

dilator. A puncture was made immediately behind the tumour and just in front of the left pillar of the fauces, and into it was forced an arrow (*flèche*) five centimètres long ; then another on the opposite side ; a third and a fourth on the right side, and a fifth and sixth on the left side of the tongue ; and then a seventh and eighth on each side of the frenum. The operation lasted three minutes. Not ten drops of blood were lost. The patient was told to keep his mouth motionless for an hour. Then food was given by the oesophagean tube. Next day the tongue was completely converted into a greyish slough ; no fever, oedema, or difficulty of breathing ; the patient could drink readily. On October 3rd, the sloughy mass was taken away in one piece. It consisted of the whole of the tongue to within three centimètres of the epiglottis, and of a voluminous mass of soft parts taken out of the space in the cavity of the inferior maxillary bone. When this "enormous sloughy mass" came away, the patient, who could previously talk and swallow, was instantly rendered speechless and unable to swallow. He was, therefore, again fed by the tube ; and, considering that the enormous space left in the mouth was the cause of this loss of speech, etc., M. Maisonneuve had it filled up with a mould of gutta percha. By this means the patient was able to swallow easily, and to speak so as to make himself understood. The patient removes the artificial tongue as he pleases.

JUDGE MARTIN ON A NOTORIETY. In summing up the case of Townley, the Judge said :—"About two years ago the case of a gentleman from the eastern part of England, became the subject of a long inquiry to which great public interest was attached. There was great difficulty in deciding the question whether he was sane in point of law. But if I remember right, there was not a single thing proved to show that he was insane. It might have been proved that he was a foolish wandering person—that he squandered his property, and so on ; but there was not a single thing to show that the man was not in such a state of mind as would render him criminally responsible for his acts. I have since seen the man, he was examined before me as I sat officially. He appeared to me, as far as I could tell, able to be examined—that is, he was able to give his answers in a satisfactory manner—and that so far, I repeat, as I saw him on that occasion, although he was not probably the wisest man, yet he was in such a state of mind as to cause him to be held responsible to himself and to his country." (Derby Reporter.)

FEMALE ARMY NURSES. Women nurses in the American General Hospitals have proved a failure, except in a few isolated instances. The failure is due to the want of properly educated and thoroughly devoted women adapted to the work. The Sisters of Charity is the only organisation that have as yet, in our military hospitals, succeeded in utilising women's labour. Miss Dix still continues to exert herself to introduce women into hospitals, but with only partial success. A recent order of the Secretary of War still gives her full power to assign women to hospitals, but it is doubtful if anything useful will result until women are thoroughly trained to this special work. (American Med. Times.)

Association Intelligence.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
BIRMINGHAM AND MID-LAND COUNTIES. [Ordinary.]	Medical Department of the Birmingham Library.	Thursday, January 14th, 6 P.M.
WEST SOMERSET. [Conversazione.]	Clarke's Castle Hotel, Taunton.	Wednesday, Jan. 20th.
MIDLAND. [Quarterly.]	Board Room of the Infirmary, Derby.	Thursday, Jan. 21st, 2 P.M.

Reports of Societies.

LIVERPOOL MEDICAL INSTITUTION.

DECEMBER 10, 1863.

A. STOOKES, M.D., Vice-President, in the Chair.

Fracture of the Spine. Dr. NOTTINGHAM shewed two specimens. In the first case, a lad of 19 fell from the top of a building, and fractured the lower part of his spine. There were the usual symptoms, paralysis, etc., and he lived a few days. The fracture was transverse and gaped on the posterior aspect, forming a cleft, while the anterior aspect shewed nothing remarkable. In the second case, a very stout man, a labourer aged 21, fell from a height of thirty feet and lit upon his head. He had a very long scalp-wound, but no fracture of the skull. When brought to the Southern Hospital the faculties of the mind were entire. There was very great difficulty of breathing. There was found to be fracture of the sternum and of the spine at a point opposite, about the fourth dorsal vertebra. There was great displacement at both seats of fracture, so that the whole upper part of the body was displaced forwards ; one of the transverse processes was broken, but the cord was not much injured. There was paralysis of the bladder, but not, to any extent, of the extremities. The patient died on the fourth day after admission.

Perforation of the Stomach. Dr. NOTTINGHAM showed a specimen taken from a boy who had been a patient at the Southern Hospital for very severe injuries caused by a fall off a pile of timber. He had serious injury to the head, followed by severe head symptoms, also a fracture of the thigh, a fracture into the elbow joint, and a wound in the perineum very similar to that which would be made in lithotomy. The accident took place in September, and everything went on well for some time, and the boy seemed getting well and was able to move about a little, until a few days ago, when he was seized soon after his dinner with sudden collapse, and died in a very short time with symptoms of some abdominal perforation. The stomach was found to be very much dilated and to have passed up into the chest through an opening in the diaphragm, and at its upper extremity there was a perforation ; part of the colon had also passed into the chest ; the left pleura was full of food, sconse ; the left lung was compressed, and the heart itself rather flattened. The stomach would hold without difficulty five and a half pints of fluid ; its lining membrane was in parts of a brilliant scarlet colour ; there was no thickening about the edges of the opening, and they were not very rough. The aperture in the diaphragm had smooth edges, from which Dr. Nottingham was led to infer that it may have been congenital rather than the immediate result of the accident, and he had ascertained that the boy had always been subject to dyspeptic symptoms, flatulence, etc. As an illustra-

which should especially fix the attention of all interested in this discussion, because they contain what I regard as a fundamental error as to a plain matter of fact, on the part of some of those who oppose, more or less, the use of iridectomy. I allude to the *phenomenon of tension*.

Mr. Dixon quotes me correctly* as saying (last vol., p. 593) that "all diseases attended with augmented tension of the eyeball should now be embraced within the term glaucoma, and as a class should be treated by iridectomy"; and he states that "tension is present in several inflammatory conditions in which iridectomy is wholly inadmissible." "We can only judge of *tension* by its *phenomenon hardness*; and to say that all inflamed eyes which are harder than natural are to be subjected to iridectomy will be to inflict that operation upon numberless cases of *iritis, keratitis, etc.*, which can be perfectly and readily cured by judicious medical means." Here it is, in effect, stated that *numberless cases of iritis, keratitis, etc., are attended by hardness of the eyeball*, and it is argued that hardness is therefore a sign of little or no value in the diagnosis of glaucoma, or as an indication for iridectomy.

Mr. White Cooper states (*ante p. 23*) that his "views are so entirely in accordance with those so ably stated by Mr. Dixon in your last number, that it would be mere waste of time and space to enter at length into the discussion"; and Mr. Walton also expresses the same view, if possible even in more express and positive terms (that "in every acute inflammatory ophthalmic disease the eyeball is tense"), as I shall have occasion to point out next week.

Now, it may seem to many of your readers an almost inexplicable thing that, on a question of fact seemingly so simple, and so easy of determination on occasions of daily and hourly recurrence, there should be any room for difference of opinion between men (I venture to say it with diffidence as regards myself) whose competence as observers, and whose large experience and truthful habit of mind are alike unquestionable; and yet I, on my part, affirm, after having paid a great deal of attention to this special subject of eye-tension for many years (see BRITISH MEDICAL JOURNAL, Oct. 11, 1862, pp. 378 and 379) that *I am directly at issue with these colleagues on the matter of fact*; that ordinary *corneitis, iritis, choroiditis, retinitis*, in fact *all the ordinary inflammations of the internal tunics are not characterised, as a rule, by undue tension*,† and that if, in their course, the eye becomes tense (and in the advanced or protracted stages of some, particularly *irido-choroiditis*, it is so apt to do so that tension becomes almost a normal incident of such stages), a new element of danger is introduced depending on a new order of conditions, to be met by treatment conducted on a new principle, *though not always necessarily by iridectomy*. I may explain myself further next week. If I am right as to the fact, it will be apparent that the subject of eye-tension,

* The short letter (last vol., p. 593), from which Mr. Dixon here quotes, was written in answer to a question by "a Surgeon" perplexed by a difficulty as to the supposed frequency of glaucoma in former days; and the above sentence, detached from its context, may seem to mean more than I intended it to convey. I may state that I am in the constant habit, and have been for many years, of treating some special limited forms of tension (*secondary or inter-current complications of other ocular conditions*), and also some conditions unattended by tension, by the old, and occasionally excellent method of puncture, sometimes carried out in a peculiar manner, according to the case. Of this, more I hope at some future time. But it was the non-inflammatory and the slighter inflammatory forms of *primary or typical glaucoma* that I was alluding to in that sentence, as having now a recognised alliance with the acute form, and, in the present state of our knowledge, demanding like it, as a class, of course not absolutely without exceptions, the employment of iridectomy.

† See particularly BRITISH MEDICAL JOURNAL, October 11th, 1862, p. 378, and last vol., p. 649, in both which places the same thing is stated in express terms.

all important as it is in glaucoma, has yet to be studied by some of my colleagues who oppose iridectomy, as I am, indeed, but too conscious that it still requires to be more completely studied by myself.

I am, etc., W. BOWMAN.

5, Clifford Street, January 4th, 1864.

Medical News.

APPOINTMENTS.

BURKE, William M., M.D., appointed Medical Registrar for Ireland.
CLELLAND, John, M.D., appointed Professor of Anatomy in Queen's College, Galway, and Surgeon to the Poor-House Hospital.
ILIFFE, Frank, Esq., appointed House-Surgeon to the Coventry and Warwickshire Hospital.
MAUDE, Frederick W., Esq., appointed Resident Surgeon to the Royal Sea-Bathing Infirmary, Margate.
RITCHIE, Robert P., M.D., elected Physician to the Hospital for Sick Children, Edinburgh.
TULLOCH, James S., M.D., elected Assistant-Surgeon to the London Surgical Home.

POOR-LAW MEDICAL SERVICE.

CLARKE, Francis W., M.B., to District No. 5 of the Abingdon Union, Berks.
CROSS, John, Esq., to the Hale District of the Prescot Union, Lancashire.
HILL, Hilary, Esq., to District No. 3 of the Worcester Union.
LANE, John W., M.D., to the Norbury District, and for the Bishop's Castle No. 2 District of the Clun Union, Salop.
MACKESON, Henry S., Esq., to the Blankney District of the Sleaford Union, Lincolnshire.
NEWMAN, Augustus, M.B., to the Blackawton or No. 2 District of the Kingsbridge Union, Devon.
NEWTON, Henry William, L.R.P.S.Glasc., to the St. Andrew's or No. 1 District of the Newcastle-upon-Tyne Union.
OLDMAN, John, Esq., to the Huntingdon District of the Huntingdon Union.
RUSHER, James G., Esq., to the Upton Snodsbury District of the Pershore Union.
SECCOME, John T., M.D., to Districts Nos. 4 and 5 of the Wisbech Union.
SMITH, Charles S., Esq., to the Fulbeck District of the Newark Union, Nottinghamshire.
SOAPER, Isabell H., Esq., to the Nant-y-Glo District of the Bedwelly Union, Shropshire.
TAYLOR, Frederick, Esq., to the Silverstone District of the Towcester Union.

ROYAL ARSENAL, WOOLWICH.

BRISCOE, Surgeon-Major, M.D., re-appointed Principal Medical Officer to the Infirmary.
CULLEN, Staff-Assistant-Surgeon, appointed Second Medical Officer to the Infirmary.

ROYAL NAVY.

ANDERSON, Charles A., M.D., to be Deputy Inspector-General of Malta Hospital, vice A. Armstrong, M.D.
BANKS, George T., Esq., Surgeon, to the *Rattlesnake*.
DAUN, Edward, M.D., Assistant-Surgeon, to the *Indus*.
MORTON, Charles, Esq., Assistant-Surgeon, to the *Dasher*.

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

GIRDWOOD, J. M'Ewen, Esq., to be Honorary Assistant-Surgeon 3rd Stirlingshire R.V.
MUNRO, H., Esq., to be Honorary Assist.-Surg. 21st Durham R.V.

BIRTH.

SANKEY. On January 4th, at Maidstone, the wife of *George Sankey, Esq., of a son.

DEATHS.

BULMAN, Darnell, M.D., at Newcastle-on-Tyne, aged 68, on December 24, 1863.
*CORY, Samuel S., Esq., at Bridport, Dorset, on December 17, 1863.
DAVIS, John F., M.D., at Bath, aged 90, on January 1st.
DERBISHIRE, John, Esq., Surgeon, at 58, Upper Marylebone Street, aged 71, on December 31st, 1863.
Gwynn. On December 30th, 1863, at Wem, Salop, Sarah Jane, wife of Samuel B. Gwynn, Esq.
HUTSON, John Richard F., M.D., at Demerara, aged 67, on October 13th, 1863.
SLEIGH, William W., M.D. at Brixton, aged 67, on Dec. 30, 1863.
WARD, Francis, Esq., Surgeon, late of Balham Hill, at 4, Angel Terrace, Stockwell, aged 57, on December 31st, 1863.

MR. COLLIS'S CASE OF OVARIOTOMY in Dublin has proved unsuccessful.

SMALLPOX IN MADRAS. Twenty thousand persons die annually, in the Madras Presidency, of smallpox.

DR. GEORGE BURROWS has resigned his office of Physician to St. Bartholomew's Hospital.

A PORTRAIT OF THE LATE DR. ENGLEDUE has been placed in the Committee Room of the Gosport and Portsmouth Hospital.

DONATION FROM WORKMEN TO A HOSPITAL. Messrs. Collard's workmen have made a donation of £8 10s. to University College Hospital.

POISONING BY SALTPOETRE. A man was lately poisoned at Oswestry by saltpetre, which had been accidentally supplied to him by a druggist instead of Epsom salts.

A SPECIAL MEETING OF THE MEDICAL COUNCIL will be held on the 13th instant, in Soho Square, for the purpose of electing a president to replace the late Mr. Green.

OBSTETRICAL SOCIETY OF EDINBURGH. Dr. T. G. Weir has been elected president, and Dr. T. H. Pattison and Mr. W. S. Carmichael vice-presidents, of this Society.

THE CUVIER PRIZE, which is given triennially by the French Institute, has recently been awarded to Sir Roderick Murchison, author of *The Silurian System of Rocks*. This is the first occasion on which that honour has been conferred on a geologist.

FALLING ON SHOOTING STARS. Mr. Eaton stated at the Meteorological Society, that the velocity of these bodies amounted to sixty miles per second; and that the heat developed by their friction with the air was sufficient to render them intensely luminous, and ultimately to volatilise the materials of which they are composed.

NAVAL COURT-MARTIAL. On the 30th ult., a court-martial was held on Assistant-Surgeon W. C. Fairbairn, of the *Fisgard*, doing duty at the Royal Marine Infirmary, Woolwich, "for conduct unbecoming an officer in drinking intoxicating liquors to such excess as to produce illness, by which he was incapacitated for the performance of his duty on the 2nd day of December last." In support of the prosecution, Deputy-Inspector-General Salmon, principal medical officer at the Royal Marine Infirmary, was examined. After deliberating a short time, the Court considered the charge not proved, and acquitted the prisoner.

IRIDECTOMY. A most interesting and important discussion has been, and is still being carried in the columns of the BRITISH MEDICAL JOURNAL, in which Mr. Bownan and Mr. Wordsworth of the Royal London Ophthalmic Hospital appear as chief champions of the operation, and Mr. Haynes Walton, Mr. Wharton Jones, and numerous anonymous writers, as well as the Editor of the JOURNAL, appear *contra*. The subject is of too much importance to be dismissed within the limits of a short leader, but we hope shortly to devote some space to the consideration of the statements of the iridectomists which (if true) make the operation little short of a miracle, and if false should be the condemnation of the practice. (Dublin Med. Press.)

WHALE-STEAKS. In passing along the street we saw strips of whale-flesh, black and reddish-coloured, hanging outside the gable of almost every house to dry, just as we have seen herrings in fishing-villages on our own coasts. When a shoal of whales is driven ashore by the boatman, there are great rejoicings among the islanders, whose faces, we were told, actually shine for weeks after this their season of feasting. What cannot be eaten at the time is dried for future

use. Boiled or roasted it is nutritious, and not very unpalatable. The dried flesh which I tasted resembled tough beef, with a flavour of venison. Being "blood-meat," I would not have known it to be from the sea; and have been told that when fresh and properly cooked, tender steaks from a young whale can scarcely be distinguished from beef-steak. (*Pen and Pencil Sketches of Faro and Iceland*. By A. J. Symington.)

REPORT OF THE COUNCIL OF THE PATHOLOGICAL SOCIETY. In accordance with the established rule of the Pathological Society, its Council presents to the members an annual report, embodying a brief account of the progress which has been achieved during the past year, as well as the position and prospects of the Society. It is a noteworthy fact that, throughout its whole career, a period of eighteen years, the Council has been enabled to furnish an annual record of progressive prosperity; no exception to this happy experience has yet been furnished, and it is with no small gratification that now, on the occasion of another anniversary, your Council is able to announce not merely that the present report maintains the character of its predecessors, but that it records an amount of success beyond that of several preceding years. To commence with the subject of finance:—The total receipts for the past year have amounted to £353: 1: 4, of which £12: 8: 1 have been realised by the sale of Transactions, and £5: 14: 3 as dividend from stock, leaving as the amount of subscriptions the sum of £334: 19: 0. Of this £45: 3: 0 have been received as life fees, and as composition fees from non-resident members, and will in accordance with previous practice be invested in 3 per cent. consols. Besides this, there is a balance of £190: 18: 5½ from the preceding year, making a total of £543: 19: 9½. Of this £119: 19: 0 have been added by order of the Council to the Society's funded property. The total expenditure amounts to £329: 3: 3, leaving in the treasurer's hands a balance of £78: 2: 6½ to be carried forward to the account of the current year. The amount of stock in consols held by the trustees for the Pathological Society is now £259: 13: 5. Next, in relation to numerical strength it should be stated that, the Society is at this moment constituted by a larger number of members than at any previous period of its existence. The average attendance at its meetings is also higher, a fact which demonstrates the increasing interest which attaches to the operations of the Society. The supply of pathological specimens has been more than ample, and on most evenings more than sufficient for examination, to say nothing of discussion. If any ground for complaint could possibly be alleged, it arises from an absolute superabundance of valuable examples of many forms of morbid product. The often imposing list, the reading of which commences the proceedings of each meeting, sometimes suggests such a reflection as the following:—"It is true that each of these preparations is intrinsically valuable and interesting; that it is necessarily so to the exhibitor who has watched narrowly the phenomena which have marked its development; but has it been considered whether the specimen subserves also that purpose, which is after all the higher one, viz.: to afford interest and perhaps instruction to many of the hundred members whose time will be occupied by its examination, of the four hundred who pay for its record in their annual volume?" In conclusion, it remains only for the Council to state that, the energy and activity which have already signalled the career of the present session, offer the prospect of a valuable forthcoming volume as the result of those useful labours which so many of the members have prosecuted on behalf of the Society.

Varieties.

NERVOUS INFLUENCE OVER THE HEART. Upon one occasion I called at the house of a gentlemen advanced in years, whom I had long known as a patient, and found him dressed, as usual, and down stairs. He had, indeed, forsaken his usual easy couch, and was sitting on a common chair at the table. He wished to go into the country, as the change, he thought, would do him good; but he complained of no inconvenience of any kind. To my surprise I found the pulse beating upwards of 120 in a minute. My patient reluctantly consented to go to bed; and in less than forty-eight hours the heart, which had sounded the alarm without any of the ordinary sensations being disturbed, had ceased to beat. (Mr. H. Lee.)

POOR-LAW GUARDIANS AND THEIR DOCTORS. The Galway Guardians have, by a majority of fourteen to twelve, passed a resolution *reducing* the salaries of their rural medical officers. The reason which actuated the Galway Guardians was, that the fees under the Births and Deaths Registration Bill would be sufficient compensation for the reduction, and that therefore they were at liberty to cut down the salaries by as much as the Act increased the incomes of their medical officers. This course is certainly an out-Heroding of Herod, worthy of no other name than a dishonest, mean, illegal, and pettifogging excuse for appropriating the just remuneration of medical officers for their hard labour to the liquidation of their own debts. (Dublin Medical Press.)

MEDICAL EDUCATION IN MONTREAL. In the city of Montreal there are two medical colleges, an English and a French one, the former being in connection with McGill University, and the Montreal General, and University Lying-in Hospitals. In the latter, "L'Ecole de Medecine et de Chirurgie," the lectures are delivered in the French language; it has the great advantage of having under its control one of the largest and finest hospitals in the Province—the Hôtel Dieu; it has also the Ste. Pélagie Hospital for Midwifery practice, and La Dispensaire de la Providence, where over eight hundred out-door patients have been prescribed for within the past three months. To the student in medicine, McGill College possesses many unfair advantages, gained by partial legislation. 1. Whilst a student attending the English college requires but three years and a half of study to obtain his degree and license to practise, the law demands four full years if he attend the French one. 2. A student in the English College has his time counted from the moment of commencing his studies; in the French school his studies can only be reckoned from his classical examination, which must be by the College of Physicians and Surgeons of Lower Canada. 3. The English college has the power of granting degrees—the French one possesses no such right. 4. The English College has the right of examining its own students, whilst those of the French are compelled to go before the College of Physicians and Surgeons even for the examination for license to practise. (Canada Lancet.)

THE CONTAGIOUSNESS OF LEPROSY. Dr. Daunt writes as follows from Brazil:—"I see that the English Government, after consulting the London College of Physicians, and receiving information from many supposed authorities, have decided officially the non-contagiousness of leprosy! I wish to enter a solemn protest against such decision. *Leprosy is contagious!* I have seen proofs of this repeatedly. This truth is nowise attenuated by the truths that it is hereditary, and that it is also spontaneously produced by the neglect of the precepts of hygiene as to food, cleanliness, exposure, as also that syphilis is also a cause. Why does not the English

Government solicit the opinion of the Imperial Academy of Medicine of Rio de Janeiro, or of the Congregation of Professors of the Faculty of Medicine of Rio? Brazil being the theatre of the development of leprosy on a fearfully vast scale, to no country could a foreign government more appropriately turn in search of valuable opinions. The disposition to deny contagiousness in disease seems to me to be a moral malady near akin to the sceptic rationalism which corrupts the intelligence of so many who think the yoke of unbelief lighter than that of tradition. The hygienic precautions as to leprosy, recorded in the Mosaic writings are an *à priori* weighty argument on the side of infection. The rage for disbelieving everything which cannot be materially and mathematically demonstrated in all its parts is a sterile, mal-efficient, and death-generating agent in all intellectual operations."

COW-HOUSES IN ST. PANCRAS. Last year, a law came into operation, by which no dairyman can keep cows in London in any unlicensed place. The license is to be granted annually by the Justices of the Peace; and every cowkeeper, who wishes to obtain a license, must give a fortnight's notice to the Vestry, in order that the Sanitary Officers may inspect the places, and report on their condition to the Vestry. It then becomes the duty of the Vestry to shew cause against the granting of the license in any case in which the place appears to be unfitted for the purpose. In consequence of the short time which had elapsed since the passing of the Act, the magistrates have been hitherto lenient in their requirements. The nuisance arising from cowsheds in a crowded district is much greater than might be supposed. The food on which the cows are fed in warm weather, gives rise to very disagreeable smells; the cows are huddled together, and there is a general neglect of cleanliness. A few of the worst were shut up, by the licence being refused; but licenses were granted to eighty-eight cowkeepers for a hundred and two distinct cowsheds. In regard to a number of these, the magistrates stated, that unless great improvements were effected during the present year, the license could not be renewed. Of the hundred and two sheds, the amount of space allowed for each cow is not sufficient for the health of the animal in more than about fifteen. After deliberation and consultation with each other, the Medical Officers of Health of the Metropolis were of opinion that a cubic space of a thousand feet should be allowed for each cow. In nine of the sheds in this parish the space was between two and three hundred feet only; in eighteen it was between three and four hundred feet for each cow; in sixteen it was from four to five hundred feet; in thirty-five sheds the space for each was between five and eight hundred cubic feet; in ten it was from eight to ten hundred; and in only ten was it over one thousand cubic feet. (Report of Officers of Health.)

SCOTCH REGISTRAR-GENERAL'S REPORT. The Registrar-General of Scotland states in his quarterly return just issued that the marriages registered in Scotland in the third quarter of this year amounted to the average number—a fact which speaks well for the general prosperity of the country—especially as the marriages in the previous quarter were above the average, and therefore might have led us rather to expect a diminution afterwards. The births last quarter were considerably above the average, but unhappily the deaths were still more in excess. The quarter was very unhealthy. Smallpox was epidemic. The Registrar of Walls, in Shetland, states that it is always very fatal there, and that he believes that in that parish (with a population of 1,365 at the last census) there are upwards of a thousand persons unvaccinated. Of Foula, in his district, with a population of 233 at the last census, he has to state that at one time smallpox swept off almost all the inhabitants, and that at present there is hardly a person there who has been vacci-

nated. The Bill of last Session for compelling the vaccination of children in future was not passed without cause, and ought not to be a dead letter. Diphtheria is steadily increasing in Scotland; last quarter it seems to have been more prevalent and fatal in the northern than in the southern half of that country. One of the registrars notices that the night-air is extremely vivified in the box beds which are still in general use in the damp, ill- aired cottages so common in Scotland; and the reports mention that fever and smallpox have in several instances clung to particular houses and not been prevalent in the neighbourhood. A child died from the bite of an adder at Kirkcowan, in Wigtonshire. One or two deaths occur every year from the poison of this snake. The weather in the last two months of the quarter is described as cold and rainy. There has been a complete absence of the usual amount of autumnal heat, and the meteorological agencies generally were most adverse to health. The registrar of Laggan, Inverness, reports that at six o'clock "on the evening of August 6th," a smart shock of an earthquake was felt throughout the district, and caused much alarm. In one place there was so much oscillation of the ground that workmen had difficulty in steadyng themselves.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.

TUESDAY.....Guy's, 1½ P.M.—Westminster, 2 P.M.

WEDNESDAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.

THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.

FRIDAY.....Westminster Ophthalmic, 1.30 P.M.

SATURDAY....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Medical Society of London, 8.30 P.M. Dr. Palfrey, "A Case of Uterine Polypus, unaccompanied by Haemorrhage"; Mr. W. Miller, "On Two Peculiar Properties of Chloroform, independent of Anesthesia"; Dr. Habershon, "Abscess of the Liver."

TUESDAY. Royal Medical and Chirurgical Society, 8 P.M. Mr. Holmes Coote, "Case of Left Ovary found in the Sac of an Inguinal Hernia"; Dr. Habershon, "Effects of the Implication of Branches of the Pneumogastric Nerve in Aneurismal Tumours"; Dr. John Harley, "On Endemic Haematuria of the Cape of Good Hope."

TO CORRESPONDENTS.

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

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

THE LATE MR. THACKERAY.—SIR: Permit me to correct a statement appearing in your brief notice of the autopsy of the late lamented Mr. Thackeray. The examination was made conjointly by Mr. Seymour Haden, Mr. Reeves Traer, and myself; with the presence and aid of Mr. Merriman of Kensington.

I am, etc., HENRY THOMPSON.

35, Wimpole Street, W., January 2nd, 1864.

MAN-MIDWIFERY.—SIR: I wish to direct your attention to certain pamphlets published by Mr. Job Caudwell, 335, Strand, which, I consider, are likely to injure the status of our profession with many of the public, always ready for a hit at the doctor. My attention was drawn to an advertisement in a newspaper a week or two ago; and I was induced, through curiosity, to write for the books. One is entitled *Man-Midwifery Exposed; or the Danger and Immorality of employing Men in Midwifery Proved*, etc. By John Stevens, M.D. Another is entitled *The Accoucheur; A Letter to the Rev. Mr. Tattersall of Liverpool on the Evils of Man-Midwifery*. By A Student. Another is entitled *The Death-blow*.

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to *Her- or Man-Midwifery; or Hints based on Truth and Fact; Addressed to Husbands, Fathers, and Brothers*. By Hamilton Fitzwilliams.

We must all allow that the subject is one requiring careful consideration, and there is a great deal of truth in the charges brought against the profession; but I should fain hope that most of the remarks made do not apply to the "man midwives" of this country, but are confined to America. I suppose no good would come of any efforts to suppress the publications in question?

I should also like to know your opinion as to the use of the "pneumocline" and the "pneumotharp", remedial agents designed to meet the requirements of the Climatic Pathology of the Chest, by Julius Jeffreys, F.R.S., formerly of the Indian medical staff, etc. He sent me a circular by post, two or three weeks since, in the form of an address to the medical profession, on the utility of his inventions. Do you consider that his views on the subject are sound?

Apologising for the length of my letter,
I am, etc., JOHN CANDY, M.D.
Alstonfield, near Ashbourne, December 23rd, 1863.

TREATMENT OF SKIN DISEASES (SAVE ITCH).—Take of acetic acid 3j; iodide of potassium 3ij; tincture of iodine 3vi. Dissolve the iodide of potassium in the acetic acid; then add the tincture of iodine, and shake all together, and apply it with the tip of a feather to the diseased part every morning, and a little ointment of zinc ointment every night. The patient should take internally from one to two grains of mercury with chalk, with from four to six grains of James's powder, every night when going to bed, and some sweet whey afterwards. Of course, a light nutritious diet is absolutely necessary. Milk and vegetables are preferable to any other diet. Tea, toast and eggs, fresh butter, etc., can be used with benefit for breakfast. The tea should be strong, with plenty of cream and sugar in it. After four or five applications externally, the lotion can be left off for a few days, and then repeated again, if necessary. In five or six days, the mercury with chalk and James's powder can be left off, and repeated again, if necessary.

I am, etc., J. SPROULE.

Arva, co. Cavan, December 26th, 1863.

CHLOROFORM AND CORONER'S INQUESTS.—SIR: Your article on Chloroform ought to do good, if anything will do good, in warning operating surgeons of the danger of permitting chloroform administration to degenerate into a mere trifle, like putting on leeches, shaving the pubes in a hernia case, or sponging out the adytia of a black eye or cut head, which any zealous first year's student may do. I have heard the chief lithotomist in London say to his class that he never undertakes the operation for stone, without fear and trembling for the patient. I wish we had a little of this feeling as bearing on the caution necessary in the giving of chloroform. At the last inquest, the jury and coroner, doctor and newspaper reporter, were all "at sixes and sevens" as to whether in future cases the pulse ought to be *continuously* felt during the administration, or whether it would answer for a third party standing by to "watch the pulse". At a previous inquest, a coroner's jury found that the pulse comes to the wrist from the right(!) side of the heart, where there was heart-congestion (Snow's cardiac syncope). Nay, verily, the coroner had a whole heap of books and the *Lancet* to charge the jury, so as to prove this. Dr. Taylor, of Guy's Hospital, too, was an authority quoted on that side; and as there was this heart-congestion present (the newspapers made it extensive heart disease), the jury were much inclined to bring in a verdict of malpraxis! I told the jury in the meekest manner, but smiling, that all that the coroner found in his authorities was nonsense; that the pulse comes from the left side of the heart, as every boy student knows; that "fatty heart", as a cause of death, was a dream; and that a malpraxis verdict was neither more nor less than fatuity. The coroner still held to his heap of books and journals; and there was a great triumph in favour of the pulse coming from the right side of the heart. "Whatever, as to the heart, was right could not be wrong", said one jurymen. I said "not; and so he should rather believe me than trust to popular fallacies now exploded." I see my excellent friend Mr. Gay has got into the same muddle of the coroners and juries; but, as you remark, we are coming to a time when this thing will be a very serious matter indeed, if not discouraged. The pulse is a most valuable test *negatively* that all is going on right; *quoad* the respiration, during chloroform administration; it is of no moment in ninety-nine cases in a hundred as to the direct effect of chloroform in the heart itself. As to a third party standing by feeling and watching the pulse, it would be about as wise as when one is hungry for his dinner, if he get another person to eat it for him, and then wonder something had gone wrong, if, in testing his appetite, he found it still remained, though his friend might protest he has lost his.

I am, etc., C. K.

Sackville Street, November 13th, 1863.

COMMUNICATIONS have been received from:—Dr. FREDERICK J. BROWN; Mr. F. FAY; Mr. BOWMAN; Mr. H. LEE; Mr. OLIVER PEMBERTON; Dr. A. C. ROBERTSON; Mr. H. THOMPSON; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; Mr. J. VOSE SOLOMON; Mr. BRODHRUST; DR. THUDICHUM; Mr. JONATHAN HUTCHINSON; Mr. G. SANKEY; THE HON. SEC. OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY; DR. C. HOLMAN; DR. S. H. AGAR; Mr. W. R. ROBERTS; Mr. R. HARRISON; Mr. FURNEAUX JORDAN; Mr. J. FOX; Mr. F. D. FLETCHER; DR. ALEXANDER FLEMING; and DR. WILLIAM NEWMAN.