

Association Intelligence.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
SHROPSHIRE SCIENTIFIC. [Conversazione.]	Museum, Shrewsbury.	Friday, April 8, 6.30 P.M.
BATH AND BRISTOL. [Ordinary.]	Victoria Rooms, Clifton.	Thurs., April 28, 8.30 P.M.

NORTH WALES BRANCH: GENERAL MEETING.

THE intermediate general meeting of the members of this Branch was held on Tuesday, the 22nd ult., at the residence of J. H. Wolstenholme, Esq., Holywell, under the presidency of Llewellyn Lodge, Esq., of St. Asaph. There were also present twelve members. An elegant luncheon was handsomely provided by Mr. Wolstenholme and Mr. James Williams of Holywell for all who attended the meeting.

New Members. Dr. WILLIAMS (Mold) proposed, and Dr. HUGHES seconded the election of Edward Griffith Clarke, Esq., of Mold, as member of this Branch, and of the British Medical Association, which was unanimously carried. Upon the proposition of the PRESIDENT, seconded by Dr. G. T. JONES (Denbigh), — Griffith, Esq., of Abergele, was also elected member of this Branch, and of the British Medical Association.

Annual Meeting. It was agreed to hold the annual meeting on Tuesday, July 5th, at 1.30 P.M., at the Black Lion Hotel, Mold. The invitation given by Dr. Hughes of Mold for luncheon at his house at 12.30 P.M. upon the above day, was cordially received and accepted.

Papers and Cases. The following were read:

1. On Compound Dislocation of the Astragalus. By T. T. Griffith, Esq., Wrexham. An interesting discussion took place after the reading of this paper by Mr. Griffith, who has consented to publish it in the JOURNAL. Mr. J. Williams of Holywell related a case in point. Dr. Roberts of St. Asaph had also met with a case of simple dislocation successfully treated.
2. On Diphtheria. By Owen Roberts, M.D., St. Asaph. This case elicited an animated debate, in the course of which Dr. Hughes of Mold, Dr. John R. Hughes of Denbigh, and others, adduced cases to prove the dissimilarity of diphtheria and scarlatina.

Dinner. At 4 P.M., all the members, with some guests, assembled at Dr. Davies's house to dinner, and were entertained by him in a most hospitable and kind manner. The cordial reception and attention accorded by him were deeply appreciated, and suitably acknowledged.

BATH AND BRISTOL BRANCH: ORDINARY MEETING.

AN ordinary meeting of this Branch was held at the York House, Bath, on Thursday, March 24th, at 8.30 P.M.; the President, F. K. Fox, M.D., in the chair. There were also present thirty-one members and three visitors.

New Members. The following gentlemen were elected members of the Association and of this Branch: R. Budd, M.D., Barnstaple; Carey Pearce Coombs, Esq., Beckington.

Papers. The following papers were read.

1. On the Presence of Indigo in Purulent Discharges. By W. B. Herapath, M.D., F.R.S.

2. Notes of a Case of Entire Avulsion of the Scalp, with Recovery. By J. W. Teale, Esq., M.A.

3. Case of Separation of the Epiphysis of the Tibia, simulating Dislocation of the Knee. By J. W. Teale, Esq., M.A.

4. Dr. FALCONER then started a discussion on the Prevalence of Scarlatina of late; which was followed up by Dr. Budd, Mr. J. K. Spender, and others.

Reports of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MARCH 8TH, 1864.

R. PARTRIDGE, Esq., F.R.S., President, in the Chair.

A NEW OPERATION FOR OBTAINING UNION OF AN UNUNITED FRACTURE, WITH REMARKS ON ITS APPLICATION IN CERTAIN CASES OF RECENT FRACTURE. BY E. R. BICKERSTETH, F.R.C.S.

IN cases of ununited fracture the author had frequently tried, in vain, friction, acupuncture, and subcutaneous division; and though resection of the ends of the bone had been successful in some instances, it involved a considerable risk to life. Dieffenbach's method had proved to be more successful; but this operation, though conducive to the formation of new bone, in no way provided for absolute immobility of the opposing fragments. The large external wound, and the injury done to the soft parts in introducing the ivory pegs, were also objections to this operation. Recognising the happy influence of Dieffenbach's plan of exciting ossific deposit, and at the same time feeling the importance of keeping the ends of the bone in a condition of absolute immobility, the author was induced to try a modification of the operation; and in the case of a man admitted under his care at the Liverpool Royal Infirmary, with an ununited fracture of the radius, he drilled a hole through the ends of both fragments, and, passing a stout wire through it, secured the bone in perfect apposition. Union took place in seven or eight weeks; but on endeavouring to remove the wire, so much traction was necessary that it caused the fracture again to be ununited. This difficulty of removing the wire induced the author to think of some other plan; and in the case of a man with an ununited fracture of the thigh, he bored, by means of a common Archimedean drill, two holes in such directions that each passed obliquely through both ends of the fractured bone, and into each he introduced a steel rod with a screw at the end. To do this it was necessary to make an incision three inches in length. Much constitutional disturbance followed, the wound suppurating freely. In ten weeks the splints were removed, but no union had taken place. The limb was then confined in gum and chalk bandages. Symptoms of pleuropneumonia came on, and the patient gradually sank. A *post mortem* examination showed tubercular deposit in the ends of the bone and other parts of the body. There was no attempt at repair at the seat of fracture, except where the drills had pierced the bone, and here there was a deposit of new bone. This proceeding showed that it was quite feasible to fix the bone in the manner described, without exciting too much inflammatory action; and also that the steel rods caused the formation of new bone.

The next case was a fracture of the lower maxilla, where the bones had united in such a position as to render the patient a most unsightly object. As the incision that would be necessary in this instance, for

Medical News.

UNIVERSITY OF LONDON. Degree of Master in Surgery, 1864.

Hewlett, Richard Whitfield, M.D., King's College
Rivington, Walter, B.A., M.B., London Hospital
Taaffe, Richard Patrick B., M.B., St. Bartholomew's Hospital
Examination for Honours. First Class.
Hewlett, R. Whitfield, M.B. (Scholarship and Gold Medal),
King's College
Rivington, Walter, M.B. (Gold Medal), London Hospital
This was the first examination for the M.S. degree in this University.

APOTHECARIES' HALL. On March 23rd and 24th, the following Licentiates were admitted:—

Evans, Evan, Llandyssil, Carmarthenshire
Fox, Francis, Ringwood
Hall, John, East Rietford, Notts.
Lloyd, Albert, Bristol
Phillips, Alfred, Lamb's Conduit Place
Powles, Revett Coleridge, Ipswich
Ricketts, James, Liverpool
Shaw, Edward Thomas, Packington Street, Islington

At the Court on the 24th, the following passed the first examination:—

Worthington, Frederick Edward, Manchester

APPOINTMENTS.

ARMSTRONG, James H., Esq., appointed House-Surgeon to the District Infirmary, Ashton-under-Lyne.
JACKSON, T. Vincent, Esq., elected Surgeon to the South Staffordshire General Hospital, Wolverhampton.

ARMY.

Fogo, Surgeon J. M. S., Royal Artillery, to be Surgeon-Major, having completed twenty years' full-pay service.
MOSTYN, Staff-Surgeon J. W., M.D., to be Staff-Surgeon-Major, having completed twenty years' full-pay service.

To be Staff-Assistant-Surgeons:—

ATKINS, C. A.	GREENE, H. R.
BAKER, J. E., M.B.	GREENHILL, J. R.
BARKER, J.	HAINES, C.
BARRY, J., M.D.	HOWARD, F., M.D.
BEATTIE, J. F., M.D.	KNAGGS, Assistant-Surgeon H.,
BOLTON, R. H.	Cape Mounted Riflemen
BYRNE, F. J.	KYNSEY, W. R.
COLLIER, H. C.	LAWLESS, R. W.
CONDON, E. H., M.D.	LYONS, P. P., M.B.
CUFFE, C. M'Donogh	MORRIS, H.
CUNYNGHAME, R. J. B., M.D.	PRESTON, A. F., M.D.
DELMERGE, J. P. De Gorrequer,	SHAW, J. A., M.D.
M.D.	SMITH, W. P.
DICK, F., M.D.	THOMSON, A., M.D.
ELGEE, W.	TROUP, R. W., M.B.
FEARON, G.	TURNER, A., M.D.
FORSAYETH, R. W.	WEIR, C. J., M.B.
GOULDSBURY, V. S., M.D.	WHITE, T., M.B.

ROYAL NAVY.

FENNELL, Charles J., Esq., Assistant-Surgeon, to the *Wellesley*.
STRICKLAND, Charles, Esq., Assistant-Surgeon, to the *Supply*.

MILITIA.

LENTON, D., Esq., to be Assistant-Surgeon Northamptonshire and Rutland Militia.

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

BARNES, G., Esq., to be Honorary Assistant-Surgeon 16th Staffordshire R.V.
FOWLER, W. C., M.D., to be Assistant-Surgeon 1st Midlothian R.V.
GRAYING, J., M.D., to be Assistant-Surgeon 4th Administrative Battalion Kent R.V.
HENDERSON, J., Esq., to be Assist.-Surg. 3rd City of London R.V.
NICHOLS, J., Esq., to be Hon. Assistant-Surg. 10th Somerset R.V.
PATTERSON, A., M.D., to be Surgeon 5th Lanarkshire R.V.
PERRY, R., M.D., to be Surgeon, 2nd Administrative Battalion Lanarkshire R.V.
PLATT, R., Esq., to be Hon. Assistant-Surgeon 1st Flintshire R.V.
ROSS, J., M.D., to be Assistant-Surgeon 3rd Lanarkshire R.V.
SWETE, F. H. W., Esq., to be Assistant-Surg. 27th Somerset R.V.
TOMKINS, C. J., M.D., to be Honorary Assistant-Surgeon 2nd Tower Hamlets R.V.
WOTHERSPOON, W., Esq., to be Assistant-Surgeon 3rd Lanarkshire R.V.

DEATHS.

BRYDEN. On March 24th, at Uffculme, Devon, the wife of *R. Bryden, Esq., of a son.
*MARTLAND, Richard, M.D., and J.P. for the county of Lancaster, at Blackburn, aged 69, on March 28.

CALCUTTA is in a very unhealthy state just now, and the hospitals are full of cholera patients.

THE ABBÉ MOIGNO's translation of Professor Tyn-dall's *Heat as a Mode of Motion* is announced in Paris.

PROFESSOR OWEN had on Tuesday the honour of delivering before the Queen and Royal family the first of a course of four lectures on Natural History.

THE ROYAL INFANT. On March 17th, the infant child of their Royal Highnesses the Prince and Princess of Wales was vaccinated. The vaccine produced the desired effect in the most satisfactory manner.

PRODUCTION OF SULPHUR. The sulphur at present produced in Italy amounts to no less than 300,000 tons a year, the value of which in the rough state is, 30,000,000 francs.

AN INDUCEMENT. A man advertises for a competent person to undertake the sale of a new medicine, and adds that it will be profitable to the "undertaker."

BIRTH EXTRAORDINARY. On the 22nd ult., Mrs. Kennaby was delivered, by Dr. Simpson, of the City Road, of four fine female infants, who, with the mother, are doing well. Mrs. Kennaby is in her twenty-fourth year.

HEALTH OF THE AUSTRIAN ARMY. The health of the Austrian troops is less good than it was a fortnight ago, and many of the men are suffering from that disease of the skin for which sulphur is said to be a sovereign remedy.

ROYAL COLLEGE OF SURGEONS. Professor Huxley brought his course of lectures on the Structure and Classification of the Mammalia to a close on Saturday last. Professor Fergusson will not commence his course until June next, when he will deliver six lectures on the Progress of Surgery during the present century.

SOCIETY OF ARTS. The following six lectures on "Chemistry applied to the Arts" will be delivered by Dr. F. C. Calvert, on Thursday evenings, at eight o'clock, commencing March 31st:—Lecture 1. *Bones*. Lecture 2. *Gelatine, Glue, Bone-size, Chondrine*. Lecture 3. *Leather*. Lecture 4. *Animal Fatty Matters*. Lecture 5. *Flesh*. Lecture 6. *Animal Liquids*.

EMPLOYMENT OF THE ELECTRIC LIGHT FOR SCENIC EFFECTS. The electric light appears to have permanently taken its place amongst theatrical properties. In Paris where more attention is paid to scientific effects than in this country, the celebrated optician, Duboscq, has devised some marvellous imitations of lightning and of the rainbow. The former is obtained by a concave mirror, in the focus of which are the two carbon poles of a powerful battery nearly in contact, and so adjusted that when the mirror is rapidly moved in the hand, the poles touch for a brief interval, and flash a dazzling beam of light across the stage. But more wonderful than this is the rainbow. In the representation of the opera of *Moise*, it is requisite, in the first act, to introduce a rainbow. M. Duboscq, by a happy modification of his spectrum apparatus, and by employing a curved, instead of a straight slit, and a small-angled prism, has succeeded in projecting the very brilliant electric spectrum on the scene, with the proper curvature and the identical colours of the real rainbow; and this is of such a vividness that it is plainly visible in the full light of the stage. (*Quart. Jour. of Science*.)

ROYAL SOCIETY. The following medical gentlemen are proposed for election as members of the Royal Society:—A. Armstrong, M.D.; W. Baird, M.D.; W. Brinton, M.D.; J. C. Bucknill, M.D.; T. S. Cobbold, M.D.; William Henry Flower; George R. H. Gueneau de Mussy, M.D.; W. A. Guy, M.B.; G. Harley, M.D.; B. Hobson, M.D.; W. C. Hood, M.D.; W. Jenner, M.D.; E. C. Johnson, M.D.; W. A. Lewis, M.B.; Sir C. Locock, M.D.; Sir J. Olliffe, M.D.; J. R. Reynolds, M.D.; G. C. Wallich, M.D.

QUEEN'S COLLEGE, CORK. The visitors of the Queen's College, Cork, are to hold a formal investigation into the cause of the memorable fire, on April 12th next. The inquiry will partake rather more of the character of a trial than anything else, and counsel are engaged on both sides. The occurrence of the fire the other day has tended to complicate the affair, especially as it appears the professor of surgery has sworn an additional information against the President, Sir Robert Kane, before the magistrates at Cork.

RESECTION. The German naturalists discuss at Stettin the subject of *resections*. Bardeleben explained the operation. He eulogised the plaster bandage in the after-treatment, and dwelt upon the following points. 1. None of the capsule of the joint should be allowed to remain. 2. The after-treatment must be carefully and minutely attended to. A plaster bandage strengthened by strips of wood is best adapted to this purpose, and it should be water tight, so that the water-bath may be employed. (*Medical and Surgical Journal*.)

AN AMERICAN ESTIMATE OF SARRACENIA. Dr. N. C. Levings of New York says, in the *American Medical Times*, says that he has lately given the much vaunted remedy in small-pox to four children suffering from the disease, without in any way changing the course of the disease. Three of the children, Dr. Levings says, were not vaccinated; and the supply of the drug was obtained direct from "the putative father of the specific". He sums up thus: "Presuming to know the natural course of variola, and having three cases neither modified nor the sequence of the symptoms altered by the free use of the infusion of *sarracenia purpurea*, Dr. Jacobi and myself consider the *sarracenia* without any medicinal virtue whatever in shortening the period of variola, or 'causing the pustules' to wither or fall off' before the eighth day."

MEDICAL REGISTRATION ASSOCIATION. The following contributions to the Medical Registration Association have been received up to March 28th, 1864, by Dr. Wright, of 23, Somerset Street, Portman Square, treasurer of the Indemnity Fund. J. T. Clover, Esq., £1:1; Dr. Tuke, £1:1; H. Obré, Esq., 10s. 6d.; R. Dunn, Esq., £1:1; Dr. Wright, £2:2; Dr. Savage, £1:1; J. F. Clarke, Esq., £2:2; — Slyman, Esq., £1:1; Dr. Webster (Nottingham), £1:1; Dr. Henderson, 10s.; Dr. Beckett, 10s.; Dr. Headland, £1:1; Dr. Ridsdale, 10s.; J. S. Wells, Esq., £1:1; G. Shepherd, Esq., 10s. 6d.; Dr. W. O. Markham, £1:1. There still remains £145:13:7 to be paid off, in the following items. Petition to Parliament (income-tax), £12:9; memorial to Medical Council, £8:10:7; stationery, £15:12:5; law expenses, £48; printing, £12:16:9; balance of rent, £30; advertisements, £18:4:10. We sincerely hope that the profession will clear off this balance, which still remains charged against the fund.

SURGEON-GENERAL HAMMOND. We speak the sentiments, we believe, of the American medical profession, when we pronounce the shameful persecutions of the Surgeon-General, which have culminated in the present court-martial, as a direct insult to itself. With no shadow of cause, but one of those vague

rumours of malfeasance which now cluster so thickly around every department of the public service, the Surgeon-General was displaced and every effort made to remove him from office. It was only through the active interposition of those interested in the department that he was allowed to prove that the trivial charges made against him were without foundation. Such treatment the profession should resent as personal to itself. The trial is progressing, and we do not doubt that, though there may be many speculations proved to have been practised by subordinates in the medical department, yet the Surgeon-General will stand before the world without a suspicion of participation. We begin to hear vague rumours that he is to be relieved, even if the trial results favourably; that the whole proceeding was instituted to accomplish this purpose; and if it fail, he must be retired or summarily relieved. Is the profession prepared to submit to this further humiliation? (*American Medical Times*.)

CHEMICAL SOCIETY. The annual meeting of the Chemical Society was held at Burlington House on the 30th ult. The following is the list of officers:—*President:* A. W. Williamson, Ph.D., F.R.S. *Vice-Presidents, who have filled the office of President:* W. T. Brande, F.R.S.; B. C. Brodie, F.R.S.; C. G. B. Daubeny, M.D., F.R.S.; Thomas Graham, F.R.S.; A. W. Hofmann, Ph.D., LL.D., F.R.S.; W. A. Miller, M.D., F.R.S.; Lyon Playfair, Ph.D., C.B., F.R.S.; Colonel Philip Yorke, F.R.S. *Vice-Presidents:* Walter Crum, F.R.S.; Alfred Smee, F.R.S.; John Stenhouse, LL.D., F.R.S.; Robert Warington. *Other Members of Council:* F. A. Abel, F.R.S.; Thomas Andrews, M.D., F.R.S.; Dugald Campbell; H. Debus, Ph.D., F.R.S.; J. B. Lawes, F.R.S.; A. Matthiessen, Ph.D., F.R.S.; Hugo Müller, Ph.D.; E. C. Nicholson; W. J. Russell, Ph.D.; Maxwell Simpson, M.B., F.R.S.; J. T. Way; C. Greville Williams, F.R.S. *Secretaries:* Theophilus Redwood, Ph.D.; William Odling, M.B., F.R.S. *Foreign Secretary:* E. Frankland, Ph.D., F.R.S. *Treasurer:* Warren De la Rue, Ph.D., F.R.S.

THE POOR-LAW BOARD AND DR. MOORE. At a meeting of the Bethnal Green guardians, the clerk of the board read a communication from the Poor-Law Commissioners respecting the charges brought by the guardians against Dr. Moore. The Commissioners say that they have received the report of their inspector, Mr. Lambert, who had been appointed by them to investigate the case. On the first charge, that of neglecting the Mandrell family, the Poor-Law Board cannot see anything censurable in the conduct of Dr. Moore, except with regard to having issued a certificate of removal to the workhouse for one of the children without having seen him. With regard to the charge of sending a midwife to attend women in labour instead of Dr. Moore going himself, the evidence in the four cases brought forward went to show that the women had themselves sent for the midwife, Mrs. North. It appeared that the charge against Dr. Moore in this matter depended upon the testimony of Mrs. North, and it was proved before the inspector that the doctor had written a letter in a feigned hand and under a feigned signature to this woman, stating that some ladies were about to establish a lying-in hospital, and offering her a situation therein if Dr. Moore would become security for her. Dr. Moore's only explanation was that he wished to get her to his house, so that, before credible witnesses, he could remonstrate with her; the Poor-Law Board regarded this as being extremely unsatisfactory, and the letter as an unworthy subterfuge. As to the charge of getting up unnecessary inquests in order to disgrace the parish, the board

were of opinion that it was not proven; but the ob-
literation in the medical relief book, in connection
with this charge, they consider calculated to excite
grave suspicion. The doctor was also acquitted on
the charge of making extraordinary claims for vac-
cination fees; but, again, the entries in the book
were suspicious. No case against Dr. Moore had
been made out as to demanding improper medical
fees; but he was censurable, in one instance, on the
charge of appealing to public charity instead of to
the guardians of the parish. Passing over a multi-
tude of minor charges, the Poor-Law Board consider
that Dr. Moore was wholly unjustified in stigmatis-
ing the Bethnal Green guardians as "unblushing
and mendacious slanderers," in a letter published by
him on October 21st last. After an allusion to the
evasive manner in which Dr. Moore answered certain
questions put to him at the inquiry, the Poor-Law
Board say that they consider him as having seriously
neglected his duty in the case of Mrs. Dove, and con-
clude that, "having regard to the several circum-
stances affecting his conduct established against him
at the first inquiry, and to the resolution passed by
the guardians that they had lost all confidence in
him, the board feel that they have no alternative con-
sistent with their public duty but to require him to
resign his present office."

THE LEICESTER INFIRMARY. Dr. John Barclay in
a lecture delivered at a literary society pointed out,
as a warning to others, the errors committed in the
late renovation of this building. He says: "I stood
alone, to vote for an entirely new building. For the
thousandth time people have now been convinced
that the cheapest alteration of an old building is to
pull it down. In this instance it was particularly de-
sirable; for the retaining of one old wall, the front
one, involved the adoption of the same style of build-
ing throughout. A very fine opportunity has now
been lost for ever of showing what an infirmary might
be. So far as the wards themselves are concerned, I
believe the new ones to be the finest in England or
out of it. Miss Nightingale deserves the credit of
having first impressed on builders the truth that the
only real ventilation is to be obtained by cross ven-
tilation by windows. Air will not be controlled, and
enter by ventilating holes and escape by others, or go
up ventilating shafts to order. The faults of the
infirmary are almost all due to the style imposed
upon us. It left no freedom of action. Windows
have to be placed where they ought to come in
regular course, not where they are wanted. There is
a handsome centre entrance, hardly ever used by any
body, and to which a carriage cannot drive up. Pa-
tients—bad accidents and fever cases, have to be
landed in the open street. Then the difference of
levels involved by altering instead of rebuilding is a
most serious fault. By the hoist, or lift, heavy
articles, such as coals, are carried up one, two, three
stories, but when they are wheeled along to the
wards, we meet two, three, ten steps up or down.
Everything has to be transhipped; and the ward
which from its proximity to the entrance, should have
been the accident ward, was rejected unanimously by
the surgeons, from the dangerous descent of half a
dozen steps. Further, the style adopted rendered
impossible the proper construction of latrines and
sculleries. The lessons taught, then, by the erection
of this infirmary are these:—Have every floor on the
same level from end to end; adopt the Gothic style
which enables you to put windows and doors, big or
little, just where they are wanted; trust entirely to
nature's ventilation by windows on both sides of the
wards; put your kitchens either in a separate build-
ing, or on the roof; and above all, never attempt to
alter an old building, but have it entirely new."

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.—Sama-
ritan, 2.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY..... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London
Ophthalmic, 11 A.M.
WEDNESDAY.... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University
College, 2 P.M.—London, 2 P.M.—Royal London Oph-
thalmic, 11 A.M.
THURSDAY..... St. George's, 1 P.M.—Central London Ophthalmic,
1 P.M.—Great Northern, 2 P.M.—London Surgical
Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal
London Ophthalmic, 11 A.M.
FRIDAY...... Westminster Ophthalmic, 1.30 P.M.—Royal London
Ophthalmic, 11 A.M.
SATURDAY..... St. Thomas's, 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.—Royal London Ophthalmic,
11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Medical Society of London, 8.30 P.M. Clinical Dis-
cussion.—Epidemiological Society. Annual Meeting. Address
by Dr. Babinington, F.R.S., on his retirement from the Presi-
dency.—Entomological.—Odontological.
TUESDAY. Pathological.
WEDNESDAY. Obstetrical Society of London, 8 P.M. Papers by
Dr. Meadows, Dr. Day, Dr. Barnes, etc.
THURSDAY. Harveian Society of London, 8 P.M. Mr. Weeden
Cooke, "On the Tumours affecting the Female Breast"; fol-
lowing a discussion "On Diphtheria."—Royal.—Linnæan.—
Chemical.
FRIDAY. Astronomical.—Royal Institution.

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 commu-
nications, should authenticate them with their names—of course not
necessarily for publication.

DELTA.—A person registered as M.R.C.S. Eng. and L.F.P.S. Glasgow,
can recover for medicine and attendance in cases purely medical.

EQUIVO.—J. Hutchinson, Esq., 4, Finsbury Circus, London, is the
Secretary of the New Sydenham Society. We refuse no commu-
nication whose insertion may be of use to the profession.

THE SATURDAY REVIEW assures the public as follows:—"We say it
with reluctance, English practitioners, having no special school of
instruction for this malady (venereal diseases), are less accom-
plished than any other European faculty in this particular line of
practice."

THE BANTING CODE.

Some glutton has stated that brave Mr. Banting
Himself has succumbed to the system he taught.
'Tis false, and he lives, neither puffing nor panting,
But down to a hundred and fifty pounds brought.
He's done it, and so may each overfed nigger
Who'll simply adopt resolution severe
To avoid, if he wouldn't grow bigger and bigger,
All bread, butter, sugar, milk, tatoes, and beer.
Take a fresh lease of life, and commence a new era,
Mr. Banting's advice makes one long to begin—
"Drink claret and sherry, good grog, and Madeira,
Take four meals a day and—grow gracefully thin."

COMMUNICATIONS have been received from:—THE REGISTRAR
OF THE MEDICAL SOCIETY OF LONDON; Mr. R. S. FOWLER; Mr.
LOWNDES; Mr. S. WOOD; Mr. MARTIN; Mr. W. DATE; Mr. JOHN
LINDLEY; Mr. R. BRYDEN; Dr. KIDD; VERITAS; F.R.C.S.; Mr.
O'BRIEN; Dr. DAVEY; Mr. SYME; Dr. J. W. WALKER; Mr. JAMES
COLE; Dr. WOLFE; Mr. JACKSON; Mr. W. JONES; Mr. THOMAS
MARTIN; Dr. WM. OGLE; Dr. H. MARSHALL; Mr. J. H. ARM-
STRONG; Mr. D. K. JONES; Mr. J. N. RADCLIFFE; Dr. FREDERICK
J. BROWN; Mr. J. W. HULKE; THE REGISTRAR OF THE MEDICAL
COUNCIL; Mr. THOMAS JONES; CHIRURGUS; Dr. LORIMER; Mr.
GRIFFIN; Mr. A. KEMPE; DELTA; and Dr. GRAILY HEWITT.

To the Editor of the BRITISH MEDICAL JOURNAL.

2, Rulland Street, Edinburgh, 26th March, 1864.

SIR,—The extreme impropriety of which Dr. Laycock has been guilty does not admit of any redress except through a court of law, and this could not be obtained without lowering the public respect for a profession which it is my duty and earnest desire to uphold. I therefore beg you will print the List of Fevers, in order that your readers may judge how far it was fairly employed as an illustration of the complexity which at present characterises some departments of medical teaching. As to the precise number of names, a few hundreds more or less do not seem to be of much consequence.

I am, etc.,

JAMES SYME.

II. ETIOLOGICAL NOSOLOGY OF FEVERS.

(Extracted from a "Syllabus of the Lectures on the Causes of Fevers, delivered during the Session of 1860-61; with an Etiological Nosology. By THOMAS LAYCOCK, M.D., F.R.S.E., &c., &c.)

A GENERAL FEVERS.

Pyrexia.—These general pyrexial states modify Specific Fevers.

I. INFLAMMATORY FEVERS—Fever accompanying inflammations:

1. Acute Inflammatory Fever (Synocha).
2. Chronic Inflammatory Fever (Irritative Fever).
3. Suppurative Fever. Inflammatory Fever, accompanying inflammation, ending in suppuration:—
 - (a) Acute. (b) Chronic (Hectic Fever).
4. Adynamic or Asthenic Synocha (Typhus-like Fever—Fever of Typhoid type, but not a specific form).

II. DIATHETIC FEVERS.

I. ARTICULAR, with inflammation of the articular structures:—

- (a) *Rheumatic Fever*.—Cause, Lactic Acid? Carbonaceous compounds? Fibrin?
 - i. Bursal R. Fever—Inflammation of the Bursæ.
 - ii. Aponeurotic R. Fever—Inflammation? of the aponeuroses, muscles, and fibrous structures of joints.
- (b) *Arthritic or Gouty Fever*.—Cause, Uric Acid? Nitrogenous compounds?
 - i. Paroxysmal or Acute Gout.—Formation or deposit of Urates in synovial membranes and derma, with neuralgic inflammation.
 - ii. Rheumatic Gout.—Formation or Deposits of Urates, with analogous transformation of articular tissues.

2. VISCERAL.—With Rheumatic or Gouty inflammation of the serous, sero-fibrous, or elastic tissues of viscera; Diathetic inflammation and inflammatory fever:—

- (a) Meningitis, Spinal and Cerebral.
 - (b) Endocarditis, Pericarditis, Arteritis.
 - (c) Pneumonia, Pleuro-pneumonia, Pleurisy.
 - (d) Hepatitis (Capsule of Glisson).
 - (e) Splenitis (Trabecule of Spleen).
 - (f) Nephritis (connective tissue of Kidneys—Renal Arteritis).
 - (g) Hysteritis.—Rheumatic inflammation of Cervix Uteri.
- (Other inflammations of this class affect the ovary, testicle, prostate gland, fibrous tissues of eye, etc.)

3. CUTANEOUS—With acute or chronic Diathetic inflammations of the derma (connective tissue), cutaneous glands, and blood-vessels.

- (a) Erythema.—*E. fugax*, nodosum, etc.
- (b) Roseola. (c) Urticaria. (d) Purpura.

B SPECIFIC FEVERS.

A. GROUP OF ENDEMIC FEVERS.—Fever caused by specific fever-poisons derived from without the organism.

I. MALARIOUS FEVERS.—Caused by the products of vegetable decomposition; pyrexial phenomena, intermittent or remittent:—

1. Uncomplicated—without local inflammation or cognisable change in the blood.
 - (a) Intermittent Fevers, or Agues proper.
 - (b) Masked Agues—"The Chills."
 - (c) Local Agues—The phenomenon of the paroxysm limited to a limb or portion of the body.
 - (d) Periodic Neuralgia (nervous system exclusively affected).
2. Complicated—with Neuroses, Visceral inflammations, or Sepsis of the blood:
 - (a) Neurose Malarious Fevers—Cerebral, with coma, mania, delirium, etc.; Spinal—Tetanus; Sympathetic—Visceral Neuralgia.
 - (b) Remittent Fevers—Malarious Fevers complicated with visceral inflammations:—
 - (a) Cerebro-spinal Remittents—Endemic Meningitis.
 - (b) Pulmonary Remittents—Pleurisy, Pneumonia.
 - (c) Bilious and Gastric Remittents:—
 - i. Endemic Gastric Fevers (Gastritis, with hepatic and splenic congestion):—(a) Of Temperate Regions—Bilious Remittents:—(b) Of Tropical Regions—Endemic Yellow Fever.

(c) Pernicious Remittents—Endemic Pernicious Fevers.—Malarious Fevers, complicated with septic or miasmatic poisons:—

- i. Complicated with Fæcal miasmata (sewer and dunghill evacuations); Choleraic Remittents; Dysenteric Remittents; Malarious Continued Fevers, with abdominal symptoms.
- ii. Complicated with Sepsis; Petechial and Scorbutic Remittents; Endemic Pernicious Fevers, with hæmorrhages, black vomit, etc.

II. MIASMATIC FEVERS.—Fever caused by products of decomposing animal matter.—Pyrexial phenomena continuous; Gastro-intestinal symptoms predominant.

1. Fæcal Miasmatic Fevers—caused by sewers and dung-hill miasms:—

- (a) Ephemeral Fæcal Miasmatic Fevers—terminating in one to four days:
 - i. Endemic Summer Diarrhœa; ii. Endemic Summer Cholera; iii. Endemic Dysentery.
- (b) Continued Fæcal Miasmatic Fevers, terminating from seven to twenty-one days:
 - i. Simple Continued Fever; ii. Typhoid Continued Fever (with adynamic symptoms).

III. SEPTIC FEVERS—caused by putrescent animal matter:—

1. Glandular Erysipelas (wounds poisoned by putrescent stuff).
2. Hospital Erysipelas
3. Hospital Gangrene.
4. Puerperal Fever.

These three last may be classed also with the Ochlotic Fevers.

5. Septic Ileotyphus—from drinking putrescent fluids, or eating putrescent flesh.

b GROUP OF EPIDEMIC FEVERS.—Poisons derived from within the organism.

I. OCHLOTIC FEVERS.—The Typhus Group. These are Fevers spreading epidemically, with cutaneous inflammations more or less distinct, and sepsis of the blood. The poisons which cause them arise *de novo*, during overcrowding of men and animals, from the consequent putrescent emanations from the lungs and skin. They vary in their nature according to race and climate, and are modified deeply by the operation of malarious and miasmatic fever-poisons, or by any of the causes of sepsis of the blood. When, from these concomitant conditions, the Ochlotic Fevers are intensified, and cause a great mortality, and death commonly occurs before the seventh day, they are termed Plagues, Peas, Pestilential Fevers. One attack is generally prophylactic against a second; the fever-poison ceases, therefore, to spread in a district so soon as the entire population has been subjected to its influence. Numerous variations from the typical forms occur during the progress of an epidemic.

Three classes of Ochlotic Fevers are observed—the Cutaneous, Pulmonary, and Gastro-enteric:—

1. Cutaneous Ochlotic Fevers.—Typhus Fevers, with inflammation of cutaneous glands, and the phenomena of disordered function of the Nervous system:—

- (a) Exanthematic Typhus. *Synonyms*: Typhus exanthematicus; Spotted Fever; Pulcicular (or Flea-bite) Fever; Hungarian Fever; Nervous Fever; War Typhus. In the European Typhus, head symptoms predominant; a rubecular or mulberry eruption commonly appears on the fifth or sixth day.
 - (i) Nosological varieties.—i. T. Mitior; ii. T. Gravior; iii. Petechial Typhus, with purpura-eruption; iv. Military Fever, with military eruptions and profuse sweats. (This occurs also as a Gastro-enteric Typhus.)
 - (b) Epidemical Varieties (i.e., variations from the typical form observed in the course of an Epidemic).—i. Gastric; ii. Cerebral; iii. Putrid; iv. Ambulatory; v. Latent; vi. Relapsing.

(b) Sweating Pestilential Typhus.—The "Sudor Anglicanus," or English Sweat. Transformed into the military typhus?
(c) Dysenteric Typhus.—With adynamic dysentery of a communicable character. Usually complicated with fecal miasm, as in camps.

(d) Glandular Typhus.—*Synonyms:* Levant Typhus; the Levant Plague; Bubo Plague. Occurs in Asia Minor, Egypt, and on the shores of the Mediterranean. Transformed in Northern Europe into an Ex. Typhus? A rubeolar eruption, with or without buboes or carbuncles.

Epidemic Varieties of Levant Plague or Glandular Typhus:—i. Typical, with buboes or carbuncles; ii. *Collapse*, the "Pestis Siderans"; iii. *Continued*, Pestis Typhoides; iv. *Ephemeral*, Pestis Mitior; v. *Renal*, with urinary suppression; vi. *Icterode*, resembling epidemic yellow fever; vii. *Ambulatory*; viii. *Local*, buboes without fever.

2. Pulmonary Ochlotic Fevers of Epizootic origin? caused by Ochlesis of domestic animals?—

(a) Pulmonic Typhus.

(b) Epidemic Peripneumonia with Sepsis (the Black Death)

(c) Influenza.—Epidemic Catarrh.

Epidemic Varieties of Influenza or Epidemic Catarrh.—i. *Coryza*, or Catarrh, the typical form; ii. *Gastro-enteric*; iii. *Renal*; iv. *Exanthematous*—as (a) *Miliary*; (b) *Scarlatinal*; (c) *Diphtherial*; v. *Sweating*; vi. *Remittent* or *Intermittent*.

3. Gastric and Enteric Ochlotic Fevers. This class is specially complicated by the effects of malaria and miasm.

(a) Relapsing Fever.—After apparent recovery, relapses; Gastric symptoms, with splenic and hepatic congestion and inflammation. *Synonyms:* Febris recurrens; the Short Fever; Five-day Fever; Seven-day Fever; Bilious Remittent; Remittent Interic Fever; Bilious Typhoid; Mild Yellow Fever. Prevails epidemically in Europe. A transformation of the Epidemic Yellow Fever? Appears with or without a rubeolar eruption.

Nosological Varieties—

1. British Relapsing Fever.—Gastric symptoms predominant; no well-marked eruption.
2. Silesian Relapsing Fever.—Very commonly there is a rubeolar or measles eruption.

Epidemic Varieties: i. *Cerebral*; ii. *Collapse-form*; iii. *Renal*; iv. *Miliary* or *Sweating*.

3. Bilious Typhoid; Relapsing Typhoid. A variety of Levant Plague or Yellow Fever?

4. *The Dengue*.—With scarlatinal exanthematous, and articular complications. Prevalent in the East and West Indies and South America. (The Nosological position of this Epidemic Fever doubtful.)

(b) Gastro-enteric Typhus. *Synonyms:* Morbus Mucosus; Gastro-adynamic Fever; Gastric Fever; Entero-mesenteric Fever; Intestinal Fever; Adynamic Gastro-enteritis; Dothin-enteria; Follicular-enteritis; Typhoid; Abdominal Typhus. Spreads over the towns of Europe and the United States, and probably also of India. Specially associated with sewer or fecal miasm. Gastric and enteric symptoms predominant; frequently a papular inflammation of a rose colour appears about the seventh day.

Epidemic Varieties.

These very numerous, according to the class of blood-glands affected, and according to the visceral complications. They are determined by climate and season, or by domestic, dietetic, diathetic, and other social and personal conditions.

(c) Occidental Gastric Typhus.—Epidemic Yellow Fever.—The plague of the Western Continent, having its centre on the coasts of the Gulf of Mexico; has spread in Europe, in Italy, Spain, and Portugal. Prevails most fatally where malaria and miasmata abound. Gastric symptoms, with hæmorrhage or black vomit, most predominant. An eruption occasionally observed.

Epidemic Varieties—

i. Remittent or typical form; ii. Prolonged or continued, passing into ordinary Typhus; iii. Adynamic—Typhus symptoms from the first; iv. Cerebral, with renal disorder; v. Collapse-form; vi. Ambulatory; vii. Ephemeral, with mild febrile symptoms; viii. Toxic: Hæmatemesis or Icterus, without præxia. The relations of this typhus to the Relapsing fever, European typhus, and Levant plague have yet to be investigated. It is certain that the specific fever-poison is introduced into Europe, and probable that, modified by climate, and other conditions, thus introduced, it produces typhus symptoms, but not the usual phenomena of yellow fever.

(d) Asiatic Gastro-enteric Typhus.—Epidemic Cholera.—Developed, *de novo*, in India amongst crowds of men subject to fecal miasm and malaria. Naturalised in Europe. Typhus stage marked by rubeolar eruption.

Epidemic Varieties—

i. Typical form—death in collapse-stage; ii. Dry Cholera, or Cholera Siderans—no diarrhoea or vomiting; iii. Choleric, or Choleraic Diarrhoea; iv. Choleraic Dysentery; v. Renal complication—(a) with suppression of urine, (b) with diuresis; v. Continued form—Choleraic Typhus.

II. THE EXANTHEMATA.—Are fevers arising from specific fever-poisons generated within living organisms, which usually are accompanied by or cause inflammation of the skin and mucous surfaces; and an attack of which is commonly prophylactic against a second.

The cutaneous inflammation is congestive, desquamative, effusive, or suppurative, and commences on from the first to the fourth day of the fever.

1. Variolous Fever.—Variola, Small Pox.—A fever of fourteen days' duration, in which the inflammation is usually first congestive, and then effusive and suppurative. It may, however, occur without cutaneous inflammation, or the inflammation may be congestive only, or congestive and effusive. The epidemical varieties are determined by variations in the inflammation, and in the course of the fever, and by the operation of other fever-poisons.

Varieties of Variolous Fever—

i. Varieties of Variola from variation in the character of the suppurative inflammation. These protect from a second attack.

(a) *V. Discreta*. Pustules few, and distinct from each other.

(b) *V. Coherens*. Pustules numerous and contiguous.

(c) *V. Confluens*. Pustules very numerous and confluent.

(d) *V. cum Pectehiis*. Pectehial papulæ intermingled with the pustules.

(e) *V. sine Variolis*. No eruption on the skin

(f) *Inoculated Variola*. Pustules few, and at first limited to the inoculated spot.

(g) *V. Vaccinia*. Variola from a variolous fever-poison developed in the cow.

ii. Irregular and Spurious Variolous Fevers. Varieties of variola from variations both in the order of the symptoms and in the character of the inflammation. Fever usually of short duration; inflammation less destructive. Not protective against true Variola.

(a) *Varioloid*—Irregular small-pox. Occurs usually, but not necessarily, after a previous attack of regular Variola or *V. Vaccinia*.

(b) *Varicella*—Chicken-pox. Inflammation effusive, pock vesicular.

(c) *Globular Varioloid*—The Hives. Eruption in successive crops, mingled with varioloid and swine-pox.

(d) *Conical pustular Varicella*—Swine-pox. Terminates within seven days.

iii. Complex Variolous Fevers. Varieties of Variola from operation of other fever-poisons. Cutaneous inflammation often either wanting, or congestive only.

(a) *Malignant*; (b) *Typhoid*; (c) *Erysipelatous*; (d) *Rubeolar*;

(e) *Miliary*; (f) *Diphtherial*; (g) *Gastric*; (h) *Dysenteric*.

iv. Complicated Variolous Fevers. Varieties with important visceral complications.

2. Rubeolar Fever. Morbilli; Rubella; The Measles. Congestive inflammation of the mucous surfaces supplied by the respiratory nerves (Coryza); inflammation of the skin, usually seen on the fourth day—at first puliclar, then confluent, and forming crescentic patches. Fever terminates in fourteen days.

Epidemic Varieties—

i. As to the fever and inflammation:

(a) *R. sine febre*. Eruption, with little or no fever. Usually at the commencement of epidemics.

(b) *R. sine eruptione*. Specific coryza without cutaneous inflammation.

(c) *R. retrocedens*. Inflammation of skin suddenly ceasing.

ii. As to the character of the eruption:

(a) *R. levis*; (b) *papular*; (c) *vesicular* or *miliary*; (d) *hybrid* or *scarlatinal*; (e) *confluent*; (f) *pectehial*, with hæmorrhages; (g) *livid* or "black" (with pneumonia).

iii. As to complication with other fever-poisons:

(a) *Typhoid* and *Gangrenous* or "putrid";

(b) *Diphtherial* or *croupous*; (c) *Enteric*.

3. Scarlatinal fever, Scarlet fever, Scarlatina, Angina erysipelatosæ, Congestive and Desquamative inflammation of the skin, kidneys, and mucous surfaces, with or without inflammation of the salivary glands and tonsils. Eruption usually on the second day; fever terminates in fourteen to twenty-one days: occasionally relapsing in character—

a. Nosological Varieties—

i. *Scarlatina simplex*—Inflammation of the skin and mucous surfaces of throat, without inflammation of the glands.

ii. *S. Anginosa*—Inflammation of the tonsils with or without cutaneous eruption.

iii. *S. Glandularis*—eruption and inflammation of the parotid and submaxillary glands.

iv. *S. Glandularis sine eruptione*.—The Mumps, *Scottice* Branks, attacks pubescent youth, and is sometimes complicated with inflammation of the ovaries or testes. Is an allied form of scarlatina, and sometimes there is an eruption.

(b) Epidemical varieties of Scarlatinal fevers—

i. From variations as to the cutaneous inflammation and general symptoms.

(a) *Rubeolar*. (b) *Arthritic*, with neuralgia and inflammation of larger joints. (c) *Rheumatic*; the Dengue, a relapsing fever with scarlet eruption. (d) *Relapse Form*—return of inflammation and fever on the eighth or ninth day. (e) *Anasarous*, with desquamative nephritis.

ii. Varieties from complications with other fever-poisons.

(a) *Encephalic*. (b) *Gastro-enteric*. (c) *Relapsing*. (d) *Gangrenous*; these termed *Malignant*. (e) *Diphtherial*.

III. COMMUNICABLE FEVERS, ALLIED TO THE EXANTHEMATA OF DOUBTFUL NATURE AND ORIGIN:—

1. *Diphtheria*.—Fever, with pellicular inflammation of the

throat, extending thence to the air-passages, gastro-intestinal mucous surfaces, and skin. Is epidemic, endemic, and sporadic. Nature of cause doubtful; probably a hematophyte.

a. Nosological Varieties of Epidemic Diphtheria.—
i. *Diphtherial Angina*. *Synonyms*: Diphtheritic Pharyngitis; Stomatocoe; Malignant, Putrid, Pestilential, Suffocating Angina; throat Croup. Aseptic inflammation of the tonsils and pharynx; pellicle amorphous, not plastic; glands of neck swollen.

ii. *D. Stomatitis*. Infantile or gangrenous stomatitis. Livid red inflammation of the lip and cheeks, ending in gangrene; pellicle pulpy, commencing with vesicles; parotids and submaxillary glands enlarged; gastric and gastro-enteric symptoms.

iii. *D. Coryza*. Pellicle, extending to the mucous membrane of the nares; occasionally profuse epistaxis.

iv. *D. Tracheitis*. Diphtheritic tracheitis. *Synonyms*: Angina membranacea; Angina trachealis; croup; Larynx croup; Pellicular croup. Pellicular inflammation of the larynx and trachea, extending to the bronchi. Cough often spasmodic.

v. *Diphtheria Cutanea*. Pellicular inflammation of portions of the skin, conjunctiva, &c. Usually accompanies the other forms.

b. Complex Varieties.—Diphtherial inflammation complicates epidemics of Ochlotie and Exanthematous fevers. Hence varieties of a complex character—(a) Erysipelatous (with Influenza); (b) Varicelous; (c) Rubellar; (d) Scarlatinal; (e) Aphthous; (f) Typhus; (g) Gastro-enteric or Typhoid.

c. Endemic Varieties.—
i. *Endemic Stomatitis*. *Synonyms*: Mucuet; Thrush. Is Ochlotie, and occurs in foundling hospitals, the wards of general hospitals, &c. Pellicle contains sporules and thalli of the *Oidium Albicans*, and extends from the tongue along the gastro-intestinal mucous surfaces.

ii. *Contagious Blennorrhoea*. Inflammation of mucous surfaces from a specific fever-poison, communicable by contact only? due to a microscopic alga? (a) Vaginal and urethral Blennorrhoea; (b) Contagious ophthalmia.

2. *Vesicular Aphtha*.—Vesicular inflammation of mouth. Epidemic; attacks only once.

3. *Pertussis*.—Inflammation of the respiratory mucous surfaces from a specific fever-poison, ending in a spasmodic affection of respiratory motor nerves. Attacks commonly but once in a lifetime.

VI. IMPURE FEVERS.—Constitutional blood diseases, continuing for the most part for a prolonged period, with recurrent pyrexial attacks, terminating within from seven to fourteen days. Inflammation due to a specific poison, and manifested primarily on the skin and mucous surfaces.

1. *TRUE LEPROSY*.—A constitutional disease of indefinite duration (arising from uncleanness or squalor?), with pyrexial paroxysms and congestive papular, or tubercular inflammation of the skin and air-passages, with or without neuroses. (Contagious?)

Nosological Varieties.—
i. Erythematous; ii. Squamous, with rapid production of epithelium; iii. Black, with pigment-deposit in skin or scales; iv. Tubercular—with plastic deposit in connective tissue of skin and mucous surfaces; v. Gangrenous—with dry gangrene of the extremities, especially of the fingers and toes; vi. The Anæsthetic.—Loss of the sensibility of

the surface of the body; cutaneous inflammation congestive or bulbous, rarely plastic; vii. The Cerebral—with mania, melancholia, &c.

2. *THE SYPHILIDS*.—Syphilitic Diseases.—Constitutional diseases due to a specific poison, terminating in a definite period (one to three years?), and characterised by pyrexial paroxysms with specific inflammations of the skin, mucous surfaces, and periosteum.

a. Nosological Varieties of European Syphilis:—

i. *Benign Syphilis*.—Inflammation superficial:—

(a) *Virulent Gonorrhoea*.—Primary ulcer simple, or a patchy excoriation; cutaneous inflammation congestive.

(b) *Papular Syphilis*.—Primary ulcer simple; cutaneous exanthem papular.

(c) *Pustular Syphilis*.—Primary ulcer with raised but not indurated edges; exanthem effusive and suppurative, ending in superficial ulcerations and crusts.

(d) *Phagedenic Syphilis*.—Primary ulcer either corroding or gangrenous; exanthem pustular or tubercular, ending in ulcers that extend by a margin (Rupia).

ii. *True or Scaly Syphilis*.—Inflammation of derma deep-seated. Primary ulcer excavated, with a thickened edge and base. Exanthem at first congestive and ending in (a) desquamation; (b) tubercles and ulceration; (c) condylomata; (d) fungoid growths; (e) periosteal inflammation.

iii. *Ethnic and Climatic Varieties of Syphilis*.

(a) *Yaws or Pian*; *Framboesia*: African Syphilis.—Inflammation commonly superficial; ulcerations, Rupia-like with fungoid growths. Terminates in health in about two years.

(b) *Radesyge*, Norwegian Syphilis.—Inflammations figurate and tubercular, or pustular and papular; ulcerations rupioid and serpiginous.

(c) *Scherlieve*.—Framboesia of Eastern Europe. Inflammation pustular or tubercular; ulcers rupioid; yaw-like growths and condylomata.

(d) *Sibbens*.—Framboesia of Scotland. Inflammation both superficial and deep-seated, roseolar, condylomatous, fungoid.

(e) *Button Scurvy*.—Framboesia of Ireland.

VII. *EPIZOOTIC FEVERS*.—Acute fevers, due to a specific fever-poison communicated from brutes to man:—

1. *Hydrophobia*.—A fever terminating within seven days. Poison acts primarily on the pneumogastric system, and the surfaces supplied from it; secondarily upon the cerebro-spinal axis. Derived from the saliva of the dog and cat races when in fever.

2. *Equinia of Maliaemus*.—Human Glanders.—Fever and inflammation usually of a septic character. Caused by the pus or mucus of a glandered horse or ass.

3. *Carbuncular Fever*.—Malignant Carbuncle.—Acute typhus-like fever, with carbuncular inflammation, rapidly becoming gangrenous. Poison derived from cattle, with malignant typhus.

4. *Contagious Furunculoid*.—Inflammation of the skin, occurring epidemically—furuncular, carbuncular, ecthymatous or gangrenous; the cause of which is doubtful, but suspected to be of epizootic origin.

5. *Epizootic Stomatitis*.—Vesicular inflammation of the mouth, due to the poison of the disease of cattle termed Murrain. Is a contagious stomatitis.

6. *Epizootic Peripneumonia*?—The histories of some epidemics of influenza point to the lower animals as the probable first source of the fever-poison.

Liverpool Royal Infirmary and

SCHOOL OF MEDICINE. — The SUMMER SESSION commences on Monday, May 2nd, 1864.

HOSPITAL PRACTICE—ROYAL INFIRMARY.

Physicians—Dr. Vose, Dr. Turnbull, Dr. Inman.

Surgeons—Mr. Stubbs, Mr. Long, Mr. E. R. Bickersteth.

House-Surgeons—Dr. Rawdon, Mr. Nash.

Dental Surgeon—Mr. Snape.

The Infirmary contains 270 Beds. The number of In-Patients is upwards of 2,300 annually, and 2,300 Surgical casualties were, last year, treated as Out-Patients.

Clinical Lectures are regularly delivered by the Physicians and Surgeons.

Six Dressers and Six Clinical Clerks are elected quarterly from the Pupils of the Infirmary.

LECTURES.

Midwifery and Diseases of Women—Mr. Batty.

Diseases of Children—T. F. Grimsdale, M.R.C.P. Edin.

Materia Medica and Therapeutics—J. Birkbeck Nevins, M.D. Lond.

Medical Jurisprudence and Toxicology—E. Whittle, M.D. Lond.

M.B.A., and J. B. Edwards, Ph.D.

Botany—C. Collingwood, M.A. Oxon., M.B., M.R.C.P.

Ophthalmic Medicine and Surgery—R. Hibbert Taylor, M.D.

Practical Chemistry—J. B. Edwards, Ph.D.

Pathological Anatomy—R. Gee, M.D., M.R.C.P.

Dental Surgery—Mr. Snape, L.D.S., R.C.S.

Dental Mechanics—

Dental Anatomy and Physiology, Comparative and Human—Mr. Fletcher and Dr. Waters.

Metalurgy—Dr. Edwards.

F. D. FLETCHER, Secretary, 13, Mornington Terrace, Liverpool.

Royal Medical Benevolent Col-

LEGE. — The Council have the pleasure to announce that SIR CHARLES LEOCK, Bart., M.D., has kindly consented to take the Chair at the TWELFTH ANNUAL FESTIVAL of the College, which will take place at Willie's Rooms, King Street, St. James's, on Saturday, the 14th of May next, when it is earnestly hoped that there will be a large meeting of the friends of the Institution.

Gentlemen who are willing to serve as Stewards on the occasion are requested to forward their names to the Treasurer, JOHN PROKKT, Esq., 6, New Cavendish Street, W. There is no liability attached to the office.

By order of the Council.

ROBERT FREEMAN, Secretary.

87, Soho Square, London, 30th March, 1864.

The General Hospital, Birmingham.

HAM. — There are VACANCIES for TWO RESIDENT STUDENTS, either as Apprentices for Five Years or Pupils for One Year. The Hospital contains 223 Beds for In-Patients, and it has a Convalescent Branch containing twenty Beds, recently established by Miss Ryland, at Spark Hill. The attendance of Out-Patients averages 400 per diem, and the number of Accidents and Urgent Medical Cases consequent upon the position of the Hospital in the centre of a thickly populated manufacturing and mining district amounts to upwards of 15,000 per Annum. Unusual facilities are thus afforded for the Student to acquire a thorough practical knowledge of his profession. Attendance on the Hospital and on the Medical Schools in the town qualifies for all the Examining Boards.—Terms, etc., may be ascertained on application to the undersigned, at the Hospital.

March 11th, 1864.

WILLIAM R. HUGHES, Secretary.