

**HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.**

CANCER, Brompton (Free). *Attendances*.—Daily, 2. *Operations*.—Tu, W, F, 2.  
 CENTRAL LONDON OPHTHALMIC. *Attendances*.—Daily, 1. *Operations*.—Daily.  
 CENTRAL LONDON THROAT, NOSE, AND EAR. *Attendances*.—M, W, Th, S, 2; Tu, F, 5. *Operations*.—1 p., Tu, 2.30; o.p., F, 2.  
 CHABING CROSS. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, Tu, F, 1.30; Skin, M, Th, 1.45; Dental, M, 9; Throat and Ear, F, 9.30. *Operations*.—Th, F, S, 3.  
 CHELSEA HOSPITAL FOR WOMEN. *Attendances*.—Daily, 1.30. *Operations*.—M, Th, F, 2.  
 CITY ORTHOPEDIC. *Attendances*.—M, Tu, Th, F, 2. *Operations*.—M, 4.  
 EAST LONDON HOSPITAL FOR CHILDREN. *Attendances*.—M, W, Th, F, 2.  
 GREAT NORTHERN CENTRAL. *Attendances*.—Medical and Surgical, M, Tu, W, Th, F, 2.30; Obstetric, W, 2.30; Eye, M, Th, 2.30; Throat and Ear, Tu, F, 2.30; Skin, W, 2.30; Dental, W, 2. *Operations*.—M, W, Th, F.  
 GUY'S. *Attendances*.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, M, Tu, F, 1.30; Eye, M, Tu, Th, F, 1.30; Ear, Tu, 1; Skin, Tu, 1; Dental, daily, 9; Throat, F, 2. *Operations*.—Tu, F, 1.30; (Ophthalmic), M, 1.30; Th, 2.  
 HOSPITAL FOR WOMEN, Soho. *Attendances*.—Daily, 10. *Operations*.—M, Th, 2.  
 KING'S COLLEGE. *Attendances*.—Medical and Surgical, daily, 2; Obstetric, daily, 2; o.p., daily, 1.30; Eye, M, W, Th, 1.30; Ear, Th, 2.30; Throat, M, 1.30; F, 2; Dental, M, Tu, 10; Skin, W, 1.30. *Operations*.—W, Th, F, 2.  
 LONDON. *Attendances*.—Medical, daily, 1 p., 2; o.p., 1.30; Surgical, daily, 1.30 and 2; Obstetric, M, Tu, Th, F, 2; o.p., W, S, 1.30; Eye, Tu, S, 9; Ear, W, 9; Skin, Th, 9; Dental, Tu, 9. *Operations*.—Daily, 2.  
 LONDON TEMPERANCE. *Attendances*.—Medical, M, Tu, W, Th, F, 1.30; Surgical, M, Th, 1.30. *Operations*.—M, Th, 4.30.  
 LONDON THROAT, Great Portland Street. *Attendances*.—Daily, 2; Tu, F, 6. *Operations*.—Daily, 2.  
 METROPOLITAN. *Attendances*.—Medical and Surgical, daily, 2; S, 9; Obstetric, W, 2; Eye, W, 2; Throat and Ear, Th, 2; Dental, Tu, Th, S, 9. *Operations*.—Tu, W, 2.30; Th, 4.  
 MIDDLESEX. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, Tu, Th, 1.30; o.p., M, 9; W, 1.30; Eye, Tu, F, 9; Ear and Throat, Tu, F, 9; Skin, Tu, 4; Th, 9.30; Dental, M, F, 9.30. *Operations*.—Daily, 1.30.  
 NATIONAL ORTHOPEDIC. *Attendances*.—M, Tu, Th, F, 2. *Operations*.—W, 10.  
 NEW HOSPITAL FOR WOMEN. *Attendances*.—Daily, 2; Ophthalmic, W, S, 9.30. *Operations*.—Tu, F, 9.  
 NORTH-WEST LONDON. *Attendances*.—Medical, daily, exc. S, 2; S, 10; Surgical, daily, exc. W, 2; W, 10; Obstetric, W, 2; Eye, W, 9; Skin, F, 2; Dental, F, 9. *Operations*.—Th, 2.30.  
 ROYAL EAR, Frith Street. *Attendances*.—M, W, F, 3; Tu, F, 9.30 and 7.30. *Operations*.—Tu, 3.  
 ROYAL EYE, Southwark. *Attendances*.—Daily, 2. *Operations*.—Daily.  
 ROYAL FREE. *Attendances*.—Medical and Surgical, daily, 2; Diseases of Women, Tu, S, 9; Eye, M, F, 9; Skin, Th, 9; Throat, Nose, and Ear, W, 9. *Operations*.—W, S, 2; (Ophthalmic), M, F, 10.30; (Diseases of Women), S, 9.  
 ROYAL LONDON OPHTHALMIC. *Attendances*.—Daily, 9. *Operations*.—Daily, 10.  
 ROYAL ORTHOPEDIC. *Attendances*.—Daily, 2. *Operations*.—M, 2.  
 ROYAL WESTMINSTER OPHTHALMIC. *Attendances*.—Daily, 1. *Operations*.—Daily, 2.  
 ST. BARTHOLOMEW'S. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, M, W, F, 2; o.p., W, S, 9; Eye, M, Tu, W, Th, S, 2; o.p., M, Th, 9; W, S, 2.30; Ear, Tu, F, 2; Skin, Tu, 9; Larynx, Tu, F, 2.30; Orthopedic, M, 2.30; Dental, Tu, F, 9; Electrical, M, Tu, Th, F, 1.30. *Operations*.—Daily, 1.30; (Ophthalmic), Tu, F, 9; Abdominal Section for Ovariectomy, F, 2.  
 ST. GEORGE'S. *Attendances*.—Medical and Surgical, daily; i.p., 1; o.p., 12; Obstetric, 1 p., Tu, F, 1.45; o.p., M, Tu, 2.30; Eye, W, S, 1.30; Ear, Tu, 2; Skin, W, 2.45; Throat, F, 2; Orthopedic, F, 12; Dental, M, Tu, F, S, 12. *Operations*.—Daily, 1; Ophthalmic, M, 1; Dental, Th, 9.  
 ST. MARK'S. *Attendances*.—Fistula and Diseases of the Rectum, males, S, 2; females, W, 9.30. *Operations*.—M, 9; Tu, 2.30.  
 ST. MARY'S. *Attendances*.—Medical and Surgical, daily, 1.45; o.p., 12.45; Obstetric, Tu, F, 1.45; o.p., M, Th, 1; Eye, Tu, F, 9; Ear, M, Th, 9; Throat, Tu, F, 3; Skin, M, Th, 9; Dental, W, S, 2; Electro-Therapeutics, M, Th, 2.30; Children's Medical, Tu, F, 9. *Operations*.—M, 2.30; Tu, W, F, 2; Th, 2.30; S, 10; (Ophthalmic), F, 10.  
 ST. PETER'S. *Attendances*.—M, 2 and 5; Tu, 2; W, 5; Th, 2; F. (Women and Children), 2; S, 4. *Operations*.—W, F, 2.  
 ST. THOMAS'S. *Attendances*.—Medical and Surgical, M, Tu, Th, F, 2; o.p., daily, 1.30; Obstetric, Tu, F, 2; o.p., W, S, 1.30; Eye, Tu, F, 2; o.p., daily, exc. S, 1.30; Ear, M, 1.30; Skin, F, 1.30; Throat, Th, 1.30; Children, S, 1.30; Electro-therapeutics, o.p., Th, 2; Mental Diseases, o.p., Th, 10. *Operations*.—M, W, Th, S, 2; Tu, F, 3.30; (Ophthalmic), Th, 2; (Gynaecological), Th, 2.  
 SAMARITAN FREE FOR WOMEN AND CHILDREN. *Attendances*.—Daily, 1.30. *Operations*.—Gynaecological, M, 2; W, 2.30.  
 THROAT, Golden Square. *Attendances*.—Daily, 1.30; Tu, F, 6.30. *Operations*.—Daily, exc. M, 10.  
 UNIVERSITY COLLEGE. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetrics, M, F, 1.30; Eye, M, W, 1.30; Ear, M, Th, 9; Skin, Tu, F, 2; Throat, M, Th, 9; Dental, Tu, F, 9.30. *Operations*.—M, 2.30; Tu, W, F, 2.  
 WEST LONDON. *Attendances*.—Medical and Surgical, daily, 2; Dental, Tu, F, 9.30; Eye, Tu, Th, 2; Ear, Tu, 2; S, 10; Orthopedic, W, 2; Diseases of Women, W, S, 2; Electric, M, Th, 2; Skin, M, F, 2; Throat and Nose, Tu, 2; S, 10. *Operations*.—Daily, about 2.30; F, 10.  
 WESTMINSTER. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, M, Tu, F, 1.30; Eye, Tu, F, 9.30; Ear, Tu, 1.30; Skin, W, 1.30; Dental, W, S, 9.15. *Operations*.—M, Tu, W, 2.

**LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.**

COMMUNICATIONS FOR THE CURRENT WEEK'S JOURNAL SHOULD REACH THE OFFICE NOT LATER THAN MIDDAY ON WEDNESDAY. TELGRAMS CAN BE RECEIVED ON THURSDAY MORNING.  
 COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 1, Agar Street, Strand, W.C.; those concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, Strand, W.C., London.  
 ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone, unless the contrary be stated.  
 AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Manager, 429, Strand, W.C., on receipt of proof.  
 CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—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 business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL, and not at his private house.  
 TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Artiology, 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 directed will be found under their respective headings.

**QUERIES.**

S. H. W. J. asks for experience of the treatment of hæmorrhoids by injection; and where he can find the literature on the subject.  
 A. K. desires to hear of an institution or home where a young man of feeble intellect (not an idiot) could be received. He is of gentle birth, and a small sum could be paid for his maintenance.

**ANSWERS.**

D. L. D.—It would appear to be clear that a separate fee should be paid for each inquest and each *post-mortem* examination.  
 F. C. E., X. Y. Z.—We have no information as to the operations of the syndicate, but it would appear to hold itself out as the proprietor of a secret remedy. Our correspondent can, therefore, have no hesitation in declining to have anything to do with it.  
 DOUBTFUL.—An English medical man can practise among his own countrymen at a French watering place, but it is at his own risk and peril. The degree of risk will in practice depend on so many different circumstances that it is impossible to estimate it in a particular case. A certain period of residence in a French university is required for graduation.

**MOTOR CARS.**

P. W.—The address of the Beeston Motor Company is Coventry. Nearly all the existing motor cars can be seen in the various showrooms at Holborn Viaduct.

**EMERGENCY ATTENDANCES.**

DR. B. did quite right in complying with the wish of the patient's father and accepting the fee for services rendered and completed. His obvious ethical duty was then to have written to Dr. W., explaining all the facts and enclosing the fee paid. It would rest with Dr. W. either to return the fee, share the fee, or retain the fee; the only guiding rules here are courtesy and mutual obligation. The partner's position is not involved in the question.

**PROFESSIONAL RESPONSIBILITY AND PROFESSIONAL SECRECY.**

MEDICAL ETHICS.—The question asked by our correspondent raises the point about professional secrecy which has during recent years been so much discussed. In our opinion it was the duty of our correspondent to report truthfully when called upon to do so respecting any case of an employee who had been under his care in his capacity of medical officer to the company, and the company would have been justified in dismissing him for neglect of duty if he had failed to do so.

**DUTIES OF CERTIFYING FACTORY SURGEONS.**

R.C.M.—It is no part of the regular duty of a certifying surgeon to make an investigation as to whether or no a nuisance arises from any process. He may, however, be called on by the Home Secretary, under the Factory Act of 1895, to do so, and in that case would be entitled to a special fee, which the Home Secretary is authorised by the same Act to pay. Our correspondent does not seem to have been authorised by the Home Secretary or anyone acting directly on his behalf to make the inquiry, and it would seem, therefore, that he has no claim against the Department for a fee. The claim for remuneration must be against the individual personally who asked him to make the report, and it is doubtful how far it would be advisable to press for payment. Certifying surgeons have frequently, in past times, been consulted by H.M.'s Inspectors under the Factory Act on questions of sanitation, and have given their advice freely without remuneration, though they have felt that they should not be called upon to work, directly or indirectly, in the service of the State without adequate payment.

**THE RETAINER SYSTEM.**

ASSISTANT COLONIAL SURGEON.—With reference to our answer in the BRITISH MEDICAL JOURNAL of November 5th, 1898, to "Colonial Surgeon," our correspondent writes to complain that we had been told only one side of the story. If our correspondent will look at the answer to which he refers he will see that we were asked to express an opinion as to whether an officer should keep practice which had been handed over to him to perform for a brother officer absent on leave, and we can only reiterate the opinion that to do so would be contrary to the ethical principles upon which medical practice is conducted. We do not see that the various grievances of which our correspondent complains alter the aspect of the question. He is of course not under any legal obligation to take the private practice of a brother officer, but if he undertakes it the usual principles applying to such cases should be observed.

**NOTES, LETTERS, Etc.**

**PRELIMINARY EXAMINATIONS.**

MR. H. E. ALLEN (Registrar, General Medical Council) writes: I notice that in the table referred to in my letter in the BRITISH MEDICAL JOURNAL of December 21st, 1898, showing the number of candidates reported as being deficient in general education an asterisk indicating that certain bodies are no longer on the Council's list has for some reason dropped out from before this name of the Royal College of Surgeons in Ireland. I should be obliged if you could call attention to this omission.

**TUBERCULOSIS AND CANARIES.**

DR. TUCKER WISE (Montreux, Switzerland) writes: From cases of pulmonary tuberculosis which have come under my own observation I am of opinion that in many instances diseased cage-birds—such as canaries, linnets, etc.—communicate tuberculosis to a serious extent

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amongst human beings. As about 400,000 canaries are reputed to be sold every year in the United Kingdom, the distribution of tubercle by this bird alone, when disease attacks it, must be considerable. In a recent work by Friedberger and Fröhner on *Veterinary Pathology* (translated by M. H. Hayes, F.R.C.V.S., 1898), it is stated that tuberculosis is one of the most common diseases of birds. I hope in a short time to send you evidence from cases which I have investigated in support of my assertion.

## HOT-AIR BATHS.

DR. W. S. HEDLEY (Mansfield Street, W.) writes: Several interesting communications have lately appeared in the BRITISH MEDICAL JOURNAL on the curative uses of heated air. In this connection I always feel disposed to ask myself the question, Why rely on heated air? When a person warms his hands at the fire, the heated air plays a very insignificant part in the process. The effect is produced by direct heat rays. Such radiation is, as everyone knows, propagated by the ether, not by the air. The air may be hot or cold, or there may be no air at all—a vacuum—yet the impulses imparted to the ether from the molecular movement of the heated body travel onwards, and impinging upon anything that lies in their path communicate to it the same molecular motion (heat). Therefore why not project heat rays directly on the part to be warmed? Substances that can be incandesced on the principle of the electric glow lamp afford an easy means of doing this; with the very great additional advantage that the source of heat is also the source of light. It is easy to show that in order to get the most intense heat rays the heat-producing source ought to be of a luminous character. It has been proved by direct measurement with the thermopile that if when a heated spiral of platinum appears dark the radiation of the obscure band of the spectrum were represented by 1, at a full white heat it would be represented by 122. The ideal system of getting high temperatures for the purposes in question would seem to be the use of direct radiant heat from a luminous source with suitable arrangements for screening and diffusing it if desired.

## HEALTH AND SICKNESS ASSOCIATION.

MR. HENRY BROWN (Sickness, Accident, and Life Association, Limited, Edinburgh) writes: In the BRITISH MEDICAL JOURNAL of December 24th, 1898, a paragraph appears summarising the experience of one of your correspondents of his connection with the Health and Sickness Association, and as a similarity of name has apparently led certain members of the medical profession to assume that this Association is referred to, I beg that you will allow me in your next issue to state that there is no connection directly or indirectly between the two companies. This Association was founded in 1885, and was registered under the Life Companies Act a year ago, £20,000 being then deposited with the Government. Its last issue of shares was made at a premium of over 200 per cent., and no shares have ever been issued in connection with medical appointments. They are in fact not obtainable through other than the recognised market channels.

## THE TREATMENT OF SYPHILIS BY INUNCTION.

DR. H. OPPENHEIMER (London, E.C.) writes: It is with the greatest interest and pleasure that I have read Brigade-Surgeon-Lieutenant-Colonel Myers's letter on Syphilis in the BRITISH MEDICAL JOURNAL of December 17th, 1898. From a rather large experience in civil life, I can fully endorse every point he urges in his appeal.

There is, no doubt, a tendency with many medical men to defer active treatment till secondary symptoms set in. I do not know of any theoretical or practical grounds on which this practice is founded; in my opinion it is justified only in those very rare cases where the character of the primary lesion is at all doubtful. In describing the rose rash and the other signs of the secondary stage as constitutional symptoms, we express the fact that while the Hunterian chancre is a mere local manifestation of the disease, the virus not having spread beyond the nearest group of lymphatic glands, the appearance of the secondary symptoms proves that the *matres morbi* has passed the inguinal glands, which for a time act as a filter and retinaculum, and has entered the blood. Why should we not try to prevent the infection of the system, if this is possible? And that it is possible a great number of my own cases prove. In a large proportion of cases I succeeded by early treatment in averting all subsequent manifestations of the disease, while in others the ensuing signs of constitutional syphilis were few and the whole course very mild. But in order to accomplish this large doses of mercury have to be given from the very onset, not the minute or even infinitesimal doses to which Dr. Myers refers, and which are characteristic of the internal method. In many parts of the Continent, and particularly in Germany, the profession does not entertain any doubt as to the superiority of the old plan of mercurial inunction over any other, and my experience fully confirms this, as far as the early stages are in question. I consider it superior to the hypodermic injections, though even these are preferable to the internal plan in the early period, and whenever practicable I insist on at least one eight weeks' course of mercurial rubbing being gone through. Of course, it is easier, more cleanly, and less troublesome for the patient to swallow some pills or medicine, and every single one after his first experience with the ointment comes to me with the question whether there is no medicine that will cure the disease. But wherever the patient has enough moral courage to undergo the cutaneous treatment, I insist on it, as I think it is far more rapid and reliable in its action than any other plan. But it is not sufficient to prescribe the treatment; for in several cases of my own practice it was carried out in such a slovenly manner that I felt myself compelled to advise discontinuing it and to prescribe some other treatment. For this reason, it is imperative personally to keep the patient under supervision while undergoing cutaneous inunction, and I find that the energy and completeness with which it is carried out, are in an inverse proportion to the duration and severity of the disease, and an accurate gauge as regards prognosis.

## POST-MORTEM CESAREAN SECTION.

MR. J. L. IRWIN MOORE, M.B. (Leicester) writes: In the interesting article on *Post-mortem Delivery* in the BRITISH MEDICAL JOURNAL of December 24th, 1898, reference is made to the question of survival of the child *in utero* after death of the mother, and to the want of evidence

that the child *in utero* may survive the death of the mother for more than a few minutes. The following case seems to me to be of interest in connection with the question of time limit. The record of the case is complete, and the evidence of the time of actual occurrence of death satisfactory. It was read before the Edinburgh Obstetrical Society by Peter Brotherton, F.R.C.S., February 26th, 1868, and is published in the *Edinburgh Medical Journal* for April, 1868:

"Patient had fallen down in a fainting fit. She had been sitting by side of fire, and fell forward from the chair on which she had been sitting on her knees, with her face on the ground; her abdomen was not resting on the ground, and her arms were under her." Caesarean section was performed twenty-three minutes after the death of the patient, a large, healthy female child at full term being extracted. Artificial respiration was begun. "The child's arms and legs, which were quite flaccid before, now became stiff, and its heart was felt to be beating; it gave a convulsive sob or two, and I had no doubt that it would live. In about half an hour from the time I commenced the artificial respiration the child was struggling and crying, and was as fine and healthy a child as I have seen."

LETTERS, COMMUNICATIONS, Etc., have been received from:

(A) Mr. E. B. Anderson, London; Mr. A. Adams, Kingston-on-Thames; A. K.; Mr. E. L. Anderson, Liverpool; Mr. T. Austen, Devonport; Dr. W. E. Alderson, Newcastle-on-Tyne. (B) Mr. H. Brown, Edinburgh; Mr. J. Busfield, London; Mrs. A. M. Blandford, Dublin; Mr. E. C. Bousfield, London; Mr. J. W. Burdwood, Bourne; Dr. M. J. Balfour, Nahan, India; Mr. A. J. Bland, London; Mr. T. Blair, Leeds; Mr. H. F. Belcher, Nottingham; Mr. F. J. Batt, Derby; Dr. F. T. Bond, Gloucester; Messrs. R. Boyle and Son, London; Mr. W. E. Burton, London; W. L. Brown, M.B., London; Dr. Wm. Barter, London. (C) Mr. R. Cresswell, Woolacombe Bay; Mr. M. J. Cumming, Evesham; Dr. W. M. Campbell, Liverpool; Mr. J. R. Coates, Newcastle-on-Tyne; Mr. J. L. Croucher, London; Correspondent; Dr. J. H. Coutts, M.B., Manchester; C. S. Madras; Mr. L. E. Cressy, London; G. E. J. Crallan, M.B., Bournemouth; Dr. R. Clements, Galway; Mr. W. G. Carrut, Derby; Dr. J. Curnow, London. (D) Dr. S. Davies, Plumstead; Mr. D. L. Davies, Criocchetti; Dr. W. G. Dunwoody, Ely; Mr. R. H. Dresaper, Manchester; Dubious; Denaeyer's Peptonoids and Extract of Meat Company, London. (E) Sir P. Eade, M.D., Norwich; Ethics; Messrs. Eyre and Spottiswoode, London; Enquirer; Experiencia Doctet. (F) Mr. E. F. E. Ferrier, Great Yarmouth; Mr. A. W. Fairies, London; Messrs. Fletcher, Fletcher and Co., London; Messrs. Fassetts and Johnson, London; Mr. A. F. Ferguson, London; Mr. W. J. Fish, Watford; F. C. E. (G) Mr. B. P. Gill, Nottingham; Mr. J. Gabb, Bewdley; Dr. A. E. Giles, London; Dr. J. Galloway, London; Mr. J. Gay, London; Mr. J. D. Gimlette, Ulu Palan. (H) Mr. A. J. Hitchcock, St. Heliers; Mr. T. J. Hughes, Pontypridd; Dr. J. Hunter, Linnithgow; Dr. T. W. Hime, Bradford; Mr. S. E. Hodge, Weston-super-Mare; Mr. E. Humphreys, London; Mr. G. S. Haynes, Cambridge; Mr. H. Halder, Arossa; Mr. V. Horsley, London; J. C. Hamilton, M.B., Bray; Messrs. J. F. Howell and Co., London; Mr. C. H. Hart, London. (I) Inquirer; Income Tax Repayment Agency, London; Dr. W. W. Ireland, Polton. (J) J. W. B.; Dr. F. W. B. Jones, Charlbury; Justice. (K) L. Knuthsen, M.B., Falmouth. (L) Mr. B. Locking, Napier, N.Z.; Mr. C. T. Lewis, London; Dr. S. Lockie, Carlisle; Mr. E. Lee, Manchester. (M) Mr. G. B. Masson, Fincham; Miss E. E. March, Emsworth; J. L. I. Moore, M.B., Leicester; Dr. A. McGillivray, Dundee; Dr. A. Myrtle, Harrogate. (N) Mr. N. H. Nixon, London; J. H. Nicoll, M.B., Glasgow; New South Wales Branch, Sec. of Sydney; Nottingham Medico-Chirurgical Society, Sec. of Nottingham. (O) Omega. (P) Dr. C. E. Purslow, Birmingham; Mr. E. P. Phillips, Haverfordwest; Dr. J. E. Platt, Manchester; A. Powell, M.B., Kalaia; Mr. W. C. C. Peters, London; Poor Law Member; Messrs. Kegan Paul, Trench, Trübner and Co., London; Dr. J. Priestley, London; Mr. Y. J. Pentland, Edinburgh. (R) Dr. F. W. F. Ross, London; Dr. J. Ramsay, York; Mr. E. H. Roe, London; Mr. H. K. Rayson, Lowestoft; A. Y. Richardson, M.B., Melton. (S) Mr. T. P. Shearer, Leicester; Dr. E. L. St. B. Sladen, London; Mr. R. Steel, Crook; Mr. L. Stephen, Ryde; W. H. I. Sellers, M.B., Preston; Mr. G. G. Sinclair, Morecambe; Mr. W. H. Stevens, Bristol; Mr. F. C. Simpson, Great Berkhamsted; Dr. J. O. Symes, Clifton; Mr. P. L. Scelator, London; Mrs. Stratford-Maloin, London; Mr. S. Snell, Sheffield; Dr. H. Snow, London; Mr. N. Smith, London; Messrs. Stern Bros. London; Dr. F. J. Smith, London; Dr. W. W. Stoney, Kimberley, C.O.; Mr. W. Stebbing, London; S.D., M.D. (T) Mr. C. S. Tiechurst, Petersfield. (U) University College Hospital, Sec. of London. (V) Mr. R. G. Williams, Wrexham; Dr. S. West, London; Mr. T. N. Wright, Stroud, N.S.W.; Dr. A. McC. Weir, East Sheen; Mr. J. Wishart, Inverleithen; Dr. H. W. Webber, Plymouth; Dr. T. J. Wood, Bradford.

## BOOKS, Etc., RECEIVED.

Atlas der Haut-Krankheiten, von Dr. F. Jahresberichte über die Leistungen und Mraekc. Munich: J. F. Lehmann. 1899. Fortschritte auf dem Gebiete der Neurologie und Psychiatrie. 1 Jahrgang. Bericht über das Jahr 1897. Herausgegeben von Dr. E. Fittau und Dr. L. Jacobsohn. Berlin: S. Karger, and Die Neurologie des Auges. Von Dr. H. Wilbrand und Dr. A. E. Sanger. Erster Les Traitements Actuels du Tabes. Par Dr. Band. Wiesbaden: J. F. Bergmann, and Glasgow: P. Bauermeister. 1899. 8s. 9d. 1899. Fr.

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