thank him, or if his neighbour ought to have called upon him or written to explain (we suppose for having interfered with our correspondent's patient); and, finally, whether our correspondent can claim a fee for the visit of his *locum tenens*? The matter does not seem one to demand either calls or correspondence. As the *locum tenens* was sent for and the visit not countermanded, a fee may legally be charged, but it may not be advisable to do so.

THE IRREGULAR PRACTICE OF A NURSE.

A. G. writes that he has been called in to see a poor woman suffering from an ulcer of the leg, who had been for some time attended by a "Church Army" nurse who works among the sick poor. He wishes to know whether by attending this poor woman he would be considered guilty of "covering" or of infamous conduct in a professional respect.

* * We do not think our correspondent need have the smallest fear of such an interpretation being placed upon his action. We understand from him that this nurse is engaged to go amongst the poor, and do what she can for them without any remuneration except that which she gets from the organisation to which she belongs. If our correspondent is sure that he is in possession of all the facts of the case, and that no other medical practitioner had previously been in attendance, he might represent to the directors of the organisation that it is undesirable for the nurse to undertake to dress wounds, etc., except under medical direction.

MEDICAL ETIQUETTE.

DR. V. C. J. VANDERSTRAATEN.—While we may regret that medical members of a city council should publicly blame a medical officer of the council, we cannot say that it was contrary to medical etiquette without knowing more of the circumstances.

SCOT.—We think the question should be addressed to the licensing bodies from which our correspondent obtained his qualifications.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF LONDON.

EXAMINATIONS IN MEDICINE.

THE following memorandum on the reasons for so large a majority of names appearing in the second class for the medical degree was drawn up by Sir Samuel Wilks, but no opportunity occurred for its consideration by the old Senate:

In the report to the Senate of October 29th, 1899, giving the list of those who passed the Intermediate Examination in Medicine in the previous July there appeared 3 names in the First Division, and 52 names in the Second Division. At the last examination for the Pass M.B. in May, 1900, there were 73 candidates, of whom half passed, but only 4 were placed in the First Division. The Senate therefore passed a resolution for the Medical Committee to make an inquiry as to the cause of this unfavourable result.

In connection with this it might be remarked that in the same month of October the Second Examination for the M.B. had taken place, and the list of those who had passed was laid on the table, when it appeared that 11 names were in the First Division and 53 names in the Second Division.

It may be remarked that the difference between the numbers who passed in the First and Second Class in both examinations was more marked this year, but it has always been great.

The Medical Committee have appealed to the examiners and teachers of the medical schools, but it cannot be found that either the teaching or the examinations, at the University were of an unsatisfactory nature.

The Committee wish to point out what they consider to be the reason for this remarkable state of the list of medical graduates.

The unfavourable position in which the majority of the graduates stand (those who are placed in the second position) is not a real or substantial one, but an artificial one entirely of the University's construction. The inferiority is apparent only owing to our system of classification.

If we look at this list from an outside point of view it has a totally different aspect, and then the term "unfavourable" could not be applied to the position taken by graduates in the second division.

In the first place, it may be remarked that it is the duty of the General Medical Council to see that every examining body issuing a diploma should make it represent the standard of efficiency which the Council considers is necessary before its possessors can be placed on the register of qualified medical men. The examinations of this university have often been supervised by delegates from the Council, and the latter have considered them most excellent, and the diploma has been spoken of as pre-eminently good. It is sought for by the best students, and they are recognised as such at all the medical schools, the examination being more extended and severe than at most other (perhaps than at any other) university or qualifying Board. The examiners, by the wish and under the control of the Senate, put a very high mark for the attainment of the diploma, so that of an average hundred candidates nearly half are rejected. This is what occurred in the particular examination under review, when after this large rejection, 53 of the remainder were placed in the second class, and 3 in the first.

Throughout the profession a man who has taken our degree is called a first-class man, even though he has been placed in the second division by us.

It should, moreover, be noted that medical students for the most part seek their diplomas for somewhat different reasons than those in the other faculties. It is necessary to possess it for the sake of the licence to practise, whereas with others it is not so immediately available. A large number therefore seek the diploma only, not desiring any further honours. In fact they have not the time or opportunity to work beyond the point required. This being so, there is an examination once a year, in which honours are not given, and yet notwithstanding this declaration the student finds it is really a competitive one, and he is placed in classes. The curriculum for the medical degree is so severe, and the time of the student is so taken up with practical matters, that it is only the exceptionally good men who can fulfil what is required of them to obtain the diploma. Then, besides these, there are always a few men—in the present case 3 per cent. of the candidates—who can gain more marks than are required by the examiners.

It is naturally considered desirable to notify these exceptionally good men, and the method is to place them in a first division, so that necessarily the remaining majority drop into the second.

Thus the latter seem to be inferior men, although from every other point of view they are "first class" and superior men having obtained the first medical diploma in the kingdom.

Whilst the University makes its standard for the first division so high, only a few men can reach it; and the majority must fall into the second division. The Committee can render no help, for they learn from those engaged in teaching that the majority of candidates cannot by any means be thrust into the class where the exceptional men are found. It follows that if the latter be exalted the others must be degraded. Then this strange anomaly occurs, that the graduates who have obtained this high diploma of the University's making, which soon will be delivered to them in complimentary terms by the Chancellor are told that they have passed an "unfavourable" examination.

The Committee see only one method to escape the sight of this unpleasant list every six months by ceasing to divide the Past List into first and second divisions. They see many objections to the present practice, and they cannot learn that it has any advantages.

There is also another evil of a different kind attending the division of the medical list into two parts. It leads some people to think that the University gives two medical degrees, a superior and an inferior one. This of course is not so, seeing that the men in the second class must have reached the standard which the General Medical Council require as the latter discover in their visitations. When the General Medical Council have fixed a standard, the suspicion of the London University giving two unequal diplomas has already caused some misapprehension. We believe that in no other University is the pass list for medical degrees divided into a first and second division.

UNIVERSITY OF BIRMINGHAM.

DEGREE EXAMINATIONS FOR PAST STUDENTS.

The following ordinances relating to past students have been passed by the University Council.

Bachelorship in Medicine and Surgery.—Past students of the Birmingham School of Medicine who have taken out their whole course therein, and are duly qualified medical men, will be permitted at any period during the five years commencing on October 1st, 1900, to present themselves for a final examination for the degrees of Bachelor of Medicine and Bachelor of Surgery. Subjects of examination: (a) Medicine, including Therapeutics.* (b) Surgery and Operative Surgery.* (c) Midwifery and Gynaecology.* (d) Pathology and Bacteriology. (e) Forensic Medicine and Toxicology. An examination under these conditions will be held on June 25th, 1901, and following days.

Bachelorship in Science in Public Health.—Past students of the Birmingham School of Medicine who have taken out their entire curriculum or at least three years of the same therein, and have obtained a degree in Medicine in any British University, will be eligible to present themselves for the degree of Bachelor of Science in Public Health on the same terms as Graduates in Medicine of the University of Birmingham.

Bachelorship in Dental Surgery.—Past students of the Birmingham Dental School who have taken out their entire course therein, and are duly qualified and registered Dental Licentiates of some Licensing Body within the kingdom, will be permitted to present themselves at any time during the five years commencing on the 1st of October, 1900, for a final examination for the degree of Bachelor of Dental Surgery, the subjects for examination being (a) the Surgery and Medicine of the Mouth, (b) Dental Bacteriology, (c) Dental Histology and Histo-Pathology, (d) Comparative Dental Anatomy, (e) Dental Surgery and Prosthetic Dentistry. The examination will be partly written, partly practical, and partly oral.

EXAMINATION IN PUBLIC HEALTH.

An examination for Diplomas and Degrees in Public Health will be held in the month of April, 1901.

* This examination will consist of three parts: (1) Written papers, (2) *viva voce*, (3) clinical.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

ANNUAL MEETING OF FELLOWS AND MEMBERS.

The annual meeting of Fellows and Members took place on November 15th. A report will be published in our next issue.

THE CALENDAR.

Fellows and Members.—In the Calendar appears for the first time a new order of "Honorary Fellows." There are 1,221 Fellows on the Roll of the College (as compared with 1,215 last year), of whom 1,038 are Fellows by examination. There are 17,510 Members (against a total of 17,384 last year) and 547 Licentiates in Midwifery, the examination for this licence having been discontinued since 1876. The Licentiates in Dental Surgery are stated to number 1,465 (an increase of 99 over last year), and the Diplomates in Public Health to number 365.

Finances.—The income from all sources amounted to £25,211 os. 10d., the largest item of income being derived from the fees paid by candidates for the diplomas of the College, namely, £17,525 18s., the next largest being dividends on the Erasmus Wilson bequest—£5,097 16s. 9d. The expenses for the year amounted to £23,565, leaving a balance at the bank and in hand at Midsummer Day, 1900, of £1,645 17s. 3d. (against £1,152 4s. 5d. at Midsummer Day, 1899), the largest items being: Examiners' fees, £7,363 13s. 10d.; half expenses at Examination Hall for the purposes of the examinations, £4,029 7s. 3d.; half expenses of the Scientific Research Laboratories on Victoria Embankment amount to £841 14s. 10d. (this does not include any part of the rent, rates, taxes, insurance, fuel, or light); extraordinary expenses, that is, cost of Crown in appeal, *re* corporation duty, corporation duty 1894-1899, and fees for new Charter, £999 14s. 10d.; fees to members of Council, £270 18s.

Secretary's Report.—In addition to an abstract of the work of the Council and Committee, this report contains an account of the celebrations of the centenary of the College. At the annual meeting of Fellows and Members held on November 16th, 1899, it is stated that in addition to 12 members of the Council only 13 Fellows and 67 Members out of 1,221 Fellows and 17,510 Members were present. The Use of Misleading Titles by Unqualified Registered Dentists: The offending persons names were entered on the *Dentists Register* with the description "In practice before July 22nd, 1878." The persons in question adopted such titles and descriptions as "R.D.S., R.C.S.Eng.," "R.D.S.Eng.," "R.D.S.E.," "Registered by the Royal College of Surgeons," thereby causing it to be inferred that they were connected with either the English College or the Scotch or Irish College of Surgeons, and thus infringing the privileges of the Licentiates in Dental Surgery of those Colleges. The Council of the College, having called the attention of the General Medical Council to the abuse, received a communication from that Council, stating that the complaint against one of the persons thus advertising had been considered, and that his name had been erased from the *Dentists Register*.

Erasure of Names from College List.—During the past Collegiate year the names of two Members have been erased from the College List for "disgraceful conduct in a professional respect."

MEETING OF COUNCIL.

An ordinary council was held on November 8th, Sir William MacCormac, Bart., K.C.V.O., President, in the chair.

The late Mr. William Anderson.—The Council passed a resolution expressing its deep regret at the death of Mr. William Anderson, and its sincere sympathy with his widow and family in their bereavement; and recorded its appreciation of his services to the College while a member of the Court of Examiners and Hunterian Professor, and deplored the loss to the College of a Fellow distinguished for his ability as a surgeon, and for his refined and cultured qualities.

Dental Examination Board.—Mr. W. J. Walsham was elected a member of the Board of Examiners in Dental Surgery in the vacancy occasioned by the death of Mr. Anderson.

Bradshaw Lecture.—The President stated that this would be delivered by Mr. John Langton on December 12th next at 5 P.M., on the Association of Inguinal Hernia with the Descent of the Testis.

Report of the Finance Committee.—The Committee presented a report for the quarter ending Michaelmas Day, 1900, the first quarter of the Collegiate year. The following is a summary of the income and expenditure in respect of revenue for that period, namely:

	£	s.	d.
Income	6,272	10	9
Expenditure	6,218	3	4
Balance	£54	7	5

The income is £361 10s. 8d. less than the income for the corresponding quarter of the previous year, while the expenditure is £1,011 11s. 9d. more. Included in the expenditure of the quarter is a sum of £771 16s. 6d. representing the portion of the expenses of the Centenary Festival payable out of the College Funds.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

A QUARTERLY meeting of the Royal College of Physicians of Edinburgh was held on Tuesday, November 6th, the President (Dr. Andrew) in the chair.

Admission to the Fellowship.—Robert Miller Ronaldson, M.D., M.R.C.P.E., was admitted by ballot to the Fellowship of the College.

Admission to the Membership.—On a ballot the following candidates were admitted to the Membership of the College after examination: William Wood, M.B., C.M.; George Pratt Yule, M.D., C.M.; Stuart McDonald, M.B., C.M.

Admission to the Licence.—The Registrar reported that since the last quarterly meeting forty-one persons had obtained the Licence of the College by examination.

Bacteriological Diagnosis of Tuberculosis, Diphtheria, and Typhoid Fever.—The Secretary reported that the arrangements with the magistrates and Town Council for the bacteriological examination of suspected products in respect of tuberculosis, diphtheria, and typhoid fever, had been completed.

Investigation of Suspected Plague Products.—On a letter from the Local

Government Board for Scotland, requesting the College to undertake the investigation of suspected plague products at the College Laboratory, it was resolved that the request be acceded to.

Expulsion of Licentiates.—By vote of the College, the two following licentiates were expelled from the College and deprived of their licence—namely, Frederick William Kirkham and Harman John Tarrant.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

The following candidates have been admitted to Licences:

Licence in Medicine.—Leonora Browne, J. F. Cleary, W. H. Dodd, A. D. Dunwoody, D. A. Faris, A. Fitzgerald, Harriette Lombard Hennessy, Florence Berkley Leach, Edith Annie Beaumont Marks (Honours), H. S. Maxwell, R. A. O'Donovan, J. O'Leary, A. E. O'Reilly, T. N. Smith, E. J. M. Watson, B.A., B.Ch., B.A.O., M.D. Univ. Dub.
Licence in Midwifery.—Agnes Benjamin, L.R.C.P. & S. Edin., L.F.P. & S. Glasg., and Honorine Forbes, L.R.C.P. & S. Edin., L.F.P. & S. Glasg.

CONJOINT BOARD IN IRELAND.

CANDIDATES have passed as undernoted:

Third Professional Examination.—F. J. Cahill, A. J. Connolly, V. F. Connor, C. W. Conry, A. S. Cosgrave, A. D. C. Cummins, W. N. Eustace, P. A. Frazer, S. G. Gordon, M. Graham, M. E. Lynch, W. R. Meredith, J. J. McGrath, R. F. McMahon, D. J. O'Reilly, S. Potter, F. R. Thom, A. L. Tyndall.

Final Professional Examination.—Honours: Miss E. A. B. Marks. Pass: Miss L. Browne, J. F. Cleary, W. H. Dodd, A. D. Dunwoody, D. A. Faris, A. Fitzgerald, Mrs. H. L. Hennessy, Miss F. B. Leach, Mrs. H. S. Maxwell, R. A. O'Donovan, J. O'Leary, A. E. O'Reilly, T. N. Smith.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,485 births and 3,755 deaths were registered during the week ending Saturday last, November 10th. The annual rate of mortality in these towns, which had been 17.3 and 17.6 per 1,000 in the two preceding weeks, declined again to 16.9 last week. The rates in the several towns ranged from 11.1 in Birkenhead, 11.8 in Norwich, 11.9 in Leicester, and 12.1 in Cardiff, to 20.4 in Liverpool, 21.6 in Sunderland, 22.5 in Manchester, and 26.0 in Salford. In the thirty-two provincial towns the mean death-rate was 16.8 per 1,000, and was 0.2 below the rate recorded in London, which was 17.0 per 1,000. The zymotic death-rate in the thirty-three towns averaged 1.6 per 1,000; in London this death-rate was equal to 1.5 per 1,000, while it averaged 1.7 in the thirty-two provincial towns, among which the highest zymotic death-rates were 2.6 in Sheffield, 2.9 in Wolverhampton, 3.4 in Blackburn, and 4.2 in Sunderland. Measles caused a death-rate of 1.5 in Swansea; whooping-cough of 1.0 in Derby; "fever" of 1.0 in Derby, 1.1 in Portsmouth, and 2.3 in Wolverhampton; and diarrhoea of 1.1 in Blackburn, 1.4 in Gateshead, and 1.8 in Sunderland. The mortality from scarlet fever showed no marked excess in any of the large towns. The 88 deaths from diphtheria in the thirty-three towns included 35 in London, 7 in West Ham, 7 in Sheffield, 5 in Bristol, 5 in Leicester, and 5 in Liverpool. No fatal case of small-pox was registered last week, either in London or in any of the thirty-two provincial towns; and there was no case of small-pox under treatment in any of the Metropolitan Asylums Hospitals on Saturday last, November 10th. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had increased from 1,703 to 2,619 at the end of the ten preceding weeks, had further risen to 2,702 on Saturday last; 289 new cases were admitted during the week, against 327, 320, and 336 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, November 10th, 825 births and 594 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 19.6 per 1,000 in each of the two preceding weeks, declined last week to 19.2, but was 2.3 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 14.0 in Aberdeen and 16.6 in Paisley to 20.3 in Glasgow and 24.2 in Dundee. The zymotic death-rate in these towns averaged 2.0 per 1,000, the highest rates being recorded in Glasgow and Dundee. The 291 deaths registered in Glasgow included 3 from scarlet fever, 3 from diphtheria, 16 from whooping-cough, 4 from "fever," and 9 from diarrhoea. Three fatal cases of measles, and 2 of diphtheria were recorded in Edinburgh. Four deaths from whooping-cough and 6 from diarrhoea occurred in Dundee; 2 from measles in Aberdeen; and 2 from diphtheria in Leith.

HEALTH OF IRISH TOWNS.

THE average annual death-rate represented by the deaths registered in the week ending November 10th, in the Dublin registration area and the twenty-two principal provincial urban districts in Ireland (exclusive of deaths of persons admitted into public institutions from without the respective districts) was 20.2 per 1,000 of their aggregate population, which is estimated at 1,062,188. The deaths from the principal zymotic diseases registered in the twenty-three districts during the week were equal to an annual rate of 1.5 per 1,000.

In the Dublin registration area the death-rate was 1.6 per 1,000 for the principal zymotic diseases. In Belfast it was 1.3 per 1,000, and in Cork it was 2.1 per 1,000.

ERRATUM.—In the report on Health of Irish Towns, in the BRITISH MEDICAL JOURNAL of November 10th, p. 1415, the corrected rate was given as 31.2 per 1,000 instead of 21.9 per 1,000.

INFECTIVITY OF DIPHTHERIA.

F.R.C.S. writes that on September 21st the sister of a boy engaged in an office, where boys and some young women were also at work, were found to have contracted diphtheria. She was removed the same night to hospital and the room disinfected. (He does not say how.) The boy was kept at home for three weeks. On October 12th a second case occurred in the house; the same course was followed and the boy again suspended from work for another three weeks. On November 6th a third case appeared; the patient was again removed the same night. All three cases were verified by bacteriological examination. The drainage of the house was tested and found in good order. What our correspondent is concerned about is whether the boy, whose parents have still three other children who have not taken the disease, should be allowed to return to the office.

** We should say not, at least not till his own throat and the throats of all the family have been carefully examined at least twice, and found free from Loeffler's bacillus, and the whole house, its furniture, and the clothing of all its occupants disinfected. Our correspondent does not say whether in each case the boy returned to the office at the end of his three weeks' period of quarantine. If so, it might be worth while to examine the persons there. For though the period between his return and the development of the second case (eight days) is short, it is long enough for the incubation of diphtheria. The second period of four days is somewhat short. Of course if he did not go back at all, this line of investigation need not be followed, and one is thrown back upon the members of the affected family and their neighbours and school-fellows for the source of infection. If it be important that the boy should return to the office, he might perhaps, after a thorough cleansing of his throat and air passages, and disinfection of his clothing by steam be sent to board out and, after examination of his throat a few days later, allowed to go back to the office. There is, however, little if any doubt that persons free from the disease may convey the infection; and probably this is one of the chief ways in which diphtheria is spread.

RESPONSIBILITY OF LOCAL AUTHORITIES AS TO SEWERS.

ENQUIRENS.—If a row of twenty houses in a country district, and not within the same curtilage (boundary wall), belong to one owner, and drain into a sewer, the sewer would vest in the Local Sanitary Authority under the Public Health Act, 1875. Even if the Public Health Acts Amendment Act, 1890, has been adopted (or Section XIX of that Act), the pipe would still be repairable by the local authority. It is a common practice for local authorities to endeavour to get the owner of the property to repair a sewer which to their knowledge is legally repairable by the authority. In the case stated by our correspondent it is clearly the duty of the local authority to repair the sewer, and to make provision for the satisfactory disposal of the sewage.

PUBLIC VACCINATORS AND SUPERANNUATION DEDUCTIONS.

A. A. asks whether Boards of Guardians are acting legally in deducting 2 per cent. from the quarter's vaccination fees for superannuation, and also whether they are entitled to deduct the sums from amounts paid for instruments or appliances and supplied to pauper patients.

** In neither case do we consider the deduction justified. Public vaccinators have been expressly declared to be excluded from the benefits of the Poor-law Superannuation Act by virtue of their position under contract with the guardians as distinguished from the position of officer of the guardians. We do not know of any case, however, where the matter has been legally tested.

NOTIFICATION IN IRELAND.

T. C.—(1) It is the duty of a medical practitioner in Ireland to notify cases of infectious disease to the medical officer of health in any district where the provisions of the Infectious Diseases (Notification) Act, 1889, have been adopted. Unfortunately the rural district councils have only in a very few cases seen fit to adopt the provisions of the Act, which left it optional with the sanitary authority whether to require notification or not. (2) If the rural district council has adopted the provisions of the Act the practitioner can be punished by law for neglecting to notify. (3) The Infectious Diseases (Notification) Act, 1889, and the Infectious Diseases (Prevention) Act, 1890, can be obtained for 3d. from Messrs. Alex. Thom and Co., printers, Middle Abbey Street, Dublin.

UNWHOLESOME DRESSMAKING.

SLAVES asks: Does the following case come under the Factory or other Acts, and how can information be given to the proper authority privately? A small room holds a grown-up woman (dressmaker) who has three paid young girls and three apprentices from 9 A.M. until 5 P.M. and even later at times.

** The room is a workshop, and notice of its employment as such ought to have been sent by the occupier to the Factory Inspector. Unfortunately, notwithstanding the efforts of the British Medical Association, the Act of 1895 prescribes only 250 cubic feet a head as the minimum for factories and workshops where artificial light is not used. As workshops are under the inspection of the sanitary authority, the matter might be mentioned to the medical officer of health.

MEDICAL NEWS.

MEDICAL MAGISTRATE.—Mr. E. Hodkinson Monks, L.R.C.P., L.R.C.S. Edin., has been placed upon the Commission of the Peace for the County Borough of Wigan.

At the recent municipal elections at Inverness Dr. J. Munro Moir was elected to one of the two vacancies in the First Ward, and Dr. John Adam was elected for Dingwall.

At the examination for Inspectors of Nuisances held by the Sanitary Institute at Newcastle-on-Tyne on November 9th and 10th, twenty-nine candidates presented themselves, and twenty-two passed.

The annual dinner of the Harveian Society of London will be held at the Café Monico on Thursday, November 29th, at 7 P.M. Members intending to dine should communicate with the Honorary Secretary at 11, Wimpole Street, W.

At the recent general annual court of the Worshipful Company of Dyers, held at Dyers' Hall, London, on October 3rd, Mr. C. H. F. Christie and Dr. George Flux were elected Prime Warden and Renter Warden respectively for the ensuing year.

BRITISH MEDICAL TEMPERANCE ASSOCIATION.—A meeting of this Association will be held in the rooms of the Medical Society of London, 11, Chandos Street, on November 30th, at 4.30 P.M., when a discussion on alcohol as it affects women will be opened by Dr. Heywood Smith.

The next dinner of the Aberdeen University Club will take place at the Trocadero Restaurant on Wednesday next at 7 P.M., when Sir William Macgregor, M.D., LL.D., Governor of Lagos, will take the chair. Members wishing to attend are requested to communicate with the Honorary Secretaries, Dr. James Galloway, 54, Harley Street, or Dr. J. A. Robson, 33, Kensington Park Gardens.

IRISH MEDICAL SCHOOLS' AND GRADUATES' ASSOCIATION.—The autumn dinner of the above Association will be held at the Hotel Cecil on Wednesday, November 28th, at 7.15 o'clock, when the chair will be occupied by the President, Inspector-General W. H. Lloyd, M.D., R.N. The guests of the evening will be General Sir William Olpherts, V.C., G.C.B. and Mr. Alfred Percival Graves, the genial author of "Father O'Flynn" and other Irish songs.

The Exchange Telegraph Company is again, so far as we have observed, first in the field with a handbook of the new House of Commons, which is issued with the title *Poll-book, 1900* (17 and 18, Cornhill, 6d.). There is an alphabetical list of members, showing the party to which they belong and whether they sat in the last Parliament. This is followed by an alphabetical list of constituencies with their members, and the majority by which the seat was won is indicated in every case in which there was a contest. The same Company has also issued a coloured map showing the political complexion of each constituency.

THE LATE PROFESSOR A. W. HUGHES.—The Council of the University College, Cardiff, has resolved to establish an Alfred Hughes Memorial in connection with the Medical School of the College. An influential Committee is being formed, and a meeting will be held on November 24th, when it is hoped that all will attend who are interested in the establishment of a permanent record of Professor Hughes's great services to the College as its first Professor of Anatomy. The form which the memorial will take is to be decided upon at the meeting. Friends desirous of joining in the movement, if unable to attend this meeting, are asked to communicate with Mr. J. Lynn Thomas, Mr. D. W. Evans, or the Dean of the Faculty of Medicine.

HAVANA AND THE IMMIGRATION QUESTION.—According to the *Boston Medical and Surgical Journal*, Governor-General Wood has appointed a Board of Immigration consisting of four physicians, who will draw up regulations concerning immigrants. Since July, 1899, 26,000 immigrants have arrived in Havana, and 10,000 are expected during the next two months. Fifty deaths from yellow fever were reported in Havana during August. While the general health of the city

is better than ever before, there is a comparatively large number of cases of yellow fever, owing to the great number of immigrants. Seventy-five per cent. of the total number of cases were among immigrants who had been in Havana less than a year.

THE Metropolitan Medical College of Chicago, to which reference was made in the *BRITISH MEDICAL JOURNAL* of November 10th, appears to have exhausted the long-suffering of the State Government, and we learn from the *Chicago Record* that an injunction has been granted restraining it from conducting business in violation of the terms of its charter. The court is further asked by the State Attorney-General to dissolve the corporation, which is alleged to have been conducting a fraudulent business in not requiring the personal attendance of the applicants for its degrees, and to have abused and violated its charter ever since 1896. It is encouraging to find that a stand is being made in some of the United States against institutions of this character.

THE SCOTTISH SELF-CONTROL SOCIETY.—The object of this Society, whose short title is given as "S. S. S.", is stated to be "to band Scotchmen all the world over in a league to discourage and withstand over-indulgence in strong drink." Although the Society is of Scotch origin, men and women without distinction of nationality or colour are eligible for membership; and in view of such developments it is provided that the title 'Scottish' may be changed to, for example, 'Southern' if any particular community so desires. The Society is intended to supplement, not to supersede, existing temperance societies. Members are required to promise three things: (1) Not to drink intoxicants before noon nor at any time except at a regular meal; (2) not to 'treat'—that is, not to offer or accept alcoholic drink except with a regular meal; (3) not to give or accept drink in return for services rendered. Members may take a solemn pledge or make an honourable mutual agreement to be faithful to their promise so long as they retain the card of membership. "Breach of the agreement, before returning the card, will be regarded as dishonourable." What will happen to any backslider in these painful circumstances is left to conjecture. A profane person might be tempted to reply to an inquiry on the subject as the Speaker of the House of Commons is said to have done to a member whom he had threatened to "name." On the rebellious one asking what would happen then, the Speaker is recorded to have said, solemnly, "The Lord only knows." The president of the "S. S. S." is the Duke of Sutherland, and among the vice-presidents we note the names of Sir William Muir, K.C.S.I., Principal of the University of Edinburgh, and Alexander Miller, F.R.C.S.E. The secretary of the parent society is Mr. John Smart, jun., 1, Greenhill Place, Edinburgh.

MEDICAL VACANCIES.

The following vacancies are announced

- BIRKENHEAD AND WIRRELL CHILDREN'S HOSPITAL.**—House-Surgeon. Salary, £100 per annum, with board, residence, and laundry. Applications to Mr. F. H. Tilby, Hon. Secretary, 52, Gosvenor Road, Birkenhead, by November 19th.
- BIRMINGHAM: GENERAL HOSPITAL.**—(1) Two Assistant House-Physicians. (2) Two House-Surgeons. Appointments for six months. No salary, but residence, board, and washing provided. Applications to the House Governor by December 1st.
- BIRMINGHAM AND MIDLAND HOSPITAL FOR SKIN AND URINARY DISEASES.**—Clinical Assistant. Applications to the Secretary of the Medical Committee, John Wright Street, Birmingham, by December 3rd.
- BODMIN: CORNWALL COUNTY ASYLUM.**—Junior Assistant Medical Officer. Salary, £120, rising to £150 per annum, with board, furnished apartments, etc. Applications to the Medical Superintendent.
- BRIGHTON AND HOVE LYING-IN INSTITUTION.**—House-Surgeon, unmarried, and under 30 years of age. Salary, £80 per annum, with furnished apartments, board, etc. Applications to the Clerk, 77, West Street, Brighton, by December 7th.
- BRIGHTON: ROYAL ALEXANDRA HOSPITAL FOR SICK CHILDREN.**—Acting Physician. Applications to the Chairman of the Medical Committee by November 22nd.
- BRIGHTON: SUSSEX COUNTY HOSPITAL.**—Resident Pathologist. Salary, £70 per annum. Board and residence provided. Applications to the Secretary.
- BRIGHTON DISPENSARY.**—Resident Medical Officer, unmarried. Salary, £150 per annum, with furnished apartments, etc. Applications to the Secretary, Water Lane, Brighton, S.W., by November 30th.
- CANTERBURY: KENT AND CANTERBURY HOSPITAL.**—Assistant House-Surgeon, unmarried. Salary, £80 a year, with board and lodging. Applications to the Secretary by November 24th.
- CARDIFF INFIRMARY.**—Assistant House-Surgeon. Appointment for six months, but renewable. Salary, at the rate of £75 per annum, with board, washing, and apartments. Applications, endorsed "Assistant House-Surgeon," to the Secretary by November 25th.
- CENTRAL LONDON SICK ASYLUM DISTRICT.**—First and Second Assistant Medical Officer and Dispenser for duty at the asylums at Cleveland Street or Hendon. Salary, £100 and £75 respectively, with board and residence. Applications to the Clerk, Cleveland Street Asylum, Cleveland Street, W.
- CLAYTON HOSPITAL AND WAKEFIELD GENERAL DISPENSARY.**—Junior House-Surgeon, unmarried. Salary, £40 per annum, with board, lodging, and washing. Applications to the Honorary Secretary by November 27th.

CROYDON GENERAL HOSPITAL.—House-Surgeon. Salary, £105 per annum, with board, laundry, and residence. Applications to the Secretary by December 6th.

DERBYSHIRE ROYAL INFIRMARY.—(1) Honorary Physician; (2) Honorary Surgeon. Applications to the Secretary by November 23rd.

DEVONPORT: ROYAL ALBERT HOSPITAL.—Assistant House-Surgeon. Appointment for six months. Salary at the rate of £50 per annum with board, lodging, and washing. Applications to the Chairman of Medical Committee by November 25th.

EAST LONDON HOSPITAL FOR CHILDREN.—House Physician. Board, residence provided, and honorarium of £25 on completion of six months' approved service. Applications to the Secretary by December 8th.

EDINBURGH: ROYAL COLLEGE OF SURGEONS.—Conservator of the Museum. Salary, £105 per annum. Applications to Mr. J. Robertson, Clerk to the College, 54, George Square, Edinburgh, by December 1st.

HOSPITAL FOR SICK CHILDREN.—Great Ormond Street, W.C.—Resident Medical Superintendent. Salary, 100 guineas per annum, with board and residence. Applications, on forms provided, to the Secretary by December 11th. Also Ophthalmic Surgeon, must be F.R.C.S. Eng. Applications to the Secretary by November 20th.

HULL ROYAL INFIRMARY.—Honorary Surgeon. Applications to the Chairman, Committee of Management, by December 12th.

KIDDERMINSTER INFIRMARY AND CHILDREN'S HOSPITAL.—House-Surgeon, unmarried. Salary, £140 per annum, increasing to £170, with rooms and attendance. Applications to the Secretary before November 26th.

KING'S COLLEGE, London.—Professor of Anatomy. Applications to the Secretary by December 11th.

LIVERPOOL DISPENSARIES.—Assistant Surgeon, unmarried. Salary, £100 per annum, with board and apartments. Applications to the Secretary by November 24th.

LONDON HOSPITAL.—Whitechapel, E.—Medical Registrar. Salary, £100 per annum. Applications to the House Governor by December 7th.

MANCHESTER CHILDREN'S HOSPITAL.—Assistant Surgeon, must be F.R.C.S. Eng. Honorarium, £50 per annum. Applications to the Secretary, Gartside Street, Manchester, by November 20th.

MANCHESTER: ROYAL INFIRMARY.—Resident Medical Officer of the Convalescent Home at Cheshire, unmarried and not under 25 years of age. Salary, £150 per annum, with board and residence. Applications to the Secretary by December 1st.

NATIONAL ORTHOPAEDIC HOSPITAL. 234, Great Portland Street, W.—Surgical Registrar. Applications to the Secretary by November 23rd.

NEWCASTLE-ON-TYNE: NORTHERN COUNTIES HOSPITAL FOR CONSUMPTION AND DISSEMINATION OF THE CHEST.—Honorary Physician. Applications to the Secretary, 40, Mosley Street, Newcastle-on-Tyne.

NEW HOSPITAL FOR WOMEN. 144, Euston Road, N.W.—Medical Women as (1) House-Physician, (2) House-Surgeon, (3) Clinical Assistant for Out-patient Department. Applications to the Secretary by November 28th.

NORTH-EASTERN HOSPITAL FOR CHILDREN. Hackney, Road, N.E.—House-Surgeon. Appointment for six months. Salary at the rate of £50 per annum, with board, residence, and laundry allowance. Applications to the Secretary at the City Office, 27, Clements Lane, E.C., by November 24th.

NORTH LONDON HOSPITAL FOR CONSUMPTION. Hampstead.—Junior Resident Medical Officer. Honorarium, £60 per annum. Applications to the Secretary by November 30th.

NORTH-WEST LONDON HOSPITAL. Kentish Town Road, N.W.—(1) Assistant Surgeon, (2) Resident Medical Officer, (3) Assistant Resident Medical Officer. A salary at the rate of £50 per annum, with board, residence, and washing is attached to the latter two. Applications to the Secretary by November 21st.

NOTTINGHAM CITY ASYLUM.—Senior Assistant Medical Officer, unmarried, and not above 30 years of age. Salary, £240 per annum, with board, apartments, and washing. Applications to the Medical Superintendent by November 23rd.

PLAISTOW: ST. MARY'S HOSPITAL FOR SICK CHILDREN.—Assistant Resident Medical Officer. Appointment in the first place for six months. Salary at the rate of £80 per annum, with board, residence, etc. Applications to the Secretary by November 23rd.

RAMSGATE AND ST. LAWRENCE ROYAL DISPENSARY.—Resident Medical Officer, unmarried. Salary, £100 per annum, with furnished apartments, board, and attendance, and £10 allowed for substitute during annual holiday. Applications to the Secretary by December 8th.

ROYAL ACADEMY OF ARTS.—Professorship of Anatomy. Fees, £121. Applications to the Secretary by November 18th.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Member of the Court of Examiners. Applications to the Secretary by December 5th.

ROYAL HOSPITAL FOR CHILDREN AND WOMEN. Waterloo Bridge Road, S.E.—Resident Medical Officer. Salary, £70 per annum, with rooms, board, and laundry. Applications to the Secretary by November 30th.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL. King William Street, W.C.—Clinical Assistants. Applications to the Secretary by December 1st.

ST. MARY'S HOSPITAL MEDICAL SCHOOL. Paddington, W.—Lecturer in Chemistry and Physics. Salary, £150 per annum, and special fees for London University classes. Applications by November 30th.

SALFORD UNION.—Assistant Resident Medical Officer at the Union Infirmary, Hope, near Eccles. Salary, £130 per annum, with furnished apartments and attendance. Applications, endorsed "Assistant Medical Officer," to the Clerk to the Guardians, Union Offices, Eccles New Road, Salford, by November 27th.

SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN. Marylebone Road, N.W.—Surgeon to the Out-Patient Department. Applications to the Secretary by December 5th.

VIRGINIA WATER: HOLLOWAY SANATORIUM.—Junior Assistant Medical Officer. Salary, £150 per annum, rising to £200, with board, lodging, washing, and attendance. Applications to the Medical Superintendent by November 17th.

WESTERN GENERAL DISPENSARY.—Junior House-Surgeon, unmarried. Salary, £75 per annum, with board and residence. Applications to the Honorary Secretary.

YORK DISPENSARY.—Resident Medical Officer, unmarried. Salary, £110 per annum, with board, lodging, and attendance. Applications to Mr. W. Draper, De Grey House, York, by November 21st.

MEDICAL APPOINTMENTS.

ADAMS, E. G. B., M.B. Lond., F.R.C.S. Eng., appointed District Medical Officer of the Yeovil Union, vice J. D. Adams, M.D. St. And., resigned.

AINSLIE, Wm., M.B., Ch.B. Aberd., appointed Certifying Factory Surgeon for the Kingston Urban District and Kingston Rural District, except the civil parishes of Bardsley, Willersley, Winton, and Briley.

AYMER, C. M. B., C.M. Aberd., appointed Certifying Factory Surgeon for the Burgh of Inverberrie and St. Cyrus District of Kinross-shire.

BINCKES, F. W., M.B. O.S., L.R.C.P. Lond., appointed Second Assistant Medical Officer to the Chelsea Union Infirmary, vice A. S. Horn, B.Sc., M.R.C.S., L.R.C.P. Lond.

COLLS, Percy C., M.R.C.S., L.R.C.P. Lond., appointed Medical Officer for the Benender District of the Cranbrook Union, vice W. E. White, M.D. Aberd., resigned.

CROSSLEY, Leonard, M.B., Ch. Edin., appointed Second House-Physician to the City of London Hospital for Diseases of the Chest, Victoria Park, E.

FENN, Arthur Cooper, L.R.C.P., L.M.B.C.P., L.S.A. Edin., appointed Medical Officer to the Dover Union Infirmary, vice Edwin Fenn, M.D., retired.

GRIEVE, W. D., M.B., C.M. Edin., appointed Surgeon to the Dumfries and Galloway Royal Infirmary, vice P. M. Kerr, M.B., C.M. Edin.

HORN, Arthur E., B.Sc., M.R.C.S., L.R.C.P. Lond., appointed First Assistant Medical Officer to the Chelsea Union Infirmary, vice W. J. A. Davies, M.R.C.S., L.R.C.P. Lond., resigned.

KERR, P. M., M.B., C.M. Edin., appointed Senior Surgeon to the Dumfries and Galloway Royal Infirmary, vice A. Thomson, M.D. Glasg.

LIGHTBODY, J. H., M.D. Vict., appointed Certifying Factory Surgeon for the Urban District of Felixhall-on-Sea.

LIVINGSTON, George R., M.B., C.M. Edin., appointed Assistant Surgeon to the Dumfries and Galloway Royal Infirmary, vice W. D. Grievie, M.B., C.M. Edin.

MCFERRAN, J. R., L.M.O.P., L.R.C.S. Edin., appointed Assistant Medical Officer to the Leeds Union Infirmary, vice J. Guy, M.D. S. resigned.

MAXSON, P. H., L.R.C.P., L.M.C.S. Glasg., appointed Public Vaccinator and Medical Officer for the West and North-West District, Darlington Union, and Police Surgeon for the Darlington Division of the Durham County Constabulary, vice E. Taylor Manson, deceased.

MILLEN, S. A., M.R.C.S., L.M.C.P., appointed Medical Officer for the Third District of the Malmesbury Union, vice P. R. Nutting, M.B. O.S., L.R.C.P. Lond., resigned.

MUDGE, T., M.B. O.S. Eng., appointed Certifying Factory Surgeon for the Hayle District of Cornwall.

OMEARA, W. H., L.R.C.P., L.R.C.S. Edin., appointed Medical Officer to the Workhouse of the Holbroach Union, vice E. K. Harper, L.M.C.P. Lond., M.R.C.S. Eng., resigned.

PALING, Albert, M.B., B.S. Lond., F.R.C.S., appointed Surgeon to the Burton-on-Trent Infirmary.

POLLOCK, R. G., M.R.C.S., L.R.C.P. Lond., appointed Medical Officer for the Tenth District of the Croydon Union, vice H. M. se Todd, L.R.C.P., L.R.C.S. Ire., resigned.

ROSS, Stephen John, M.B., Ch.B. Vict., appointed Honorary Assistant Surgeon to the Bedford County Hospital.

THOMSON, A. M.D., L.F.P.S. Glasg., appointed Honorary Surgeon to the Dumfries and Galloway Royal Infirmary.

THORMAN, W. H., B.A. Camb., M.R.C.S., L.R.C.P., appointed Medical Officer of Health to the Kirkbraton Urban District, vice W. P. T. Daniel, M.B. O.S., L.R.C.P. Lond., resigned.

TOWNSEND, Norman Ian, L.R.C.P., L.R.C.S. I., appointed Intern Physician to the South Infirmary, Cork.

LEEDS GENERAL INFIRMARY.—The following appointments have been made: Collinson, H., M.B. O.S., L.R.C.P., to be Resident Medical Officer at the Ida Hospital. Anderton, E. W., M.B., Ch.B. Vict., to be Resident Obstetric Officer. Gough, W., M.R.C.S., L.R.C.P., to be one of the House-Surgeons. Alderbury, H. C., M.B. O.S., L.R.C.P., to be one of the House-Surgeons. Luckhoff, J., M.B., C.M. Ed., to be one of the House-Surgeons.

DIARY FOR NEXT WEEK.

MONDAY.

West London Post-Graduate Medical Graduates' College and Course. West London Hospital, Hammersmith Road, W., 5 P.M.—Dr. Seymour Taylor: Surface Anatomy.

TUESDAY.

Pathological Society of London. 20, Hanover Square, W., 8.30 P.M.—Dr. S. H. Babersham and Dr. P. S. Hitchens: A case of Pseudo-actinomycosis. Mr. W. C. Spencer: (1) Fibroma of Tongue; (2) Spheroidal-celled Carcinoma commencing in Superficial Nipples. Dr. William Hunter: A case of Acute Yellow Atrophy. Card Specimen: M. P. T. W. P. Lawrence: Hour-glass Contraction of Stomach.

Medical Graduates' College and Polyclinic. 22, Chancery Street, W.C., 4 P.M.—Dr. S. J. Sharkey: Consultation. (Medical.)

Royal Statistical Society. 9, Adelphi Terrace, Strand, W.C., 5 P.M.—Mr. T. A. Welton: On the Distribution of Population in England and Wales, and its Progress in the Period of Ninety Years from 1801 to 1891.

Hospital for Diseases of the Skin. 53, Stamford Street, Blackfriars, S.E., 5 P.M.—Dr. Phineas S. Abraham: Psoriasis.

Chelsea Clinical Society. Holy Trinity Parish Hall, Pavilion Road, Sloane Square, S.W., 8.30 P.M.—Mr. Noble Smith: The Conservative Treatment of Tuberculous Disease of Joints, with demonstration.

WEDNESDAY.

Medical Graduates' College and Hospital for Consumption and Diseases of the Chest. Brompton, S.W., 4 P.M.—Dr. James Cantlie: Clinical Lecture: Plaque.

Royal Meteorological Society. Institution of Civil Engineers, Great George Street, Westminster, 7.30 P.M.—Professor Committee on Bubonic Plague, Harben Lecture III.

London Throat Hospital. 24, Great Portland Street, W., 5 P.M.—Dr. Furniss Potter: Selected Cases.

Central London Throat, Nose, and Ear Hospital. 8 P.M.—Dr. Percy Jakins: Demonstration of Cases of Diseases of the Throat and Nose.

London Hospital, Anatomical Theatre. 4 P.M.—Dr. Alfred Atkinson (Hong Kong): On Plaque.

Hospital for Sick Children. Great Ormond Street, W.C., 4 P.M.—Mr. Wallace: Pathological Demonstration.

West London Post-Graduate Course. West London Hospital, Hammersmith Road, W., 5 P.M.—Mr. C. B. Keetley: General Treatment of Wounds and Compound Fractures.

THURSDAY.

Medical Graduates' College and Polyclinic. 22, Chancery Street, W.C., 4 P.M.—Mr. J. Hutchinson: Consultation. (Surgical.) 6 P.M.—Dr. Seymour Taylor: Glass: applied Anatomy.

West London Post-Graduate Course. West London Hospital, Hammersmith Road, W., 5 P.M.—Mr. C. B. Keetley: General Treatment of Wounds and Compound Fractures.

FRIDAY.

Sutton: On a case in which Splenectomy was performed for a Wandering Spleen. Dr. Herringham: A case of Nephritis without Albuminuria: Death in six weeks: No scarlatina: Necropsy.

Medical Graduates' College and Polyclinic. 22, Chancery Street, W.C., 4 P.M.—Mr. Holmes Spicer: Consultation. (Eye.)

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.

MARRIAGE.

CHRISTIE-BROWN.—November 8th, at St. Mary Redcliff Church, Bristol, by the Rev. W. J. F. Bobberds, M.A., Vicar, Dr. W. Ledingham Christie, F.R.C.S. Eng., of 6, St. Paul's Road, Clifton, to Ethel Mary, eldest daughter of Mrs. Brown, and granddaughter of the late H. J. Brown, Esq., late Organist of Jesus College and Trinity Church, Cambridge.

DEATHS.

BARNES.—On the 12th instant, at 23, Rochester Road, Camden Road, N.W., Dr. J. I. F. Barnes, F.R.C.S., eldest son of F. K. Barnes, late Surveyor of Dockyards and Chief Constructor, Whitehall, S.W.

JOHNSTON.—On the 12th instant, at 8, Carlton Terrace, Onehan Isle of Man, Aubrey Johnston, L.R.C.P. & S., in his 41th 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*.—Tu. F., 2; Th. S., 3.
 CHARGING CROSS. *Attendances*.—Medical and Surgical, daily, 1; Women, W., 1; S. 9.30; Skin, M. Th., 1; Dental, M. Th., 8.45; Throat and Ear, F., 9.30; Electro-Therapeutics, Tu. Th., 9.30; Children, Tu. F., 1; Bognor, W., 9.45; Orthopaedic, Th., 1. *Operations*.—W. Th. F., 3; S., 2.
 CHURCH LANE HOSPITAL FOR WOMEN. *Attendances*.—Daily, 1.30. *Operations*.—M. Th. F., 2 CITY OPHTHALMIC. *Attendances*.—O-p. M. Tu. Th. F., 2. *Operations*.—M., 4.
 EAST LONDON HOSPITAL FOR CHILDREN. *Operations*.—M. Tu. 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., 2.30. *Operations*.—M. W. Th. F.
 GUY'S. *Attendances*.—Medical, i-p. M. Tu. Th. F. S., 1.30; o-p. M. W. Th. F., 12; Surgical, i-p., daily, 1.30; o-p. M. W. Th. F., 12; Obstetric, i-p. M. Tu. Th. F., 1.30; o-p. Th. S., 12; Eye, i-p. M. Tu. Th. F., 1.30; o-p. M. Tu. F., 12; o-p. Ear, Tu. Th., 12; Skin, Tu. Th., 12; Th. S., 12; Dental, daily, 9.30. *Operations*.—Tu. F., 1.30; (Ophthalmic), M., 1.30; Th., 2.
 HOSPITAL FOR WOMEN, Soho. *Attendances*.—O-p. M., 9; Tu. W., 12; Th., 9; F. S., 12. *Operations*.—M. Th., 2; Th. S., 9.30.
 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, i-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, M. Tu. Th. F., 9. *Operations*.—Daily, 2.
 LONDON TEMPERANCE. *Attendances*.—Medical, i-p. M., 2.30; Tu. F., 9.30; Th. 2.0; O-p. M. Tu. W. F., 1; Surgical, i-p. M., 2; Th., 3; O-p. M. Th., 1.30. *Operations*.—Th., 4.
 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, M., 2; Throat and Ear, Th., 2; Dental, Tu. Th. S., 9. *Operations*.—Tu. W., 2.30; Th., 4.
 MIDDLESEX. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th., 1.30; o-p. M., 9; W., 1.30; Eye, Tu. F., 9; Ear and Throat, Tu. F., 9; Skin, Tu., 4; Th., 9.30; Dental, M. F., 9.30; W., 9. *Operations*.—Daily, 1.30.
 NATIONAL ORTHOPAEDIC. *Attendances*.—M. Tu. Th. F., 2. *Operations*.—W., 10.
 NEW HOSPITAL FOR WOMEN. *Attendances*.—Daily, 2; Ophthalmic, W. S., 9.30. *Opera- tions*.—Tu. F., 9; Th., 2.
 NORTH-WEST LONDON. *Attendances*.—Medical, daily, ex. S., 2; S., 10; Surgical, daily, ex. 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. S., 3; Tu. F., 9; W., 2.30; Th., 7.30. *Opera- tions*.—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, Tu. F., 9; Throat, Nose, and Ear, W., 9.30. *Operations*.—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.
 ROYAL LONDON OPHTHALMIC. *Attendances*.—Daily, 10. *Operations*.—Daily, 10.
 ROYAL OPHTHALMIC. *Attendances*.—Daily, 2. *Operations*.—O-p. M., 2; i-p. Tu. Th., 2.30.
 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. F., 2; o-p. M. Th., 9; W. S., 2.30; Ear, Tu. F., 2; Skin, Tu. F., 2; Larynx, M. Th., 2; Orthopaedic, Tu., 1.30; Dental, Tu. F., 9; Electri- cal, M. Tu. Th. F., 1.30. *Operations*.—Daily, 1.30; (Ophthalmic), Tu. F., 2; Abdominal Section for Ovariectomy, W., 2.
 ST. GEORGE'S. *Attendances*.—Medical and Surgical, daily, i-p., 1; o-p., 12; Obstetric, i-p., Tu. F., 1.45; o-p. M. Tu., 2.30; Eye, W. S., 1.30; Ear, M., 2; Skin, W., 2.45; Throat, F., 2; 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. MARTIN'S. *Attendances*.—Medical and Surgical, daily, 1.45; o-p., 12.45; Obstetric, Tu. F., 1.45; o-p. M. Th., 1.30; Eye, Tu. F., 9; Ear, M. Th., 9; Throat, Tu. F., 9; Skin, M., 9; Dental, W. S., 9; Electro-Therapeutics, W. S., 10; Children's Medical, M. Th., 9. *Operations*.—M., 2.50; 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*.—i-p., Medical and Surgical, M. Tu. Th. F., 2; o-p., daily, 1.30; Obstetric, Tu. Th., 2; o-p. W. S., 9; Eye, Tu. F., 2; o-p., daily, ex. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Th., 1.30; Children, W. 10.30; Electro-Therapeutics, Tu. 2; Mental Diseases, Th., 10; Dental, Tu. F., 10; X-Rays, Tu. F., 2; Vaccination, W., 11.30. *Operations*.—Daily, 2; (Ophthalmic), Th., 2; (Gynaecological), Th., 2; (Throat), M., 9.30; (Ear), Th., 9.30.
 SAMARITAN FREE FOR WOMEN AND CHILDREN. *Attendances*.—Daily, 1.30. *Opera- tions*.—Gynaecological, M., 2; W., 3.30.
 THROAT, Golden Square. *Attendances*.—Daily, 1.30; Tu. F., 6.30. *Operations*.—Daily, ex. M., 10.
 UNIVERSITY COLLEGE. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetrics, M. F., 1.30; Eye, M. W., 1.30; Ear, M. Th., 9; Skin, Tu. F., 2; Throat, M. Th., 9; Dental, Tu. F., 9.30. *Operations*.—Tu. W. Th., 2.
 WEST LONDON. *Attendances*.—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, M. Th., 2; Ear, Tu. F., 2; Orthopaedic, 2; Diseases of Women, W. S., 2; Electric, M. Th., 3.15; Skin, Tu. F., 2; Throat and Nose, Tu. F., 2; S., 10. *Operations*.—Daily, about 2.30; F., 10.
 WESTMINSTER. *Attendances*.—Medical and Surgical, daily, 2; Obstetric, M. Tu. F., 2; Eye, Tu. F., 9.30; Ear, Tu., 2; Skin W., 2; 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 authenti- cate them with their names—of course not necessarily for publication.

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

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

IN order to avoid delay, it is particularly requested that ALL letters on the editorial busi- ness 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 *Articulate, 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. would feel grateful if any member residing in a city who has a personal experience of a private hansom cab could answer the following questions: (1) The best builder of private hansom cabs. (2) The approximate price of a well-turned-out hansom. (3) Are they suitable and satisfactory for a medical man whose driving is largely on stone pavements? (4) Are they serviceable?

THE SCILLY ISLES.

J. K. C. asks whether there is any place in the Scilly Isles where a patient, who is not well off, but could afford to pay about 15s. a week, could be sent for some weeks in the winter.

GASTRO-INTESTINAL CATARRH.

AGORAPHOBIA asks for advice in the treatment of the following case: A gentleman, aged 34, who had previously enjoyed good health, was attacked with "ptomaine poisoning" six years ago; since then he has been suffering from extreme neurasthenia, accompanied by catarrh of the stomach and large bowel. He suffers from palpitation, vertigo, and profuse perspirations in both axillae coming on shortly after meals; he also complains of general restlessness, agoraphobia, cold shiverings with clammy sweats; the pulse is very rapid and "shotty" in character; the bowels are regular though the faeces are rather dry and knotty. He eats and sleeps fairly well. Bismuth and soda before meals with salol after have done him most good. Any further suggestions as to treat- ment will be very gratefully received.

TREATMENT OF URINARY HYPERACIDITY IN CHILDHOOD.

ACIDURIA will be glad of suggestions for the treatment of a girl aged 18 months, who has great frequency of micturition, especially during the day, sometimes at half-hourly intervals. There is no evidence of stone or other physical cause; but the urine is highly acid, and occa- sionally deposits uric acid crystals. The diet consists of milk with bread, porridge, rice, etc. Mixtures containing potassium citrate and liquor potassae have been tried. The child appears quite well in other respects, except for excessive fretfulness; she had an attack of cystitis when 9 months old, which completely cleared up in three weeks.

EXTRAUTERINE PREGNANCY WITH LIVING CHILD.

DOLICHOCEPHALUS would be much obliged if any British or American correspondent can find the references to the following cases, reported in *Obstetrics*, February, 1890, without any statement as to where they were first published (*Obstetrics* is published in America); the article naming the case was by Dr. Ayers: Fowler, 1880 (at ninth month); Bond, 1895 (two months and a half); Eagleson, 1896 (ninth month); Frost, 1896 (ninth month); Dalton, 1898. They are not to be found in the late and deservedly lamented *Index Medicus*.

TREATMENT OF OBSTRUCTED HERNIA.

MEDICUS IN RURE writes: As one not specially practising surgery, and therefore not specially conversant with up-to-date notions, I should like to know what is the generally-accepted treatment for an obstructed hernia—ice or fomentations locally? My own experience teaches me that ice is quite the wrong treatment; unlike a fomentation, it does not relieve muscular spasm, or ease the patient's discomfort, or start any peristalsis, which often evacuates the flatus preventing the reduc- tion. Personally I can vouch for the discomfort and inability as a pain reliever of ice locally. That it lessens congestion of the tumour seems to me to be merely a theoretical supposition. It seems very absurd to put the patient in a hot bath—a generally accepted method of treat- ment—and put ice on the tumour. Authorities like Walsham (1900) and Gould's *International Textbook* recommend both ice and warmth, the latter book bearing out my own experience as regards fomentations being the better in the aged, in whom one has the chief proportion of obstructed hernia, especially of the scrotal variety.

THE FORM OF GALL STONES.

DR. JOHN W. DUNCAN, M.A., M.B. (Hockley, Birmingham), writes: In the article on Progressive Pernicious Anæmia in the BRITISH MEDICAL JOURNAL of November 10th there is mentioned a fact concerning gall stones that seems to me to be very interesting. It is said there that at a post-mortem examination there were found forty blackberry-like gall stones in one gall bladder. Now, all the books I can recollect give as a cause for the faceted appearance of gall stones when more than one come to be found in the same gall bladder that the pressure of one stone upon another causes them to be faceted. But here we have forty mul- berry or blackberry-like stones at once. Hamilton, in his book on *Pathology*, states, I think, that when there is one stone in the gall bladder it is of a mulberry shape (blackberry-like), and when there are more than one the stones are faceted. The faceted stones are utterly unlike the mulberry, blackberry-like calculi. The one is argled, smooth surfaced, faceted, pyramidal, while the other is spherical, with a surface more or less coral-like, mulberry- like, or blackberry-like, and the colour of the two kinds varies. The faceted stone is light fawn, more or less, while the blackberry-like stone is dark brown or purple, like a fairly ripe blackberry. So that there can be no doubt about the two kinds, and forty blackberry-like gall stones can never correspond to forty faceted gall stones. Surely, then, something more than mere pressure from numbers must be the cause of the faceting. When a student, on opening the gall bladder (*post mortem*), I found three gall stones, one in the body of the bladder, and the other two, slightly adherent to one another, lying where the bladder joined the cystic duct. The one in the body was angled, pale fawn in colour, faceted and lay free from anything likely to cause faceting by pressure, while the other two were smaller, spherical, dark coloured and blackberry- like. Would these two mulberry ones, if in contact with the light fawn coloured, faceted one, have become also faceted? I am much inclined