

He also asserts that hospitals seem generally to be much more healthy when built than after they become used for a few years.

"For example, Mr. Liston told me that for years after he was transferred from Edinburgh to the charge of the new surgical hospital at University College, London, his success appeared to himself to be astonishing. Mr. Potter published the statistics of the amputations in University College Hospital for the first five or six years after the hospital was opened. The deaths amounted to 1 in 6 or 7 of those operated upon. In the last returns which I have seen published (1855-57), the deaths had more than doubled, for they had increased to above 1 in 3. In 1752, the first Professor Munro published the results of the first 99 or 100 limb amputations performed in our own Infirmary here. Of the 100, only 8 died, or 1 in 12. The last tables published show a death-rate from the same operations of above 30 in 100, or 1 in 3."

He also brings forward, for consideration in the new scheme to rebuild the Infirmary, the claims of the Maternity Hospital, which, he truly observes, presents an interior so wretched and poverty stricken as to be discreditable as an hospital to Edinburgh and its medical school. He trusts that an obstetric hospital will be added to the proposed new Infirmary; and suggests that it should be built cheaply, with temporary rooms and wards, and separated from the other hospital buildings.

IRELAND.

THE IRISH POOR-LAW SYSTEM.

As it is likely that the Irish Poor-law and medical-relief system may be extended to English districts, it may be well to mention some works in which that organisation is described. Much information on the subject will be found in Nicholl's *Irish Poor-Law*, Moore's *Compendium of Poor-Law*, Mapother's *Public Health* and *Carmichael Essay*, as well as in the annual Reports of the Poor-law Commissioners, 1851-67.

DR. STOKES'S MEMOIR OF THE LATE DR. PETRIE.

DR. STOKES has just added to his many valuable labours an elaborate memoir of the 'greatest of Irish archaeologists, whose researches and theories respecting the Round Towers, and other interesting objects of Irish antiquity, commend his memory to the learned of every nation as well as those of his own. Amidst the toils and cares of professional practice, Dr. Stokes has found time to write the life of his friend, and it has been published for the benefit of the surviving relatives of the deceased archaeologist. Dr. Stokes, Sir Wm. Wilde, and others in the profession in Dublin, were always known as ardent lovers of the ancient history and art of their country, as well as Dr. Todd, Dr. Graves (now Bishop of Limerick), and other divines. It is said that Dr. Stokes will be the next President of the Royal Irish Academy.

KING AND QUEEN'S COLLEGE OF PHYSICIANS.

ON Friday the 8th instant, at a special meeting of the President and Fellows, Dr. Thomas Hayden was elected Censor, and was appointed Examiner in the Practice of Medicine, *vice* Dr. Little, who resigned his office of Censor on his recent election to the Registrarship. There was not any other candidate. Up to the year 1761, when the ancient mode of examining for medical degrees by opposing and defending theses prevailed in Dublin, as elsewhere, the Censors of the King and Queen's College of Physicians, who must be chosen annually from among the Fellows, were the Examiners for Dublin University Medical degrees. Their Collegiate duties as Censors were such as are named in the Charter of 1692-3, and in subsequent Acts of Parliament—as, for example, in "Lucas's Act," whereby they are empowered and directed to see after the Apothecaries' shops, and to destroy all adulterated drugs. The two Senior Fellows who had not previously served, and the two Junior Fellows for the time being, were generally chosen as Censors. The chartered and statutory functions of the Censors have, however, long ceased to be actively exercised; and now their duties are in fact those of Examiners for the License of the College; their University examiner-ships having come to an end in 1761, in consequence of their having

refused to comply with the desire of the Provost and Senior Fellows of Trinity College, who wished them to examine, for the Degree of M.B., Mr., afterwards Sir Fielding, Ould, the eminent obstetrician. This refusal was grounded on the then received opinion, that the position of an obstetrician was beneath and incompatible with that of a physician. How completely professional opinion has since changed on this point may be instanced from the well-known fact, that, for a considerable time back, most of the higher offices of the Dublin College of Physicians have been filled by Obstetricians. Dr. Hayden is Physician to the Mater Misericordiae, one of the best of the Dublin hospitals; and one in which the patients are nursed by a religious order of ladies in the Roman Catholic Church. He is Professor of Anatomy and Physiology in the School of Medicine of the Catholic University; and, as our columns have often testified, he has long been a physician of remarkable energy and ability, as well as an original and scientific observer, and a frequent contributor to the records of the Dublin Medical Societies.

ASSOCIATION INTELLIGENCE.

BATH AND BRISTOL BRANCH.

THE third ordinary meeting of the above Branch will be held at the Royal Hotel, Bristol, on Thursday, January 21st, 1869, at 7 P.M.; R. N. STONE, Esq., President, in the Chair.

The following papers are expected:—1. The Use of Obstetric Instruments (III). By J. G. Swayne, M.D.—2. Gonorrhoeal Rheumatism. By A. Prichard, F.R.C.S.—3. Some of the Benefits arising from the Treatment of Wounds by Carbolic Acid. By Nelson Dobson, Esq.—4. Laryngo-Tracheotomy. By H. W. Freeman, Esq.

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

12, Meridian Place, Clifton, January 1869.

THE NEW GLOUCESTERSHIRE BRANCH.

THE first general meeting of this newly formed and already flourishing Branch was held on January 7th, at Gloucester. Forty-five gentlemen have at present attached themselves to the Branch, twenty-four of whom are also newly elected members of the Association. The following are the names of the gentlemen who, as old members of the Association, belong to the new Branch:—Dr. Evans (President), Dr. Batten, Dr. Colledge, Dr. Cook, Sir William Linton, Dr. Kilgour, Dr. Rooke, Dr. Rumsey, Dr. Sankey, Dr. T. Smith, Mr. Allard, Mr. Blagden, Mr. Dalton, Mr. Ellis, Mr. Morris, Mr. Swinson, Mr. Graves, Mr. Tilton, Dr. Wilson, Mr. Wethered, Mr. Fleischmann (Honorary Secretary).

Election of New Members.—It was proposed by Dr. BATTEN, seconded by Mr. FLEISCHMANN, and carried *nem. con.*—"That the following gentlemen be elected members of the Association and of the Branch: Mr. Cripps, Mr. Averill, Dr. Askwith, Mr. Bradley, Mr. Bridgman, Mr. Boughton, Mr. Bubb, Mr. Cookson, Mr. Devereux, Mr. Dutton, Mr. Elcum, Mr. Fowler, Mr. Goodlake, Mr. Gimblett, Dr. Hatton, Mr. Hickes, Mr. Proudfoot, Mr. Simmons, Dr. F. Smith, Mr. Stott, Mr. Tyte, Dr. Walters, Mr. Watson, and Mr. Wickham."

It was proposed by Mr. CRIPPS, seconded by Mr. DALTON, and carried *nem. con.*—"That this meeting confirms the past proceedings of the Provisional Council, and adopts the rules of the Branch as they at present stand."

Dr. Rumsey and Dr. Sankey were elected to represent the Branch at the Council of the Parent Association.

The following gentlemen were elected as officers and Council for the calendar year 1869:—*President:* T. Evans, M.D. *Honorary Secretary:* A. Fleischmann, Esq. *Members of Council:* W. Allard, Esq.; R. W. Batten, M.D.; E. Cripps, Esq.; T. R. Colledge, M.D.; Sir William Linton; T. M. Rooke, M.D.; W. H. O. Sankey, M.D.; H. W. Rumsey, M.D.; R. W. Graves, Esq.; E. T. Wilson, M.B.; T. Hickes, Esq.; and T. Smith, M.D.

The PRESIDENT (Dr. Evans) read a paper on Venesection.

Dr. RUMSEY moved a vote of thanks to Dr. Evans for his extremely valuable and practical paper, which vote was seconded by Dr. T. SMITH, and carried by acclamation.

The next meeting of the Council will be held on Thursday, March 4th; and the next general meeting of the Branch early in May.

THE NOMENCLATURE OF DISEASES.

III.

THE most laborious task which the Nomenclature Committee had to perform, though not perhaps intrinsically the most difficult, was undoubtedly that of naming diseases. The selection of which one out of several names (all perhaps of equal authority for one disease) should be recommended for general use; the determination as to whether certain so-called "diseases" or "affections" were really diseases or affections deserving a place in the nomenclature; the question as to whether certain newly recognised or newly described diseases were sufficiently well established to be included in the list; the question always arising, and always to be determined for each organ on special grounds, as to how far it was desirable to discriminate and name separately the morbid conditions of the component parts or tissues of that organ,—these and many other like difficulties must have been constantly present to the Committee, and must have influenced and impeded them at every step. And, indeed, a number of distinct principles, some apparently in antagonism with one another, have obviously guided the Committee both in their enumeration of diseases and in their choice of names for them. Some of these have been clearly indicated by Sir Thomas Watson. He says: "In the English list of names, it seemed desirable that as little deviation as possible should be made from those employed by the Registrar-General of England; otherwise his settled plans and his forms of returns, which have been followed for years, would require to be remodelled. Again, it is desirable that all lists should consist, as much as may be possible, of short names—names comprised in one word, or in the fewest words; also, in the nomenclature proper or national, that they should be names in common and popular use, especially when these are single, or short and distinctive, and imply no erroneous or doubtful theories. Names are not necessarily to be excluded, however, merely because they may seem to express only vague or imperfect knowledge; such names as Dropsy, Convulsions, Palsy—disorders which may severally depend upon various and different morbid changes within the body, not always easy of recognition. It has been well observed by Dr. Farr, whose aid has been of great value to the Committee, that the refusal to sanction such terms as these in the registration of diseases 'would have an obvious tendency to encourage reckless conjecture' in making returns."

It may be added, that the Committee have manifestly endeavoured, where there has been a choice of names, to select those which appeared to have a definite value attached to them, rather than those which, however old and respectable they might be, had undergone or were undergoing change of meaning, and had thus become of vague or uncertain signification. Thus Enteric Fever has been preferred to Typhoid Fever, and Spinal Atrophy to Tabes Dorsalis; and thus, or on allied grounds, the names of True Aneurism and False Aneurism—names which every one used, but no one, perhaps, used quite in the same sense as his neighbour—have slipped out of the Nomenclature; and those venerable names of bone-tumours, which were the despair of our student-days, have been superseded by a more modern nomenclature, and have no place left them even among the synonyms. It may be added further, that they have ventured in some cases to introduce slight modifications of names, as Cerebro-spinal Fever in place of Cerebro-spinal Meningitis, and Chronic Osteo-Arthritis instead of Chronic Rheumatic Arthritis: in some cases, to give a definite value to names before indefinite or used in various senses: thus they have determined that Bright's Disease shall retain its original force as a generic term for various forms of acute and chronic kidney-diseases attended with albuminuria, and they have excluded from Morbus Addisoni both Cancer and Tubercle of the Suprarenal Capsules: in some cases, to combine allied, but hitherto for the most part separately named, morbid conditions under one generic title, thus they have combined the various forms of Leprosy and Psoriasis under the name of Psoriasis, and they have used the term Tinea for all those affections of the skin marked by the growth of vegetable parasites, and for those alone; and finally, they have not hitherto received specific names, such for example as the terms in two or three cases given names to morbid conditions which have Acute and Chronic Pneumonic Phthisis, to indicate those forms of

lung-diseases well-known to pathologists, in which the characters of low pneumonia so closely resemble those of infiltrating tubercle, or conversely, that it is difficult, if not impossible, to distinguish between the two conditions.

The attempt to make as accurate a list as possible of morbid conditions, yet, in naming them, to do as little violence as possible to the nomenclature or nomenclatures in common use, has necessarily led to a somewhat motley list of names—a list, that is to say, in which Greek, Latin, and English names jostle one another, in which diseases pathologically distinct appear often to be linked with one another by their names, and in which names of closely allied diseases have often nothing in them to indicate their relationship. How far the Committee have steered judiciously among the difficulties with which their path was beset, and how far they have been successful in their selection of names for use, time and the judgment of the profession will show. Meanwhile, it is manifest that, in their selection of names, as well as in their classification, their guiding principle has been convenience, rather than logical consistency; they have aimed, in fact, at making their Nomenclature meet the requirements of the profession at large, rather than at making it satisfy the critical few.

Throughout both sections of General Diseases, definitions are numerous; elsewhere in the volume, they are "few and far between". It is obviously desirable that all names of diseases should be used by every one strictly in the same sense; and the object of the Committee, in framing their definitions, was clearly to ensure, so far as they might be able, such uniformity of use. But accurate definitions are exceedingly difficult to frame; and definitions, even if framed with care, are still very often found either too narrow or too wide, or otherwise inaccurate in their terms, and then useless, or worse than useless. Whether it was due to the continued sense of this difficulty, or whether it was owing to the fact that local diseases are less in need of definition for their identification, or whether it was partly due to both of these considerations, we do not presume to say; but the sudden diminution in the proportion of defined to undefined diseases at page 41, where General diseases end, is not a little remarkable.

With regard to the definitions themselves, they are perhaps generally as good as the small number of words of which they severally consist allow of their being; but it cannot be denied that some of them are unsatisfactory, or incomplete, or otherwise faulty. In certain cases, no doubt, a definition is absolutely necessary. As, for example, when a disease new to nosology is introduced; thus Cerebro-spinal Fever, of which the names Malignant Purpuric Fever and Epidemic Cerebro-spinal Meningitis are given as synonyms, is defined as "a malignant epidemic fever, attended by painful contraction of the muscles of the neck and retraction of the head. In certain epidemics, it is frequently accompanied by a profuse purpuric eruption, and occasionally by secondary effusions into certain joints. Lesions of the brain and spinal cord and their membranes are found on dissection." Or when a term, hitherto loosely applied, is intended to be used in a stricter sense: thus Remittent Fever is defined as "a malarious fever, characterised by irregular repeated exacerbations, the remissions being less distinct in proportion to the intensity of the fever. It is accompanied by functional disturbance of the liver, and frequently by yellowness of skin. *Note.* The malignant local fevers of warm climates are usually of this class."—a definition which obviously excludes many of those affections which, in ordinary medical parlance, go under the name of Remittent Fever. Or when, again, owing to the rapid progress of microscopical and chemical pathology, older notions and older names of diseases are being replaced, or have lately been replaced, by exacter knowledge and a new nomenclature, as is the case with the various forms of Cancer, and is especially the case with Non-malignant Tumours, all varieties of both of which are, as far as seemed necessary, carefully defined. There are certain other cases, however, in which (unless, indeed, every name had been defined) definitions have, as it seems to us, been introduced superfluously. As examples of this superfluity, we may mention Mumps, defined as "an epidemic and contagious affection of the salivary glands;" Muscular Rheumatism, defined as "pain in the muscular structures, increased by motion;" and Hydrothorax, defined as "passive dropsy of the pleura."

Besides definitions, synonyms are often added after the names proposed for general use. The Committee have evidently not attempted to give an exhaustive list of synonyms, but have here and there added one, when it is a well-known name, and when, perhaps, its entire omission from the Nomenclature might have been inconvenient. It need scarcely, however, be pointed out, that the list of synonyms is greatly increased by the introduction of the foreign equivalent names, especially of the Latin equivalents, many of which are necessarily familiar names, and in common use: such are Variola, Varicella, Morbilli, Febris Rubra, Pertussis, Rachitis, and many others. The synonyms are sometimes serviceable for identification, or as tending to fix the sense of the name selected for

use: as Cirroid Aneurism, *syn.*, Arterial Varix; Fæcal Fistula, *syn.*, Artificial Anus; Acute Bright's Disease, *synonyms*, Acute Albuminuria, Acute Desquamative Nephritis, Acute Renal Dropsy. Among old-established or well-known names found here only among the *synonyms*, we may enumerate Acute Hydrocephalus as the *synonym* of Tubercular Meningitis, Tic Douloureux as the *synonym* of Facial Neuralgia, Atheroma as the *synonym* of Fatty Degeneration, Leucorrhœa as the *synonym* of Catarrh of the Vagina, and Plica Polonica as the *synonym* of Tinea Polonica.

It is not easy to give such an analysis of the names employed in the Nomenclature as should be either interesting or useful. In the preceding portions of this review, almost everything in the work, except the actual names of diseases, has been considered at greater or less length; and some notion too of the character of the names selected has been afforded in the various extracts which have been quoted. We shall, nevertheless, in conclusion, make a few comments on this head.

And first of *General Diseases*. The names here are almost all of them true English names, or foreign names which have become English by adoption. Thus, among the former are Small-Pox, Cow-Pox, Chicken-Pox, Measles, Scarlet Fever, Glanders, Farcy, and many others; and, among the latter, Dengue, Influenza, Phagedæna, and Beri-Beri. It is unimportant, but nevertheless a little odd, that, in such a list, Equinia Mitis should have been preferred to Grease. In their subdivision of Syphilis and of Cancer into varieties, the Committee were, of course, fully alive to the present state of pathological knowledge in regard to these diseases; but, while refusing to perpetuate effete names, they seem to have properly hesitated to adopt all modern refinements (not to say eccentricities) of nomenclature. Syphilitic Diseases are divided into the three groups of Primary, Secondary, and Congenital; the first group being made to comprise, as varieties, Hard Chancre (Indurated Bubo), Soft Chancre (Suppurating Bubo), Phagedænic Sore, and Sloughing Sore; but those symptoms which have latterly been called Tertiary are here incorporated, as they formerly were, with Secondary Syphilis. The varieties of Cancer here enumerated are, Scirrhus, Medullary Cancer, Epithelial Cancer, Melanotic Cancer, and Osteoid Cancer; Villous Cancer being shown, in a note, to be only an accident, as it were, of the disease; while Chimney Sweeper's Cancer (except as a *synonym*), Pancreatic Sarcoma, and a host of other names, are wholly omitted. We are glad to see that it has been thought right to give a number to Febricula, which is defined as "simple fever of not more than three or four days' duration;" and to retain Puerperal Fever, in that general sense in which it is commonly understood and applied.

Local Diseases.—The list of Diseases of the Nervous System appears to be tolerably exhaustive. The Committee have included, as might have been expected, Thrombosis and Embolism among Diseases of the Brain, but have made them varieties, or rather subvarieties, of Diseases of the Cerebral Arteries; the arrangement being as follows,

74. Diseases of the Cerebral Arteries.

a. Degeneration.

b. Aneurism.

c. Impaction of Coagula. 1. Thrombosis. 2. Embolism.

They have also, in deference to more recent views, made separate diseases of Paraplegia and Locomotor Ataxy. We observe, too, from the fact of Infantile Convulsions, Epilepsy, and Convulsions being distinguished from one another by numbers, that the term Epilepsy is intended to be strictly limited to those cases in which the epileptiform phenomena are independent of organic disease of the brain, and in which, also, they are not due to eccentric causes. There are few well-known names which have been omitted; and even those respectable old fogies, Red-softening, Yellow-softening, and White-softening, find a place. A single omission certainly strikes us; it is that of the affection termed by Trousseau Glosso-laryngeal Paralysis—a rare affection, certainly, but a remarkably characteristic affection, and certainly much more important than Scriveners' Palsy, which occupies a position, though a subordinate one, in the Nomenclature. The disease admits, however, of registration under the head of Local Paralysis, as a variety of that affection.

Diseases of the Eye are naturally given at considerable length; and it may be observed, that the names selected for use are generally such as others besides eye-doctors can understand. It could scarcely have happened otherwise than that a few hard words should have been retained—such, for example, as Dacryolith, Madarosis, and Blepharospasmus. Under the heading of "Various Defects of Sight", we recognise the affection now generally known as Astigmatism; but confess we are a little surprised to find that the Committee have contented themselves with the terms Short Sight and Long Sight, as alone applicable to defects in the adjustment of the eye to distance, considering how clearly Donders has shown that under the term Long Sight, or Presbyopia, two entirely distinct conditions have been included—one

which he terms Hypermetropia, and has shown to be the true opposite to Short Sight; the other true Presbyopia, which, though generally apparently opposite to Myopia, may actually coexist with it.

We pass over two or three short sections, and arrive at that of Diseases of the Circulatory System. Under the head of Diseases of the Heart and its Membranes, there is not very much to call for remark. We may, perhaps, point out that "Excess of Fat" on the Heart" and "Fatty Degeneration" have been properly distinguished from one another; that "Fibrinous Concretions in the Cavities of the Heart" have been recognised as a cause of Death; and that the term "Acute Aneurism" of the Heart has been introduced in a special sense. "This term," the Committee say, "has been applied to those cases in which blood becomes effused into the substance of the heart, owing to inflammatory softening and rupture of the endocardium and muscular tissue." Under the head of Diseases of the Blood-vessels, we find Dilatation of Artery distinguished from Aneurism, which latter is divided into Fusiform, Saccular, and Diffused only. Those Special forms of Arterial Disease, Dissecting Aneurism (under the name of Partial Rupture of Artery), Traumatic Aneurism, Arterio-venous Aneurism, Aneurismal Varix, Varicose Aneurism, Cirroid Aneurism, and Aneurism by Anastomosis, are all separately enumerated.

The most noticeable features under Diseases of the Respiratory Organs are perhaps the facts that Cirrhosis is adopted as a recognised disease of the lungs; that two new terms (to which we have before adverted)—namely, Acute and Chronic Pneumonic Phthisis—have been introduced; and that Millstone-makers' Phthisis, Grinders' Asthma, and Miners' Asthma, have each a number and a place given to them. We may add, that Pulmonary Apoplexy is to be called henceforth Pulmonary Extravasation; and that Hæmoptysis is made a variety of Passive Congestion.

Diseases of the Digestive System of Organs are given at great length, and of these nearly one-fourth are diseases of the teeth, gums, and alveoli. This latter fact is not perhaps surprising, when the great and special attention which is now-a-days bestowed upon the teeth is taken into consideration. It is satisfactory, however, to recognise, judging from the list, that writers on tooth-pathology have not exercised their ingenuity in the invention of crack-jaw names. We remark that the Committee recognise two forms of Thrush—viz., Thrush (simple) and Parasitic Thrush; and that they have distinguished Tonsillitis from Quinsy, and have given each of them a number. The term Cynanche, it may be here added, has no place in the Nomenclature, except in two instances where it appears as a *synonym*—Cynanche Tonsillaris, as the *synonym* of Quinsy; and Cynanche Maligna, as that of Sloughing Sore Throat. It need scarcely be said that Syphilitic Deposit in the Liver has not been overlooked among the diseases of that organ. The Pigment Liver of Frerichs has not, however, been included.

In the section of Diseases of the Urinary System, we observe that Bright's Disease is made a generic term, to include—1, Acute Bright's Disease (which is identified by the appended *synonyms* as Acute Albuminuria, Acute Desquamative Nephritis, or Acute Renal Dropsy); and 2, Chronic Bright's Disease, which has, as subdivisions, (a) Granular Kidney, (b) Fatty Kidney, and (c) Lardaceous Kidney.

Diseases of the Generative Organs (male and female) are necessarily very numerous, and, so far as we can see, very complete; but there is nothing special either in the names or in their arrangement calling for remark. We perceive, however, an exhaustive list of "Affections connected with Pregnancy", including disorders of the nervous, circulatory, and other systems, which, it is pointed out, are secondary only, and therefore unnumbered, and, in fact, are given here obviously as a hint or guide to medical practitioners; and further, under No. 708, "Mechanical Obstacles to the Action of the Uterus", a list of obstacles, which, curiously enough, exactly equal in number the letters of the alphabet, and are lettered as varieties accordingly.

Diseases of the Organs of Locomotion (Bones, Joints, Muscles, Tendons, etc.), at first sight, are hardly so numerous as might have been expected. An examination of the list, however, shows that this is chiefly due to the fact that a large number of the diseases, though mentioned here, are numbered and to be registered in other parts of the Nomenclature. This is the case with venereal, gonorrhœal, cancerous, scrofulous, rickety, rheumatic, and gouty affections, together with all injuries; and hence, out of twenty named diseases of the muscles, nine are referred for registration elsewhere, and only eleven are numbered under the head of Muscular Diseases; and, of twenty-three forms of joint-diseases which are comprised in the Nomenclature, fifteen only are enumerated among the Diseases of the Joints.

The Cutaneous System is well represented; and there are a few points in regard to its diseases which deserve notice. Psoriasis, as we have before pointed out, is made to include all the scaly diseases ordinarily called Lepra, as well as those to which the term Psoriasis has been

usually applied; the specified varieties being Psoriasis Vulgaris, Psoriasis Guttata, Psoriasis Diffusa, Psoriasis Gyrata, Psoriasis Inverterata. All affections believed to be due to the growth of vegetable parasites are distinguished by the prefix Tinea; they are Tinea Tonsurans (Ringworm), Tinea Decalvans (Alopecia Areata, or Porrigo Decalvans), Tinea Favosa (Favus, Porrigo Favosa), Tinea Versicolor (Ptyriasis Versicolor), and Tinea Polonica (Plica Polonica). Both of these are, we think, steps in the very desirable direction of simplifying the nomenclature of skin-diseases. As also tending to simplification, we are glad to see that, although most of the best known varieties of the best known skin-diseases are named, corrections have been expressly made in regard to some which are now known to have been erroneously named. Thus we are told that Lichen Lividus is merely a form of Purpura; that Strophulus Albidus is a variety of Acne, (and it has been christened, therefore, Acne Strophulosa); that Strophulus Volaticus must be referred to Erythema as Erythema Fugax or Volaticum; and that the disease called Pemphigus Gangrenosus is the same as Rupia Escharotica, which it is in future to be called.

The names of poisons, injuries, operations, and congenital malformations are, almost without exception, in English, and call for no comment beyond what has been already made in regard to them; viz., that they are fairly exhaustive, and have all evidently been carefully considered. The names of animal and vegetable parasites, however, are all given in Latin, synonyms being very rarely added. The authority for the name selected is, with scarcely an exception, appended; and, in addition to this, the very useful information of the *habitat* of the parasite, or of the disease which its presence produces: as, for example, *Eustrongylus Gigas*, *habitat*, Kidney, Intestines; *Distoma Crassum*, *habitat*, Duodenum; *Hexathyridium Pinguicola*, *habitat*, Ovary; *Achorion Schonleini*, *habitat*, Tinea Favosa; *Microsporon Furfur*, *habitat*, Tinea Versicolor.

We here complete our review of the valuable work which has been carried out by the Joint Committee appointed by the Royal College of Physicians of London. We endeavoured, in our first article, to give an abstract of the work, and to explain the objects with which it was framed, and the mode in which it is to be employed; in our second article, we discussed it as a classification of diseases; and, lastly, we have considered it in its details. We have endeavoured to do full justice to what, we must repeat, is a work of the highest importance to all British practitioners of medicine; but it is not easy in a review to do justice to a dictionary, and it is still less easy to do justice to a list of names. It is easy to find fault, and we have here and there yielded to temptation; for the kind of work before us is one with which any person who pleases may find abundant fault. A careful perusal of it, however, a critical comparison of its various parts, and a temperate estimate as to how anything that seems objectionable might have been better done, will satisfy most persons, as they have satisfied us, that many things in it which appear, at first sight, to be faults, are in reality not faults; and that the work is, on the whole, thoroughly and well done, and is creditable alike to those who have laboured in its preparation, and to the College of Physicians, under whose auspices it was begotten, and under whose auspices it is now published.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JANUARY 12TH, 1869.

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

REMARKS ON THE NATURAL HISTORY OF RHEUMATIC FEVER.

BY WILLIAM W. GULL, M.D., AND HENRY G. SUTTON, M.B.

THE authors were desirous of bringing under the notice of the profession a few more cases of rheumatic fever which had been treated by mint-water, or, in other words, which had been allowed to run their natural course. They moreover desired to point out what appeared to be the natural course of rheumatic fever with reference to the heart, and to show in what proportion of cases the heart became involved when rheumatic fever was treated by mint-water; and, lastly, to consider if there is any evidence to prove that the heart is more frequently involved when rheumatic fever is treated by mint-water, or when treated by alkalies, by lemon-juice, or by blisters. This paper was based on twenty-five cases of rheumatic fever, twelve of which occurred in Guy's Hospital, most of them under the care of Dr. Gull, and thirteen occurred in the London Hospital, under the care of Dr. H. G. Sutton. The particulars of the twelve cases had been already recorded in the *Guy's Hospital Reports*, and the remaining thirteen cases were recorded in the present communication to the Society. Of these twenty-five cases, eighteen were females

and seven were males. The average age of the patients was nineteen years. All the patients were suffering from their first attack of rheumatic fever, and the disease was well marked. The temperature of the body during the acute symptoms reached in some cases 104 deg. and 103 deg.; in other patients it was 101 deg. and 102 deg. Taking an average of all these cases, the temperature was about 102 deg. during the acute stage. The average duration of the acute symptoms, as estimated by the thermometer and general symptoms, was ten days. Taking all the cases that had been recorded by the authors, the average duration was 9.1 days. The total duration of the acute symptoms from their commencement, including the time the patients were ill before coming into the hospital, to their cessation, was on an average seventeen days. The authors next proceeded to inquire if the duration of rheumatic fever was longer when treated on the expectant plan, or when treated by drugs; and they considered that no one plan of treatment had any great advantage as regards shortening the duration of the disease. Drs. Gull and Sutton agreed with Dr. Barclay in considering that we are not yet in a position to say that alkalies exercise any influence in curtailing the duration of the disease. They were also of the same opinion respecting lemon-juice. With regard to Dr. Herbert Davies's blister treatment, they remarked that it relieved very much the pain and sufferings of the patients in some cases; but it did not appear to curtail the rheumatic process. The authors remarked, "Our cases appear to us to teach that the rheumatic process runs its course under the expectant treatment as favourably as under the treatment by drugs." Drs. Gull and Sutton next proceeded to inquire what evidence there is to show that the drug treatment prevents the heart from becoming diseased, and they gave a detailed account of the state of the heart in their twenty-five cases. Every one of these twenty-five patients were suffering from their first attack of rheumatic fever, and twelve of the number had organic disease of the heart when admitted into the hospital; two had some, but not very well-marked, evidence of organic disease of the heart when admitted; and in eleven there was no heart-disease on admission. No organic disease of the heart supervened while under treatment, and the heart was healthy when these eleven patients left the hospital. The experience gained in these cases of rheumatic fever, which were allowed to run their natural course uninfluenced by drugs, tended to prove that, if patients are admitted into the hospital suffering from a first attack of rheumatic fever, and the heart is not diseased on admission, it will very rarely become organically diseased while patients are under treatment. The opinions of Drs. Garrod, Dickinson, Herbert, Davies, Geo. Owen Rees, and Basham were then quoted to show that the heart did not, or very rarely did, become diseased when rheumatic fever was treated in the hospital by full doses of alkali, by blisters, by lemon-juice, or by nitrate of potash, and the authors observed: "It appears to us that there is not sufficient evidence to prove that any of the advocated systems of treatment have power to prevent the heart from becoming diseased. In concluding that the treatment has prevented the heart from becoming diseased, we have not overlooked the fact that there might be no tendency at the time the patients were under treatment for the heart to become diseased, and our cases show that the good results which have been attributed to the influence of the remedies also occurred when no special remedies were used. Our cases, therefore, tend to teach that these good results were due, not to the drugs, but to the natural course of the disease." The authors then endeavoured to show that, when the heart becomes diseased in rheumatic fever, it does so at an early stage of the disease; and if it do not become diseased during the first week of the rheumatic fever, it rarely does so afterwards; and they gave abstracts from twenty-two cases of rheumatic fever to demonstrate this.

Drs. Gull and Sutton's conclusions were as follows. When the patient's heart was healthy on admission into the hospital, it was very rare for it to become organically diseased while the patients were under treatment by mint-water—or, in other words, when the rheumatic fever was allowed to run its natural course. The evidence before the profession shows that the heart very rarely became diseased while patients were under treatment in the hospitals, and that this was the case when patients were treated by alkalies, lemon-juice, or by blisters to the joints. There is not sufficient evidence before the profession to prove that any of the advocated remedies have power to prevent the heart from becoming diseased. In rheumatic fever the tendency is for the heart to become diseased during the first few days of the fever; and, should it escape the early days of the disease, there is each day a lessening tendency to its implication. Hence the cases would appear to show that, if at the end of the first week of the rheumatic fever the heart is free from disease, then there is little or no tendency for it to become diseased during the later weeks. The reason why the heart did not become diseased when rheumatic fever was treated by alkalies, blisters, and by lemon-juice is to be attributed, not to the influence of the drug, but to the natural course of the disease; for the patients did not c

be exempt from consumption, what becomes of the rebreathed air and carbon theory of its production?

The other matter to which I wish to allude is personal to myself, and only requires a few words. In the notice of binaural stethoscopes, various names are mentioned as inventors or improvers of the instrument. No mention, however, of the name of the real inventor occurs, although I thought that point had been long ago settled. The name omitted is that of
Yours, etc., ARTHUR LEARED.

TREATMENT OF TYPHOID FEVER.

SIR,—In your therapeutical memoranda of Saturday, Jan. 2nd, Mr. Shedd, under the head of "Treatment of Typhoid Fever", states that great success has attended his treatment of that disease by drachm-doses of glycerine three times a day.

Now, sir, such a memorandum of treatment is of no value without some details of the cases. There are no symptoms mentioned, but tenderness of the abdomen and diarrhoea (which may occur in almost any acute disease), and a temperature which we are allowed to infer was above 99 deg. The question at once arises, Were these really severe cases of typhoid fever? Mr. Shedd's only reason for believing them to be "of a more virulent type than usual", being that, from his "own observations and the information of others, forms of the typhoid class have been this year more than usually prevalent"; so Mr. Shedd forms his opinion of the virulence of the cases treated, not from the symptoms of those cases, but from the number of cases of the class which occurred in the district in which they were met with. If his therapeutical opinions are founded on similar data, I am afraid his memoranda are of little value. We should know the age, sex, length of time ill before treatment commenced, symptoms and duration of each case, and what other, if any, treatment was pursued, before we could form an accurate, or even reasonable estimate, of the value of Mr. Shedd's treatment. Mr. Shedd, also, seems to think that the absence of a death in a limited number of patients, is proof of a successful plan of treatment. Surely there are many more elements of success than mere freedom from death. Perhaps Mr. Shedd will favour us with more details of his cases; and also tell us what he means by fevers of the typhoid class—a class by no means well defined.
I am, etc.,

Dublin, Jan. 1869.

T. W. GRIMSHAW, M.D.

TREATMENT OF RHEUMATISM BY ALKALIES.

SIR,—The report, published in your last number, of the treatment in certain hospitals of rheumatic fever, must be considered, I think, very satisfactory, in showing that alkalies, as well as opium, where suffering continues great, are now generally considered to be beneficial remedies in this disease. There are, however, certain points in the treatment which, not noticed in some, and only touched upon in others, I consider so important, that I am surprised to find no greater stress put upon them; and therefore I trust that I shall not be trespassing too much on your valuable space by now referring to them.

Of the eight hospitals quoted, in two only is the absence of sheets recommended, and in two the use of flannel apparel. In one, cotton-wool is used to joints in *less acute* cases; and, in another, the joints are "commonly wrapped in cotton wadding"; and in a third only is it generally applied. In two, a milk diet is referred to. My experience, though undoubtedly small, when compared with that of the members of our profession whose names are quoted, leads me to believe that these are points most essential to be attended to in aiding this disease to run a limited course with freedom from heart-complication, and in giving the patient the greatest amount of comfort and diminution of pain during this period. I would, therefore, specially recommend:

1. That, in all cases, the patient should wear a flannel garment, and be laid between blankets.

2. That, on the first evidence of pain in a joint, a thick layer of cotton-wool should be smoothly wrapped round it, and firmly bound with a flannel bandage. This, if the pressure be *equally* applied, gives immediate comfort to the patient, as well as keeps the affected joints at rest—a point so specially referred to, as of benefit, by Dr. Weber.

3. That milk should be the chief article of diet in most cases during the early period of the disease; its efficacy and appreciation by the patient being greatly increased when combined with soda or potass water in equal parts.
I am, etc., A. MYERS,

Assistant-Surgeon Coldstream Guards.

Coldstream Guards Hospital, Windsor, January 1869.

BEQUESTS.—William Loxham Farrer, Esq., of 66, Lincoln's-Inn-Fields, has bequeathed to the Cancer Hospital, Brompton, and the Free Hospital, Gray's-Inn Road, each a legacy of £400.—A legacy of £500 has been bequeathed to St. Mary's Hospital by the late John Griffith Frith, Esq., of Wimpole Street, Cavendish Square.

OBITUARY.

HENRY G. WRIGHT, M.D.

By the premature decease, in his forty-first year, of Dr. Henry Wright of Harley Street, the profession in London loses one of its most accomplished and gifted members. Remarkable for social brilliancy, for wit, literary culture, and most amiable personal qualities, he was one of those who in this metropolis widen the reputation and deepen the hold of their profession by the possession of accomplishments which all can appreciate, and of the literary culture which adorns any profession.

Dr. Wright was educated at a public school in Gloucester, commenced his medical studies in Hereford Infirmary, and pursued them in Edinburgh and Paris. He graduated as M.D. of Edinburgh in 1851, and obtained subsequently some minor hospital appointments. Later, Dr. Wright was appointed Physician to the Samaritan Hospital—an appointment which, with others, he held at his death. As a medical author, he was best known by his little book on *Headaches, their Causes, and their Cure*, which has gone through many editions; and by his later elaborate, learned, and beautifully written treatise on *Uterine Disorders, their Constitutional Influence and Treatment*. Some of his best writings were anonymous. Those who remember the "Annotations" of the *Lancet* when they were first started, and did so much for the reputation of that journal—brilliant, witty, and learned notes, in every line of which there lurked a joke, a sarcasm, or a counsel, barbed or sheathed in classic guise—will have the best idea of his happiest and most effective style. Some of his contributions to the *Saturday Review* have been remarkable for their strength and brilliancy of style and thought. A chosen friend of Jerrold, Thackeray, and many of the wits past and present, and an able satirist, he was a man of gentle instincts, kind heart, and generous forbearance. Few men of the like literary habit have made more friends and fewer enemies. As a physician, he was judicious, kind, discriminating, and successful. He had conquered for himself a position in practice and in the profession which men "out of the hospital groove" find it very difficult to acquire. He dies at a moment when happy marriage, worldly success, and the esteem and affection of many friends, had made life very smooth for him, and its prospects very fair. His resignation and gentleness during an illness of some months (pleurisy, followed by empyema) were very touching.

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF OXFORD.

DR. BEALE'S DEMONSTRATIONS.—The Radcliffe librarian gives notice that, by direction of the trustees, demonstrations in histology will be given during the present term in the library at the Museum, by Professor Lionel Beale, F.R.S. The subject of the course will be the minute structure of nerve tissues and of the constituent elements of the brain in the higher animals and man. The demonstrations will be illustrated by specimens shown under the highest powers of the microscope, and by diagrams. They will commence on Tuesday, January 26th, at 8 P.M., and will be continued on all following Tuesdays during Term. All persons desiring to attend are requested to leave their names either at the library in the Museum, or at the City Public Library, not later than Saturday, the 23rd instant. No fees are required for this course.

UNIVERSITY OF CAMBRIDGE.

LECTURES ON MATERIA MEDICA.—The Downing Professor of Medicine gives notice that he or his deputy will deliver a course of Lectures on Materia Medica, Pharmacy, and Therapeutics during the ensuing Lent and Easter Terms. The lectures will be delivered in Downing College on Tuesdays, Thursdays, and Saturdays, at Twelve o'clock, commencing on Tuesday, February 2nd. Fee for the course £3:3. Members of the class who are desirous of further assistance, may also attend at the lecture room on alternate Tuesdays, at 7.30 P.M. when examinations will be held on the subjects discussed in the previous lectures, and the student's knowledge of drugs and their adulterations will also be practically tested.—The Museum, containing a full and complete collection of the various substances in the Materia Medica, is open daily.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.

At the meeting of the Council of the Royal College of Surgeons, held Thursday, January 14th, the Honorary Medal of the College was granted to Mr. W. L. Crowther, of Hobart Town. The Hunterian Oration and Dinner was fixed to take place on Monday, February 15th. At this meeting, a Report was read from the Committee, appointed some time ago, upon the Income and Expenditure of the College. The result proves, after very close and patient examination, that the annual income of the College may be taken to be some three or four hundred pounds in excess of its expenditure. Mr. Partridge's term of office as an Examiner has expired.

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 January 12th; and, when eligible, will be admitted to the pass examination:—

H. D. T. Savary, William Renwick, T. H. Cooper, and S. L. Herbert (Students of King's College); G. B. Wadsworth, F. W. Joy, J. O. Betts, and H. C. Cole (of the University College); B. A. Hewitt, W. J. Johnson, E. W. Alabone, and F. D. Grayson (of Guy's Hospital); W. A. Parker, Herbert Tatum, T. W. Hill, and L. E. Aitkens (of St. George's Hospital); Lewis Thorpe, W. H. Meredith, and J. P. Gaunt (of the Birmingham School); J. R. Liston and Herbert Norton (of St. Mary's Hospital); E. F. Brodie (of Dublin); Alfred Wright and W. M. Turner (of the Charing Cross Hospital); T. S. Horsford (of the London Hospital); C. P. Bellamy (of the Middlesex Hospital); Nathan Smedley (of the Liverpool Hospital); and Lord Tattersall (of St. Bartholomew's Hospital).

The following gentleman passed on January 13th:—

Thomas Hill, C. J. Wharry, and R. S. Robinson (Student's of St. Bartholomew's Hospital); Charles Allwork, A. F. Trenerry, and J. H. Ewart (of Guy's Hospital); S. T. Cass and S. A. Julius (of King's College); A. F. L. Dorin and Malcolm Morris (of St. Mary's Hospital); J. A. Kite and E. J. Pugh (of University College); W. W. Cooke and T. H. Wagstaff (of the Middlesex Hospital); E. W. Pocock (of St. Thomas's Hospital); J. J. McAndrew (of the Charing Cross Hospital); and Robert Humphreys (of Liverpool).

It is stated that fourteen candidates, out of the sixty examined, failed to acquit themselves to the satisfaction of the Court of Examiners, and were consequently referred to their anatomical and physiological studies for a period of three months. The pass examination in Surgery, Pathology, and Medicine, commences this day, Saturday.

At a meeting of the Council of the Royal College of Surgeons on the 14th inst., Mr. Henry James O'Donnell, of Albert Terrace, Lond on Road, Surgeon to the Surrey Ophthalmic Hospital, was admitted a Fellow of the College, his diploma bearing date Aug. 16th, 1839.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, January 7th, 1869.

Harrison, Garland W. L., Park Place, Stoke, Devonport
Howell, John Alexander, Wansey Street, Walworth Road
Robinson, Rawdon Briggs, New Barnet
Sanders, Edwin, St. Bartholomew's Hospital

At the same Court, the following passed the first examination.

Lloyd, Robert Hodgkins, Westminster Hospital
Rowlands, Daniel George, Guy's Hospital

MEDICAL VACANCIES.

THE following vacancies are declared:—

BALLINROBE UNION, co. Mayo—Medical Officer for the Cong Dispensary District.

BRISTOL GENERAL HOSPITAL—Assistant House-Surgeon.

CELBRIDGE UNION, co. Kildare—Medical Officer for the Lucan Dispensary District.

DREADNOUGHT HOSPITAL SHIP—Assistant-Surgeon.

DUIRINISH, Skye—Parochial Medical Officer.

EDINBURGH, University of—Professor of Chemistry.

FARRINGTON GENERAL DISPENSARY AND LYING-IN CHARITY, Bartlett's Buildings, Holborn—Surgeon.

FIFE AND KINIVER DISTRICT ASYLUM, Cupar—Assistant Medical Superintendent.

GLASGOW—Medical Officer for District No. 3 of the City Parish of.

GLASGOW EYE INFIRMARY—Assistant-Surgeon.

GRAIG COLLIERY, near Merthyr Tydvil—Surgeon.

HENLEY UNION, Oxfordshire—Medical Officer for the Nettlebed District.

HERTFORDSHIRE INFIRMARY, Hemel Hempstead—House-Surgeon and Secretary.

KENT AND CANTERBURY HOSPITAL—Physician; Assistant House-Surgeon and Dispenser.

KILDALTON and OA—Parochial Medical Officer.

KING AND QUEEN'S COLLEGE OF PHYSICIANS, IRELAND—Censor.

LOCHCARRON, Ross-shire—Parochial Medical Officer.

MAGDALEN HOSPITAL—Surgeon.

MARTLEY UNION, Worcestershire—Medical Officer to the Workhouse; Medical Officer for District No. 5.

MELTON MOWBRAY UNION, Leicestershire—Medical Officer for the Melton District No. 7.

MERTHYR TYDVIL UNION, Glamorganshire—Medical Officer to the Workhouse; Vaccinator for the Dowlais District.

MIDDLESEX HOSPITAL—Obstetric Assistant.

NORTHERN HOSPITAL, Liverpool—Dental Surgeon.

NOTTINGHAM DISPENSARY—Resident Surgeon; Assistant Resident Surgeon.

QUEEN'S HOSPITAL, Birmingham—Physician.

ROYAL BERKSHIRE HOSPITAL, Reading—Physician.

SEAMEN'S HOSPITAL SOCIETY—Assistant-Surgeon.

ST. PANCRAS, Middlesex—Medical Officer for District No. 5.

SOCIETY OF APOTHECARIES—Secretary to Court of Examiners.

STOKE NEWINGTON DISPENSARY—Assistant Resident Medical Officer.

TADCASTER UNION, Yorkshire—Medical Officer for the Tadcaster District.

TORBAY INFIRMARY AND DISPENSARY, Torquay—Physician and Two Surgeons.

WANDSWORTH & CLAPHAM UNION—Medical Officer for the Workhouse.

WEST LONDON HOSPITAL, Hammersmith—Physician.

MEDICAL APPOINTMENTS.

Names marked with an asterisk are those of Members of the Association.

BOWKETT, T. E., jun., Esq., appointed Surgeon to Out-patients at Poplar Hospital.

***EDIS**, Alfred W., M.D. Lond., appointed Assistant-Physician to the Hospital for Women, Soho Square.

GALTON, J. C., Esq., M.A. (Oxon.), appointed Clinical Assistant at the City of London Hospital for Diseases of the Chest.

McDOWELL, F. Victor, Esq., appointed Demonstrator of Anatomy in the Ledwich School of Medicine, Dublin.

BIRTHS.

SMART.—On January 11th, at Bedminster, Bristol, the wife of *John N. Smart, Esq., Surgeon, of a daughter.

HILL.—On Nov. 4th, 1868, at Lambton, Newcastle, New South Wales, the wife of John James Hill, Esq., Surgeon, of a son.

DEATH.

DANIELL, Alfred Horatio, Esq., Surgeon, at Kegworth, aged 47, on January 12th.

COMMUNICATIONS, LETTERS, &c., have been received from:—

Mr. J. Williams, Manchester; Dr. Henry Barnes, Carlisle; Dr. J. M. Bryan, Northampton; Dr. T. A. Compton, Bournemouth; Mr. C. Johnson, Lancaster; Dr. Inglis, London; Dr. Saunders, London; Dr. A. Miller, Edinburgh; Caritas, Norwich; Dr. Chevallier, Ipswich; Dr. Mapother, Dublin; Mr. W. W. Reeves, London; Dr. Grattan Guinness, Dublin; Dr. G. H. Kidd, Dublin; Mr. C. G. Wheelhouse, Leeds; Mr. George Black, Glasgow; Dr. L. Sullivan, Cork; Mr. F. Bainbridge, Harrogate; Dr. J. Lowe, Lynn; Dr. O. F. Wyer, Leamington; Mr. J. C. Cook, Lincoln; Mr. J. J. Ritchie, Leek; Mr. A. Fleischmann, Cheltenham; Mr. Crosby Leonard, Bristol; Mr. Alexander Bruce, London; Mr. J. Trotter, Old Elvet, Durham; Dr. Dyce Duckworth, London; Mr. R. C. Todd, Portsmouth; Mr. R. O. Blythman, Rotherham; Mr. F. T. Phelps, Exeter; Mr. H. Terry, jun., Northampton; Dr. C. B. Fox, Scarborough; Dr. W. B. Mushet, London; Dr. Aitken, Edinburgh; A Constant Subscriber.

LETTERS, &c. (with enclosures) from:—

Sir Wm. Jenner, Bart., London; Dr. Samelson, Manchester; Dr. W. T. Greene, London; Mrs. Baines, London; Dr. Broadbent, London; Dr. Grimshaw, Dublin; Dr. Pavy, London; Mr. Galton, Exeter; Mr. Harry Leach, London; Dr. Phillips, London; Mr. Bowkett, jun., London; Dr. R. King, London; Mr. Horace Swete, Weston-super-Mare; Mr. Thomson, Oldham; Mr. T. R. Jessop, Leeds; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; The Registrar-General of England; Mr. T. M. Stone, London; Dr. Treutler, Kew; Dr. John Murray, London; The Registrar of the Medical Society of London; Dr. Aquilla Smith, Dublin; Dr. J. G. Swayne, Clifton, Bristol; Dr. F. T. Roberts, Liverpool; Dr. G. H. Philipson, Newcastle-upon-Tyne; Mr. R. Dunn, London; Mr. James Paget, London; Mr. John Hamilton, Dublin; Mr. A. Myers, Windsor; Mr. J. Sampson Gamgee, Birmingham; Mr. J. N. Smart, Bristol; The Honorary Secretaries of the Bath and Bristol Branch; Mr. C. J. Thompson, Bristol; The Honorary Secretary of the Obstetrical Society; Dr. C. Parsons, Dover; Dr. Hodson, Bishop Stortford.

BOOKS, &c., RECEIVED.

The Science and Art of Surgery: being a Treatise on Surgical Injuries, Diseases, and Operations. By John Eric Erichsen. Fifth Edition. Enlarged and carefully Revised. Illustrated by Six Hundred Engravings on Wood. Vols. I. and II. London: 1869.

Address to the Students of St. George's Hospital on the Opening of the New School, October 1st, 1868. By Henry W. Acland. London: 1868.

The Half-Yearly Abstract of the Medical Sciences: being a Digest of British and Continental Medicine, and of the Progress of Medicine and the Collateral Sciences. Vol. XLVIII. July to December, 1868. London: 1868.

A System of Physical Education, Theoretical and Practical. By Archibald Mac-laren. With Illustrations. Oxford: 1869.

The Chemist and Druggist Almanack and Pharmaceutical Text-Book, 1869.

Transactions of the Odontological Society of Great Britain. Vol. I. London: 1868.

The Register and Magazine of Biography, January 1869. No. I. 1869.

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.
 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.
 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.—Royal Free, 1.30 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8 P.M. Drs. Thorowgood and Sedgwick, Messrs. Adams and R. Dunn, "Report on Mr. Hainworth's Specimens of Diseases of the Pancreas and Mesenteric Glands, with Obstruction of the Gall and Pancreatic Ducts"; Mr. Hunt, "On the External Use of Chloric Ether"; Mr. Victor de Méric, "How Syphilis begins and ends."
 WEDNESDAY.—Royal Microscopical Society, 8 P.M.—Hunterian Society.—Geological Society.
 THURSDAY.—Royal Society.—Chemical Society.
 SATURDAY.—Association Medical Officers of Health.

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.

CASES for Binding the Volumes of the JOURNAL may be had on application to Mr. Richards, 37, Great Queen Street. Price 1s. 6d. each. By post, 1s. 8d.

THE CLIMATOLOGY OF HEALTH-RESORTS.

WE are much indebted to Dr. Compton (Bournemouth), Dr. Parsons (Dover), and Dr. Cornelius Fox (Scarborough), for offers to forward regularly meteorological reports from those stations. We have now an excellent body of observations promised from the best known winter sanatoria. Dr. Treutler, Kew, who has for some time supplied us with similar data from that station, has undertaken to collate these reports for publication; and each of our correspondents will now receive communications from him, as to the common form which we shall supply for tabulation, and the dates and times of communication.

P. O. L. seems to be actuated by the best motives; and a little mutual explanation between himself, his patient, and his medical friend, will, no doubt, suffice to prevent any difference arising.

THE "HOSPITAL FOR DISEASES OF WOMEN", PIMLICO.

SIR,—My attention has been directed by Dr. Parkinson Oates to a paragraph in the BRITISH MEDICAL JOURNAL, dated December 18th, 1868, objecting to the form in which the letter of the Hospital for Diseases Peculiar to Women and Children is drawn up.

With regard to these objections, will you kindly permit me to state—1. That the Committee of the Hospital would not have allowed the private addresses of the medical officers to appear on the letters, had they not found that it was customary to do so; or at least, that such was the practice in the majority of cases. Of course, I do not allude to large institutions, such as St. George's Hospital, etc. 2. That the intimation to patients, that they may purchase a letter for five shillings, which will entitle them to medicine and attendance for one month, has not been acted upon for some considerable time, and will not appear in our next issue of letters in the new year.

I am, etc.,
 C. A. SOLBÉ, Clerk, B.A., Honorary Secretary.

9, Vincent Square, Westminster, January 1869.

P.S.—Our medical staff has lately been very much increased, and the hospital is being placed on an entirely new footing.

. We are not aware that it is customary to place the private addresses of the staff on the printed letters of admission to hospitals. We shall be glad to receive from Mr. Solbé, for publication, the list of institutions upon which the statement which he makes is based. It is a custom which we believe to be improper and undesirable, and we shall be glad to see the matter more thoroughly sifted. We are glad to learn that the five-shilling charge is to be eliminated from future letters of this charity.

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.

MR. J. LAFFAN (Dublin) will find the greater part of the information which he requires in Dr. Buckle's *Hospital Statistics* (Churchill, London). We are not aware of any other source. He will find in our back numbers an analysis of expenditure, which is more recent and more conveniently arranged.—Dr. Belcher, of Hatch Street, Dublin, has charge of the Dublin Hospital Reports of this JOURNAL, and will receive any communication from Dr. Laffan on the subject of his postscript.

CIVILITIES TO HOMŒOPATHISTS.

SIR,—Will you kindly express an opinion on the following subject?

A homœopathic practitioner has lately settled in a town hitherto proverbial for its high tone and professional propriety. The homœopath has thought fit to call and leave his card upon the legitimate practitioners of the healing art, who are divided in their opinions as to what course they ought to pursue. Some intend to acknowledge the civility by leaving a card in return, on the ground that such a step can only be construed into an act of courtesy due to the new settler. Others see great impropriety in recognising the call of the homœopath in any other light than an impertinent intrusion. They consider that his call is a *professional* one; and that to return it, or acknowledge it in any way, would give an indirect countenance to a dangerous heresy, and just that moral support which its advocates are desirous of obtaining.

Your careful and detailed opinion may not only be of service now, but may serve as a guide in other localities where similar circumstances may arise.

I am, etc.,

CARITAS.

P.S.—Can those gentlemen who acknowledge the advances of the homœopath, consistently oppose his election to our hospitals and medical societies?

. We are of opinion that such visit should not be returned. It is obviously a professional visit; it is only on professional grounds that a medical man settling in a new neighbourhood can feel justified in calling and leaving cards on other medical men. Except on professional grounds, he would have no other right to do so than to call on the squire or the lawyer, or the private families of the place. Since professional intercourse is impossible between ourselves and this class of practitioners, such a call is intrusive, and should not be returned.

UNPROFESSIONAL CONDUCT.

WE have received copies of a circular-letter, which Mr. Harry Lobb, M.R.C.S.E., L.S.A., is forwarding to chemists and to members of the medical profession, offering per-centages on patients addressed to him, and enclosing a pamphlet on "The Galvanic Generator for the Relief of all Forms of Disease arising from Nervous Exhaustion." We have forwarded one of these communications to the Secretary of the College of Surgeons, with a request that he will take the opinion of the Council whether this kind of conduct is not such as to call for the interference of the College under the Medical Act. The well-known paper on "Hypogastria," of recent notoriety at the Royal Medical and Chirurgical Society, is included in the pamphlet.

PHILANTHROPIST should consult Dr. Hawksley's admirable *Essay on Education and Training*. London: Churchill. 1868.

PENALTIES FOR NEGLECT OF REGISTRATION.

SIR,—Permit me to correct an error in your Irish intelligence of this date, to the effect that "penalties for neglect of registration are not enforced in Ireland."

I held the appointment of Registrar for the district of Moira, co. Down, for three years, during which time I was instructed by the Registrar-General to summon several persons for neglecting to register, and full penalties were in every case enforced.

I am, etc.,

W. T. GREENE, M.B.

138, Old Kent Road, S.E., January 9th, 1869.

COLOURED SOCKS.

IT is, we are informed, intended to hold a meeting of gentlemen who have suffered from wearing the above socks, on Friday, at three o'clock, in B room, Cannon Street Hotel, for the purpose of collecting evidence as to the nature of those dyes and their effects upon the health of persons wearing such articles, and "placing the subject in its full and right light before the public."

PRINTING FOR THE BLIND.

SIR,—In this day's impression of the *Times*, I find there is a paragraph copied from your JOURNAL, on the subject of printing books for the blind; and, as you ask for the opinion of those who are personally interested in the matter, I am very glad to give you mine. I have never been connected with any school for the blind; and am, therefore, free from prejudice or bias with regard to any particular system of instruction; but eighteen years' experience has given me a decided preference for books embossed in large Roman letters. Let it, however, be understood they must be really large and well defined, with nicely sharpened ridges, such as are used in Mr. John's History of England, the Gospel of St. Mark, etc. The type used in the New Testament, the four volumes edition, I consider very much too small. Unlike those persons mentioned in your paragraph, I began my reading on an arbitrary system (Lucas); but soon discarded it on account of its false spelling, which caused me to make all sorts of mistakes when writing to my friends. The use of Roman letters seems to bring us nearer to our seeing friends; and, though we read by the sense of touch instead of sight, I see no reason why we should not use the same alphabet. If called upon to contribute towards embossing any fresh books, I should more readily do so, if the full-sized Roman type be adopted; next to this, I would recommend Moon's characters, which are so clear, that almost every one can distinguish them; but I strongly object to any phonetic system, and I consider abbreviations often lead to mistakes. You are at liberty to publish this letter, if you feel disposed to do so. With many apologies for troubling you with so long a letter,
 I am, etc.,
 WILLIAM GARRAD.
 Bucks, Colchester, December 4th, 1868.

WE are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Wiltshire County Mirror, Jan. 13th; The Brighton Examiner and Fashionable Directory, Jan. 5th; The Lincolnshire Gazette, Jan. 10th; The Western Morning News, Jan. 11th; The Nottingham Journal, Jan. 11th; The Aberdeen Journal, Jan. 7th; The Aberdeen Herald, Jan. 10th; The Oldham Standard, Jan. 9th; The Japan Times' Overland Mail, Nov. 18th; The Birmingham Daily Post, Jan. 8th.