

SPECIAL CORRESPONDENCE.

PARIS.

[FROM OUR OWN CORRESPONDENT.]

Reports on the Progress of the Medical Sciences—Societies—M. Barth on Caseous Pneumonia—The Suture of Nerves—Resuscitation from Chloroform—Syncope—Hospitals—Strangulated Hernia—Varicocele.

GREAT interest is felt here in the publication of a series of reports on the progress and march of the various branches of the medical sciences, published by order, under the auspices of the Minister of Public Instruction. They include reports on the Progress of Physiology in France, by M. Cl. Bernard; on the Progress of Medicine, by MM. Beclard and Axenfeld; on the Progress of Hygiene, both military and naval. I am entrusted with official copies for your JOURNAL, which I forward herewith; and I shall, in subsequent letters, let you know what critics here say about them. They are evidently patriotic reports. Your readers may obtain them at Hachette's, in King William Street, Strand; or at Williams and Norgate's, Henrietta Street.

The discussion on tuberculosis drags its slow length along at the Academy. M. Barth was the last speaker. He is of the old school, and attacks with eloquence and conviction the distinctions which microscopists wish to establish in the forms of consumption. He attacks especially the title "caseous pneumonia", which he considers to be a form, or rather a degree, of pulmonary phthisis.

At the Society of Surgery, M. Paulet has read a very elaborate paper on the Immediate and Indirect Consequences of Traumatic Lesions of Nerves. Two cases here recently have excited interest in this subject. In one, M. Langier united by suture the cut ends of the median nerve; and on the same day there was a commencement of restored sensibility and voluntary movement. In the other, M. Richet demonstrated, notwithstanding the complete section of the median nerve, that tactile sensibility persisted in the thumb, index, medium, and ring fingers. These clinically observed facts are entirely opposed to the teachings of experimental physiologists who have divided and resected nerves. To explain them, reference has been made to peripheral anastomoses, such as M. Robin has pointed out between the median and radial, for the nervous filaments distributed to the tactile corpuscles. But M. Paulet points out that, if the explanation lies here, the function should have been carried on by them immediately after the section of the nerves, not slowly re-established. After a very long literary research and a great number of experiments, he confesses himself unable to elucidate the difficulty and discord. Here there is a promising field for clinical observers and physiologists. The question is one of elementary interest and importance, and requires out altogether anew.

MM. Onimus and Legros have excited some interest at the Academy of Sciences by a communication recommending the employment of continuous electrical currents to remedy the accidents caused by chloroform. Their experiments have been made on rats, rabbits, dogs, etc., and with thirty elements of Remak's battery; so that even a stronger current would be required for man. The negative pole was placed in the mouth; the positive in the rectum. A powerful current was passed; and the heart, which had already ceased to beat for more than ten minutes, recommenced its action, and the animals were completely restored.

A remarkable case has occurred in the practice of M. Panas, in the Hôpital St. Antoine. It is one of strangulated inguinal hernia, with acute symptoms, faecal vomiting, etc., in a little girl of seven. The ovary and Fallopian tube were present in the sac. The operation, however, was successful. After the return of the intestine, the child did well, notwithstanding the tendency, which had been anticipated at the age and under the circumstances, to peritonitis.

M. Voillemer has, in the wards of the Hôtel Dieu, a female patient on whom he has performed amputation of the leg above the malleoli with a posterior flap including the whole of the tendo Achillis. He

considers that this gives a better pad for the stump than the ordinary proceedings. In a young man in the wards, he has cured a varicocele by the actual cautery. This is his fourth case. Isolating with the fingers the packet of veins from the cord, he brings them near the surface, and applies the hot iron to the skin in the line of the axis of the body. The course of the blood is interrupted in the cauterised veins; a solid cicatrix is produced; and the cure is complete.—M. Guéneau de Mussy has employed phosphate of zinc very successfully in two patients affected respectively with alcoholic and mercurial paralysis.—M. Baumetz has published (*Bulletin de Thérapeutique*) four cases of locomotor ataxy successfully treated by phosphorus.

ASSOCIATION INTELLIGENCE.

BATH AND BRISTOL BRANCH.

THE next meeting of the above Branch will be held at the Royal Hotel, College Green, Bristol, on Thursday Evening, May 21st, at 7 P.M.; R. W. COE, Esq., F.R.C.S., President, in the Chair.

CHARLES STEELE, } *Hon. Secretaries.*
R. S. FOWLER, }

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

THE next meeting of the above Branch will be held at the Rose Hotel, Canterbury, on Thursday, May 21st, at 3 P.M.

The Secretary will feel obliged by gentlemen wishing to read papers communicating with him without delay.

ROBERT L. BOWLES, *Hon. Secretary.*

SOUTH-EASTERN BRANCH.

THE Annual meeting of the above Branch will be held on Thursday, June 4th, at the Town Hall, Hastings, at half-past One o'clock; FREDERICK TICEHURST, Esq., in the Chair. Visitors will be admitted on the introduction of a member of the Branch.

The Dinner will be provided at half-past Four o'clock precisely. Tickets for Dinner, Dessert, Coffee, and attendance, not including Wine, 7s. 6d. each, to be obtained at the Swan Hotel.

Gentlemen desiring to bring forward communications will be pleased to give notice to the Secretary one week previous to the meeting.

C. HOLMAN, M.D., *Secretary.*

SOUTH MIDLAND BRANCH.

The annual meeting of the above Branch will be held at the Swan Hotel, Bedford, on Thursday, June 18th, at 1 P.M.; C. E. PRIOR, M.D., President-elect, in the Chair.

Gentlemen intending to read papers or cases, are requested to send the names or titles of the same forthwith to Dr. Bryan, Northampton, one of the Honorary Secretaries.

J. M. BRYAN, M.D. } *Hon. Secretaries.*
G. P. GOLDSMITH, Esq. }

REPORT OF MEETING OF COMMITTEE OF COUNCIL OF THE BRITISH MEDICAL ASSOCIATION.

Held at Birmingham, April 23rd, 1868.

ARRANGEMENTS FOR THE ANNUAL MEETING AT OXFORD, 1868.

THE following resolutions were passed at the last meeting, in addition to those given in last week's JOURNAL.

1. That the following gentlemen be appointed officers of Sections:—
MEDICINE.—*President*, Sir W. Jenner, Bart., M.D., F.R.S., London. *Secretaries*, E. L. Fox, M.D. Oxon., Clifton, Bristol; William Roberts, M.D., Manchester.

PHYSIOLOGY.—*President*, Professor Rolleston, M.D., F.R.S., Oxford. *Secretaries*, W. L. Church, M.D. Oxon., London; Professor Beale, M.B., F.R.S., London.

SURGERY.—*President*, James Paget, Esq., F.R.S., London. *Secretaries*, T. P. Teale, M.A., M.B. Oxon., Leeds; W. Stokes, jun., M.D., Dublin.

MIDWIFERY.—*President*, Sir C. Locock, Bart., M.D., F.R.S., London. *Secretaries*, J. G. Wilson, M.D., Glasgow; J. G. Swayne, M.D., Clifton, Bristol.

STATE MEDICINE.—*President, J. Simon, Esq., F.R.S., London. Secretaries, J. E. Morgan, M.D. Oxon., Manchester; T. J. Dyke, Esq., Merthyr Tydvil.*

2. That a Subcommittee be appointed to consider and to report as to the proper subdivision and organisation of the various Sections, and the best mode of appointing their officers; and that the Subcommittee be requested to observe and report upon the working of the different sectional meetings at Oxford.

The Subcommittee to consist of the following gentlemen, with power to add to their numbers:—The President; the President-elect; the President of the Council; the Treasurer; the General Secretary; the Officers of Sections; Mr. Cordy Burrows; Dr. Paget; Dr. Edward Waters; and Dr. Wilkinson.

3. That the report now read from the Committee for considering the Representation of the Profession in the General Council of Medical Education be adopted; and that the members of the Subcommittee, with the President of the Council, be appointed a deputation to wait upon the Medical Council.

REPORT OF THE SUBCOMMITTEE APPOINTED TO CONSIDER THE REPRESENTATION OF THE PROFESSION IN THE GENERAL MEDICAL COUNCIL.

THE Subcommittee, in accordance with their original recommendation, supported by the almost unanimous vote of the Association, agreed to at the anniversary held in Dublin in 1867, are of opinion that the profession will not be adequately represented in the General Medical Council, as at present constituted, by less than eight representatives, to be elected by the registered members of the profession resident in the United Kingdom of Great Britain and Ireland, with the exception of those on active service in the army and navy.

The Subcommittee are of opinion that the addition of eight members to the General Medical Council, as representatives of the profession generally, far from embarrassing the proceedings or militating against the influence of the Council, will, on the contrary, have the opposite effect.

The Subcommittee entertain no doubt that the profession, on which the payment of the representatives of the various medical and surgical corporations and of the nominees of the Government at present rests, will willingly pay the additional cost of their own representatives. At the same time, the Committee think the propriety of paying their own representatives by the various universities, colleges, and corporations, is an object for the consideration of the Council.

The Subcommittee are of opinion that, if the Council, in consequence of the addition of the members to be elected by the profession, should deem it advisable to recommend a diminution of the number of the representatives of the corporations, a corresponding reduction may then be made in the representatives of the profession.

EDWARD WATERS, *Chairman.*

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, APRIL 28TH, 1868.

SAMUEL SOLLY, Esq., F.R.S., President, in the Chair.

ON TUBERCULAR PNEUMOTHORAX. BY R. DOUGLAS POWELL, M.D.

THE following is a summary of Dr. POWELL's paper. 1. There is a constant tendency in phthisis to the occurrence of pneumothorax, though this tendency is commonly counteracted by the adhesions which take place between the pleurae. 2. The softening down of tubercular masses and the ulceration round them are the commonly recognised causes of the production of pneumothorax; but this phenomenon is sometimes produced by a different morbid process, which results in the formation of a sinus analogous to those leading from diseased bone or old abscesses in limbs. 3. The character of the dyspnoea in pneumothorax resembles more that of cardiac than pulmonary disease. 4. The most important physical signs are excessive resonance, with suppressed or very feeble respiration on the affected side, and displacement of the heart to the opposite side. 5. The intensity of the symptoms in pneumothorax, and likewise the prognosis, are dependent on—*a.* The condition of the lung at the time of rupture. *b.* The nature of the opening. *c.* The state of the other lung. *d.* The previous condition of the patient. 6. Though in all ordinary degrees of lung collapse the pulmonary circulation is not appreciably affected, yet, in the complete collapse of the lung in pneumothorax, the circulation through it is

greatly impeded. 7. The air-pressure within the pleural cavity in cases of pneumothorax has not hitherto been ascertained. In five experiments made *post mortem* by the author, it varied from two inches to six inches of water. 8. The result of the impediment to the circulation through the affected lung is a disturbance of the relation normally existing between the pulmonary and systemic circulations. This disturbance is in a measure compensated for by the capacity of the venous, and more particularly of the portal, system, admitting of considerable accumulation of blood, and consequent retardation of its return to the right auricle. The indications for treatment are dependent upon the different modes in which death may occur—viz: by asphyxia, from pressure on lung causing obstruction to the circulation; by shock; by exhaustion. The principal methods of treatment to be considered are: paracentesis; bloodletting, by opening a vein or cupping; purgation, by hydragogue cathartics; opium administered by mouth, or by subcutaneous injection of morphia; stimulants.

Dr. J. W. OGLE said that pneumothorax was generally said to occur most frequently on the left side; while Aran and Trousseau had stated that pleurisy occurred generally on the right. In twenty-four cases of pneumothorax at St. George's Hospital, he had found fourteen on the right side and eighteen on the left. Dr. Powell was correct in laying stress on the physical signs rather than on the general symptoms: the latter—as in a case recorded by Sir T. Watson and in one which he had seen—were sometimes altogether absent. Perforation might also occur without either physical or general symptoms: as in a case where a layer of lymph covered the opening in the lung and prevented the air from escaping into the pleural cavity. He considered that the mediastinum must be pressed on, and the heart pushed aside, by the side which was distended with air.

Mr. C. BROOKE said that the passage of fluid through a flexible tube might be impeded either by increasing the convolutions of the tube or by diminishing its calibre. The first of these conditions occurred in simple collapse of the lung: when there was fluid pressure, there would be diminution of calibre.

Dr. HARE related a case which he had seen, seventeen or eighteen years ago, with Dr. V. Brown, of pneumonia at the apex of the left lung in a girl. Perforation occurred; and, the dyspnoea being intense, an incision was made between the first and second ribs, which gave exit to a large quantity of fluid. The patient recovered, and was quite well when heard of a few years ago.

Mr. V. EDWARDS said that operation would be unadvisable in many cases of pneumothorax; and when advisable, it would be difficult.

SUBGLOTTIC GOUTY DISEASE OF THE LARYNX, REQUIRING TRACHEOTOMY, SUBSEQUENTLY DEGENERATING INTO CARCINOMA; WITH A COMMUNICATION BETWEEN THE TRACHEA AND OESOPHAGUS. BY SIR G. DUNCAN GIBB, BART., M.D.

The author, in the second edition of his work on *Diseases of the Throat*, had drawn attention to the subject of oedema of the larynx in its supraglottic and subglottic anatomical relations. The diagnosis of these forms of oedema could be made with the laryngoscope, which would guide the treatment to be pursued. The nature of the effusion differed in the two forms of oedema: in the supraglottic it was serous; and in the subglottic, as a rule, fibrinous. He now brought forward a new condition of subglottic disease of the larynx, partaking of oedema in its latter stages, but occurring as a consequence of gout, and requiring an operation to save life. The case in illustration was that of a clergyman, aged 58, who consulted the author in September, 1863, for hoarseness and aphonia, and who had been subject to gout since the age of seventeen, being seldom free from the disease. He drank a bottle of sherry daily. His voice, always powerful, was equal to three octaves; and he had worked hard at his vocation. The varying aphonia and hoarseness had been present eighteen months, following forcible exertion of the voice in his church when suffering from a cough. He had been comparatively well otherwise, but had taken much colchicum for his gout. Latterly cough had been persistent, with pain in the throat, and liability to take cold. The voice was decidedly hoarse and rough, though low in tone, and sounded croupy, and as if there was obstruction within the larynx. The laryngoscope showed pendency of the epiglottis, chronic tumefaction and redness of the interior of the larynx, and distinct folds or swellings of the membrane below the vocal cords in the subglottic space. Under topical and general treatment all this improved, but the subglottic swellings remained ill-defined, though distinctly visible on the right side. In April, 1864, he had great dyspnoea, associated with bronchitis; and had been ill again with his throat for some weeks, the result of cold and gout together. The glottis was now found so much contracted, and the obstruction from oedema so great in the subglottic region, that tracheotomy was performed by Mr. Holthouse, with immediate relief, although done under diffi-

culties from the shortness of the neck and the almost steel-like ossification of the rings of the trachea. In a little while he returned to his home in the country, and went about as usual. He was still subject to gout, and frequent attacks of bleeding from the wound in the neck. In the beginning of 1865 cancerous disease showed itself in the neck, throat, and larynx. On the 23rd of March the disease opened into the pharynx, and a fistula formed, which allowed liquids and solids to pass into the trachea, proving fatal on the 17th of May. After death, a large passage was found between the larynx and the fundus of the pharynx. The larynx was blocked up with scirrhous masses, and in the subglottic space the irregular growths or prominent folds at first seen were blended with the cancer. All the viscera were healthy. The author had no doubt that the subglottic disease was originally fibrinous oedema, induced by the gout, which had attacked the larynx.

Dr. GREENHOW doubted whether the case related was one of true gouty disease of the larynx.

CORRESPONDENCE.

THE EDINBURGH UNIVERSITY SCHOOL.

SIR,—The letter of Dr. Bennett, which appeared last week in the *BRITISH MEDICAL JOURNAL*, has been submitted to the judgment of the Edinburgh University Court, as containing false and calumnious statements seriously affecting the character of the school.

Edinburgh.

I am, etc., JAMES SYME.

CHOLERA THEORIES AND PRACTICE.

SIR,—It may not be without interest to you and to your readers to learn that the papers and discussions on cholera, which have occupied so prominent a place in the pages of your *JOURNAL* during the last three years, have excited great attention in India. I feel, in common I believe with many of my professional brethren in India, that, by the free ventilation of this important subject, you and your contributors have conferred a great service on the profession, while you have done much to remove prejudice and to advance knowledge. I am convinced, and this conviction is shared by most men who have had large experience of the disease, that Dr. George Johnson has given us the true key to the pathology of cholera; and I feel certain that his doctrines will soon be universally received and acted upon. From my own experience of twenty-one years in India, I can bear testimony to the accuracy of all the statements upon which Dr. Johnson most relies in his efforts to refute the now discarded theory of collapse from loss of water, and to establish his own theory of the stop-cock action of the minute pulmonary arteries caused by the irritation of a poison in the blood.

There are often, as Dr. Johnson maintains, symptoms of blood-infection and of general constitutional disturbance prior to the commencement of the symptoms referable to the alimentary canal. There is often an inverse relation between collapse and discharges; in fact, in my experience, the most rapidly fatal cases have been those where there was little or no vomiting or purging before collapse set in. It is true, as Dr. Johnson states, that the discharges from the blood and from the alimentary canal continue while the symptoms of collapse are passing off. In short, I agree with the writer of that remarkable article on cholera in the *Saturday Review*—the writer being, as we learnt from your authoritative statement, Sir Thomas Watson—that “Dr. Johnson’s seems a reasonable theory. It is a founded on a true analogy, it is consistent with the symptoms noticed during life, and with the conditions discovered after death. We may therefore legitimately regard it, until fairly refuted, as a sound, as well as a most important and ingenious theory. In truth, it derives strong confirmation from the fact that it unlocks, like the right key, the whole of the pathological intricacies of the disease.”

Then as to treatment. Hitherto, the true theory and pathology of cholera having been unknown, the different modes of treatment adopted, according to the caprice or fancy of the practitioner, were purely empirical; and I can only say, as regards myself, that extensive experience in India had rather taught me what should *not* be done, than what ought to be done, in the treatment of this formidable disease. I have for a considerable time past arrived at the conclusion that the astringent and stimulant treatment was not only useless but positively injurious. I am quoting from memory, not having my reports or records at hand, but will give a few instances of what has occurred both in my practice and that of others in support of my argument. During a cholera epidemic at a large military station in India, two regiments

were quartered with only a forty foot road separating the lines and hospitals; in one of those hospitals there were 27 cases of cholera treated on the stimulating plan; that is, brandy and opium, assafoetida, and ammonia, given liberally. Of the 27 cases, 23 or 24 died. In the other regiment, the men, on being admitted to the hospital, were given a calomel purgative guarded by opium, followed by iced water or soda water in reasonable quantities, and beef-tea. Of the 21 cases thus treated, 16 or 17 recovered.

During the epidemic which occurred in the city and civil lines at Lucknow last year, 1867, there were upwards of 2,000 cases subjected to various modes of treatment in the several institutions under my supervision, the deaths being about 49·4 per cent. In the lunatic asylum, which was more immediately under my own care, there occurred four cases only in the female wards. The treatment was, calomel purgatives guarded by opium, and strong soup repeated often in small quantities with a liberal allowance of cooled soda water. All recovered. This may have been a very happy coincidence, but it is nevertheless a very curious fact.

I have no time to say more at present, but I shall be happy to communicate the results of my experience more in detail on some future occasion. I cannot, however, conclude these remarks, without expressing my surprise at the tardiness with which Dr. Johnson’s professional brethren in England have come forward to acknowledge the great benefit he has conferred on science, and doubtless on humanity at large. I feel convinced that, sooner or later, his views on this subject must be accepted; and, when once generally acknowledged by the profession to be correct, his doctrines will be the surest stepping-stone to a more consistent and successful mode of practice than has hitherto been adopted.

I am, etc.,

H. M. CANNON, M.B.Lond.,

Surgeon-Major Bengal Army, Civil Surgeon of Lucknow, on leave.
14, St. James’s Square, May 1868.

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF CAMBRIDGE.

ST. JOHN’S COLLEGE.—We noticed in our last number that two scholarships in Natural Science had been awarded by St. John’s College, of the value of £50 *per annum* each. It is highly gratifying to learn that, although the College only offered one scholarship for competition, which was obtained by Mr. A. Garrod, yet in so highly satisfactory manner was the examination passed by Mr. Edmunds, that the examiners felt bound to recommend the Master and Fellows to award that gentleman an equal scholarship. We congratulate both these gentlemen on their success, more especially as these are the first Natural Science scholarships that St. John’s College has awarded. The examination-papers—copies of which we have been favoured with, and which are at the service of any of our correspondents—are difficult, most searching, and wide.

MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.—Friday, May 8th, 1868.

FEVER AT THE MAURITIUS.—Colonel NORTH asked the Secretary of State for War whether it was true, as stated in the *Times* of the 2nd of April, with regard to the military stationed at the Mauritius, that there was now an ample supply of quinine and other drugs, which there had not been at first, and which were most useful in meeting the attacks of fever now prevalent in that island.—Sir J. PAKINGTON was happy to say that there was not, and had not been, any deficiency of medical supplies such as that represented. The statement must have been founded upon a misapprehension. This statement has since been called into question.

INFECTIOUS DISEASES.—Sir J. C. JERVOISE moved for an inquiry into infection, in a motion the unintelligible terms of which we have already quoted. He said that it had not been proved that small-pox was communicated in a single instance.—Mr. LIDDELL supported the motion, under the mistaken impression that the honourable baronet was moving forwards an extension of the Contagious Diseases Act, which it seems was for a moment shared by Sir John Pakington and Lord Robert Montagu, who seemed favourably disposed to such a measure.—Mr. BRUCE corrected the error, rebuking the mover of the resolution for upholding derision of vaccination, and the motion was withdrawn.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in anatomy and physiology, at a meeting of the Court of Examiners, on May 11th; and, when eligible, will be admitted to the pass examination:—

T. J. W. Slater and William Roberts (Students of St. Bartholomew's Hospital); T. S. Gardiner (of the Manchester School); R. A. Jamieson (of Cork); Wm. Williams and W. H. Elmes (of the Dublin School); and C. S. Heap (of the Belfast School).

The following gentleman passed on May 12th:—

William Russell, William Jones, R. C. Holman, Wright Nicholson, H. E. Hudson, Burford Norman, and J. W. Ekins (Students of Guy's Hospital); David Brown, R. P. Griffith, Thomas Price, and D. W. Thomas (of the Dublin School); Cornelius Biddle and Josiah Oliver (of Charing Cross Hospital); George Willis and Charles Irving (of St. Bartholomew's Hospital); H. F. H. Newington and Frederick Stedman (of University College); Richard Snagg (of King's College); J. W. Moss (of the Manchester School); A. E. Kennedy (of the London Hospital); and William Collins (of the Westminster Hospital).

It is stated that sixteen candidates out of the forty-four examined, failed to acquit themselves to the satisfaction of the Court, and were consequently referred to their anatomical and physiological studies for a period of three months.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH: DOUBLE QUALIFICATION.—The following gentlemen passed their first professional examinations during the April and May sittings of the examiners.

Anderson, William O., co. Derry	Jones, Lewis, North Wales
Baker, Oswald, Middlesex	Langley, Aaron, Surrey
Brown, William, Dundee	Lennon, John Luke Irwin, Dromore
Campbell, Archibald, Perthshire	M'Gregor, John, Perthshire
Cox, D. C., Annan	Moon, David Steele, Perthshire
Evans, William Watkin, Wales	Ollerhead, Thos. James, Denbighshire
Fairclough, Thos. B., St. Asaph	Rae, Thomas, Caithness
Garland, T. H., Norfolk	Schuster, Edwin, Ulverston
Gibson, James, Forfar	Somerville, John, Moffat
Heuston, Robert R., Tipperary	Sutherland, John A., Wick
Hutchison, John, Beattock	Tracey, Dalton, Hull
Jones, James A., Aberayron	Walker, John, Preston

The following gentlemen passed their final examinations, and were admitted L.R.C.P. Edinburgh and L.R.C.S. Edinburgh.

Anderson, John, Forfarshire	Jefferiss, Walter R. Spence, Dalkeith
Brown, Dugald Blair, Glasgow	Lyne, Daniel John, co. Cork
Croom, John Halliday, Sanguhar	Malcolm, Donald, Caithness-shire
Eagleton, Joseph, Staffordshire	Morrison, William French, Aberdeen
Gowans, William, Prestonkirk	Norman, John William, Cumberland
Greene, Richard, Boston, U.S.	Nyhan, John, Cork
Hackett, John Byrne, co. Cork	Park, David Scott, Hawick
Handyside, Arthur, East Lothian	Thomson, Thomas Smith, Edinburgh
Hutcheson, George, Glasgow	Tyrell, Samuel Mathias, India
Hunter, John Gilland, Madras	Ward, Wm. John Cuthbert, Durham
Huthwaite, Lewis Allsopp, Cumberland	

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—The following gentleman passed his first professional examination, on April 1st.

Smith, William Woodriff, Middlesex

The following gentlemen passed their final examinations, and were admitted Licentiates of the College, during the April and May sittings of the examiners.

Armstrong, James, Dumfriesshire	Fulton, William West, co. Down
Arthur, John, Slamannan	Hall, James, Lancashire
Bell, Robert, Alnwick	M'Lean, Allan, Melbourne
Bigger, David, Glasgow	Macmillan, Angus, Canterbury
Burman, James Wilkie, Southampton	Porteous, Robert Burnett, Lancashire
Byass, Edgar Spry, Sussex	Rabagliati, Andrea C. F., Edinburgh
Chambers, Robert, Tyrone	Robertson, Robert T. C., Lancashire
Craig, William, Avondale	Shives, John, Aberdeenshire
Cumming, James, Edinburgh	Taylor, Richard, Oxfordshire
Dick, Robert, Dundee	Troutbeck, James, Cumberland
Evans, David, Wrexham, N.W.	Wilson, George, Renfrewshire

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, May 7th, 1868.

Gill, William, Anstey's Lea, Torquay
Harris, William, Redruth, Cornwall
Lee, Barnard John, Wheatcroft, Crich, Derby
Lubbock, Richard Girdlestone, Burton Crescent, W.C.
Nicholls, William Howard, Kennington

At the same Court, the following passed the first examination:—
Wilkinson, William Henry Whiteway, University College

MEDICAL VACANCIES.

The following vacancies are declared:—

BIRMINGHAM GENERAL DISPENSARY—Resident-Physician, Consulting-Physician, and Consulting-Surgeon.

BRIGHTON AND HOVE DISPENSARY—Two Resident House-Surgeons.
BRITISH LYING-IN HOSPITAL, Endell Street—Two Physicians.
BRIXTON, STREATHAM HILL, &c., DISPENSARY—Resident Medical Officer.
CAMBRIDGE UNION—Medical Officer for the Workhouse.
CAMBRIDGE UNIVERSITY—Tancred Student in Physic at Gonville and Caius College.
CHELSEA, BROMPTON, and BELGRAVE DISPENSARY—Physician.
CHESTER GENERAL INFIRMARY—House-Surgeon and Visiting-Surgeon.
CLAREMORRIS UNION, co. Mayo—Medical Officer for the Ballindine Dispensary District.
DENTAL HOSPITAL OF LONDON—Assistant Dental Surgeon.
DUBLIN, TRINITY COLLEGE—King's Professor of the Practice of Medicine.
EDINBURGH ROYAL INFIRMARY—Resident House-Surgeon.
HORNCASTLE UNION, Lincolnshire—Medical Officer for the Hemingby District.
KENT & CANTERBURY HOSPITAL—Assistant House-Surgeon and Dispenser.
KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND—King's Professor of the Practice of Medicine.
LEXDEN and WINSTREE UNION, Essex—Medical Officer for District No. 9.
LITTLEMORE PAUPER LUNATIC ASYLUM, near Oxford—Assistant Medical Officer.
LOCHBROOM—Parochial Medical Officer.
MUIRKIRK, Ayrshire—Parochial Medical Officer.
NAAS UNION, co. Kildare—Medical Officer for the Robertstown and Kilmeague Dispensary District.
PRESTELYN UNION, Radnorshire—Medical Officer.
ROYAL GENERAL DISPENSARY, Bartholomew Close—Physician and Assistant-Physician.
ROYAL SURREY COUNTY HOSPITAL, Guildford—House-Surgeon.
SLIGO UNION—Medical Officer for the Ballymore Dispensary District.
STOKE NEWINGTON DISPENSARY—Assistant to the Resident Medical Officer.
TRIM, co. Meath—Surgeon to the Constabulary.
TRIM UNION, co. Meath—Medical Officer for the Fever Hospital and Union Workhouse.
WEST LONDON UNION—Medical Officer for the Workhouse.

MEDICAL APPOINTMENTS.

BANKS, W. M., M.D., appointed Curator of the Museum of the Liverpool Royal Infirmary School of Medicine.
***MADDEN**, Thomas More, L.K. & Q.C.P.I., elected Assistant-Physician to the Rotunda Lying-in Hospital, Dublin.

ARMY.

BARRY, Assistant-Surgeon T. S., Royal Artillery, to be Staff-Assistant-Surgeon, *vice* J. R. Crawford.
CREAR, Staff-Surgeon J., to be Staff-Surgeon-Major, having completed twenty years' full-pay service.
FARMER, Assistant-Surgeon W. L., 16th Lancers, to be Staff-Surgeon, *vice* J. N. Bell, M.D.
MAJOR, Staff-Assistant-Surgeon N. B., to be Assistant-Surgeon 16th Lancers, *vice* W. L. Farmer.
MUIR, Inspector-General W. M., M.D., C.B., to be Honorary Physician to the Queen, *vice* Sir J. B. Gibson, K.C.B., M.D.

ROYAL NAVY.

ANDERSON, William (a), Esq., Surgeon (additional), to the *Victory*, for the Royal Marine Artillery.
DUNLOP, James C., Esq., Acting Assistant-Surgeon (additional), to the *Implacable*, for service in the *Sea Lark*.
HARVEY, F., Esq., Staff-Surgeon (additional), to the *President*, for the Royal Naval Reserve.

MILITIA.

DEBENHAM, H. K., Esq., to be Surgeon Radnorshire Militia.
EVANS, J. T., M.D., to be Assistant-Surgeon Hertfordshire Militia.
GAINES, C., Esq., to be Assistant-Surgeon 2nd Somerset Militia.
OSBALDESTONE, L. F., Esq., to be Surgeon Hertfordshire Militia.

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

DICKINSON, J. B., M.D., to be Assistant-Surgeon 1st Durham E.V.
HASTINGS, H., Esq., to be Assist.-Surg. 1st Administrative Battalion Norfolk R.V.
WILSON, J., Esq., to be Surgeon 1st Durham E.V.

BIRTHS.

BELL.—On May 8th, at Rochester, the wife of *James V. Bell, M.D., of a daughter.
DOWN.—On May 6th, at Normansfield, Hampton Wick, the wife of *J. Langdon H. Down, M.D., of Welbeck Street, of a son.
HARLEY.—On May 7th, at 25, Harley Street, the wife of *George Harley, M.D., F.R.S., of a son.

MARRIAGES.

GARMAN, Cornelius E., Esq., Surgeon, of Bow Road, to Charlotte, youngest daughter of John DAILEY, Esq., Manchester, at Stratford, on April 30th.
SMITH, Cleveland, Esq., Surgeon, of Tunbridge, to Elizabeth Maria, youngest daughter of the late William DOWNING, Esq., of St. James's, Southwark, at Broadwater, on April 29th.

DEATHS.

BUNNETT, Henry Bowers, Esq., Surgeon, at Carlton Hill, St. John's Wood, on May 9th.
GERVIS.—On May 10th, at 33, Adelaide Road, Haverstock Hill, Mary, wife of *Frederick H. Gervis, Esq., Surgeon.
LUCE.—On May 7th, at Wincanton, Somersetshire, Louisa Maria, wife of *J. J. Luce, M.D.
***McNICOLL**, David H., M.D., at Southport, aged 54, on May 10th.

OPERATION DAYS AT THE HOSPITALS.

MONDAYMetropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY.....Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—National Orthopaedic Hospital, 2 P.M.—Royal Free, 9 A.M.

WEDNESDAY..St. Mary's, 1.15 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Great Northern, 2 P.M.

THURSDAY...St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.

FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 1.30 P.M.

SATURDAY...St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8 P.M. Dr. Dick, "On an Endoscope"; Dr. Oppert, "A Case of Visceral Syphilis"; Dr. Thorowgood, "On Biliary Calculus"; Dr. Sedgwick, "On Laryngeal Cold"; Dr. Day, "On the Spinal Origin of Rheumatism."

TUESDAY.—Pathological Society of London, 8 P.M.—Anthropological Society of London.—Statistical Society.

WEDNESDAY.—Geological Society.

THURSDAY.—Harveian Society of London, 8 P.M.—Chemical Society.—Zoological Society.

FRIDAY.—Royal Institution.

NOTICES TO CORRESPONDENTS.

All Letters and Communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen Street, Lincoln's Inn Fields, W.C.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

CORRESPONDENTS not answered are requested to look to the Notices to Correspondents of the following week.

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

AUTHORS OF PAPERS, desirous of having extra copies printed for their own use, are requested to communicate with the printer, Mr. Richards, 37, Great Queen Street.

We are compelled by pressure on space to omit our report of the proceedings of the Convocation of the University of London, and other articles and letters.

WE CROONIAN LECTURES AT THE ROYAL COLLEGE OF PHYSICIANS.

SIR,—In the note by Dr. H. B. Jones to his second Croonian Lecture, published in the JOURNAL of May 9th, I find a list of "contradictions between the book of Genesis and the revelation given in God's works", which, to me, seem to be more apparent than real. 1. I presume the learned lecturer is scarcely prepared to deny that light may and does exist independently of the sun; for, not to mention the light emanating from the fixed stars, we have the electric lights called aurora borealis and australis, and the light emitted by the glow-worm, fireflies, and various kinds of mollusca. 2. With regard to the "entity of light and darkness", I take it to be a *façon de parler* merely; as St. Paul says, "I speak after the manner of men, because of the infirmity of your flesh"; and, moreover, I, for one, cannot see the "contradiction". 3. I cannot find that the text of Genesis ascribes an independent light to the moon. The words are, "the lesser light to rule the night"; signifying, in the Hebrew, the secondary or borrowed, as well as "lesser" light. 4. Dr. Jones must admit that water, essentially of the same nature as the sea, does exist in the firmament, or gaseous envelope that surrounds the globe, in the form of vapour. 5. With reference to the "order and time of creation," I respectfully submit that, in the present embryonic and most unsatisfactory state of the science of geology, the question is still *sub judice*.

I feel very deeply upon this matter, in common, I am sure, with the great majority of your readers; and, hoping you will insert these remarks in an early number of the JOURNAL, I am, etc., W. T. GREENE, A.B., M.B. Dub. Moira, May 1868.

ST. THOMAS'S OLD STUDENTS BIENNIAL DINNER.

SIR,—Will you kindly permit us to make it known that the Subcommittee appointed to make arrangements for the Old Students' Dinner delayed fixing the date until the last moment, in the hope that it might be held either on the day of laying the foundation-stone of the new hospital, or on the day after or immediately preceding that occasion; and it was only when they found it altogether impossible to make the two events concur that they selected Thursday, May 21st. Their aim has been from first to last to consult the convenience and wishes of the old students who reside at a distance as well as of those in town; and they have fixed upon a Thursday in accordance with the feeling expressed at the committee meeting held March 6th, as it was then considered that this would be the most convenient day of the week for all parties. The dinner will take place on May 21st, at 6 P.M., as advertised.

By order of the Subcommittee,
J. WALL HICKS, B.A., M.D., } Honorary
W. WARWICK WAGSTAFFE, B.A., } Secretaries.

. The above letter was delayed in transmission, and arrived too late for insertion last week.

NOTICE TO ADVERTISERS.—Advertisements should be forwarded direct to the Printing-Office, 37, Great Queen Street, W.C., addressed to Mr. Richards, not later than *Thursday*, twelve o'clock.

PREPARATION OF COCOA.

The dietetic effects of cocoa and chocolate differ in many important respects from those of tea and coffee, chiefly in that, to their aromatic and stimulating properties, they add highly nutritious and invigorating qualities. According to the mode of preparation of cocoa, it may, as Dr. Brinton has pointed out, be made so as to be little more than a weak aromatic and stimulant, or a nourishing food rather than a stimulating drink. This depends upon the quality of cocoa selected, the process of manufacture, and the degree in which, by skilful preparation, the starch, gum, gluten, and oil—its highly nourishing elements—are made available. The cocoa-nibs contains as much as 22 per cent. of starch and gum, 20 of gluten, and 51 of fatty matter, cocoa-butter, with a of the characteristic alkaloid theobromine. It is, therefore, an admirable aliment; but while, on the one hand, in the decoction of "cocoa-nibs", the greater part of these valuable ingredients are wasted, on the other, in many of the triturated and prepared cocoas which are sold, it happens, either from the excess of starch and sugar which are added, from the inferior qualities of the cocoa used, or from a want of skill in the preparation, that they are deficient in flavour, and seem almost devoid of the aromatic and stimulant qualities which are derived from the preservation of their alkaloids and the development of volatile oils in their torrefaction. We may say, after examination, that the Maravilla Cocoa, manufactured by Taylor Brothers of London, and of which they are the sole proprietors, is an excellent preparation; it is very agreeable in flavour; it retains in suspension the valuable properties of the nuts, and, by its highly aromatic flavour, affords testimony to the excellence of the cocoa from which it is prepared, and to a very skilful and careful mode of manufacture, the result of their elaborate machinery producing, as it does, what may justly be called the perfection of prepared cocoa.

"FORESTFUL."—Read Mr. Solly's address at the annual meeting of the Royal Medical and Chirurgical Society. The biographical notice of Sir William Lawrence appeared in this JOURNAL on July 13th, 1867. Lawrence's Lectures were published by Callow, Princes Street, Soho, in 1816, and dedicated to Dr. Farre.

MR. T. M. EVANS.—The papers were duly received.

CARBOHEMIA.

SIR,—I hope your correspondent, "M", will not deem me uncourteous, as I do not mean to be so; but he has not yielded sufficing evidence that Messrs. Hengell and Russell slept habitually with open windows, and, notwithstanding, died tubercular. "M" does not state that he attended Hengell and Russell; that he saw their windows habitually open; that he diagnosed their complaint; and, if any doubt lurked, that he performed the needfully corroborative *post mortem* examination. Surely "M" is aware that strict circumstantial evidence, evidence without circumlocution or flaw, would be needful to establish a pathological point of so much importance as that which he essays to put forth. Will he kindly refer me to some already published statement, with name and date; in short, furnish the data which every alleged fact in science must supply ere it can be entertained. I have myself examined the question of tubercle-generation for years past, and never once did I encounter a case, where I could get at the antecedents, which was not preceded by the respiration habitually of air already more or less pre-breathed. Open air life and action, with air at night absolutely unprebreathed, air as pure as that which flows on the hill-side or the roof-top, will exempt the weakest and most infirm person otherwise from tubercle. Whereas, a very giant in stature, strength, and stamina, shall not, by reason of these endowments, escape tubercle deposit if he only breathe long enough air sufficiently charged with the carbonic acid of respiration. I gave advice once to two men, who had been teachers of gymnastics. One was a Swiss, the other a native of Dublin, but both were tubercular, and both had slept in dens where the air was not renewed. The evidence which I furnish in this subject, in my treatise on Phthisis, seems to me perfectly incontrovertible. I have known more than one instance of persons who became tubercular after ceasing to sleep with open windows; and it is not to be expected that a person in an advanced stage of phthisis should cease to be phthisical by reason of open windows. But I never knew an instance of tubercular disease in one who slept, and who had always slept with open windows in such wise that the sleeping chamber air was ceaselessly and effectively renewed. And I do not believe myself that tubercular disease, under such circumstances, is a possible occurrence. Even a day life in the open air will not always suffice to ward off tubercle, as I have shown by recorded instances cited in my treatise, when the air breathed at night is not adequately freed from the products of prior respiration. I am, etc., Belfast, May 1868. HENRY MAC CORMAC, M.D.

PLUGGING THE POSTERIOR NARES IN CASES OF PERSISTENT EPISTAXIS.

SIR,—I should object to passing any instrument into the nose in order to remove the plug for fear of renewing the hæmorrhage. The plan I have several times adopted is to leave a piece of silk long enough to reach from the plug *in situ* to the teeth, and I beg the patient to swallow it. It remains in the œsophagus without producing any apparent discomfort, and it may be caught hold of at any time with a blunt hook or a pair of long forceps, and the plug be removed or readjusted, if found necessary. I am, etc., Talbot Terrace, Westbourne Park, W., April 1868. NEWTON B. C. LEE.

THE ASSISTANT'S LICENCE AT THE SOCIETY OF APOTHECARIES.

N. N. (Liverpool) asks: "What privilege is conferred on those gentlemen who take the assistant's license at the Society of Apothecaries?"

. The certificate covers "the compounding and dispensing of medicines", and offers a guarantee of fitness for the duties undertaken.

DR. O'REILLY's letter has been forwarded.

MEDICAL TITLES.

SIR,—I wish to put a case for your decision. A gentleman, who has practised as a general practitioner for a great many years, and who, some nine years ago, took his M.D. at Aberdeen, but who has no diploma of the London College of Physicians, now charges half a guinea per visit, and writes his prescription; in short, practises precisely as a pure physician. Does an Aberdeen degree give this power to graduates practising in London? The same gentleman styles himself a Physician; and, in the "street list" of the *Medical Directory*, puts "Phys." after his name. I am, etc., M.B.

. Under the Medical Act, all registered British degrees are available for practice in any part of the kingdom. A Doctor of Medicine of a British University can hardly be wrong in calling himself Physician.

SUPPLY OF THE JOURNAL TO NEW MEMBERS.—The Secretaries of the Branches, and other members who take an interest in the increase of the Association, will greatly aid the economical working of the financial department if they will kindly send at once to the General Secretary the names of intending new members.

PROFESSOR HUMPHRY'S Lecture on Torsion of Arteries will appear next week.

THE CONTAGIOUS DISEASES ACT.

SIR,—In your number of March 7th, p. 233, Mr. Holmes Coote makes some pointed remarks on prostitution under this heading. From cases under his own care, he shows that women of the town are seduced by men in their own rank of life, not by their superiors; that they are of common extraction, and take to prostitution as a living or an amusement. Many will doubtless agree with Mr. Coote. When a hospital resident in one of the chief manufacturing towns, I was surprised at the throng of venereal cases which choked the waiting-rooms, the patients belonging pretty equally to all those ranks of the lower orders which are technically termed "petty tradespeople", "working-classes", "labourers", and "the residuum". Of the women, very many were married or widowed; and, when asked what family they had, they generally mentioned spontaneously how many children they had had before marriage, and how many afterwards. Many of the unmarried women, on admission as patients, described themselves as "prostitutes" or "professionals", with the greatest naïveté. For this, I can vouch from my own experience; but, on mentioning it to a good many professional brethren and clergymen, they surprised me still more by detailing their own. Their testimony is so startling, that one is unwilling to believe it; but one can scarcely do otherwise when considering their personal character and the swarms of venereal cases one sees in out-patient practice. They disclosed a state of morality like that in the East End of London, to which a clergyman has recently drawn public attention, under the euphemism of "free marriages". A man cohabits with a woman, but never thinks of going to the expense of marrying her, unless she brings him several children; then, perhaps, it may be worth his while to do so, for he can send the children to the factory, and live on their earnings in idleness at home. It appears that women of the lower orders can scarcely be said to have been "led astray", for they have never been taught right from wrong at home. They are not only "brought up to prostitution as a living", as Mr. Coote says, but they are often actually seduced by their parents. The question, "Who is the father of the child?" often elicits the shocking but unblushing reply, "My own father, sir"; and a medical man, well known in the profession, has even assured me, that he once went to a house and found a man in the same bed with his own mother, each of them suffering from syphilis, and each reviling the other for being the cause of the complaint.

London, April 1868.

I am, etc.,

R. T. W.

S. T.—We learn on inquiry that Mr. Hyde Clarke, in his notice respecting Dr. James M'Craith, R.N., published in the *Athenæum* a week or two ago, is in error respecting the terms on which his friend obtained the Fellowship of the Royal College of Surgeons. It was *not* conferred on him in virtue of any of his communications on lithotomy; but by election, on the recommendation of six Fellows, and by the payment of the usual fee.

A SUGGESTION FOR THE TREATMENT OF ANEURISMS OCCURRING NEAR THE SURFACE.

SIR,—A plan has occurred to me, by which the sac of an aneurism might be completely filled with an impervious substance incapable of absorbing fluids, and by which the channel would be completely occluded, and an opportunity given for the formation of a clot above and below the sac. The whole operation might also be carried out by a single subcutaneous wound. I have designed for its performance a silver tube, which I shall term the air-tube, having a small India-rubber bag attached to one end of it, which bag should be sufficiently thin and pliable to be retracted within the tube. The other end of the tube should be furnished with a screw, to which a second tube, having a stopcock, might be attached; and, lastly, there should be a small pair of bellows, which could be applied to the end of the tube beyond the stopcock. A tourniquet and a trocar and cannula would also be requisite; the cannula being of sufficient diameter to allow the passage of the air-tube through it. The operation might be carried out as follows. A tourniquet being placed loosely over the artery leading to the aneurism, the trocar should be plunged into the sac and withdrawn, leaving the cannula, through which the air-tube should be quickly passed into the cavity. Then, by passing a blunt probe along the air-tube, the India-rubber bag would be extruded. The next step would be to empty the sac, by applying pressure to the artery, through the tourniquet previously placed over it. This having been accomplished, the cannula should be withdrawn, and the piece of tube having the stopcock should be attached to the end of the air-tube. Then, by opening the stopcock, and applying the bellows to the end of the tube, the India-rubber bag might be inflated until it had reached a size sufficient to completely block up the channel. This being done, the air should be retained by turning the stopcock, and the tourniquet gradually slackened. If thought advisable, the sac might be supported externally by a hollow compress and bandage. When pulsation ceased in the artery near the sac, the air in the India-rubber bag should be gradually and cautiously allowed to escape, so that the aneurismal sac might contract; and eventually the whole apparatus might be withdrawn, and the wound closed, without air having come into contact with the interior of the sac throughout the whole treatment.

March 1868.

I am, etc.,

JOHN P. BANKS.

A FELLOW.—There was a meeting of the Council on Thursday last, at which you might have been admitted had you applied. You cannot vote until you have signed the bye-laws. There will be at least another meeting before the election. Write to the Secretary.

THE PUFF INDIRECT.—L.K.Q.C.P.I. (Dublin) calls our attention to the following paragraph in the *Irish Times*, for which he asks the further publicity of our columns: "Dr. Ferand, a French physician, has just succeeded in re-uniting the finger of a cook, which had been lopped off and thrown away. The severed part recovered both warmth and sensitiveness. A similar successful re-union was lately performed by Dr. Walter Bernard, L.K.Q.C.P., of Londonderry. A shirt-collar cutter had half-an-inch cut off the top of the middle finger of the left hand by a circular knife. The severed portion of the finger was brought to Dr. Bernard ten or twelve minutes after the accident had occurred, dirty, out of some rubbish. The particles of dust and blood having been removed, the piece was replaced, the portion of the nail attached to the separated part being used as a guide, an union was effected, which Dr. Bernard ascribes 'to the perfect coaptation of the surface, warmth, a good constitution, and securing the hand across the chest to prevent any disturbance of the parts.'"

NOTICES of Births, Marriages, Deaths, and Appointments, intended for insertion in the JOURNAL, should arrive at the Office not later than 10 A.M. on Thursday.

THE PATHOLOGY AND DIAGNOSIS OF LEPROSY: IS IT CONTAGIOUS?

SIR,—The above subject has lately much engaged the attention both of the medical profession and the public. There is at the present time, I believe, a committee appointed by the College of Physicians to report upon Leprosy to the Government. May I take the liberty of calling attention to the book of Leviticus, chapters 13 and 14, for a description of the disease, its pathology, diagnosis, and treatment? This is interesting at the present time, as it shews the great attention paid to hygiene in those early times, and as in the person of the High Priest we see an analogy to the health-officer of the present day, endowed with full power to stamp out contagious diseases, by even burning the houses, if necessary. (*Vide* chap. xiv, verses 35 to 45.) My attention has been drawn to the subject from reading a work written by the Rev. A. Bonar, entitled *A Commentary on the Book of Leviticus*, the 13th and 14th chapters of which, concerning leprosy, are well worth reading.

When in India (Calcutta Presidency) in 1846-47, I saw several cases of leprosy. A Government official connected with the Pilot Establishment, who was reported to me as very successful in treating skin-diseases and leprosy, informed me that he gave the biniodide of mercury, from one-twenty-fourth to one-twelfth of a grain for a dose internally, and used it as an ointment externally for tumours, one scruple to an ounce of lard. He had got his information from Thomson's work on *Materia Medica and Therapeutics*. I have since then, in several instances, used the biniodide of mercury, both internally and externally, with great success. Whenever I have a case of obstinate skin-eruption that will not yield to arsenic or the iodide of potassium, my practice is to give either the biniodide or the bichloride of mercury, sometimes with arsenic, which very seldom fail. The beneficial action of this preparation of mercury on leprosy and skin-disease, makes me think sometimes that leprosy is in some way connected with the venereal disease; but probably the more correct explanation is, that the patient caught syphilis in a constitution with an hereditary tendency to leprosy, and so developed the disease. The ancients considered the disease contagious, or they would not have had such severe laws to isolate it. The general opinion, however, amongst the natives in India, is, from what I could learn, that the disease was not contagious, but constitutional and hereditary—that is, a blood-disease; and such is my opinion. In this country, I have had under my care only one case which I could call real leprosy, in a young single female, who, from the disfigurement, was obliged to keep entirely indoors. No other case occurred either in the family or in the parish. In Mr. Bonar's work, Job's affliction is stated to have been elephantiasis, an incurable sort of leprosy.

I am, etc.,

J. G., AN ASSOCIATE.

MR. DAVIS (Heytesbury).—Dr. Budd's paper relating to Steam in Croup was published in the *Medical Times* of January 19th, 1852.

WE are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The *Newcastle Daily Journal*, May 6th and 7th; The *Southport Visitor*, May 12th; The *Building News*, April 24th; The *Wine and Spirit Gazette*, May 13th.

COMMUNICATIONS, LETTERS, ETC., have been received from:—

Mr. Chapman, Oxford; Dr. J. Wale Hicks, London; Dr. Farre, London; Dr. Rumsey, Cheltenham; Mr. F. Davies, Pershore; Mr. T. Symptom, Lincoln; Dr. Radford, Manchester; Dr. Bryan, Northampton; Mr. Davis, Heytesbury; Dr. Daniel Hooper, London; Mr. Thomas Smith, London; Dr. Wade, Birmingham; Mr. Sedgwick, London; Messrs. Black and Co.; Mr. Welsh, Shrewsbury; The Honorary Secretary of the Royal Medical and Chirurgical Society; Dr. Luce, Wincanton; Mr. James Robertson, Edinburgh; Dr. T. More Madden, Dublin; Dr. Hawkesley, London; Dr. Duchenne, Boulogne; Mr. Ibbetson, London; Mr. T. Watkin Williams, Birmingham; Dr. Bryan, Northampton; Mr. Syme, Edinburgh; Dr. Marshall, Clifton; Dr. Gamgee, Edinburgh; Dr. Lory Marsh, Nottingham; Mr. T. M. Evans, Hull; Dr. G. H. Williams, Rhyl; Mr. Spencer Watson, London; Dr. Oppert, London; Dr. H. Barnes, Carlisle; Dr. George Johnson, London; Dr. Mapother, Dublin; Dr. E. Symes Thompson, London; The Honorary Secretaries of the Metropolitan Association of Medical Officers of Health.

LETTERS, ETC. (with enclosures) from:—

Dr. H. Bence Jones, London; Mr. N. Heckford, London; Dr. Sharpey, London; Mr. Garland, Yeovil; Mr. Berkeley Hill, London; Mr. Sneath, Bath; The Treasurer of St. Bartholomew's Hospital; The Treasurer of St. Thomas's Hospital; The Secretary of University College Hospital; Dr. Drysdale, London; Mr. Coleman, London; Mr. Osmand Vincent, London; Dr. Lomas, London; The Secretary of Apothecaries' Hall; Dr. John Murray, London; The Registrar-General of England; Mr. T. M. Stone, London; The Registrar-General of Ireland; Mr. St. George Mivart; Dr. F. J. Brown, Rochester; Mr. William Copney, London; The Honorary Secretary of the Harveian Society; Mr. George Lawson, London; Dr. Habershon, London; Dr. Horace Dobell, London; Dr. T. Laycock, Edinburgh; Dr. H. Simpson, Manchester; Mr. Langston Parker, Birmingham; The Secretary of the Royal College of Surgeons, Edinburgh; Dr. O. Sturges, London; Dr. Gracey, Northumberland Artillery; Dr. Holman, Reigate; Mr. A. B. Steele, Bath; Dr. O'Reilly, Ireland; The Registrar of the Medical Society of London; Sir Henry Thompson, London; Mr. T. Nunneley, Leeds; Dr. J. C. Reid, Newbiggin-by-Sea; Dr. Dyce Duckworth, London.

BOOKS, ETC., RECEIVED.

Health; and the Means of Preserving it. By Francis Edwards, M.R.C.S. Denbigh; 1868.
First Principles of Medicine. By Archibald Billing, M.D., A.M., F.R.S. Sixth Edition, Revised and Improved. London; 1868.
Annual Report of the Southport Convalescent Hospital and Sea-Bathing Infirmary, for the Year 1867. Southport; 1868.
The Essentials of Materia Medica and Therapeutics. By A. B. Garrod, M.D., F.R.S. Third Edition, revised and much enlarged. London; 1868.