

Association Intelligence.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
BATH AND BRISTOL. [Ordinary.]	Victoria Rooms, Clifton.	Thurs., April 28, 8.30 P.M.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETING.

THE next meeting will be held at the Bull Hotel, Dartford, on Friday, April 29th, at 3.20 P.M.

Dinner will be provided at 5 o'clock.

Tickets, 6s., exclusive of wine.

FREDERICK J. BROWN, M.D., *Hon. Sec.*

Rochester, April 12th, 1864.

Reports of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MARCH 22ND, 1864.

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

ON A NEW METHOD OF PROCURING THE CONSOLIDATION OF FIBRINE IN CERTAIN INCURABLE ANEURISMS. BY CHARLES H. MOORE, F.R.C.S., WITH THE REPORT OF A CASE IN WHICH AN ANEURISM OF THE ASCENDING AORTA WAS TREATED BY THE INSERTION OF WIRE. BY CHARLES MURCHISON, M.D., F.R.C.P.

IN this joint paper the theory of the operation was first described by Mr. MOORE, who was alone responsible for the surgical remarks. Dr. MURCHISON furnished the report of the case, with medical comments upon it.

In February 1863, Mr. Moore had been led to review the conditions of such aneurisms as could not be surgically treated through the artery, and had devised a method of producing consolidation of them in accordance with the mode of their natural cure.

The principles involved in this method were the following:—1. Large aneurisms can only be benefited by the deposition of fibrine within them; 2. The natural means of obtaining fibrine from the blood are inadequate, because it can only settle in layers on the wall; 3. In the central part of an aneurism there is a large quantity of blood with fibrine ready to collect on any apt material; 4. Fibrine may be elicited from arterial blood by exposing a foreign body in it. Two cases were quoted in which this had occurred; one, in which gangrene of the leg had resulted from plugging of the arteries by fibrine detached from a needle in the left ventricle; the other, that of a sailor, who died three days after being shot, and in the interior of whose ascending aorta was a bullet imbedded in fibrine.

The foreign body which, according to our present knowledge, would produce least irritation was wire. If a large quantity were coiled in an aneurism, it would attract fibrine, as the twigs do in whipping freshly drawn blood, support the mass which it entangled, and lead to the cavity of the aneurism being eventually filled. The wire might be passed in through a small cannula, with care not to leave the last end in the minute wound, and not to direct a coil into the orifice of the artery.

Only a sacculated aneurism could be so treated, not one which had two orifices, since fragments of fibrine

would be broken off by the force of the current. Brasdor's operation might be previously required in some parts. This danger might be incurred in a sacculated aneurism also, if wire enough were not introduced, because of the large intervals which would be left between the few coils of wire. The wire would remain in the solidified aneurism, and be harmless.

Mr. Moore then described the operation by which the foregoing proposal might be carried out.

CASE. *Saccular Aneurism of the Ascending Aorta projecting through the Anterior Wall of the Left Side of the Chest.* Daniel D., aged 27, became a patient at the Middlesex Hospital, under Dr. Murchison, on November 10th, 1863. Eight years before, he suffered from palpitations and dyspnoea, and after some months he had hæmoptysis. The hæmoptysis recurred at intervals, and in November 1862 he first noticed a pulsating swelling to the left of the sternum. This increased rapidly, and the patient now became subject to severe attacks of angina pectoris. When he first came under observation, the tumour was situated in the angle formed by the left clavicle and the left margin of the sternum; it measured ten inches in circumference at its base, and projected about two inches from the wall of the chest; its surface was rounded, and tolerably uniform, except at the upper part, where there was a tendency to point. Over the whole surface of the tumour distinct pulsation could be felt, each beat corresponding to the impulse of the heart. Nothing resembling an aneurismal bellows-murmur could be heard; but both cardiac sounds, and particularly the second, were louder over the tumour than at the base of the heart. There was dulness on percussion to the right of the tumour over a space measuring two inches transversely, and three inches from above downwards. The apex of the heart could be felt beating between the fifth and sixth ribs. The cardiac dulness was slightly increased, but the sounds heard on auscultation were normal. There was no inequality of the arterial pulse on the two sides of the body. The voice was normal. The patient had an occasional cough, and expectorated a viscid muco-purulent matter, but there was nothing peculiar in the character of the cough. Over the whole of the left side of the chest there was comparative dulness on percussion, with coarse, at some places tubular, breathing, and subcrepitant râle. On the right side of the chest the percussion was clear and the breathing puerile. The appetite and digestion were good, and the bowels regular. There was no dysphagia, and no pain or tenderness at any part of the spine. The pupils were of normal and equal size. On November 20th, and again on December 28th, the urine was ascertained to be free from albumen.

After the patient was admitted into the hospital, on November 20th, the attacks of angina almost entirely ceased. The pulse varied from 104 to 116 when the patient sat up, but would fall to below 100 when he lay down. The size of the tumour continued to increase, until, on the morning of January 7th, 1864, it measured 16½ inches at its base, and projected 2½ inches from the wall of the chest. The tendency to point at its upper part became more decided, and the integuments at this part were much attenuated, and assumed a dusky-red discoloration, while occasionally they were the seat of pricking pains, and were slightly tender. These changes were most marked during the last week of December and the first week of January. The patient's general health notwithstanding did not suffer. He ate and drank well; he got up daily, and walked about the ward. On the evening of January 6th, he played a game of draughts with another patient, and on the following morning he was up and walking about as usual.

Council) instead of *four* years. We, therefore, must maintain our position; viz., that the regulations of the Society of Apothecaries are not in conformity with the recommendations of the Medical Council. EDITOR.]

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON. At a general meeting of the Fellows, held on Monday, April 18th, 1864—

Clement, Augustus Ward, 78, Upper Berkeley Street formerly an extra-Licentiate of the College, was duly admitted a member.

At the same meeting, the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the science and practice of medicine, surgery, and midwifery, were duly admitted to practise physic as Licentiates of the College:—

Bertin, Henri Victor, 26, Alpha Road, Regent's Park
Blanchet, Jean Baptiste, M.D. McGill College, Montreal, Quebec, Canada

Currie, John Legge, 42a, Charter House Square
Hooker, Edward Miles Coverdale, Hadlow, Tunbridge
Hunt, Henry John, 16, Portugal Street, Lincoln's Inn Fields
Nash, Andrew, Jameison, Victoria, Australia
Perks, Charles, Lichfield
Pyle, George Edward, Middlesex Hospital
Waugh, Alexander, Corsley, Warminster
Whipple, Connell, Plymouth
Wilson, William Samuel, 34, Hereford Road North, Bayswater
Wolferstan, Sedley, Plymouth

The following gentlemen were reported by the examiners to have passed the first part of the professional examination for the Licence:—

Barrett, Howard, St. George's Hospital
Cout, Josiah, Guy's Hospital
De Tatham, Hamilton, St. Mary's Hospital
Fennings, Allen, Charing Cross Hospital
Griffiths, Richard S. P., St. Mary's Hospital
Gould, Franklin, King's College
Humphreys, Frederick William, Guy's Hospital
Iliffe, William, St. Bartholomew's Hospital
Kenyon, George Arthur, St. George's Hospital
Lattey, Walter, St. George's Hospital
Ransford, Gifford, St. George's Hospital
Wilford, John George Frederick, Guy's Hospital
Wilson, William S., Westminster Hospital

APOTHECARIES' HALL. On April 14th, the following Licentiates were admitted:—

Lamb, George, Hull
Lush, William George Vawdrey, Wilton, near Salisbury
M'Mahon, James Thomas, Rochester Terrace, Camden Town
Rowan, Andrew, Station Terrace, Hull
Shaw, Thomas Clay, Stockport

At the same Court, the following passed the first examination:—

Lloyd, Thomas Franklin, Guy's Hospital

APPOINTMENTS.

ARMY.

BARNETT, Assistant-Surgeon O., 6th Dragoons, to be Staff-Assistant-Surgeon, *vice* W. H. Corbett, M.D.
COGAN, Staff-Surgeon F., to be Surgeon 2nd Foot, *vice* F. G. Noott.
CORBETT, Staff-Assistant-Surgeon W. H., M.D., to be Assistant-Surgeon 6th Dragoons, *vice* O. Barnett.
MONTGOMERY, Staff-Surgeon A. G., to be Surgeon 46th Foot, *vice* E. Touch, M.D.
READE, Staff-Surgeon H. T., half-pay, to be Staff-Surgeon, *vice* Staff-Surgeon-Major G. T. Galbraith, M.D.
READE, Assistant-Surgeon J. B. C., Rifle Brigade, to be Staff-Surgeon, *vice* F. Cogan.
TOUCH, Surgeon E., M.D., 46th Foot, to be Staff-Surgeon, *vice* A. G. Montgomery.

ROYAL NAVY.

DUNN, Edward, M.D., Assistant-Surgeon, to the *Wye*.
FAGAN, Henry, M.D., Assistant-Surg. (additional), to the *Victory*.
PIERCY, Frederick, Esq., Assistant-Surgeon (additional), to the *Royal Adelaide*.

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

LYON, D. M., Esq., to be Honorary Assistant-Surgeon 2nd Lancashire Engineer Volunteers.

DEATHS.

DUCAT, C., M.D., late H.E.I.C. Medical Service, at Hastings, on April 18.

MASSEY. On April 13th, at Camberwell, Adela, infant daughter of Albert Massey, M.D.

MINTER, Michael, M.D., at Mount Moriac, Geelong, Australia, aged 57, on January 31.

PERFECT, Thomas W. C., Esq., Surgeon, at Hammersmith, aged 87, on February 13.

ROBERTSON. On April 14th, at Clifton, aged 70, Anne, wife of *Archibald Robertson, M.D., F.R.S.

SODEN. On April 12th, at Bath, aged 3, Robert, youngest son of *John Soden, Esq.

THATCHER. On April 19th, at Edinburgh, Susan M. L., widow of John V. Thatcher, M.D.

BEQUEST. By will, Eneas Mackintosh, Esq., of Montagu Square, has left a legacy to the Middlesex Hospital of £1,000.

THE CHAIR OF CHEMISTRY AT BERLIN, vacant through the death of Professor Rose, has been offered to Professor Kopp of Gießen.

QUEEN'S COLLEGE, CORK. Dr. Bullen has sent in his resignation as Professor of the Cork College. Only four students attended his lecture on the 14th. The determination of the pupils not to enter his lecture-room hastened his resignation.

THE INDIAN MEDICAL DEPARTMENT. Last week, Mr. Bazley asked the Secretary of State for India how many candidates for employment in the Medical Department for India were presented, and how many were the vacancies at the time of the competitive examination in January last, and again how many at the recent examination. Sir C. Wood was understood to state in reply, that for two or three years there had been no examination of candidates for the Indian medical service.

THE DANO-GERMAN WAR.—The health of the Prussian army in Denmark is not so good as it was. I understand that there are now 10 per cent. of sick, many of them, however, from maladies of no dangerous character. There have been cases of typhus, but it has certainly not assumed an epidemic character. The arrangements made for the sick by the Prussian medical staff appear to be of a judicious nature. The hospitals are numerous, and many of them established in retired rural situations. The sick, when too many for the Schleswig hospitals, are sent down to Hamburg. (*Daily Telegraph*.)

GRATUITOUS MEDICAL SERVICES. The *British Medical Journal* alone has energetically fought this battle in the cause of the profession against the pseudo-Pecksniffian charity of its London contemporaries. The postulate on which the *Medical Times* grounds its arguments seems to be that medical men are morally bound to give their work to the poor for nothing, and when such an opinion is held by a medical periodical we cannot wonder that it is the prevalent idea with the public. Let us not bolster up our own self-sufficiency, as the *Medical Times* and *Gazette* would have us, by giving ourselves credit for genuine charity when we can only boast of the Brumagen article. The *Medical Times* knows as well as we do that hospital charity in London, even more than elsewhere, is nothing but a means of arriving at notoriety, and that those who are independent of such means trouble themselves very little with gratis patients. The whole system is one of competition, a result of the same cause which is speedily dragging down the profession as low as underselling can bring it, the progress of which is to be resisted by every means in the power of the journalist. (*Dub. Med. Press*.)

MEDICAL PROSECUTION. Edmund Tucker Jenkins, of 159, Lever Street, St. Luke's, and also of the New North Road, was charged lately at Worship Street with having unlawfully and falsely pretended to be and used the title of a physician, doctor of medicine, and surgeon, by which he had rendered himself liable to a penalty of £20. The defendant pleaded guilty, but his defence was that he had studied at King's College Hospital, had gone out as surgeon in a ship to New York, had received a certificate as to his conduct from the passengers, had acted as assistant to his father and another surgeon, and proved himself fully capable of practising in the profession, though not licensed or registered. He hoped, under these circumstances, and also because he was at the present time suffering from the death of his father, that the fine might be reduced. Mr. Leigh sentenced him to a fine of £5.

WHY THE INDIAN MEDICAL SERVICE IS NOT POPULAR.—The *Bombay Government Gazette* announces that "Surgeon-Major Vaughan is permitted to retire from the service on the pension of £250 per annum." Dr. Vaughan has just completed twenty-two years of services in India; he has been actively employed ever since he came to the country, and has always had the reputation of being able to do and doing as good work as any man in the service. In the Central India campaign, more especially, when he was staff-surgeon to Sir Hugh Rose, he gained so much distinction, not only as a doctor, but as a soldier, that he was recommended by the general for a C.B.-ship, and, although he was refused that coveted decoration, there are few men of all who served through that campaign who will contest his right to it. Well, this distinguished surgeon, when he returns to England, after a service so protracted and so honourable, is allowed a pension of £250 a year—no more than the Government lately granted to young men of the Indian Navy who had been at sea some ten or twelve years when that service was abolished. It may be added that there are only eight men in the Bombay medical service, without reckoning the doctors attached to the Grant College, who are in receipt of incomes of so much as 1,000 rupees (about £100) a year. Can it be wondered at that, with such prospects before them, English medical men are unwilling to enter the medical service; the ranks of which will, consequently, henceforth be filled up with imperfectly trained surgeons from Ireland and Scotland? (*Bombay Medical Gazette*.)

ROYAL COLLEGE OF SURGEONS. The Council has just awarded the Jacksonian Prize to Dr. Morell Mackenzie of George Street, Hanover Square, for his essay on "The Pathology and Treatment of Diseases of the Larynx." There was no competitor for the prize on the Normal and Pathological Anatomy of the various Synovial Bursæ connected with the muscles and tendons of the upper extremity. There are three subjects for prizes for the present year, viz: "Club Foot; its Causes, Pathology, and Treatment"; "The Diseases of the Ankle-Joint, and of the Joints and Bones of the Tarsus, requiring Surgical Treatment; and stating the Treatment, including Operative, most suitable in each case, with the results thereof"; and "The Malformation, Diseases, and Injuries of the Fingers and Toes, with their Surgical Treatment. The Dissertation to be illustrated by Preparations and Drawings." The following is the subject for the Collegial Triennial Prize to be sent in on or before Christmas day next. "The Structural Anatomy and Physiology of the Lymphatic Vessels and Glands (the Anatomical Distribution not being required); the communications (if any) between the Lymphatics and the Bloodvessels to be demonstrated;

and the influence (if any) which the Lymphatic Vessels or Glands exercise on the fluid they transmit, to be elucidated. The Dissertation to be illustrated by Preparations and Drawings."

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.—Royal London Ophthalmic, 11 A.M.
TUESDAY..... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
WEDNESDAY.... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.
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 Orthopædic, 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 Discussion.
TUESDAY. Royal Medical and Chirurgical Society, 8.30 P.M. Dr. Morell Mackenzie, "On the First Laryngoscope as invented by Dr. Benjamin Babington in 1829"; Mr. Thomas Bryant, "On Stone in the Bladder of a Female—Urethral Dilatation."—Zoological.—Ethnological.
WEDNESDAY. Geological.
THURSDAY. Royal Society.
FRIDAY. Royal Institution.—Zoological (Anniversary).

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.

ALPHA.—We have already said, that we must, for the present at all events, decline any further discussions on the subject of iridectomy. The differences pointed out by our correspondent between Gräfe's present and past views of iridectomy have already been alluded to by a writer in the JOURNAL.

BETHLEHEM HOSPITAL.—A correspondent writes:—"The meagre one-sided report in the *Times*, concerning the removal of Bethlehem Hospital, says nothing of Lord Shaftesbury, Dr. Conolly, Mr. Gaskell, or Dr. Webster's remarks. All these gentlemen, however, are strenuous advocates for removal. Mr. Martin, the Inspector, seemed to be also favourable, judging from the inquiries he instituted. The officials only are adverse to emigration. The Government, Lunacy Commissioners, and medical men generally, are favourable to moving the hospital into the country. Indeed, it is a fact that, throughout Europe, the principle of constructing asylums away from towns is universally admitted, and now most actively carried into operation."

I am, etc., A GOVERNOR.

POOR-LAW MEDICAL REFORM ASSOCIATION.—Mr. Griffin, Weymouth, requests us to inform the Poor-Law Medical Officers that in *Knight's Official Advertiser* of the 15th instant, it is stated—"The Select Committee on Poor Relief (England) continued to meet on Tuesdays and Fridays until the Easter recess, and have now resumed their sittings. The members alone are present when the Committee are considering their report; and the resolutions agreed to will not be made known until they are formally reported to the House. In all probability, the report will be issued early next month."

Since April 1st, Mr. Griffin has received the following subscriptions in aid of the funds of the Association:—F. F. Jay, Depwade, 5s.; F. Davies, Pershore, 10s.; R. H. Whiteman, Wandsworth, 5s.; P. H. Banks, Bedford, 5s.; J. T. Thomas, Carmarthen, 2s. 6d.; T. Stainthorpe, Hexham, 5s.; H. Terry, jun., Hardington, 5s.; W. Percival, Hardington, 5s.; N. W. Spicer, Chard, 41s. 1s.; S. E. Moreton, Great Boughton, 10s.; J. Clarke, Barnstaple, 5s.