

## THE CHOLERA.

THE Registrar-General's weekly return shows 1394 deaths in London during last week, being 123 over the average. The excess is set down partly to the account of bronchitis. During the week, there were 112 deaths from cholera and 32 from diarrhoea; the two together being 55 lower than during last week, which was just 55 below the week before. The decrease, which is very satisfactory, would have been even greater but for the 30 deaths from malignant cholera at Woolwich and Plumstead.

Mr. Rugg tells the Registrar-General that "four fatal cases of cholera have occurred along the line of the southern outfall sewer, and just at the point where its ventilation commences—a ventilation that is by no means perfect there, inasmuch as it is made through the steam factory shaft, the fires of which are alight during the day only."

Dr. Finch, Medical Officer of Health for Charlton, writing on October 25th, states "that during the last twenty-four hours a severe outbreak of cholera has occurred in my parish, and seven cases have proved fatal, the duration of the attack varying from eight to sixteen hours. They have all occurred in the marsh district, where there are streets of small houses built on the soil without any basement whatever, and many of them flooded at present with water from the tidal ditches with which they are surrounded. These houses are much below the level of high-water mark."

The convocation of the Hungarian Diet has been postponed in consequence of the cholera. During the epidemic, 48,845 persons have been attacked, of whom 21,556 have died, in Hungary.

A meeting of the fellows, professors, students, and graduates of Trinity College, Dublin, has been held for the purpose of organising a subscription in aid of the cholera wards of Sir Patrick Dun's Hospital, and to express the thanks of the meeting to the medical scholars for the services rendered by them during the past trying summer.

A report published by the Lord Mayor shows that fifty-six local committees and fourteen hospitals had furnished the Committee with an aggregate return of 4396 deaths from cholera and 646 from diarrhoea. The total number of deaths from cholera, however, is probably nearer 8000 than 4000. In Austria, it is computed that at least 100,000 lives have been lost, and there was hardly a week in which the deaths in London were not exceeded by those in some continental city with scarce a tenth of our population. That much of this exemption is due to sanitary improvements cannot be doubted.

The medical officers of health have given an interesting account of the hygienic measures now in operation, showing an amount of vigilance and efficiency in some districts for which the local authorities and their excellent health-officers have not obtained due credit.

The health-officers of Bristol and Birkenhead, as well as of London, bear ample testimony to the utility of the disinfection of the cholera dejections by chemical agents. This can only be done effectively and kindly under medical supervision. It is a difficult chemical experiment, to perform by a practised operator. To place carbolic acid, or chloride of zinc, or permanganate of potash, in the hands of people who have never seen these substances, know none of their properties, and have just been terrified by the sudden loss of a father, a mother, or a child, is to do nothing. The poor people cannot be expected to know how a house is to be disinfected, and still less to perform the operation.

At the American Social Science Association, Dr. Read of Boston read a paper in which he maintained that cholera is not epidemic, but infectious, and communicable in various ways. Dr. Read argued that, to ward off the disease, the circle of exclusion must be made complete by some central authority; and he suggested united action between the United States Government and that of the British provinces to effectually guard the entire sea-coast when the disease threatened to approach. Certainly, he argued, it was better that the few who wanted to enter the community should be inconvenienced, than that the many should be exposed to danger; and the same principles which would govern us in our families, under similar circumstances, should obtain in matters of public concern.

## Association Intelligence.

## SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETING.

THE second meeting for the tenth session, 1866-7, was held at the West Kent General Hospital, Maidstone, on October 26th, 1866; F. FRY, Esq., in the Chair. Sixteen members and visitors were present.

The SECRETARY stated that Mr. Hoar had excused himself from accepting the appointment of chairman, in consequence of his late domestic affliction; upon which the members expressed their sympathy.

*Next Meeting.* Samuel Gould, Esq., was chosen chairman of the meeting to be held at Gravesend in March 1867.

*Communications.* The following communications were made.

1. Ague in connexion with Gout. By James V. Bell, M.D. The author alluded to the difficulty of correct diagnosis and of satisfactory treatment in compound disorders; and he illustrated his remarks by instances of ague occurring in a manifold form with other diseases in malarious districts. The author also entered on a similar consideration of the Protean forms of gout that complicate other maladies. His statement was, that long continued irritability of stomach or of urinary organs, also obscure nervous symptoms, if not otherwise accounted for, will prove in the end to be due to gout. When gout and ague concur in an individual, mixed treatment becomes necessary; such as quinine or arsenic for the ague; and bicarbonate of potassa, iodide of potassium, and colchicum, for the gout. The author referred to the observations of Dr. Easton of Glasgow on the composition of the blood and urine in gout and in ague: uric acid in the blood, and oxalate of lime in the urine, in gout; uric acid in the urine in ague. The author expressed his conviction that the eliminative powers of the system are diminished by the concurrence of gout and ague. He related several cases illustrating his remarks. In two or three cases, ammonia proved highly serviceable.

2. Brain-Disturbance in the Course of Rheumatic Pericarditis. By S. Monckton, M.D.

3. A patient was exhibited by Mr. Matthew Adams. The particulars of the case were, recurrent hæmorrhage into the vitreous space, causing temporary blindness; four attacks from June 1863 to January 1866; both eyes affected; patient had enteric fever at age of seven years, and ague in after years.

4. A morbid specimen was exhibited by Mr. Cooper Forster; viz., Traumatic Urethral Stricture; perineal section; death by pyæmia.

### BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

THE next meeting of the above Branch will be held at the Midland Institute, on Thursday next, Nov. 8th. The chair to be taken at 3 o'clock.

The following papers will be read:—On the Cardiograph and Sphygmograph. By B. W. Foster, M.D. On some Fallacies in the Diagnosis of Phthisis. By W. F. Wade, M.B. On Rheumatic Iritis. By J. Vose Solomon, Esq.

T. H. BARTLEET, *Hon. Sec.*

### COMMITTEE ON THE OBSERVATION AND REGISTRATION OF DISEASE.

1, St. Peter's Square, Manchester, Oct. 29th, 1866.

SIR,—I have been requested by the Committee on the Observation and Registration of Disease to forward to you, for publication in the *BRITISH MEDICAL JOURNAL*, a report of a portion of their proceedings at a meeting which took place on October 11th, at the rooms of the Manchester and Salford Sanitary Association. I also subjoin a letter from Dr. Farr, in answer to the resolutions passed at this meeting.

I am, etc., ARTHUR RANSOME, *Hon. Sec.*

To the Editor of the *BRITISH MEDICAL JOURNAL*.

MR. RUMSEY called the attention of the Committee to Dr. Farr's recent letter to the Registrar-General, in which he has suggested an important improvement in the machinery of mortuary registration, with the object of verifying the fact of death, identifying the person of the deceased, and, as accurately as possible, investigating and recording the cause of death.

Dr. Farr's plan may be thus briefly described.

1. That a specially qualified registration medical officer should be appointed in each of the registration districts of the kingdom.

2. While certificates of the cause of death should still be received from the (family) medical attendants, provided they have seen the deceased on the day of death, or have seen the body subsequently for identification—that, in every case of death not thus certified, and in every case without medical attendance up to the date of death, or in which the certificate could not be obtained from a legally qualified medical attendant, it should be the duty of the proposed officer to visit the body, and, if all were clear and satisfactory, to certify the probable cause of death, thus authorising the Registrar to issue the usual certificate for burial.

3. That, if the case were enveloped in any suspicion or obscurity, the registration medical officer should refuse his certificate until an inquest had been held or refused by the coroner, "whose inquiry should by no means be superseded"; and that, if necessary, the proposed officer should appear as medical witness (or assessor) at the inquest, and should conduct *post mortem* examinations when ordered by the coroner.

4. That still-born children should be seen by the registration medical officer, whose certificate to the effect that they were still-born would authorise their burial without funeral rites.

5. That this officer, visiting the dwellings of the poor in unfavourable sanitary conditions, would discover and point out the evils of these conditions to the families themselves, and to the authorities, especially in seasons of cholera, fever, or other epidemics; that it would be his duty to give advice concerning

the removal of such conditions; and, in certain cases of infection or overcrowding, to direct the prompt removal of the corpse to a mortuary-house, if such were established under recent legislative provisions. The authorities would in most cases find it convenient to make him the health officer of the district.

6. That, while he should be entitled for his medical certificate to a regulated fee "sufficiently high to command the services of a good class of the profession", a portion of his pay should come out of the rates and out of the Consolidated Fund.

7. That the appointment and remuneration of this officer by local authorities should be subject to the approval of a central authority, and to general rules which should be laid down as to qualification.

The following resolutions were then passed unanimously by the Committee.

1. That this Committee, recognising the importance of Dr. Farr's proposition for the appointment of a registration medical officer, in every Superintendent-Registrar's district, strongly urge him to press it to a successful issue, and assure him of their hearty co-operation.

2. That, in the opinion of this Committee, such a medical officer would be the suitable authority for collecting and publishing periodical returns of disease, obtained by local associations.

3. That the districts for the registration of disease should be based on the division of the country for the registration of births, deaths, and marriages.

4. That it is desirable that voluntary associations should be formed in each of the above districts, to carry out the scheme of registration of disease adopted by this Association. (See *BRITISH MEDICAL JOURNAL*, August 25th, p. 229.)

5. That the Honorary Secretary be requested to send a copy of the above resolutions to the *BRITISH MEDICAL JOURNAL*, along with some account of Dr. Farr's proposition.

[COPY.]

General Register Office, Somerset House, Oct. 26th, 1866.

DEAR SIR,—I have the honour to acknowledge the receipt of your letter, as Secretary of the Committee of the British Medical Association on the Observation and Registration of Disease.

It is particularly gratifying to me to learn, from the account you give of a portion of their proceedings, at a meeting held at the rooms of the Manchester and Salford Sanitary Association on October 11th, that the Committee recognise the importance of the propositions which I had the honour to submit to the Registrar-General, with a view to improve the arrangements for the correct registration of the causes of death.

The deliberate expression of opinion in favour of the appointment of a registration medical officer in every district by so competent a Committee, confirms my conviction of the public utility of such an officer.

The Committee strongly urges me to press the proposal to "a successful issue." I will do all I can to comply with this request, more particularly by bringing their letter under the notice of the Registrar-General, who, I feel confident, will attach great importance to this expression of opinion by so important an Association.

If I may venture to make a suggestion, it is this: that the Committee should bring their own views on the subject immediately before the Registrar-General and the Secretary of State for the Home Department. At the same time, even if these eminent officers of the Government be favourable to the measure, it could only be carried out by an Act of the legislature, under the influence of enlightened public opinion.

The proceedings of your Committee will contribute to create this influence.

I have the honour to be, dear sir,

Your faithful servant,

W. FARR.

Arthur Ransome, Esq., M.D., 1, St. Peter's Square,  
Manchester.

## Correspondence.

### REDUCTION OF DISLOCATIONS OF THE JOINTS BY MANIPULATION.

LETTER FROM JOHN BIRKETT, Esq.

SIR,—I send you a very brief report, with the dates, of the cases of dislocations of the hip-joint reduced by myself, and which have been under my care in Guy's Hospital.

I will not needlessly occupy space in your columns by comments, as the cases speak for themselves; except to add that all recent cases of dislocation have been so reduced for many years at Guy's.

1. 1848, February. Dislocation into foramen ovale; a female, aged 22.
2. 1849, December. Dislocation on to dorsum ilii; a female, aged 45 to 50—the twenty-second reduction.
3. 1850, February. Dislocation on to dorsum ilii; a female, aged 29.
4. 1850, February. Dislocation into ischiatic notch; a muscular male, aged 56.
5. 1851, April. Dislocation into foramen ovale; a very muscular male, aged 30.
6. 1854, January. Dislocation on to foramen ovale; a very muscular male, aged 28.
7. 1854, March. Dislocation on to foramen ovale; a male, aged 13.
8. 1855, April. Dislocation into ischiatic notch; a female, aged 36.
9. 1855, September. Dislocation into ischiatic notch; a female, aged 9 to 10.
10. 1858, August. Dislocation on to dorsum ilii; a male, aged 53.
11. 1859, April. Dislocation into ischiatic notch; a male, aged 26.
12. 1860, March. Dislocation on to ramus of the pubis, with simple fracture of the same femur at its upper and middle third; a male, aged 12. The value of this method was most strikingly exemplified in this case; for we literally replaced the head of the femur in the acetabulum with the hands.
13. 1861, October. Dislocation on to dorsum ilii; a female, aged 31.
14. 1863, March. Dislocation on to dorsum ilii; a male, aged 47.
15. 1864, March. Dislocation on to dorsum ilii; a male, aged 66, knocked down in the streets, and complicated with simple fracture of the left clavicle and several of the ribs on the left side. The patient, however, completely recovered.
16. 1864, September. Dislocation into ischiatic notch; a very muscular man, aged 52.

All these patients were under the influence of chloroform at the time of the reduction of the dislocation.

Thus, six dislocations of the femur on the dorsum ilii; five into the ischiatic notch; four into the foramen ovale; and one on the ramus of the pubes; were reduced by manipulation without the aid of pulleys during the last eighteen years.

I am, etc.,  
JOHN BIRKETT.

59, Green Street, Grosvenor Square, Oct. 27th, 1866.

### INJECTION OF ACETIC ACID IN CANCER.

LETTER FROM JOHN BARCLAY, M.D.

SIR,—In the report given by the *Medical Times and Gazette* for October 20th of the late meeting of the Pathological Society, I notice a discussion on the "Treatment of Cancer by the Injection of Acetic Acid". Mr. Moore takes to himself the credit, and I believe most deservedly, of first treating cancerous tumours by injection, having "for a year and a half treated cancerous tumours by the injection of different fluids." But it is what follows in his remarks that I take the liberty of trying to correct; namely, this: "But it had been," he said, "reserved for Dr. Broadbent to suggest the material which seemed likely to be most useful." Now, a reference to dates will, I think, make the matter sufficiently clear as to who was the first to suggest the use of acetic acid. By referring to the number of the *BRITISH MEDICAL JOURNAL* for April 21st, 1866, it will be found that I began to employ citric acid in the treatment of cancer in the beginning of September 1865, though this was by no means the first time that citric acid had been so used; that a few weeks afterwards, "remembering the solvent power of acetic acid over cancer cell-walls," it occurred to me to try the effect of this substance; and lastly, that on December 28th, 1865, the use of carbolic acid was first begun (proposed by Dr. Manson of this place). The details of treatment by all these acids are given in said paper. By turning now to Dr. Broadbent's pamphlet, I find that this gentleman did not begin the acetic acid treatment till the 18th of May, 1866, nearly four weeks after the appearance of my communication in this *JOURNAL*; and that he did not employ carbolic acid until the 14th of July, about two months later. So that, as far as I can discover, the facts of the case, as regards priority of suggestion, are as follows. Mr. Moore was the first to suggest the treatment of cancer by injection, "a year and a half" ago; I first suggested the treatment of cancer by acetic acid on April 21st, 1866; and Dr. Broadbent made a combination of the above suggestions, and brought them to a more practical result on May 18th, 1866. I do not deny, however, that Dr. Broadbent deserves more credit for what he has done than either Mr. Moore or myself; and I hope that the first named gentleman will soon be able to give us a further list of cases as satisfactory as those he has published in his admirable pamphlet. I am, etc.,

JOHN BARCLAY.

Banff, October 25th, 1866.

### LADY NURSES IN HOSPITALS.

SIR,—In the *JOURNAL* of October 20th, you take notice of a report from the *Times* of the introduction of lady nurses at the Woolwich Hospital, which you conceive to be an invention of the "enemy", because it is stated that our *braves* object to the attendance of female nurses. I do not perceive the slightest occasion for alleging that such complaints from our sick soldiers need be an "invention".

There is no medical man who is not ready to acknowledge, because he has too frequently to lament, the want of good nursing to his patients; but I think it will be admitted that properly trained male nurses are in most cases superior to nurses of the other sex; and I can readily enter into the feelings of the soldiers who have expressed themselves dissatisfied with the change.

The movement for establishing hospital sisterhoods, lady nurses, etc., has for a length of time been fashionable; but I think, from a feeling of de-

ference to the *fair sex*, the opinions expressed have been too much on one side.

There was an illustration given in the JOURNAL two or three weeks ago as to what occurred in a hospital in Spain, where the "sisters" not only acted in opposition to the instructions of the physicians, but also showed a great want of ordinary humane feelings. We frequently hear of complaints from our brethren in France as to the interference of "sisters" with their patients; and is it not possible that our lady nurses, backed as they are by the clergy, will not in time, when they have obtained a firm foothold, become troublesome and obstructive to ourselves?

The great value attached to the services rendered by lady nurses to our soldiers in the Crimea, and which I do not wish to depreciate in the slightest degree, has given rise to this nursing movement; but it did not originate, so far as I am aware, from any want of efficiency or demoralisation on the part of what male nurses could be obtained to attend upon their sick comrades; and the only occasions on which I consider females may be admissible into military hospitals arise when there is a paucity of male attendants.

During the late war in the United States of America, lady nursing was found to be inoperative, and that in a country where women can with propriety assert their *rights*, and are at liberty to maintain them too, if they can hold the "position".

I may observe, that I for some time attended the practice of the large civil hospitals in New York, and I do not recollect having seen a female nurse (or female doctor!) in attendance at any of them.

I am, etc., N. Y.

October 22nd, 1866.

DR. HASSALL. Her Majesty has granted a pension on the Civil List to Dr. Arthur Hill Hassall for his public and scientific services. We are happy to learn that Dr. Hassall's health has somewhat improved.

THE CATTLE-PLAGUE. A brief return tells that the cattle-plague is all but "stamped out." Only a very few sparks now remain, and they get fewer every day. There were only six attacks last week, one in Essex, one in Shropshire, and four at Northwich, in Cheshire. There have been more than 250,000 attacks; more than 200,000 animals have died, or been killed, and only about 33,000 recovered. The return observes that "since the commencement of the disease 51 in every 1,000 of the estimated ordinary stock of cattle in Great Britain are returned as having been attacked." This is more than one in twenty for the whole island, one of its chief characteristics is the want of uniformity. Cheshire has been the principal sufferer, having had 67,000 cases.

QUEKETT MICROSCOPICAL CLUB. The ordinary monthly meeting took place in the library of University College, on the 26th inst.; Ernest Hart, Esq., President, in the chair. Mr. Highley, F.G.S., read a paper on Shore Collecting; wherein he described the dress and implements most suited for such explorations; how to search the sands, seaweeds, clefts in rocks, ledges, rock-basins, and under boulders, and what animals, microscopic or otherwise, were most likely to be found in each of these several retreats for the ocean's inhabitants. A *Conversazione* followed, in which many objects of interest were exhibited, amongst which was a new form of microscope of novel construction, by Mr. Cole. Nineteen members were proposed, and twenty-eight new members were elected.

## Medical News.

APOTHECARIES' HALL. On October 25th, 1866, the following Licentiates were admitted:—

Bowen, David, Newport, Pembrokeshire  
Coombs, Rowland Hill, Bedford  
Cremonini, John, Tattenhall, Staffordshire  
Denton, Frederick George, Claycross  
Grime, John, Blackburn, Lancashire  
Hall, John Henry Wynne, Barking Road, E.  
Heelas, Martin Luther, The Holt, Wokingham, Berks  
Levick, George, West Ham, Essex  
Marriott, Osborne Delano, Sevenoaks, Kent  
Wilkinson, Alfred George, Aston Road, Birmingham

### APPOINTMENTS.

#### ROYAL NAVY.

ELKINGTON, Staff-Surgeon A. G., to be Battalion-Surgeon Grenadier Guards, *vice* Surgeon-Major C. R. Nicoll.  
GILBORNE, Surgeon R., 6th Dragon Guards, to be Surgeon-Major, having completed twenty years' full-pay service.  
MADDER, Surgeon J., 8th Foot, to be Surgeon-Major, having completed twenty years' full-pay service.  
MANDEVILLE, Surgeon E. W. T., 7th Foot, to be Surgeon-Major, having completed twenty years' full-pay service.  
NICHOLSON, Staff-Surgeon B., M.D., to be Surgeon-Major, having completed twenty years' full-pay service.

VOLUNTEERS, (A.V.= Artillery Volunteers; R.V.= Rifle Volunteers):—

BAKEWELL, R. H., M.D., to be Assistant-Surgeon 3rd Staffordshire R.V.  
JEAFFRESON, C. S., Esq., to be Assistant-Surgeon 1st Warwickshire R.V.

### BIRTHS.

EVANS. On October 26th, at Northampton, the wife of \*Charles Jewel Evans, Esq., of a daughter.  
RIDINGS. On October 21st, at Walmer, the wife of W. G. Ridings, Esq., Surgeon R.N., of a daughter.

### MARRIAGES.

DAYSON, Smith Houlston, M.D., of Carlton Terrace, Kilburn Park, to Rose Annie, second daughter of Henry CHAPMAN, Esq., of Lee, Kent, on October 27.  
EVANS, Thomas Hornby, Esq., to Emily A. F., second daughter of W. WEBBER, Esq., Surgeon, at St. George's, Hanover Square, on October 25.  
WALKER, I. William, Esq., of St. Arnaud, Victoria, eldest son of \*Thomas Walker, M.D., of Peterborough, to Charlotte Henrietta, eldest daughter of the late Herbert CORNEWALL, Esq., of Delbury Hall, Shropshire, at Clewer, Windsor, on October 23.

### DEATHS.

\*BURNETT, C. Mountford, M.D., at Alton, Hants, aged 59, on October 25.  
CONQUEST, John T., M.D., at The Oaks, Plumstead Common, Kent, aged 77, on October 24.

TESTIMONIAL TO MR. WILKINSON OF HARTHILL. A testimonial, consisting of a claret-jug and cup and a pair of grape-scissors, has been presented to Mr. Wilkinson of Harthill by the ladies of Barlborough, as a mark of their sense of the manner in which he has discharged his professional duties more than thirty years. The claret-jug bears the following inscription: "Presented to William Wilkinson, Esq., by the inhabitants of Barlborough, as a token of their regard, October 1866."

THE BIRMINGHAM HOSPITALS. Sunday last was the annual occasion when, at all the churches and other places of public worship in Birmingham, a collection is made in behalf of the local charities, two of the principal of which take the fund in turn, and the third year the amount obtained is divided among the miscellaneous charities. It is tolerably certain that the aggregate will considerably exceed £4000. This year the proceeds go exclusively to the Queen's Hospital.

**VICTORIAN MEDICAL BENEVOLENT ASSOCIATION.** The first annual meeting of this Association was held in the board-room of the Melbourne Hospital, on May 9th ult. The committee stated that a large measure of success has followed the establishment of the association. They had received many replies, all expressive of satisfaction at the formation of the association, and enclosing subscriptions and donations.

**MEDICAL STUDENTS.** From the following return it will be seen that the number of entries at the eleven metropolitan hospitals, namely, Guy's, St. Bartholomew's, University College, King's College, St. Mary's, St. George's, St. Thomas's, Middlesex, London, Charing Cross, and Westminster, is this year above that of preceding sessions. In 1863 there were 354 new entries, or first year's men, making, with old students, a total of 1,020. In 1864 there 309 freshmen; total at all schools, 995. In 1865 the new entries had increased to 321, total, 1,013. In the present October session, 362 new students have registered their names at the Royal College of Surgeons, making a total of 1,027 gentlemen now pursuing their medical studies in this metropolis. Guy's, St. Bartholomew's, University and King's Colleges still take the lead. The return from the provincial schools has not yet been compiled, but it is stated that the new entries in Ireland are satisfactory. As the Scotch session does not commence until November, it is impossible to ascertain at present what the number attending the northern schools will be. The number of qualified members of the profession in Great Britain has decidedly diminished during the past few years, but this is due more to the openings for young medical men in India, the colonies, the government emigration, peninsular, and other services, than from any dearth in the supply of medical students, since, with over a thousand pursuing their studies in London alone, the vacancies in the profession must be rapidly filled up.

#### MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

- TUESDAY.** Pathological Society of London, 8 P.M.—Anthropological Society of London, 8 P.M.  
**WEDNESDAY.** Obstetrical Society of London, 8 P.M. Dr. Braxton Hicks, "On the Pathology of Puerperal Eclampsia"; Dr. Madge, "On the Relation of the Mother and Fetus"; Dr. Shortt, "On Criminal Abortion"; and other papers.

#### BOOKS RECEIVED.

1. Cholera: its Seat, Nature, and Treatment. By Charles Shrimpton, M.D. London: 1866.
2. Contributions to Medicine and Midwifery. By T. E. Beatty, M.D. Dublin: 1866.
3. The Study of Botany in Connection with Pharmacy. By R. Beasley, Esq., F.L.S. 1866.

#### OPERATION DAYS AT THE HOSPITALS.

- MONDAY.**.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.  
**TUESDAY.**.... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.  
**WEDNESDAY.**... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.  
**THURSDAY.**.... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.  
**FRIDAY.**..... Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.  
**SATURDAY.**.... St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

#### TO CORRESPONDENTS.

\* \* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

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

THE Publisher begs to intimate that orders for JOURNALS sent by post must be accompanied by stamps for the amount. Price of each number is, by post, sixpence.

COMMUNICATIONS have been received from:—Dr. C. HANDFIELD JONES; Dr. WATERS; Dr. T. FOX; Mr. C. J. EVANS; Mr. HENRY GREENWAY; Mr. A. B. SPEERLE; Mr. T. E. CLARK; Dr. JOHN BARCLAY; Mr. E. MACKEY; Dr. WADE; Mr. BIRKETT; Mr. J. R. HUMPHREYS; Dr. GIDLEY; Dr. E. LAWFOED; Dr. FREDERICK J. BROWN; Dr. J. V. BELL; Dr. E. ANDREW; THE HONORARY SECRETARY OF THE OBSTETRICAL SOCIETY; Mr. J. P. CESAR; Mr. STARTIN; Mr. AUBIN; Mr. JONES; and Mr. T. H. BARTLETT.

#### ADVERTISEMENTS.

#### Diabetes. — Blatchley's Bran

BISCUITS and BRAN POWDER for making Dr. CAMPBELL'S BRAN CAKES, carefully freed from starch, and finely ground by steam. Prepared, and sold as supplied to all the Hospitals in England, by E. BLATCHLEY, 362, Oxford Street, W. 1s. 6d. per lb., or in boxes at 5s., 10s., and 20s. each, with directions for use. (See Dr. Campbell's work on Diabetes, p. 58.)

"Mr. Blatchley supplies prepared bran powder of a very superior description."—Dr. Hassall on Diabetes, 2nd Edition, p. 179.

#### Surgical Instruments.—Arnold

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