

have demonstrated the frequency of the cancerous transformation of a simple ulcer." Again, quoting Debove, he gives the mortality of ulcer of the stomach treated medically as 50 per cent., and thinks this is actually below the mark in view of this subsequent malignant degeneration. It may be asked, How can an operation of this character, which does not actually attack the disease itself, cure, or much less, prevent serious sequelæ? The contention is that after gastrojejunostomy the stomach rapidly empties itself, and food is not retained to irritate the ulcer—that is, rest is permitted. If there is also dilatation, due to spasm, or the presence of an ulcer near the pylorus, then the unobstructed escape of the gastric contents favours a return of the stomach to its normal state.

The general mortality of this procedure is given by Greig Smith<sup>3</sup> and others as about 30 per cent., but this includes operations for malignant disease; for non-cancerous affections the outlook is much more pleasing, Doyen's brilliant record and the 10 cases from the Breslau clinic<sup>4</sup> without a death, the 28 cases from the Heidelberg clinic<sup>5</sup> with 4 deaths, as well as the later statistics of Carle,<sup>6</sup> giving 23 consecutive cases without a death—all present this grave operation in a favourable light.

As to which position is best—the Wölfler as against the Courvoisier or von Hacker—my experience is altogether too limited to express an opinion, save this: that I am so satisfied with the von Hacker position in this case that I should adopt it again if local circumstances would permit.

It is a very great satisfaction to me to be able to state that in the four months since the operation the patient has gained 27 lbs. in weight.

## REFERENCES.

<sup>1</sup> *Traitement Chirurgical des Affections de l'Estomac.* <sup>2</sup> BRITISH MEDICAL JOURNAL, 1894, and *Medical Annual*, 1896. <sup>3</sup> *Abdominal Surgery.* <sup>4</sup> Editorial, *Annals of Surgery*, August, 1898, and *Beiträge zur klinischen Chirurgie*, Band xx, Hefte 1 und 2. <sup>5</sup> *Annals of Surgery*, June, 1899, and *Beiträge zur klinischen Chirurgie.* <sup>6</sup> *Medical Annual*, 1899.

## MEMORANDA:

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

## DIPHTHERIA: PARTURITION: RETAINED MEMBRANES: INFLUENZA: DIPHTHERIA IN THE INFANT: RECOVERY.

M. G., wife of an employee, aged 33, and advanced in pregnancy, was found to be suffering on December 18th from a sore throat of a suspicious nature with nasal discharge. She was isolated, and her condition closely watched. On December 19th the patient was no better, and a slight membrane had appeared on the right tonsil. There was no pyrexia and no enlargement of the glands of the neck. The pulse-rate was slightly accelerated. A bacteriological examination showed the presence of the Klebs-Loeffler bacillus, and accordingly a dose of 1,500 units of diphtheria antitoxic serum was administered on December 22nd.

On December 21st a full-term infant was born. Parturition was complicated by adherent chorion, which required digital removal from the uterus. The throat condition improved greatly after the antitoxin, which evidently loosened some membranous matter present in the trachea and hitherto unsuspected, as after this a considerable quantity was coughed up. The patient progressed favourably with the exception of a slight rise of temperature to 100.4° F. on December 23rd, and a rise of 101.4° on December 29th, the latter being due to constipation.

Epidemic influenza was prevalent at this time, and on January 3rd she developed a severe attack of the myalgic type with an alarming rise of temperature to 105° F. On January 4th the temperature was 104°, and on the 5th returned to normal. There was an entire absence of symptoms pointing to pelvic trouble at this time. The patient has now quite recovered, and with the exception of slight nasal regurgitation no paralytic symptoms manifested themselves. The case is of interest owing to the association of confinement with diphtheria and influenza.

Every precaution was adopted with regard to the child, but when 4 days old it was noticed to have slight difficulty in nasal breathing. When 5 days old a distinct patch of membrane was seen on the right tonsil, and a dose of 350 units of antitoxin was injected subcutaneously. The following day there was little improvement, and a dose of 1,000 units was given. The child made an uninterrupted recovery, and was in no way harmed by the large dose of serum.

The writer has not seen a case recorded in which so large a dose has been given at so early an age.

R. H. STEEN, M.D. Lond.,  
Assistant Medical Officer, West Sussex County Asylum,  
Chichester.

## RETENTION OF THE PLACENTA FOR NINE DAYS: RECOVERY.

DURING one of my missionary tours this winter I came across the following remarkable case: When I reached the village of Lyngkyrdem (Khasi Hills, Assam) on November 15th, 1899, a message was brought to me from another village called Nongshken (distant about eighteen miles), asking me to go there to assist a woman who had been delivered of a child some days before, but the placenta was still retained. It was impossible to proceed further that night, the mountain path being so difficult to travel in the dark that none of the natives would accompany me. Starting early in the morning I reached the place after midday, and found a woman about 20 years of age in a most deplorable condition. This was her second child, and it had been born nine days before my arrival, or, as her friends put it, nine nights had intervened between the birth of the child and my arrival. The child was alive and strong, having been fed chiefly upon plantain, but had also occasionally been put to the breast. There was no bed in the house, and the patient was lying upon a small mat on the floor, which latter was composed of split bamboos elevated 3 or 4 feet above the ground, and her surroundings were more insanitary than anyone not knowing the Khasi hills can imagine. The perineum had been torn to within half an inch of the margin of the anus; the cord had been torn from the placenta by their rude efforts at extraction. Her temperature was 102° F. The smell from the patient and her surroundings was almost unbearable. My compounder administering chloroform, I introduced the whole hand into the uterus and extracted a placenta in an advanced state of decomposition. Then I gave her a douche of sol. hydrarg. perchlor., 1 in 1,000, and administered ergot and quinine. I remained in the village about four days, continuing the douches twice a day, and also the quinine and ergot. The village is very malarious, and the patient, like more than half the inhabitants, had a spleen reaching nearly to the middle line; that was the reason for giving her quinine. The only way I could give her the douche was by bringing the body to the edge of the small mat and allowing the discharge, etc., to run to the ground through the split bamboo flooring. Afterwards the temperature reached 103°, and then subsided gradually, and she made a good recovery. When leaving I instructed the teacher of the village how to continue the injections for a few days longer. Three weeks after I saw her again, and found her out of danger, her temperature normal, her appetite returned; she was also able to sit up and walk about the house and to nurse the child.

GRIFFITH GRIFFITHS, M.B. and C.M. Glasg.,  
Welsh Calvinistic Methodist Foreign Mission.  
Laitlyngkot, Shillong.

## A CASE OF COMPLETE INERTIA AND PROLAPSUS UTERI.

IN the evening of December 27th I was called to a primipara, aged 20. The midwife who sent for me stated that one child was born, but there was another child, dead, which she was unable to deliver.

On examining the patient I found a firm fleshy pyriform mass of a dark claret colour, and about the size of a fetal head, projecting from the vulva. To the exact apex of this mass about one-fifth of the maternal surface of the placenta was still adherent. On digital examination the finger passed at once into a *cul-de-sac* formed by the stretched and inverted vaginal walls. No uterus could be felt through the abdominal wall. The tumour did not harden on taxis. Despite the fact

that hæmorrhage had not been excessive the patient was very much collapsed, the face was cadaverous, the lips bloodless, the pulse rapid and hardly perceptible, the breathing quick and shallow, and the extremities cold.

Having detached the placenta and bathed the uterus with hot boiled water, I returned the mass without any difficulty by squeezing it well with both hands, and, at the same time, exerting steady upward pressure in the direction of the pelvic axis, following up the uterus with my closed fist until its normal position was reached, and the inversion quite rectified.

I then administered sterilised ergot and brandy subcutaneously, and slowly injected a quart of hot saline solution by the rectum. The patient was also surrounded with hot bottles. Under this treatment her condition quickly improved, the pulse became markedly stronger, perspiration broke out on the skin, and the extremities became warm, the patient expressing her relief.

The puerperium was comparatively uneventful. The lochia became slightly offensive, and the temperature rose to 101° on the second day, but an intrauterine injection of one-half per cent. lysol solution put all right again.

This accident is extremely rare. It only occurred once in 190,800 deliveries at the Rotunda Hospital, Dublin (Playfair). In the clinic of Braun and Spaeth no complete case was observed in 250,000 births (Lusk). The case-mortality is about 42 per cent. (Crosse). The condition has been ascribed to traction on the cord, either by the midwife or as a result of the funis being twisted round the child's neck. Insertion of the placenta exactly at the fundus is considered to predispose to the accident.

In this case the patient had been intensely anæmic for a long time before delivery; there had been "some trouble with the afterbirth," and the midwife had "pulled the cord a little." The cord was not twisted round the child's neck.

Fakenham, Norfolk.

F. L. POCHIN, M.B., C.M.

## REPORTS

ON

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

ANCOATS HOSPITAL, MANCHESTER.

UNILATERAL FACIAL PARALYSIS FOR EMOTIONAL BUT NOT FOR  
VOLUNTARY MOVEMENTS.

By R. T. WILLIAMSON, J.M.D.Lond., M.R.C.P., Physician to the  
Hospital.

THE following are the notes of a cerebral case in which there was marked paralysis of the left side of the face on emotional movements (smiling); but scarcely any difference of the two sides of the face could be noticed on voluntary movements, as when the patient showed her teeth.

E. N., aged 41, was admitted under my care on November 18th, 1899, suffering from chronic Bright's disease. There was slight œdema of the feet, and of the face just below the eyes. The urine was acid, specific gravity 1008; it was loaded with albumen (6 per 1000 Esbach's albuminometer). The cardiac dulness extended on the left side to the nipple line; the second aortic sound was accentuated. The pulse tension was a little increased. Ophthalmoscopic examination revealed a few white patches of albuminuric retinitis.

The œdema rapidly disappeared and the patient improved; but on January 2nd, 1900, after great mental excitement, she suddenly became hemiplegic on the left side. This occurred about midday. There was no loss of consciousness.

When seen on January 3rd she complained of severe headache. The pulse was slow and bounding, and the tension much increased. The left leg was completely paralysed, the left arm partially paralysed (she could flex at the elbow and wrist slightly), the tongue was protruded straight. When asked to show the teeth she was able to do so quite well. There was no definite facial paralysis; but possibly the nasolabial fold was not quite so marked on the left side as on the

right. She was able to close the eyes tightly, and when told to show the teeth at the same time the nasolabial fold was distinct on each side, and there was scarcely any difference in the facial wrinkles on the two sides; those on the left side were, however, just a little less distinct than those of the right. But on smiling, the difference of the two sides of the face was very well marked. When asked some absurd question she smiled only on the right side of the face; the right naso-labial fold was well marked, and the right angle of the mouth was retracted well, whilst there was scarcely any movement on the left side of the face. There was thus paralysis of the left side of the face for emotional movements, whilst both sides moved well on voluntary action. There was hemianæsthesia to tactile and painful impressions, as well as to heat and cold, on the left side (face, arm, trunk, and leg). There was no hemianopsia.

On January 5th the left leg could be flexed at the hip and knee, and the fingers of the left hand could be moved. The knee-jerks were increased, and there was a slight, but not sustained, ankle clonus on the left side. The condition of the face was the same as on January 3rd. The voluntary movements were equal on the two sides when she was told to show the teeth; but on smiling the left side of the face was motionless, whilst on the right side the nasolabial fold became very well marked, and the angle of the mouth was well retracted and elevated.

The patient left the hospital a few days later, and when seen three weeks afterwards the facial symptoms just described had entirely disappeared, and the paralysis of the arm and leg was much less.

REMARKS.—From the sudden onset of the hemiplegia following great mental excitement, from the high tension and bounding character of the pulse, and the presence of chronic Bright's disease, there can be little doubt that the lesion was a cerebral hæmorrhage. From the fact that consciousness was not lost, probably the hæmorrhage was a small one. The hemianæsthesia, and the greater affection of the leg than the arm, indicated that the lesion had involved, directly or indirectly, the posterior part of the posterior half of the internal capsule. The optic thalamus is adjacent to this part of the internal capsule, and would be very liable to be involved. The case is of interest on account of the peculiar facial affection—paralysis of the left side of the face for emotional but not for voluntary movements. In the common forms of hemiplegia, in which the optic thalamus is not involved, when the face is affected, there is usually unilateral paralysis for voluntary but not for emotional movements. In such cases, when the patient smiles both sides of the face move well. Nothnagel<sup>1</sup> has shown, by clinical and pathological records, that in lesions of the optic thalamus there may be paralysis of one side of the face for emotional movements, such as smiling, but not for voluntary movements. This is the condition met with in the case just recorded, and there is also distinct evidence from the other symptoms that the lesion was in the neighbourhood of the optic thalamus.

## REPORTS OF SOCIETIES.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

T. BRYANT, M.Ch., F.R.C.S., President, in the Chair.

Thursday, March 1st, 1900.

ANNUAL GENERAL MEETING.

THE Report of Council stated that there had been a net gain of 16 Fellows during the year. The following reports had been received:

#### *Suspended Animation.*

The Committee on Suspended Animation had presented an interim report. The Committee determined at their first meeting to limit their investigations to the best means of resuscitation of suspended animation in the drowned, and agreed in the first instance to ask Drs. Bowles and Silvester to attend the Committee and to state their views. Dr. Bowles and Dr. Silvester accordingly met the Committee and stated their views, which were given in epitome. The Committee determined to perform a series of experiments to ascertain the relative amount of air which could be introduced with the

<sup>1</sup> *Zeitschrift f. klin. Med.*, Bd. xvi, H. 5 and 6.

highly cultivated taste in art. His very oddities—the slowness in his speech and the extreme deliberateness of all his movements—which in another man might have been irritating, somehow added to Whistler's charm. Of the attachment felt for him by patients, a remarkable proof was given two or three years ago. Four of his old comrades in his campaigning days, who had benefited in one way or another by his skill, sent him their photographs in a group with a letter testifying to their ever-living gratitude to their skilful surgeon. The feeling must have been deep which thus found expression after thirty-three years.

Among his professional brethren Dr. Whistler was held in the highest respect both for his intellectual powers and for his perfect integrity. His name was honoured by laryngologists throughout the world, but it never came prominently before the public. He lacked the "pushfulness" which is supposed to be characteristic of his countrymen, and indeed he hated the "public means which public manners breeds." His death has robbed the profession to which he belonged of a most capable physician and a thoroughly honest man.

ALL old King's men who were the contemporaries of the late Mr. J. W. H. LAVIES will learn with regret of his comparatively early death, for it may truly be said that his friends numbered all who knew him. Inheriting in a marked degree the geniality of his father, Dr. J. Lavies, the deceased was amongst the most popular men of his time at King's College. After qualifying he settled in practice in Warwick Square, where he speedily gained the affection and confidence of an increasing *clientèle*. His end was characteristic of his devotion to duty. In spite of a severe chill, he insisted on seeing a patient during the late inclement weather, the result being that he contracted a severe attack of pneumonia, from which he never rallied. That he was thoroughly appreciated was testified by the large concourse of friends who attended a memorial service. Of him it may without exaggeration be said, *Multis ille bonis flebilis occidit*.

THE somewhat sudden death of Mr. R. G. TUCKER has excited a feeling of deep regret throughout West Kent, especially in Farningham and Swanley, where, as a kind and skilful doctor, as a genial and charming companion, as the embodiment of good spirits, and as one whose bright and cheery presence was always welcome, he was for nearly twenty years one of the best known members of the community. About three weeks ago he was attacked by influenza, and, resuming his duties too soon, a relapse occurred, pneumonia rapidly set in, and he died on Friday, February 23rd. Mr. R. G. Tucker was the son of a well-known surgeon, who was himself the first to pass the then new examination for the Fellowship of the Royal College of Surgeons of England. He was a distinguished student of St. Bartholomew's Hospital; of a powerful frame and a quick intelligence, he there excelled greatly, not only in his professional studies, but also in many physical exercises, especially in billiards and boxing,

and earned the respect and friendship of several of the staff and many of his fellow-students. In 1873 he obtained the diplomas of M.R.C.S. Eng. and L.R.C.P. Edin., and in the following year he took a share in the practice of Messrs. Ashurst, Tucker, and Smith, at Farningham, Kent, where bold without rashness, acute in the difficulties of diagnosis, with a steady hand and a keen eye, combined with a good knowledge of anatomy, he proved himself a typical general practitioner. About 1887 he removed to Swanley Junction, a new and rapidly-increasing place, where he carved for himself a separate and extensive practice; he became Surgeon to the St. Bartholomew's (Kettlewell) Convalescent Home, to the Swanley Little Boys' Home, the Swanley Horticultural College, as well as the railway staff, and he also filled several other local offices. In May, 1897, however, he decided, for family reasons, to dispose of his Swanley practice, and removed to Southend-on-Sea, where he again quickly

made his mark, and where he died at the early age of 47, in the midst and promise of a growing popularity. As a medical man he was kind and attentive; his memory is widely and deeply cherished by his former patients, whose confidence he possessed in a rare degree, and whose sympathy followed him to the end. His funeral took place on February 27th at Prittlewell, near Southend. Many of his patients and friends were present in spirit, and not a few—some from distant places—attended in person, with all the members of his family, to pay a last tribute to one for whom all who knew him well will join in the prayer of the writer of this notice—an old and grateful friend—*Requiescat in pace!*

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. E. Lorenzo Holmes, Professor of Ophthalmology and Otolaryngology in the Rush Medical College, Chicago, of which he was President from 1890 to 1898, aged 72; Dr. Giovanni Canestrini, Professor of Comparative Anatomy in the University of Padua, aged 65; Dr. Eugene Boeckel, Surgeon to the Civil Hospital, and formerly *agrégé* Professor in the French Faculty of Medicine, Strassburg, aged 69; Dr. Gérin-Roze, formerly Physician to the Paris hospitals, aged 65; Dr. José Hernandez y Sanz, Medical Director of the Baths of Alceda, Spain; Dr. Feldmann, described as the Nestor of the German medical profession, aged 92; Dr. Ernst Kruse, a member of the German Reichstag, aged 63; Dr. Bouchereau, Physician to the Sainte Anne Asylum, Paris, and President of the Association Mutuelle des Aliénistes de France; and Professor O. Leichtenstern, Chief of the Medical Department of the Augusta Hospital, Cologne, aged 55.

A MOVEMENT has recently been set on foot for the establishment of a Pasteur Institute in Belgium.

CHILD LABOUR IN COAL MINES.—The Bill introduced by Sir Charles Dilke last week into the House of Commons will prohibit the employment of boys under 13 years of age in any mine below ground.

## HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,741 births and 4,729 deaths were registered during the week ending Saturday last, March 3rd. The annual rate of mortality in these towns, which had been 25.8 and 24.2 per 1,000 in the two preceding weeks, further declined to 21.2 last week. The rates in the several towns ranged from 14.8 in Gateshead, 15.9 in West Ham and in Croydon, 16.8 in Nottingham, and 17.2 in Brighton, to 20.8 in Preston, 30.1 in Plymouth, 30.7 in Salford, and 31.2 in Liverpool and in Blackburn. In the thirty-two provincial towns the mean death-rate was 22.7 per 1,000, and exceeded by 3.7 the rate recorded in London, which was 19.0 per 1,000. The zymotic death-rate in the thirty-three towns averaged 1.9 per 1,000; in London the death-rate was 1.6 per 1,000, while it averaged 2.0 in the thirty-two provincial towns, among which the highest zymotic death-rates were 2.9 in Wolverhampton, 3.1 in Salford and in Oldham, 4.9 in Blackburn, and 6.1 in Preston. Measles caused a death-rate of 1.2 in Wolverhampton, 1.3 in Bristol, 1.8 in Sunderland, 1.9 in Blackburn, and 4.8 in Preston; scarlet fever of 1.8 in Burnley; and whooping-cough of 1.2 in Liverpool and in Manchester, 1.4 in Birmingham and in Norwich, 1.5 in Blackburn, and 2.1 in Salford. The mortality from "fever" showed no marked excess in any of the large towns. The 75 deaths from diphtheria in the thirty-three towns included 26 in London, 9 in Sheffield, 6 in Leicester, 6 in Leeds, 5 in Portsmouth, 4 in West Ham, and 4 in Liverpool. One fatal case of small-pox was registered last week in London, but not one in any of the thirty-two large provincial towns. There were 7 cases of small-pox under treatment in the Metropolitan Asylums Hospitals on Saturday last, March 3rd, against 17, 8, and 11 in the three preceding weeks. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had declined from 3,578 to 2,052 at the end of the fifteen preceding weeks, had further fallen to 1,872 on Saturday last; 154 new cases were admitted during the week, against 157, 159, and 160 in the three preceding weeks.

## HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, March 3rd, 999 births and 897 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had increased from 23.0 to 31.7 per 1,000 in the seven preceding weeks, declined again to 29.0 last week, but was 7.8 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 16.6 in Leith and 21.2 in Aberdeen, to 30.4 in Perth, and 34.2 in Glasgow. The zymotic death-rate in these towns averaged 2.4 per 1,000, the highest rates being recorded in Paisley and Greenock. The 490 deaths registered in Glasgow included 10 from measles, 9 from scarlet fever, 4 from diphtheria, 6 from whooping-cough, 4 from "fever," and 8 from diarrhoea. Two fatal cases of whooping-cough occurred in Edinburgh, 3 in Aberdeen, and 2 in Paisley; and 4 deaths from measles were registered in Dundee and in Paisley.

## UNIVERSITIES AND COLLEGES.

## UNIVERSITY OF CAMBRIDGE.

*Chair of Physiology.*—Dr. J. N. Langley, F.R.S., has been nominated as deputy for the Professor of Physiology from Lady Day, 1900, to Michaelmas, 1901. Dr. Langley will accordingly assume the directorship of the department in the absence of Sir Michael Foster, necessitated by his election to Parliament.

*Addenbrooke's Hospital.*—The proposed arrangement with the hospital met with no serious opposition in the Senate, and will be submitted for adoption by the University on March 15th, and by the governors on March 19th.

*Degrees.*—At the Congregation on March 1st, the following medical degrees were conferred:

M.D.—J. A. K. Renshaw, M.A., Trinity.

M.B. and B.C.—C. H. Barnes, B.A., and W. T. Mullings, B.A., Christ's. Mr. F. G. Hopkins, University Lecturer in Chemical Physiology, was admitted to the degree of M.A. *honoris causa*.

## UNIVERSITY OF ABERDEEN.

THE University Court has requested Dr. Scott Riddell to act as substitute for Professor Ogston at the approaching examinations in Surgery and Clinical Surgery.

## UNIVERSITY OF GLASGOW.

DR. ROBERT JARDINE has been appointed Examiner in Midwifery to the University.

## UNIVERSITY OF DUBLIN.

AT the Spring Commencement in Hilary Term, held on Shrove Tuesday, February 27th, the following Degrees and Licences in Medicine, Surgery, and Midwifery were conferred by the University Caput:

*Licentii in Medicina, in Chirurgia, et in Arte Obstetricia.*—C. W. H.

Fleming, H. A. J. S. Murphy

*Baccalarii in Medicina, in Chirurgia, et in Arte Obstetricia.*—G. Baillie, T. S. Campion, J. Harpur, R. N. Hunt, C. R. L. Ronayne, E. S. Smythe, E. F. Stapleton, H. S. Tarrant, A. D. Waring.

*Doctor in Medicina.*—H. S. Tarrant.

## CONJOINT BOARD IN ENGLAND.

THE following gentlemen passed the First Examination of the Board in the subjects indicated:

*Chemistry and Physics.*—B. R. Bickford, Charing Cross Hospital; R. D. Bridger, Guy's Hospital and Birkbeck Institute; J. B. Binns and E. J. Cooper-Smith, St. Bartholomew's Hospital; P. D. McI. Campbell, St. Mary's Hospital; F. W. Cooper, Guy's Hospital; O. C. P. Cooke, M. O. Cruickshank, H. W. B. Danaher, and J. B. Dunstan, London Hospital; J. R. Davies, University College of South Wales,

Cardiff; R. Dean, University College, London; G. F. Denning, Charing Cross Hospital; K. A. C. Doig, Westminster Hospital; A. M. Dowdall, University College, Liverpool; G. B. Edwards, London Hospital; H. A. Fenton, S. Field, and W. T. Finlayson, St. Mary's Hospital; C. B. Fowler, Charing Cross Hospital; J. A. C. Greene, Guy's Hospital; K. G. Haig, Oxford University; G. W. Heron, Westminster Hospital; M. O. Hunter, St. George's Hospital; W. H. Hamilton and J. R. Kemp, St. Bartholomew's Hospital; C. F. Kernot, Cambridge University and London Hospital; J. Lascells, St. Mary's Hospital; I. N. Morgan, University College of South Wales, Cardiff; C. S. Morris and M. J. Mottram, Guy's Hospital; F. G. Mountain, St. Bartholomew's Hospital; H. Nicol, Westminster Hospital; R. W. O'Dowd, Mason College, Birmingham; W. S. Orton, Guy's Hospital; C. Parker, Westminster Hospital; E. C. Pope, St. Paul's School, West Kensington; R. H. Preston, St. Mary's Hospital; R. Raby and L. Raws, St. Thomas's Hospital; G. H. Rains, Clifton Laboratory; A. E. Rowlett, Guy's Hospital and Wyggeston School, Leicester; H. B. Scott, St. Bartholomew's Hospital; F. G. Snod, Mason College, Birmingham; J. E. Spiller, Guy's Hospital; J. D. Stanley, Owens College, Manchester; G. M. A. Thomas, University College of South Wales, Cardiff, Edinburgh University, and St. Mary's Hospital; G. T. Verry, St. Bartholomew's Hospital; B. J. Wakley and J. M. Wall, St. Thomas's Hospital; W. A. Westherill and S. J. Weinberg, Owens College, Manchester; A. S. Webley and R. K. White, St. Mary's Hospital; S. M. Wells, Forest School, Walthamstow; V. N. Whitmore, Charing Cross Hospital; and E. D. Wolff, King's College, London.

*Practical Pharmacy.*—J. W. W. Adamson, St. George's Hospital; R. G. Anderson, Guy's Hospital; S. E. Atkinson, Yorkshire College, Leeds; H. C. Baker, St. Mary's Hospital; C. J. Battle, St. Thomas's Hospital; W. N. Blatchford and R. O. Bodman, University College, Bristol; I. McW. Bourke, St. George's Hospital; G. B. Davis, Cambridge University and London Hospital; C. H. Denyer, Guy's Hospital; L. C. Driscoll, Charing Cross Hospital; H. D. Duke and H. W. Fisher, London Hospital; L. E. Ellis, St. George's Hospital; E. W. Goble, Guy's Hospital; J. L. Goldstein, A. H. Jacob, N. B. V. Jacob, G. J. W. Keigwin, and A. Macrae, London Hospital; A. M. Mackintosh, St. Mary's Hospital; P. J. Martin, Oxford University and St. Bartholomew's Hospital; W. C. Mence, St. Thomas's Hospital; F. Morgan, Westminster Hospital; S. P. Mummery, St. George's Hospital; W. L. E. Mathews and R. W. O'Dowd, Mason College, Birmingham; J. H. Le B. Page, St. Mary's Hospital; H. T. Palmer and A. P. Pigott, Guy's Hospital; P. G. Pavitt, Middlesex Hospital; J. F. Powell, St. George's Hospital; G. R. Rew, King's College, London; R. J. Reynolds, private study; H. G. Rickman, St. Mary's Hospital; C. S. S. Rigby, Mason College, Birmingham; G. F. Rugg and R. Spears, University College, London; L. D. Saunders, St. George's Hospital; C. N. Slaney, private study; J. S. Smith, Middlesex Hospital; E. D. Townroe and F. G. Walker, St. George's Hospital; W. F. H. Vaughan and H. V. Wells, St. Mary's Hospital; F. E. Wayte, Owens College, Manchester; and R. C. Willmot, St. Bartholomew's Hospital.

*Elementary Biology.*—A. R. Beaumont and O. Black, Guy's Hospital; C. M. Bernays, St. Thomas's Hospital; E. J. Blewitt, London Hospital; J. T. Bowker, Owens College, Manchester; H. Clapham, St. Mary's Hospital; F. W. Cooper and H. P. Costobadie, Guy's Hospital; H. P. S. Courtney, St. George's Hospital; H. E. Cribb, Charing Cross Hospital; T. H. J. Crookes, St. Bartholomew's Hospital; A. H. Curtis, University College, London; W. L. Dickson, Middlesex Hospital; H. D. Duke, London Hospital; H. L. Field, St. George's Hospital; A. G. Finch and C. B. Fowler, Charing Cross Hospital; W. H. France, South-West Polytechnic Institute, Chelsea; J. S. France and J. A. C. Greene, Guy's Hospital; P. Gully, Charing Cross Hospital; C. N. Hampson, Owens College, Manchester; A. L. Heiser, Middlesex Hospital; A. W. Hill, Yorkshire College, Leeds; W. de M. Hill, St. Bartholomew's Hospital; S. W. Iles, Guy's Hospital; W. G. Jack, St. George's Hospital; G. F. Kernot, Cambridge University and London Hospital; C. Lamb, Oxford University and Guy's Hospital; W. A. T. Lloyd, G. W. Mason, and E. S. Molyneux, London Hospital; H. C. Malleson, Birkbeck Institute; E. S. Marshall, St. Bartholomew's Hospital; C. S. Morris, L. J. Patterson-Clavier, and E. C. Peers, Guy's Hospital; J. I. Papanicolaou, J. W. Peatt, and G. R. Plaister, London Hospital; V. G. J. Paul, St. Mary's Hospital; W. B. Peacock, King's College, London; G. C. Pounds and C. Puxley, Charing Cross Hospital; G. C. F. Robinson, R. P. Rowlands, and J. E. Spiller, Guy's Hospital; H. H. E. Scatliff, Oxford University and St. George's Hospital; T. W. Sexton, Middlesex Hospital; H. S. Singleton and G. T. Stephens, St. Thomas's Hospital; C. N. Slaney, The Science, Art, and Technical School, Plymouth; N. Tarr and H. R. S. Walford, St. George's Hospital; G. M. Taylor, London Hospital; I. T. Walker, St. Thomas's Hospital; and T. R. Waltenberg, Owens College, Manchester.

*Materia Medica.*—A. Farrington, Cambridge University and St. Bartholomew's Hospital; K. W. Goadby, Guy's Hospital; and J. M. H. Munro, University College, Bristol.

## ROYAL NAVY AND ARMY MEDICAL SERVICES.

## ROYAL NAVY MEDICAL SERVICE.

THE following appointments have been made at the Admiralty: ROBERT W. ANDERSON, Staff Surgeon, to the *Caledonia*, March 22nd; FRANK BRADSHAW, B.A., Surgeon to the *Bellona*, February 28th; FRANCIS BOLSTER, M.B., B.A., Surgeon to the *Rosario*, March 20th; THOMAS E. HONEY, M.D., Surgeon to the *Basilisk*, March 22nd; EDWARD HAINES, Surgeon to the *Humber*, February 28th; JOHN H. STENHOUSE, Staff Surgeon, for medical charge of the *Edgar* on the voyage home; JAMES W. W. STANTON, Surgeon, for medical charge of the *Edgar* on the voyage to China, undated; PERCY C. SUTCLIFFE, B.A., M.B., Surgeon to the *Boscawen*, for the *Seafarer*, lent, March 15th; ROBERT HUGHES, Surgeon to the *St. Vincent*, for the *Martin*,

lent, March 15th; EDWARD O. B. CARRERY, M.B., Surgeon to the *Boscawen*, for the *Dolphin*, March 15th; GEORGE E. GLINN, B.A., M.B., Surgeon to the *Boscawen*, for the *Wanderer*, lent, March 15th; JOHN K. RAYMOND, Surgeon to the *Impregnable*, for the *Nautilus*, lent, March 15th; GEORGE M. O. RICHARDS, Surgeon to the *Impregnable*, for the *Pilot*, lent, March 15th; AUGUSTUS J. LAURIE, Surgeon to the *Lion*, for the *Liberty*, lent, March 15th; JOHN H. JONES, Surgeon to the *Sharpshooter*, lent, March 15th; JOHN C. FERGUSON, B.A., M.B., Staff Surgeon to the *Wallaroo*, lent to the *Europa*, February 28th, and appointment as Surgeon cancelled; GEORGE HEWLETT, M.B., Staff Surgeon to the *Charybdis*, undated.

THE undermentioned gentlemen, who competed on February 19th and following days at Examination Hall, Victoria Embankment, for appointment as Surgeon in the Royal Navy, have been granted commissions:

	Marks.		Marks.
H. E. C. Fox, M.B. ...	2,436	H. R. H. Denny ...	2,028
J. G. Wallis, M.B. ...	2,334	R. B. Ainsworth ...	2,020
W. P. Walker, M.B. ...	2,320	J. H. J. Murphy ...	2,005
R. W. G. Stewart, M.B. ...	2,270	A. I. Hewitt ...	1,950
J. O'Hea ...	2,258	G. M. Eastment ...	1,901
R. R. Fasson, M.B. ...	2,234	H. J. Rogers, B.A., M.B. ...	1,183
J. S. Muir, M.B. ...	2,211	A. C. Renwick, M.B. ...	1,873
L. R. Whitwam, M.B. ...	2,173	W. P. Dyer ...	1,846
A. F. Fraser, M.B. ...	2,098	T. H. Vickers ...	1,806
A. S. Frank, M.B. ...	2,041	R. R. Horley ...	1,717

Surgeon ERNEST A. SHAW, B.A., M.B., whose commission dates from November 11th, 1891, has been allowed to withdraw from the service with a gratuity.

#### SCARCITY OF CANDIDATES.

SENIOR writes: Definite titles and army position have done much towards rehabilitating the Medical Service, and have been most loyally received by the combatant branches, according to the best traditions of English gentlemen. Yet candidates keep away, under two grievances: (1) Undermanning; (2) deficient pay. The numbers should at least be 1,200, to stop the everlasting working in a scratch, perfunctory way, which has so long prevailed. Instead of decreasing the administrative ranks they should be increased; medical officers have nothing to look forward to at the top of the tree. It is this which makes so many retire at 20 years. Pay is too small to compete with a rising medical market in civil life. Remedy these internal defects, and the service will rise in estimation.

#### ARMY MEDICAL SERVICE.

INSPECTOR-GENERAL THOMAS GUY, M.D., F.R.C.P., died at Dover on March 2nd in his 81st year. He entered the service as Assistant Surgeon January 28th, 1842; became Surgeon July 1st, 1853; Surgeon-Major January 28th, 1862; Deputy Inspector-General August 15th, 1868; and Honorary Inspector-General on retirement on half-pay November 23rd, 1872. He served throughout the Abyssinian war in 1867-8 as Superintendent of Hospital Ships and as Principal Medical Officer of the European troops at Zoula. He was mentioned in despatches, promoted to be Deputy Inspector-General, and received the medal for the campaign. During the Franco-German war he acted as Director-in-Chief of the English ambulance.

#### ROYAL ARMY MEDICAL CORPS.

SURGEON-MAJOR R. T. A. O'CALLAGHAN, F.R.C.S.I., 1st Flintshire Royal Engineers (Volunteers) is granted the temporary rank of Major while serving in South Africa, March 3rd.

Surgeon-Captain J. WREFORDE, 1st Northumberland Volunteer Artillery, is granted the temporary rank of Captain while serving with the Volunteer Battery, March 3rd.

Surgeon-Lieutenants JOHN W. SMITH, M.B., and EDMUND W. HERINGTON, Volunteer Medical Staff Corps, are granted the temporary rank of Lieutenant, while serving in South Africa, March 7th.

Sergeant-Major JOHN B. CONOLLY is appointed Quartermaster, with the honorary rank of Lieutenant, on augmentation, March 7th.

#### ARMY MEDICAL RESERVE.

SURGEON-CAPTAIN JOHN ARNALLT JONES, 2nd Volunteer Battalion the Welsh Regiment, to be Surgeon-Major, March 3rd.

#### INDIAN MEDICAL SERVICE.

THE Queen has approved the appointment of the following as Lieutenants, dated January 27th: ARCHIBALD C. MACGILCHRIST, JOHN W. D. MEGAW, EDWARD O. THURSTON, GEORGE BROWSE, CECIL M. GOODBODY, ROBERT STERN, FREDERICK F. ELWES, IAN L. MACINNES, ERNEST A. C. MATTHEWS, LESSEL P. STEPHEN, LEONARD GILBERT, THOMAS G. M. STOKES, HARRY M. MACKENZIE, MICHAEL H. THORNEY, FRANCIS V. O. BEIT, WILLIAM O. S. MURPHY, MATTHEW CORRY, CECIL C. MURISON, HERBERT A. WILLIAMS, WILLIAM C. LONG, GEORGE C. BEAMISH.

#### THE MILITIA.

SURGEON-LIEUTENANT-COLONEL G. W. SHIPMAN, Militia Medical Staff, has resigned his commission, from March 7th; he retains his rank and uniform.

#### THE IMPERIAL YEOMANRY.

MESSRS. EMBELIAS HOPKINSON and HAY REYNOLDS are appointed Medical Officers, with the temporary rank of Captain, March 7th.

#### COLONEL LUMSDEN'S CORPS.

SURGEON-CAPTAIN SAMUEL A. POWELL, M.D., Surma Valley Light Horse Volunteers, is appointed Medical Officer, with the temporary rank of Captain, March 7th.

## MEDICAL NEWS.

DR. A. M. PHELPS, of New York City, has been elected President of the Medical Society of the State of New York.

DR. THEODORE WILLIAMS has been elected President of the Life Assurance Medical Officers' Association, in succession to Sir Hermann Weber.

MEDICAL DEFENCE UNION.—The annual general meeting of the Medical Defence Union will be held on Tuesday, March 13th, at St. Martin's Town Hall, W.C., at 4 P.M. The chair will be taken by Dr. Griffith, F.R.C.P., the President of the Union.

MR. GODLEE will give a lecture on Some Peculiar Cases of Empyema at the Hospital for Consumption, Brompton, on Wednesday next, March 14th, at 4 P.M. This is one of a course of lectures given by the staff of the hospital, to which medical men are admitted free.

FEMALE STUDENTS AT THE MANCHESTER INFIRMARY.—At a meeting of the Manchester Infirmary Board on February 26th, it was reported that the House Committee had considered and approved a recommendation from the Medical Board to the effect that women students should be admitted to the infirmary hospital practice and clinical instruction upon the same terms as men except as regards the surgical out-patient department. This decision had been communicated to the Council of Owens College, and the Principal (Mr. A. Hopkinson), in reply, had written expressing satisfaction that through the joint action of the College and the Infirmary Board women students in Manchester would now be able to obtain satisfactory qualifications for the medical profession. The House Committee's recommendation upon this subject was adopted on the motion of Sir J. W. Maclure, M.P.

LOW BIRTH-RATE IN EAST ANGLIA.—In the Hartismere rural district (Suffolk), comprising nineteen parishes with an estimated population of 12,572, the medical officer of health, Dr. Barnes, of Eye, records the low birth-rate of 24.2 per 1,000 of the population for the year 1899. The average birth-rate of the district during the four preceding years was even lower—namely, 23.5. The marriage-rate of the district has "decidedly decreased" of late years, being as low as 11.9 during the ten years 1889-1898. The lowness of the death-rates are worthy of note; for example, from all causes, 15.4; from the seven principal zymotic diseases, 0.79; from phthisis, 1.03. Seventeen cases of scarlet fever and 20 of diphtheria occurred, but the outbreaks appear to have been kept well under control owing to regular and systematic inspection, removal of insanitary conditions and closure of the public elementary schools during the progress of infectious illness. It is to be regretted that the report contains no account of supervision and control of the milk supplies.

THE CONSTITUENTS OF TOBACCO SMOKE.—Professor C. Binz has been making some chemical and physiological observations, and gives an account of his researches in the *Deutsche Aerzte-Zeitung* (January 1st). He confirms the statement of all previous experimenters that there are three kinds of substances in tobacco smoke, namely: nicotine, the chief alkaloid of tobacco; pyridin, a liquid nitrogenous compound of the benzene series, which is obtained by slow combustion of the tobacco; and carbonic oxide gas. He finds that carbonic oxide gas is always present in tobacco smoke in the proportion of 0.6 to 7.6 per cent. of the total volume of the smoke. The variations depend upon the rapidity of combustion and the greater or less abundance of air mixed with the smoke. He points out that a slight degree of carbonic oxide poisoning must be produced by the smoking of large quantities of tobacco, but whether this has a cumulative and deleterious effect is hard to determine. The carbonic oxide can be detected in the blood by means of the test with tannin in aqueous solution at a temperature of about 40° C., and this test is regarded as better than the spectroscopic test—observation of the bands of carboxyhaemoglobin.

BRADFORD EYE AND EAR HOSPITAL.—The forty-third annual meeting of the Bradford Eye and Ear Hospital was held on February 16th, the Mayor of Bradford presiding. This hospital draws patients from a wide area; the number during the past



twelve months has been 6,126, of whom 907 were treated for diseases of the ear. There have been 992 in-patients, giving a daily average of 27, and an average stay of ten days. The major operations numbered 970, of which 116 were flap extractions for senile cataract, and 28 removal of the lens in high myopia. The out-patient attendances amounted to about 15,000, and now necessitate a daily attendance in this department. The income was £2,454, and expenditure £2,835. The hospital has also about £15,000 of invested funds.

**CHILDHOOD SOCIETY.**—The third annual meeting of this Society (formed to carry on the scheme of scientific investigation of the physical and mental conditions of children, inaugurated under the auspices of the British Medical Association in 1888) was held on March 1st at the house of the President, Earl Egerton of Tatton, who moved the adoption of the annual report. The report drew attention to the passing of the Elementary Education (Defective and Epileptic Children) Act, to lectures and discussions which had been promoted by the Society, and to certain representations made to Government departments. The Rev. T. W. Sharpe, C.B., Chairman of the Council, seconded the motion, and the resolution was supported by Drs. Warner and Shuttleworth. A vote of thanks was afterwards passed to the Chairman, on the motion of Mr. R. B. Martin, M.P., seconded by Mr. Brudenell Carter. The financial statement showed a balance in hand of £33 15s. 10d. The subscription is 10s. 6d. annually; and the Honorary Secretary is Mr. W. J. Durrie Mulford, Parkes Museum, Margaret Street, W.

### MEDICAL VACANCIES.

The following vacancies are announced:

- ASTON UNION.**—Resident Assistant Medical Officer, at the Workhouse at Erdington, and Assistant Medical Officer to the Cottage Home adjoining. Salary, inclusive, £140 per annum, increasing to £160, with furnished apartments, board, washing, etc. Applications to the Clerk to the Guardians, Union Offices, Vauxhall Road, Birmingham, by March 16th.
- BIRKENHEAD BOROUGH HOSPITAL.**—Visiting House-Surgeon. Salary, £75 per annum, with board, lodging, and washing. Applications to the Chairman of the Weekly Board, by March 15th.
- BIRMINGHAM: GENERAL HOSPITAL.**—House-Surgeon. Appointment for six months. No salary, but board, residence, and washing provided. Applications to the House Governor by March 31st.
- BIRMINGHAM AND MIDLAND EAR AND THROAT HOSPITAL, 109, Edmund Street.**—House-Surgeon. Appointment till October 31st, 1900, but eligible for re-election for further six months. Salary at the rate of £40 per annum, and if reappointed at £60 per annum, with board, lodging, and washing. Applications to the Secretary by March 13th.
- BIRMINGHAM AND MIDLAND EYE HOSPITAL, Church Street.**—Assistant House-Surgeon. Salary, £60 per annum, with apartments and board. Applications to the Chairman of the Medical Board by March 12th.
- BURY INFIRMARY.**—Junior House Surgeon. Salary, £60 per annum, with board, residence, and attendance. Applications to the Honorary Secretary, Dispensary, Knowsley Street, Bury.
- CARDIFF INFIRMARY.**—(1) Resident Medical Officer. Salary £100 per annum. (2) Assistant House Physician, appointment for six months, but renewable. Salary at the rate of £50 per annum. Board, washing, and apartments provided in each case. Applications to the Secretary by March 13th.
- CLUTTON UNION.**—Medical Officer and Public Vaccinator for the Timsbury District. Salary at the rate of £25 per annum and fees. Applications to the Clerk, Union Office, Temple Cloud, near Bristol, by March 14th.
- CUMBERLAND AND WESTMORLAND ASYLUM, Garlands, Carlisle.**—Junior Assistant Medical Officer; unmarried, Salary, £100 a year, with board and residence. Applications to the Medical Superintendent.
- DEVONPORT ROYAL ALBERT HOSPITAL.**—Assistant House Surgeon, for six months. Salary at the rate of £40 per annum, with board, lodging, and washing. Applications to the Chairman of the Medical Committee by March 22nd.
- DURHAM COUNTY ASYLUM.**—Assistant Medical Officer. Salary £140 per annum, rising to £160, with board, lodging, washing, etc. Applications to the Medical Superintendent, Winterton, Ferryhill, by April 3rd.
- EAST LONDON HOSPITAL FOR CHILDREN, Shadwell.**—(1) House-Surgeon. Honorarium, £25, with board, residence, etc. (2) Medical Officer for the Casualty Department. Salary at the rate of £100 per annum, with luncheon. Appointment for six months. Applications to the Secretary by March 17th and 24th respectively.
- EDINBURGH UNIVERSITY.**—Professor of Medicine. Applications to the Secretary, 66, Frederick Street, Edinburgh, by April 14th.
- GLASGOW EYE INFIRMARY.**—Resident Assistant House-Surgeon. Salary £50, with apartments and board. Application to the Secretary, 88, West Regent Street, Glasgow, by March 26th.
- GREAT NORTHERN HOSPITAL, Holloway Road, N.**—(1) Assistant Anaesthetist. Appointment for six months, but eligible for re-election. Honorarium at the rate of 10 guineas per annum. (2) Junior House-Surgeon. Appointment for six months. Salary at the rate of £30 per annum, with board, lodging and washing. Applications to the Secretary by March 12th and 19th respectively.
- GUILDFORD: ROYAL SURREY COUNTY HOSPITAL.**—(1) House-Surgeon. Salary £30 per annum. (2) Assistant House-Surgeon. Salary, £20 per annum. Board, residence, and laundry provided with each appointment. Applications to the Hon. Secretary.
- HANTS COUNTY ASYLUM, Fareham.**—Third Assistant Medical Officer, unmarried, and not exceeding 30 years of age. Salary, £125 per annum, increasing to £150, with furnished apartments, board, etc. Applications endorsed. Application for appointment of Medical Officer, to the Committee of Visitors, by March 21st.
- HEREFORD GENERAL INFIRMARY.**—(1) Senior House-Surgeon, unmarried. Appointment for six months. Salary, £40, with furnished rooms, board, etc. (2) Junior House Surgeon, unmarried. Appointment for six months, after which he will be appointed Senior House Surgeon. Salary, £17 10s., with furnished rooms, board, etc. Applications to the Secretary, 77, Bridge Street, Hereford, by March 17th.
- HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.**—Assistant Physician. Applications to the Secretary by March 21st.
- KENT AND CANTERBURY HOSPITAL.**—Assistant House-Surgeon, unmarried. Salary £60 per annum, with board and lodging. Applications to the Secretary by March 16th.
- ONDON TEMPERANCE HOSPITAL, Hampstead Road, N.W.**—Physician to Out-patients; must be F or M.R.C.S. Honorary, 50 guineas per annum. Applications to the Secretary by April 5th.

- MAGGLESFIELD GENERAL INFIRMARY.**—Junior House-Surgeon. Salary, £70 per annum, with board and residence. Applications to the Chairman of the House Committee by March 15th.
- MAIDSTONE: KENT COUNTY OPHTHALMIC HOSPITAL.**—House-Surgeon. Salary, £100 per annum, with board and lodging. Applications to Mr. Matthew A. Adams, F.R.C.S., Hon. Surgeon to the Hospital.
- MANCHESTER HOSPITAL FOR CONSUMPTION AND DISEASES OF THE THROAT AND CHEST.**—Honorary Surgeon, must be F.R.C.S. Applications to the Secretary by March 14th.
- METROPOLITAN HOSPITAL, Kingsland Road, N.E.**—(1) House-Physician, (2) House-Surgeon, (3) Assistant House-Physician, (4) Assistant House-Surgeon. Appointments for six months. Salary for the first two at the rate of £40 per annum, and for the latter two at the rate of £20 per annum. Applications to the Secretary by March 19th.
- MILE END.**—Assistant Medical Officer at the Workhouse Infirmary and the Workhouse and School, unmarried, and not exceeding 30 years of age. Salary, £120 per annum, with board, lodging, and allowances. Applications on forms provided to the Clerk to the Guardians, Bancroft Road, E.
- NEWPORT AND MONMOUTHSHIRE HOSPITAL, Newport.**—House-Surgeon. Salary, £100 per annum, with board and residence. Applications to the Secretary by March 22nd.
- ROYAL HOSPITAL FOR CHILDREN AND WOMEN, Waterloo Bridge Road, S.E.**—Resident Medical Officer. Salary, £70 per annum, with rations and laundry. Applications to the Secretary by March 17th.
- ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.**—House Physician. Appointment for six months. Salary at the rate of £40 per annum, with furnished apartments, board and washing. Applications to the Secretary, by March 13th.
- ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.**—Senior Resident Medical Officer. Salary, £100 per annum, with board, residence, and washing. Applications to the Secretary by April 23rd.
- RYDE: ROYAL ISLE OF WIGHT INFIRMARY AND COUNTY HOSPITAL.**—Resident House-Surgeon. Salary, £50 per annum, and £10 10s. for lectures to nurses. Applications to Dr. Davey, at the Hospital by March 15th.
- ST. MARY'S HOSPITAL SCHOOL.**—Demonstrator of Physiology. Salary, £100 to £150. Applications to the Dean by March 24th.
- ST. OLAVE'S UNION.**—Medical Officer for the Workhouse. Salary, £70 per annum, with fees. Applications, on forms provided, to be sent to the Clerk to the Guardians, Union Street, S.E., by March 12th.
- ST. THOMAS'S HOSPITAL.**—Assistant Physician, must be M.R.C.P. Lond. Applications to the Treasurer's Clerk by March 10th.
- SALISBURY INFIRMARY.**—Assistant House-Surgeon, unmarried. Salary £50 per annum, with board, lodging, and washing. Applications to the Secretary by March 15th.
- STAMFORD, RUTLAND AND GENERAL INFIRMARY.**—House-Surgeon, unmarried. Salary, £60 per annum, with board, lodging, and washing. Applications to the Secretary by March 30th.
- STOCKPORT INFIRMARY.**—(1) Assistant House and Visiting Surgeon. Salary £70 per annum. (2) Junior Assistant House-Surgeon. Appointment for six months. Salary, at the rate of £24 per annum. Board, residence, and washing provided in both cases. Applications to the Secretary by March 13th.
- STROUD RURAL DISTRICT COUNCIL.**—Medical Officer of Health. Salary, £130 per annum. Applications to the Clerk, Union Offices, Stroud, Gloucestershire, by March 21st.
- SUNDERLAND INFIRMARY.**—House-Surgeon. Salary, £80 per annum, rising to £100, with board and residence. Applications to the Chairman of the Medical Board by March 26th.
- VENTNOR ROYAL NATIONAL HOSPITAL FOR CONSUMPTION.**—(1) Resident Medical Officer. Salary £150 per annum, with board and lodging. (2) Clinical Assistant. Board, residence, and laundry provided. No salary. Applications to Dr. Parry, at the Hospital.
- WEST BROMWICH DISTRICT HOSPITAL.**—Resident Assistant House-Surgeon. Salary, £50 per annum, with board, etc. Applications to the Secretary.
- WEST LONDON HOSPITAL, Hammersmith Road, W.**—(1) House-Physician, (2) House-Surgeon. Appointments for six months. Applications to the Secretary-Superintendent.
- YORK DISPENSARY.**—Resident Medical Officer, unmarried. Salary, £110 a year, with board, lodging, and attendance. Applications to Mr. W. Draper, De Grey House, York, by March 14th.

### MEDICAL APPOINTMENTS.

- ALLPORT, R. H., M.R.C.S., L.R.C.P.,** appointed Assistant Medical Officer of the Renfrew Local Board, of the Parish of St. Mary, Lambeth, *vice* J. C. Harcourt, M.R.C.S., L.R.C.P., resigned.
- BARKER, Percy D., M.R.C.S., L.R.C.P.,** appointed Senior House-Surgeon to the Sheffield Royal Infirmary.
- BROWN, W. Langdon, M.A., M.B., B.C. Cantab., M.R.C.P. Lond.,** appointed Assistant Physician and Pathologist to the Metropolitan Hospital.
- CARTER, H. H. A., L.R.C.P.I., L.R.C.S.I.,** appointed Assistant Medical Officer in the Colonial Service.
- CLAREY, L.R.C.S., L.S.A.,** appointed Medical Officer of the Marland District of Jortington Union, *vice* E. Sutcliffe, M.D., deceased.
- CLERMETS, John Edmund, M.B., B.Ch., B.A.O.R.U.I.,** appointed Medical Officer to the Chinese Customs Service.
- HERBERT DIXON, J., M.B., Mast.-Surg. Edin.,** appointed Honorary Surgeon to the Birkenhead Women's Hospital.
- FAGGE, C. H., M.S., F.R.C.S.,** appointed Surgeon to Out-patients to the Evelina Hospital for Sick Children.
- MORDAUNT, L. I. Pavillet, M.R.C.S., L.R.C.P. Lond.,** appointed Junior House Surgeon to the Miller Hospital.
- PIKE, J. H., L.R.C.P., L.R.C.S.I.,** appointed Medical Officer and Public Vaccinator for the Billingham District of the Sleaford Union.
- PRIOR, S., M.B., C.M. Glas.,** appointed Medical Officer for the Kirkburton District of the Huddersfield Union.
- RICHMOND, E. T., M.A. Camb., M.R.C.S. Eng., L.R.C.P. Lond.,** appointed House-Surgeon to the Salisbury Infirmary, *vice* W. Gordon, L.R.C.P., L.R.C.S. Edin., resigned.
- ROBEY, George A., M.B., Ch. B.,** appointed Senior Assistant Medical Officer at Cumberland and Westmorland Asylum, in place of I. W. Leitch, M.B., etc., resigned.
- SEACOME, A. F., L.R.C.P., L.R.C.S. Edin.,** appointed Assistant Medical Officer to the Toxteth Park Workhouse, *vice* J. B. Hughes, M.R.C.S., L.R.C.P., resigned.
- SMITH, Edmund Moody, M.D., C.M. Edin. D.P.H. Camb.,** appointed Medical Officer of Health for the City of York, *vice* Robert Cattley, M.B., B.Sc., resigned.
- THOPSON, Stitt, M.D. St. And., F.R.C.P.E., F.R.C.S.E.,** appointed Physician to the Edinburgh Asylum, *vice* George Benson, deceased.
- WOBLEY, Richard Le Geyt, M.R.C.S. L.R.C.P. Lond., L.S.A.,** appointed Visiting Medical Officer to the Newcastle-upon-Tyne Dispensary.
- ST. THOMAS'S HOSPITAL.**—The following House Appointments have been made:—House Physicians—H. B. Beale, L.R.C.P., M.R.C.S.; L. S. Dudgeon, L.R.C.P., M.R.C.S. Assistant House Physicians—E. W. Hedley, M.A., M.B., B.C. Cantab.; F. C. Eve, B.A., M.B., B.C. Cantab. House-Surgeons—A. Webb Jones, L.R.C.P., M.R.C.S.; E. A. Gates, L.R.C.P., M.R.C.S.; F. C. Bourdais, L.R.C.P., M.R.C.S.; N. Unsworth, L.R.C.P., M.R.C.S. Assistant House-Surgeons—A. E. Martin, B.A., M.B., B.C. Cantab., L.R.C.P., M.R.C.S.; C. L. Hawkins, B.A., M.B., B.C. Cantab., L.R.C.P., M.R.C.S.; J. F. Cunningham, L.R.C.P., M.R.C.S.; Y. Takaki, L.R.C.P., M.R.C.S. Obstetric House-Physicians—(Senior) H. H. E. Clarke, L.R.C.P., M.R.C.S.; (Junior) Bevan, R.C.P., M.R.C.S.

Ophthalmic House-Surgeon—(Senior) J. E. Kilvert, L.R.C.P., M.R.C.S. Clinical Assistants in the Special Department for Diseases of the Throat—S. A. Lums, L.R.C.P., M.R.C.S. Skin—R. B. Kinloch, L.R.C.P., M.R.C.S.; J. C. W. Graham, B.A. Cantab., L.R.C.P., M.R.C.S. Ear—G. I. T. Stewart, M.A., M.B., C.M. Aberd. Several other gentlemen who held office before have received an extension of their appointments.

## DIARY FOR NEXT WEEK.

### MONDAY.

**London Throat Hospital, 204, Great Portland Street, W., 4.30 P.M.**—Mr. Waggett: Accessory Sinus Suppuration.  
**Medical Society of London, 8.30 P.M.**—Mr. P. J. Freyer: A New Method of Performing Perineal Prostatectomy.—Mr. C. B. Keetley: Cox's Vars. (with Cases, Skinaographs, and Photographs).—Dr. Campbell: Pope's Twenty-three Years' Death Certificates in General Practice.  
**Royal College of Physicians of London, 5 P.M.**—Dr. F. J. Waldo on Summer Diarrhoea, with Special Relation to Causation and Prevention. Milroy Lecture II.  
**Royal Medical and Chirurgical Society, 8.30 P.M.**—Dr. Hugh Thursfield: The Skin Affections met with in Bright's Disease.  
**Chelsea Clinical Society, Holy Trinity Parish Hall, Pavilion Road, Sloane Square, S.W., 8.30 P.M.**—A Debate on the Treatment of Rheumatism, with Special Reference to Prophylaxis.

### TUESDAY.

**Royal College of Physicians of London, 5 P.M.**—Dr. F. J. Waldo on Summer Diarrhoea, with Special Relation to Causation and Prevention. Milroy Lecture II.  
**Royal Medical and Chirurgical Society, 8.30 P.M.**—Dr. Hugh Thursfield: The Skin Affections met with in Bright's Disease.  
**Chelsea Clinical Society, Holy Trinity Parish Hall, Pavilion Road, Sloane Square, S.W., 8.30 P.M.**—A Debate on the Treatment of Rheumatism, with Special Reference to Prophylaxis.  
**Royal College of Surgeons of England, 4 P.M.**—Professor C. Stewart: On the Protection and Nourishment of the Young in Plants and Animals. Lecture I.  
**Sanitary Institute, Parkes Museum, Margaret Street, W., 8 P.M.**—Discussion on the Experimental Bacterial Treatment of the London Sewage, to be opened by Professor Frank Clowes.  
**Medical Society of London, 8.30 P.M.**—Mr. P. J. Freyer: A New Method of Performing Perineal Prostatectomy.—Mr. C. B. Keetley: Cox's Vars. (with Cases, Skinaographs, and Photographs).—Dr. Campbell: Pope's Twenty-three Years' Death Certificates in General Practice.  
**Royal College of Physicians of London, 5 P.M.**—Dr. F. J. Waldo on Summer Diarrhoea, with Special Relation to Causation and Prevention. Milroy Lecture II.  
**Royal Medical and Chirurgical Society, 8.30 P.M.**—Dr. Hugh Thursfield: The Skin Affections met with in Bright's Disease.  
**Chelsea Clinical Society, Holy Trinity Parish Hall, Pavilion Road, Sloane Square, S.W., 8.30 P.M.**—A Debate on the Treatment of Rheumatism, with Special Reference to Prophylaxis.

### WEDNESDAY.

**Royal College of Surgeons of England, 4 P.M.**—Professor C. Stewart: On the Protection and Nourishment of the Young in Plants and Animals. Lecture I.  
**Sanitary Institute, Parkes Museum, Margaret Street, W., 8 P.M.**—Discussion on the Experimental Bacterial Treatment of the London Sewage, to be opened by Professor Frank Clowes.  
**Medical Society of London, 8.30 P.M.**—Mr. P. J. Freyer: A New Method of Performing Perineal Prostatectomy.—Mr. C. B. Keetley: Cox's Vars. (with Cases, Skinaographs, and Photographs).—Dr. Campbell: Pope's Twenty-three Years' Death Certificates in General Practice.  
**Royal College of Physicians of London, 5 P.M.**—Dr. F. J. Waldo on Summer Diarrhoea, with Special Relation to Causation and Prevention. Milroy Lecture II.  
**Royal Medical and Chirurgical Society, 8.30 P.M.**—Dr. Hugh Thursfield: The Skin Affections met with in Bright's Disease.  
**Chelsea Clinical Society, Holy Trinity Parish Hall, Pavilion Road, Sloane Square, S.W., 8.30 P.M.**—A Debate on the Treatment of Rheumatism, with Special Reference to Prophylaxis.

### THURSDAY.

**Royal College of Physicians of London, 5 P.M.**—Dr. F. J. Waldo on Summer Diarrhoea, with Special Relation to Causation and Prevention. Milroy Lecture III.  
**Hospital for Diseases of the Nervous System, 73, Welbeck Street, W., 5 P.M.**—Dr. T. D. Savill: Electricity in the Diagnosis and Treatment of Diseases of the Nervous System.  
**Hospital for Sick Children, Great Ormond Street, W.C., 4 P.M.**—Mr. H. S. Collier: Demonstration of Selected Cases.  
**Charing Cross Hospital Post-Graduate Course, 4 P.M.**—Dr. Hunter: Pathological Demonstration.  
**Harveian Society of London, 8.30 P.M.**—Clinical Evening. The following cases will be shown: Dr. Herbert Tilley: Cholesteatomata of Mastoid.—Mr. Francis Jaffray: Urticaria Punctata.—Dr. W. Harris: Progressive Muscular Atrophy.—Dr. Leonard Guthrie: Cerebellar Tumour.—Dr. H. J. Macevoy: Little's Disease.  
**Medical Society of London, 8.30 P.M.**—Mr. J. Hutchinson: Consultation. (Surgical).  
**Neurological Society of London, 8.30 P.M.**—Clinical Evening. Dr. F. E. Batten: A Case of Congenital Cerebellar Defect.—Dr. Risien Russell: (1) A Case of Functional Wreck and Chronic Spasm of the Palate; (2) Two Cases of Thompson's Disease. And other cases.

### FRIDAY.

**Royal College of Surgeons of England, 4 P.M.**—Professor C. Stewart: On the Protection and Nourishment of the Young in Plants and Animals. Lecture III.  
**Epidemiological Society of London, 11, Chandos Street, W., 8.30 P.M.**—

## BIRTHS, MARRIAGES, AND DEATHS.

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

### BIRTH.

**ATKINS**—On March 2nd, at Booth Street, Handsworth, Birmingham, the wife of J. F. Atkins, M.R.C.S., L.R.C.P., a daughter (stillborn).

### MARRIAGES.

**DICKSON-CLARK**—At Panmure Villa, Downfield, on the 2nd March, by the Rev. Dr. Chas. Grant, of St. Marks, Dundee, assisted by the Rev. R. Spenser Ritchie, Mainis and Strathmartine, David Elliot Dickson, M.B., C.M. Edin., Lochgelly, eldest son of Mr. Wm. Dickson, ironmonger, Dundee, to Maggie, only daughter of Mr. Jacob Clark, "Dundee Advertiser."  
**PAKES-FISHER**—On March 1st, at St. Andrew's, Fulham, by the Rev. C. Pakes, B.A., Vicar of Copp Garstang, father of the bridegroom, assisted by the Rev. J. S. Skinner, B.A., brother-in-law of the bride, Walter Charles Pakes, L.R.C.P., D.P.H., to Dora Agnes, youngest daughter of the late John Fisher, of Leckonby, Gt. Eccleston, Lancashire.  
**PRICER-LLOYD**—On March 7th, at the Church of St. Michael and All Angels, Ammanford, David Rees Price, M.B., C.M., of Ammanford, to Gweny Elizabeth Clara, only daughter of Evan Lloyd, M.R.C.S., L.S.A., of Ammanford, Carmarthenshire.

### DEATHS.

**HERON WATSON**—At Gotha, Germany, on the 27th February, Elizabeth Gordon Miller, wife of Patrick Heron Watson, LL.D., M.D., F.R.S., F.R.C.S.E. & L., Surgeon-in-Ordinary to the Queen in Scotland, and daughter of the late James Miller, F.R.S., F.R.C.S., Professor of Surgery in the University of Edinburgh, and Surgeon-in-Ordinary to the Queen in Scotland.  
**WEARING**—On March 2nd, at Mayfield, Victoria Park, Wavertree, Liverpool, aged 46 years, Richard Wearing, M.D.  
**WHISTLER**—On the 27th February, at 6B, Bickenhall Mansions, Gloucester Place, William MacNeill Whistler, M.D., late Surgeon to the Confederate States Army, U.S.A., aged 68.

## 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**—Daily, 1. Tu. F., 2.30; o.p., 1.2.  
**CHARING 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; Roentgen, W., 9.45; Orthopaedic, Th., 1. **Operations**—W. Th. F., 3; S., 2.  
**CHELSEA HOSPITAL FOR WOMEN. Attendances**—Daily, 1.30. **Operations**—M. Th. F., 2. CITY ORTHOPEDIC. **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., 1.30; o.p., M. W. Th. F., 12; Surgical, i.p., daily, 1.30; o.p., M. W. Th. S., 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. Th. F., 12; o.p., Ear, Tu. Th., 12; Skin, Tu. Th., 12; Throat, F., 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, Tu., 2.30; Throat, M., 1.30 F., 2; Dental, M. Th., 10; Skin, M., 10. **Operations**—W. Tu. 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., 3.30; 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., 9.30; Tu., 9. **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; Th., 2.  
**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. S., 3; Tu. F., 9; W., 2.30; Th., 7.30. **Operations**—Th., 2.30.  
**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., 9.30; 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, 9. **Operations**—Daily, 10.  
**ROYAL ORTHOPEDIC. Attendances**—Daily, 2. **Operations**—O.p., M., 2; i.p., Tu., 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., M. S., 9; Eye, M. Tu. W. Th. F., S., 9; W. S., 2.30; Ear, Tu. F., 2; Skin, Tu., 9; Larynx, M. Th., 2; Orthopaedic, Tu., 1.30; Dental, Tu. F., 9; Electrical, M. Tu. Th. F., 1.30. **Operations**—Daily, 1.30; (Ophthalmic), Tu. F., 2; Abdominal Section for Ovariotomy, 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., 2; Tu. W. F., 2; Th., 1; Ophthalmic, W., 1; Dental, Th., 9.  
**ST. MARK'S. Attendances**—Fistula and Diseases of the Rectum, males, S., 2; females, W., 9.30. **Operations**—Tu., 2.30; Th., 2.  
**ST. MARY'S. Attendances**—Medical and Surgical, daily, 1.45; o.p., 12.45; Obstetric, Tu., 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., 9; Electro-Therapeutics, W. S., 10; Children's Medical, M. Th., 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**—i.p., 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, W., 10.30; Electro-Therapeutics, Th., 2; Mental Diseases, Th., 2; 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. **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**—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, W., 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 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 *Atiology, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.