

the par vagum. Mr. De Morgan then opened the right external jugular vein, from which issued a considerable quantity of dark blood, but with no better result. All attempts to resuscitate life were given up a few minutes afterwards.

At the *post mortem* examination, made twenty-four hours afterwards by Mr. Henry Arnott, Surgical Registrar, the organs were found in a state of general congestion, and the blood was fluid. The pericardium contained half an ounce of clear serous fluid. The heart was large, and weighed fourteen ounces. The walls of the left ventricle were thicker than natural; and the cavities generally were large, and empty, save a shreddy decolorised clot in the left ventricle. The muscular substance presented to the naked eye a healthy appearance; but microscopically the fibres off the wall of the left ventricle were found to have undergone well marked granular degeneration, the transverse striæ being in many places quite obliterated. The valves were competent; but there were some small, recent, and easily detached vegetations on one of the aortic valves. In addition, there was general thickening of the mitral valve, and a few slight but old vegetations on the free edge of the anterior flap. There were no signs of embolism or disease of the other organs.

## SELECTIONS FROM JOURNALS.

REMOVAL OF THE LOWER END OF THE RECTUM, WITH THE PROSTATE, PROSTATIC URETHRA, AND PART OF THE NECK OF THE BLADDER, FOR EPITHELIOMA. Professor Nussbaum of Munich has reprinted from No. 44 of the *Ärztliches Intelligenz-Blatt* an account of an operation which he believes to be unique. In August 1863, he published four cases which showed that, after the removal of cancerous rectum, patients, who were previously at death's door, lived many months, and even years, in ease and comfort, before a relapse occurred. He several times removed a portion of the bladder as large as a dollar, along with cancer of the rectum; and the wound healed, as after lithotomy, without leaving any urinary fistula. When cancer of the rectum, he says, recurs after operation, it does so after a longer interval than most other cancers. Emboldened by his success, he has operated in cases where death was apparently imminent, and where the cancer did not extend higher than four inches; so that he had a chance of attaching the healthy bowel to the sphincter ani. This sometimes proved very difficult. The subject of the present history was brought to Dr. Nussbaum in October 1866. He had had no relief to the bowels for sixteen days. No enemata would pass. Repeated hæmorrhages had reduced him greatly, and the urine was often bloody. To make an exploration, Dr. Nussbaum was obliged to push his finger forcibly through the cancerous stricture. Copious hæmorrhage followed, both by the rectum and through the urethra. Part of the urethra, the whole prostate, and a portion of the neck of the bladder, were involved in the cancerous mass. This extensive disease deterred him from operation; and he at first determined to attempt, by the use of bougies, to restore a passage for feces, and, by means of perchloride of iron and compresses, to try to arrest the hæmorrhage. However, after two days, the patient's sufferings were so great, that he begged, at any risk, that the operation might be done. On October 14th, the patient being deeply chloroformed, Dr. Nussbaum began the operation by making two semicircular incisions round the anus; and, carrying the finger upwards, he separated the healthy fibres of the sphincter from the diseased as far as possible. Healthy tissue was found at a depth of four inches. The prostate and neck of the bladder, being involved, were removed, with, of course, the prostrate portion of the urethra. There was much bleeding; but, after four arteries had been secured, iced water abated this. Dr. Nussbaum then dragged down the healthy bowel, severed it completely from the diseased tissues, and secured it with ten button-sutures to the skin; and closed the perineal wound with four deep sutures, after introducing an elastic catheter through the wound into the bladder. The healthy bowel was enormously dilated; for the stricture had existed five years. The disease was epithelioma. The patient was much distressed; but, after being put to bed, and stimulants having been given, he rallied. For some days, the thermometer marked 104 deg. Fahrenheit, and the pulse was 130-140. Urine passed through and alongside the catheter; it was blood-stained, and very offensive. Besides slight shiverings, he had two distinct rigors; and the catheter became unbearable. Dr. Nussbaum removed it, and also two perineal sutures; and syringed the wound with water only. He had no further rigors. There was

secondary hæmorrhage on the fifth day, arrested by a large plug of charpie in the new rectum. After this, nothing remarkable occurred. The sutures were all removed on the eleventh day. Dribbling of urine soon ceased, and from time to time the patient passed urine freely through the new anus. He always held the vessel to the penis, as he had great irritation about the fossa navicularis, and always felt as if the urine passed the natural way. As the wound healed, a valve-like communication formed between the bowel and the bladder, allowing the urine to pass by the anus, but not feces to enter the bladder. Every two or three days he had a solid stool, and every twenty or thirty minutes had to pass urine. After the sixteenth day, no urine came through the perineal wound. At the end of four weeks, he got up for an hour a day; and, provided he passed urine once or so in an hour, felt no incontinence of urine, flatus, or feces. In December, he left Munich, but called on Dr. Nussbaum three months afterwards, and was well satisfied with his condition. He looked well and strong, and occasionally worked at his trade. Every year he came to see Dr. Nussbaum, and was always happy and comfortable. He had not complete retention for more than an hour at a time; otherwise, the fecal and urinary apparatus worked well. Last year, he said he could hold his urine two or three hours. Unfortunately, the apparent improvement was due to a return of the disease; and he succumbed to the malady at last, three years having been gained by the operation.

CALABAR BEAN IN TETANUS.—Dr. Charles R. Greenleaf, United States Army, records the following facts. 1. A German had traumatic tetanus after a gun-shot wound. The interval is not stated. On the second day, the only moveable parts were his arms. On the fourth day of the disease, the tincture had done no good, and was "evidently inert"; and a fresh tincture was used, which produced myosis and muscular relaxation. He was convalescent on the fourth day. Up to the fourth day, no drugs had made any difference. Would he not have recovered without them? 2. A Negro showed symptoms of tetanus two weeks after the injury. Quinine, belladonna, chloroform, and bromide of potassium, were given. On the seventh day, extract of Calabar bean was administered. The effect was carried too far, and he became almost entirely relaxed; but, on cessation of the drug, the tetanic symptoms returned. The extract was resumed; but he died exhausted on the fourteenth day.

ANTAGONISM OF OPIUM AND BELLADONNA.—In the *American Half-yearly Compendium of Medical Science*, several cases illustrating this important subject are quoted. In the first case, an Irishman (who afterwards stated that he had swallowed an ounce of laudanum and several large doses of paregoric four hours before admission to the hospital) was brought in comatose, with livid face, stertorous slow breathing, and slow pulse. Electrification produced no effect, though tried for half an hour. He then had three subcutaneous injections, each containing one-fourty-eighth of a grain of atropia, at intervals of about twenty minutes. He rapidly recovered. In the next case, one-quarter of a grain of atropia was injected in one dose under the skin of a woman who had been receiving quarter-grain injections of sulphate of morphia, and had become rapidly comatose, with very slow respiration. The effect was rapid, and was especially shown by quickening of the respiration, dilated pupils, and eruption on the skin. She recovered after several hours. The third case is chiefly noticeable from the fact that a druggist's assistant put opium into a prescription by mistake for rhubarb. The patient became comatose, and was not roused by galvanism, but recovered, after eight hours' coma, under fluid extract of belladonna, of which she took, in all, two drachms. In another case, one-eighth of a grain of sulphate of atropia was injected subcutaneously by mistake for sulphate of morphia. In twenty minutes, the boy was delirious, with dimness of vision and dry fauces; and, ten minutes later, he was becoming comatose. He took four doses of one-quarter of a grain of morphia in three and a half hours, with half an ounce of whiskey to each dose. After the last dose, he was nearly well. In another case, the patient took one grain of sulphate of atropia. He was treated, half an hour after swallowing the atropia, by subcutaneous injections of one-eighth of a grain of morphia, repeated every ten minutes until the delirium ceased. He recovered.

TESTIMONIAL TO MR. WINKFIELD.—Mr. Alfred Winkfield has been presented with a valuable microscope, and a purse containing bank notes, on resigning his office as house-surgeon to the Radcliffe Infirmary, Oxford. The presentation was made by Dr. Acland, publicly, in a very eulogistic speech, and suitably acknowledged by Mr. Winkfield.

## ASSOCIATION INTELLIGENCE.

### SOUTH EASTERN BRANCH: EAST SURREY DISTRICT SOCIETY.

A MEETING of this Society was held at the Greyhound Hotel, Croydon, on Thursday, December 16th: present, P. HUBBERT, Esq., in the Chair; and sixteen gentlemen, members and visitors.

*Papers.*—1. Dr. STRONG gave the history of a case of Popliteal Aneurism successfully treated by compression. A special form of double tourniquet had been used, which was exhibited to the Society.

2. Mr. J. S. JOHNSON gave the history of three cases in which he had removed Uterine Polypi, and exhibited the specimens.

3. Mr. J. S. JOHNSON brought forward a patient from whom he had removed a considerable portion of the Os Calcis for old standing Caries of that bone. A capital recovery was made, and the use of the foot was perfect.

4. Mr. F. HOWARD MARSH showed a child aged 2½ years, in whom he had successfully operated for Cleft Palate. Mr. Marsh dwelt on the advantages of operating at an early age, and exhibited Mr. T. Smith's gag, which enables the mouth to be kept steadily and securely opened whilst the patient is under chloroform.

5. Mr. F. H. MARSH showed a Polypus of considerable size, which he had removed from the Nose of a child aged 9. With the mouth held open by the gag, the growth had been reached and drawn back through the posterior nares.

6. Dr. T. R. ADAMS exhibited the Trachea of a child, containing a Pebble. The child is supposed to have swallowed it three months before its death, which took place quite suddenly, and without its cause being suspected until *post mortem* examination revealed the presence of the pebble.

7. Dr. T. R. ADAMS gave the history of a case of Stricture of the Urethra successfully treated by Holt's dilator.

8. Dr. LANCHESTER exhibited a specimen of Recurrent Fibroid Tumour, which he had removed from the back of a man aged 55, who had, fourteen years previously, had a growth in the same situation.

9. Dr. JEAFFRESON exhibited a specimen of the same kind of Tumour, but of smaller size, removed from the wrist of a boy.

The *Dinner* took place at 6 P.M. Fifteen gentlemen were present.

### BATH AND BRISTOL BRANCH: ORDINARY MEETING.

THE second ordinary meeting of the Branch was held at the Royal Hotel, Bristol, on Thursday evening, December 16th; C. H. COLLINS, Esq., President, in the chair.

The minutes of the last meeting were read and confirmed.

THE PRESIDENT expressed his regret at having been unable to attend the first meeting of the session, and thanked the Branch for their vote of sympathy adopted at that meeting, on the occasion of his melancholy bereavement, in the death of Mrs. Collins.

Mr. BLEECK thanked the Branch for his election as President-Elect of the Branch, making allusion, at the same time, to the sad event, the decease of Dr. Colborne, of Chippenham, the President-Elect, which had occasioned the vacancy.

*New Members.*—J. A. Norton, M.B., M.R.C.S., of Bristol, proposed by Dr. Davey and seconded by Mr. Steele; E. Clapham, M.D., of Devizes, proposed by Mr. Anstie and seconded by Mr. Bartrum; and G. A. Gloag, Esq., of Bristol, proposed by Dr. Colthurst and seconded by Mr. T. E. Clark, were all unanimously elected. Three other gentlemen were proposed and will be voted for at the next ordinary meeting.

*Papers.*—The following papers were read.

1. Dr. J. G. SWAYNE described a Case of Puerperal Convulsions. Dr. Swayne dwelt upon the great value of bloodletting in puerperal convulsions, which was strongly exemplified in this case.—Dr. WILLET, who with Dr. Swayne had attended the case, mentioned that a considerable amount of anasarca had existed in the patient at the time.—Mr. BLEECK mentioned that he had had large experience in cases of puerperal convulsions. He always bled, and had only once had occasion to regret doing so; namely, in a primipara, with sharp bounding pulse, but an anæmic woman. Mr. Bleeck had attended two cases this year; both patients were delivered, but neither was bled, and both died, and might have recovered if bled.—Dr. BARNES, of Wrington, mentioned a case where he bled, and the patient recovered. He had had many cases, always bled, and all the patients had recovered.—Mr. S. H. SWAYNE had, some time ago, published a case exactly similar to the one now read by his brother, Dr. J. G. Swayne. In that case, bleeding

was immediately followed by diminution of albumen in the urine. Mr. Swayne observed that, when convulsions come on before labour, there is an unequivocally good result.—Dr. DAVEY spoke of the variety of condition in ordinary epilepsy, with the varied treatment required in individual cases, and considered that the same applied to puerperal convulsions.—Mr. COLLINS asked whether the patients spoken of had been subject to convulsions when infants. He had examined the urine of pregnant women, and found albumen in instances where no convulsions followed. He spoke of the great value of bleeding, and also of purgatives.—Dr. SWAYNE, in replying, spoke of the difference between epilepsy and puerperal convulsions, referring to the paper of Dr. T. Smith on the subject, as giving the difference in a very clear manner. Out of ten cases of puerperal convulsions, nine have albumen in urine. Bleeding relieves the albuminous condition of the urine, probably by relieving congestion of the kidneys. Dr. Swayne said that, from the opinion he had formed of the value of the hydrate of chloral, he should inject thirty grains into the rectum in his next case of puerperal convulsions.

2. Mr. COE read a case of Removal of Tumour from the Orbit and Temporal Fossa on the left side of the face. The tumour was large, protruded considerably, and caused intense suffering. It was with a view to abating or suspending this pain, though it might be for only a few months, that Mr. Coe operated; as he was not encouraged by the size of the growth and involvement of adjacent parts, to hold out any hope of ultimate success. The patient was present. She was a stout, healthy-looking woman, aged about 48, showing a very well united firm cicatrix in the situation of the orbit and malar region, not very conspicuous, and infinitely less so than the tumour had been, as shown by photographs taken before and after the operation.—THE PRESIDENT congratulated Mr. Coe on the case and its success.

3. Dr. BRITTAN exhibited a specimen of Fibrous Casts of the Femoral Vein, taken from a young unpregnant woman, who had died of Phlegmasia Dolens.

4. Dr. BRITTAN read a paper on Chronic Pneumonia, dwelling on the obscurity of onset in this disease, and the difficulty of distinguishing it, when more advanced, from tuberculosis affecting the lower lobes of the lungs, which, in fact, can sometimes only be settled by the recovery of the case, showing that it had been pneumonia.—Dr. E. L. FOX asked whether all cases were characterised by hectic, but no abnormality of temperature, which would be a contradiction in terms. He referred to Dr. Addison's valuable paper on the distinctive points between this and strumous pneumonia; and remarked that it is not uncommon for phthisis to attack the base of the lungs.—Mr. CROSSMAN observed that the ultimate diagnosis of chronic pneumonia is not always easy, and narrated a case which proved very obstinate until it was discovered to depend upon syphilis, when a speedy cure was effected by iodide of potassium.—Mr. BARTRUM had observed several cases of chronic pneumonia, with no marked illness at first.—Mr. GREEN said that Dr. Brittan's cases were what most people call acute pneumonia. Acute general symptoms do not exist in the majority of cases at present. He pointed out the difference between pneumonia as seen now, and that described by Cullen. Cases now are treated expectantly, bleeding is seldom adopted, antiphlogistic treatment not being now borne; nevertheless, small abstraction of blood from the back or loins gives marked relief. Twenty-five years ago, cases did require bleeding. Mr. Green also dwelt upon the need of distinguishing between cases of chronic pneumonia and phthisis, the distinction being very clearly pointed out by Dr. Addison.—Dr. BRITTAN, in reply, said that absence of increase of temperature was at the onset, but, when hectic was established, of course the temperature corresponded. Restoration to health takes place in these cases, and there is no strumous character in the patients, the characteristic point being that there is no marked symptom, and generally no application for treatment, till the complaint is some time advanced. Dr. Brittan did not agree with Dr. Green, as no more acute cases can occur than do now occur. He cited a case with well-marked symptoms, which was freely bled, and was convalescing in three days. In another case, a man, who had intense congestion, was bled and relieved, but became delirious in the night, and tore the bandage from his arm; the attendant heard a dripping sound, and on examining the bed, found that an enormous loss of blood had occurred. In three days, this patient was sitting by the fire. Cases in the present day do occur as acute as it is possible to conceive.

5. Mr. MITCHELL CLARKE read a paper on Noises in the Head, giving particulars of three remarkable cases. The first, Mr. Clarke had been asked by Dr. Budd to see with him, the subject being a gentleman who heard very loud noises in one side of his head, which could be distinctly heard with the stethoscope, in the temporal region and over the head, gradually lessening, but still loud at the tip of the chin. It seemed probable that intracranial aneurism existed; but this was not sufficiently certain to make the operation of tying the common carotid artery de-

cided on. No relief was afforded permanently by treatment, and the patient died some months afterwards. Mr. Clarke heard, from the practitioner living in the town where this gentleman died, that at a *post mortem* examination, no morbid appearance could be discovered. The other two cases occurred in anæmic patients, and were cured by a course of chalybeate medicine.—Mr. ATCHLEY had, while dresser to Mr. Bowman, seen a case like that of Mr. M. Clarke. The noise in the temple was loud enough to be heard without a stethoscope, and the patient's husband complained of being kept awake at night by it. The left eye projected three-sixteenths of an inch beyond the right eye. The finger placed on the eye was lifted, giving indication of a tumour behind. Pressure on the carotid stopped the noise, pain, etc. The left common carotid artery was tied, and perfect relief was afforded for some days. In ten days, slight noises were heard with the stethoscope; exhaustion and death followed. The diagnosis had been a pulsatile tumour inside the skull. A *post mortem* examination disclosed no trace of any arterial disease whatever; the only morbid appearances being slight roughness, perhaps caries, of a portion of the sphenoid bone, and slight enlargement of the ophthalmic vein. Mr. Atchley observed that there is great difficulty in diagnosing these cases.—Mr. BLEECK remarked that cases of this sort give great trouble to medical men; and hoped to have been able to learn something to relieve a lady under his care, a most aggravated case. Sometimes the noise is caused by pressure of a goitre, sometimes by atheromatous deposit in arteries. His own brother, a medical man, suffered from it for years, and ultimately became paralysed. It generally depends upon disturbed condition of the nervous system.—Dr. DAVEY had treated a man who was expected to go mad from noises in the head. These were symptomatic; the cause was disordered condition of the mucous membrane of the stomach. Under oxide of silver the noises abated, and ultimately ceased.—Mr. CLARKE, in reply to Mr. Bleeck, said, that of the three cases, one had died and two recovered.

#### BIRMINGHAM AND MIDLAND COUNTIES BRANCH: ORDINARY MEETING.

THE third meeting of the session was held at the Midland Institute, Birmingham, December 9th, 1869. Present: J. VOSE SOLOMON, Esq., President of the Branch, in the chair; and forty-eight members and visitors.

*New Members.*—Mr. Alfred Freen, Stourbridge; Mr. J. H. Hiron, Studley; Mr. Marriott, of Leamington; and Mr. Soper, Wolverhampton, were elected members of the Branch.

*Communications.*—I. Mr. FURNEAUX JORDAN showed a lad whose Leg he had removed at the Knee-joint, by a new method, which he had proposed for certain cases of old dislocation of the tibia into the popliteal space, where the leg was useless. The tibia was simply excised from the popliteal space. The two thighs were of exactly the same length, and the patient could kneel on both alike easily a few weeks after the operation. As there had been only a small wound, so there had been little or no shock.

2. Dr. JOLLY exhibited a mechanic with partial Amputation of the Left Hand, on account of machinery injury, in which the carpus part of the thumb and little finger, with their metacarpal bones, were left alone. The shattered fingers had been removed by obtaining a good square flap of sufficient size, with rounded angles, from the palmar aspect of the hand, and a short semilunar flap from its dorsal surface. The stump healed rapidly and well, with very little suppuration, and the man was able to follow his usual avocations within nine weeks after the accident; his little finger and thumb being perfectly firm, and capable of holding the numerous small instruments required in his trade. The digits that remained were not only more mobile than formerly, but they were also greatly increased in size and strength, so that their utility had become naturally augmented.

3. Mr. ARTHUR BRACEY exhibited a patient from whose eye he had removed a Cataract by Von Grefe's modified linear method.

4. Dr. MACKEY showed an Ovum in the eleventh week of development. It was in a perfect condition, the membranes not having ruptured, and its age could be ascertained with accuracy. The patient was a woman, aged 26, in her first pregnancy; flooding had occurred at intervals for five days before, probably due to a hard day's work; and the ovum had been expelled entire in a violent fit of coughing.

5. Dr. HARRISON showed the Kidneys and Suprarenal Capsules from a case of supposed Addison's Disease. The skin of the patient was considerably bronzed; he suffered from great asthenia, of which (apparently) he died. The bronzing of the skin had existed for nearly twelve months, but the man was under treatment for only about nine months. A little before his death he had occasional vomiting. At the *post mortem* examination all the organs were found healthy, nor were

the suprarenal bodies much enlarged; one of them contained gritty calcareous particles in its substance. The question which arose was: Was the disease in them sufficient to cause the symptoms observed during life?

6. Mr. FURNEAUX JORDAN read the reports of a number of cases treated by a new method described in the *Practitioner* of February last. The cases were of a representative character; of these, a few may be cited in the briefest manner. L. J., aged 6, had a large Abscess in the left popliteal space, and could not walk; with counter-irritation to the thigh and leg, the abscess disappeared, and the child walked in seven days. Mr. C. had a large Suppurating Bubo, which, with a broad circle of counter-irritation, a poultice, and a shot mattress, was completely absorbed in ten days. E. W. had a severe Whitlow of the thumb; the hand and fore-arm were of twice the natural size; counter-irritation to all the hand and forearm, poultice, bandage, and rest, were followed by complete recovery in four days. E. S. had a large Carbuncle on the neck; two applications of iodine liniment in a zone around the carbuncle, converted it into a healing ulcer in five days. A man had a large mass of Strumous Glands in the neck, which for three years resisted every known treatment. A disc of counter-irritation at the back of the neck removed them in three weeks. Mr. Jordan said the treatment which he described, namely, counter-irritation over an independent vascular region, moderate pressure (in accessible inflammation), rest, and elevation, removed inflammatory diseases in a much shorter period than any other treatment.

A *Council Meeting* was held after the general meeting, at which Mr. J. H. Coleman, Wolverhampton, and Mr. R. M. Bowstead, High Wycombe, were elected members of the Association.

## CORRESPONDENCE.

### THE HIGH ALPINE VALLEYS AS WINTER HEALTH-RESORTS FOR THE CONSUMPTIVE.

SIR,—Dr. C. J. B. Williams, in his "Notes on Alpine Summer-Quarters for Invalids", also points out his views as to the suitability of the Engadin and the Davos as winter health-resorts for consumptive patients, at pp. 577 and 578 of the second volume of the *BRITISH MEDICAL JOURNAL* for 1869. As this important question has engaged my attention for many years, I venture to make a few remarks.

I see with particular satisfaction that Dr. Williams expresses himself in a much less unfavourable manner after his last visit to the Engadin than he had done a few months before, when he did me the honour to discuss my paper on the subject before the Royal Medical and Chirurgical Society; and I have so much confidence in his unbiased judgment as to hope that, before long, he will make further allowance regarding the beneficial effect of long continued residence in the Engadin and in the Davos in the treatment of a large class of consumptive patients.

After having related the case of Mr. S., Dr. Williams remarks: "To send patients in advanced, or even recent, *active* disease, with its attendant local inflammations and congestions, and with the general weakness of circulation and no power of resistance against cold, to such a climate as that of the Engadine in the beginning of winter, does seem most rash and irrational." (P. 577.) From this passage you would infer that such a course had been recommended; and, as I am the one who has principally directed attention to this question in England,\* it becomes incumbent upon me to state how far I am guilty of this "most rash and irrational proceeding".

1. As to *advanced disease*, I have as yet never myself advised patients with advanced consumptive disease to go to the Engadin or other high elevations during winter; but several patients of this class, who had consulted me at one time, have been sent by other physicians to high elevations; and I have thus had the opportunity of witnessing a favourable issue from repeated prolonged stays on the Cordilleras, as in the sixth of the cases communicated to the Royal Medical and Chirurgical Society (On the Treatment of Phthisis by Prolonged Residence in Elevated Regions, *Medico-Chirurgical Transactions*, vol. lii, p. 243, 1869). I have also seen at Davos and St. Moritz patients who, in spite of advanced disease, have derived benefit from prolonged residence (during summers and winters) at these places. This may not be the rule; and it will perhaps be found that many of these cases die at the elevated health-resorts in the same way as in the lower and warmer regions or at home. Careful and continued observations are required to teach us how far we may, in more or less advanced conditions, expect benefit,

\* The late Dr. Archibald Smith has carried out this plan only in Peru, where he spent the principal part of his life, not in Europe.

patient's attention upon the limbs, whereas it ought to be diverted from them, unless where a moral impression can be made, as when electricity is employed.

I am, etc.,

EDWIN LEE.

November 1869.

P.S.—I have treated at some length of functional paralysis in an essay not yet published, to which was awarded the prize offered by an influential foreign medical society.

## MEDICAL NEWS.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, December 30th, 1869.

Howson, Joseph James, Grange Road, S.E.  
Smithson, John, West Town, Dewsbury

### MEDICAL VACANCIES.

THE following vacancies are declared:—

**ANDOVER UNION**—Medical Officer for the Workhouse and District No. 1: applications, 20th; election, 28th.  
**ATHLONE UNION**, co. Westmeath—Medical Officer for the Glasson Dispensary District: 12th.  
**BALLINASLOE UNION**, co. Galway—Medical Officer for the Kiltormer Dispensary District: 14th.  
**BIRMINGHAM GENERAL DISPENSARY**—Resident Surgeon: applications, 24th; election, 26th.  
**CAVERS**, Roxburghshire—Parochial Medical Officer.  
**CHARING CROSS HOSPITAL**—Registrar: applications, 19th.  
**CITY OF DUBLIN HOSPITAL**—Surgeon.  
**DINGLE UNION**, co. Kerry—Medical Officers for the Dingle and Ventry Districts: 13th.  
**GLOUCESTERSHIRE LUNATIC ASYLUM**—Junior Medical Assistant: duties, middle of January.  
**GLASSON**, co. Westmeath—Medical Attendant to the Constabulary.  
**HAMBLEDON UNION**, Surrey—Medical Officers for Shalford and Chiddingfold Districts: applications, 8th; elections, 10th.  
**HOSPITAL FOR INCURABLES**, Dublin—Surgeon.  
**IPSWICH, BOROUGH OF LUNATIC ASYLUM**—Resident Medical Superintendent: applications, 15th Jan.; duties, April.  
**ISLE OF MAN GENERAL HOSPITAL AND DISPENSARY**—Resident House-Surgeon: applications, 19th.  
**KEYNSHAM UNION**, Somersetshire—Medical Officer for the No. 1 or Keynsham District.  
**LEICESTER INFIRMARY AND FEVER HOUSE**—House-Surgeon: applications, Feb. 1st; election, Feb. 12th.  
**MALE LOCK HOSPITAL**—House-Surgeon.  
**MINTO**, Roxburghshire—Parochial Medical Officer.  
**NORTHAMPTON GENERAL LUNATIC ASYLUM**—Assistant Medical Officer: applications, 15th; election, 26th.  
**NOTTINGHAM DISPENSARY**—Consulting Surgeon.  
**OAKHAM UNION**, Rutlandshire—Medical Officer for Market Overton District.  
**ROYAL ALBERT HOSPITAL**, Devonport—Resident House-Surgeon.  
**ROYAL COLLEGE OF SURGEONS IN IRELAND**—Professor of Medical Jurisprudence.  
**SHEFFIELD GENERAL INFIRMARY**—Resident House-Surgeon.  
**SOUTHERN**, Argyleshire—Parochial Medical Officer.  
**SUNDERLAND INFIRMARY AND DISPENSARY** and **EAST DURHAM COUNTY HOSPITAL**—Junior House-Surgeon: applications, 26th Jan.; election, 3rd Feb.  
**VICTORIA HOSPITAL FOR SICK CHILDREN**, Chelsea—House-Surgeon and Secretary: applications, 10th.  
**WESTERN GENERAL DISPENSARY**, Marylebone Road—Resident Surgeon and Apothecary: applications, 10th.  
**WOLSTANTON AND BURSLEM UNION**, Staffordshire—Medical Officers for the Burslem North-East and Wolstanton Districts.  
**WORCESTER GENERAL INFIRMARY**—Resident Apothecary and Dispenser: applications, 15th.

### MEDICAL APPOINTMENTS.

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

**GAMGEE**, Arthur, M.D., F.R.S.E., appointed Physician to the Royal Edinburgh Hospital for Sick Children, in the room of Dr. Keiller, resigned.  
\***HAWARD**, Edwin, M.D., appointed Physician to the St. Marylebone Dispensary, vice Dr. Cayley, resigned.  
\***SQUAREY**, Charles, M.B., appointed Physician-Accoucheur to the St. Marylebone Dispensary.  
\***SMITH**, R. Shingleton, M.D. Lond., B.Sc., appointed Sambrooke Medical Registrar to King's College Hospital, vice Dr. C. W. Philpot.  
\***WRIGHT**, Charles J., Esq., appointed Surgeon to the Leeds Public Dispensary.

**TESTIMONIAL.**—Mr. George Mowat has been presented with a Harley Binocular Microscope, and several valuable instruments, on resigning the office of house-surgeon to the Swansea Infirmary, accompanied by the following resolution of the committee: "That this Committee, on receiving the resignation of Mr. George Mowat, cannot accept it without recording our deep sense of the invaluable services he has rendered to the Swansea Infirmary, during the period of nearly six years he has held this appointment. The great professional ability he has displayed, the unwavering kind attention he has paid to the numerous

patients under his care, and the earnest constancy with which he has discharged his onerous duties, deserve to have the thankful acknowledgments of the Committee, and, at the same time, we would express our heartfelt wishes for his welfare, and for his professional success in his future career of life."

**OBSTETRICAL SOCIETY OF LONDON.**—The following Officers and Council were elected for 1870, at the annual meeting on Wednesday last:—*Honorary President*: Sir C. Locock, Bart., M.D. *President*: Graily Hewitt, M.D. *Vice-Presidents*: C. Holman, M.D. (Reigate); J. C. Langmore, M.B., F.R.C.S.; W. Leishman, M.D. (Glasgow); G. C. P. Murray, M.D.; E. J. Tilt, M.D.; T. Spencer Wells, F.R.C.S. *Treasurer*: J. Braxton Hicks, M.D., F.R.S. *Honorary Secretaries*: H. Gervis, M.D.; W. Playfair, M.D. *Honorary Librarian*: J. J. Phillips, M.D. *Honorary Members of Council*: W. Tyler Smith, M.D.; H. Oldham, M.D.; R. Barnes, M.D.; J. Hall Davis, M.D. *Other Members of Council*: W. Braithwaite, M.D. (Leeds); E. Copeman, M.D. (Norwich); L. T. Cumberbatch, M.D.; J. B. Curguen, M.R.C.S.; R. Ellis; G. Gaskoin; T. T. Griffith, F.R.C.S. (Wrexham); F. S. Haden, F.R.C.S.; E. Head, M.B.; J. Hutchinson, F.R.C.S.; W. E. Image, F.R.C.S. (Bury St. Edmunds); D. L. Roberts, M.D. (Manchester); W. R. Rogers, M.D.; J. Scott, F.R.C.S.; W. J. Smith, M.D. (Weymouth); C. Taylor, M.D.; A. Wynn Williams, M.D.; A. Wiltshire, M.D.

**CLINICAL SOCIETY OF LONDON.**—The following are the names of the gentlemen who will be proposed for election as officers and members of Council for the year 1870. The gentlemen whose names are marked with an asterisk (\*) did not hold the same office during the preceding year. *President*: J. Paget, Esq., F.R.S. *Vice-Presidents*: H. W. Acland, M.D., F.R.S.; \*T. K. Chambers, M.D.; W. W. Gull, M.D., F.R.S.; Sir W. Jenner, Bart., M.D., F.R.S.; T. B. Peacock, M.D.; C. J. B. Williams, M.D., F.R.S.; Sir W. Ferguson, Bart., F.R.S.; J. E. Erichsen, Esq.; P. G. Hewett, Esq.; G. M. Humphry, M.D., F.R.S.; \*H. Lee, Esq.; John Simon, Esq., F.R.S. *Treasurer*: E. H. Greenhow, M.D. *Council*: \*A. W. Barclay, M.D.; J. S. Bristowe, M.D.; \*J. Hall Davis, M.D.; \*J. Langdon H. Down, M.D.; F. W. Pavy, M.D., F.R.S.; J. D. Rendle, M.D.; J. Burdon Sanderson, M.D., F.R.S.; F. Sibson, M.D., F.R.S.; R. Southey, M.D.; Hermann Weber, M.D.; \*J. Croft, Esq.; J. Cooper Forster, Esq.; G. G. Gascoyen, Esq.; C. Heath, Esq.; \*Berkeley Hill, Esq.; \*James Hinton, Esq.; \*C. Holthouse, Esq.; \*W. B. Kesteven, Esq.; C. F. Maunder, Esq.; Thomas Smith, Esq. *Honorary Secretaries*: \*T. Buzzard, M.D.; G. W. Callender, Esq.

**PATHOLOGICAL SOCIETY OF LONDON.**—The following officers and members of Council for the year 1870 were elected at the annual meeting on Tuesday evening. The gentlemen whose names are marked with an asterisk (\*) were not on the Council, or did not hold the same office during the preceding year. *President*: Richard Quain, M.D. *Vice-Presidents*: J. S. Bristowe, M.D., \*Edwards Crisp, M.D.; T. B. Peacock, M.D.; S. Wilks, M.D.; \*John Gay, Esq.; T. Holmes, Esq.; John Simon, Esq., D.C.L., F.R.S.; Sir H. Thompson. *Treasurer*: C. Murchison, M.D., F.R.S. *Honorary Secretaries*: W. H. Dickinson, M.D.; J. W. Hulke, Esq., F.R.S. *Council*: J. Andrew, M.D.; F. E. Anstie, M.D.; H. Charlton Bastian, M.D., F.R.S.; T. Buzzard, M.D.; \*W. Cayley, M.D.; \*C. H. Fagge, M.D.; Wilson Fox, M.D.; W. Marcet, M.D., F.R.S.; W. Moxon, M.D.; Hermann Weber, M.D.; J. Lockhart Clarke, M.D., F.R.S.; \*J. Couper, Esq.; \*J. Croft, Esq.; A. E. Durham, Esq.; J. Hinton, Esq.; \*G. Lawson, Esq.; C. F. Maunder, Esq.; \*T. P. Pick, Esq.; \*W. Potts, Esq.; \*W. Squire, Esq. The Report of the Council for the past year read at the meeting was most satisfactory.

**THE PARISIAN HOSPITALS.**—The last report of the Paris administration of the hospitals, hospices, and poor-law service (*compte moral*), published last year by M. Husson, and presented to the Committee of Surveillance, forms a volume of 267 quarto pages, and contains, in eleven chapters, data on the officers, medical and others, of the administration; the buildings and their furniture, the in- and out-patients, domiciliary visits, lunatic establishments, the treatment of children in the city and country, and very elaborate financial accounts. Five visitors were appointed by the administration to visit and report on candidates for admission to the hospices. They paid 3,099 visits to such persons during the course of the year. 14,749 convalescents were sent by the administration to the country asylums at Vincennes and the Vesinez; 14,127 being hospital patients, and 622 sent by the *bureaux de bienfaisance*. The number of insane, including idiots and epileptics, was, on December 31st, 1866, 5,440. The number of beds in the general and special hospitals was 8,000; in the hospices, 10,000. The average annual cost of an occupied bed in the hospices was 498 francs; in the hospitals, nearly double.

## OPERATION DAYS AT THE HOSPITALS.

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

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8.30 P.M. Dr. Tilbury Fox, "First Lettomanian Lecture."  
 TUESDAY.—Ethnological Society of London, 8 P.M. Dr. Gustav Oppert, "On the Kitai and Karia-Kitai"; Mr. J. Bonwick, F.R.C.S., "On the Origin of the Tasmanians, geologically considered"; Dr. Julius Haast, F.R.S., "On some Prehistoric Remains discovered in New Zealand."—Royal Medical and Chirurgical Society, 8.30 P.M. Mr. A. Poland, "On Compound Fracture of the Patella."  
 WEDNESDAY.—Hunterian Society, 7.30 P.M., Council Meeting, 8 P.M., Mr. Corner, "Cases of Injury to Skull and Brain"; Mr. Brownfield, "On a Case of Popliteal Aneurism."—Epidemiological Society, 8 P.M., Council, 8.30 P.M., "On Cholera in Senegambia," by Staff-Surgeon Gunn. (Communicated by the Director-General, Army Medical Department.)  
 FRIDAY.—Clinical Society of London, 8 P.M. Annual Meeting, Mr. Langton, "Case of Cancer involving the Left Half of the Soft Palate"; Mr. Thomas Smith, "Cases of Facial Carbuncle."

## EXPECTED OPERATIONS AT THE HOSPITALS.

GREAT NORTHERN HOSPITAL, Jan. 12th, 2 P.M. Removal of Tumour from Upper Jaw, Probable Amputation of the Leg—by Mr. T. Carr Jackson.

## 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.

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

TO PURCHASERS.—To insure attention, it is requested that all orders sent to the Office for extra copies of the JOURNAL, be accompanied with stamps for the amount.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

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

M. B. M. A.—The result of the last Arts Examination at the Royal College of Surgeons cannot be known for some weeks, owing to the great number of papers sent in by the four hundred candidates.

THE WELSH FASTING GIRL.—In reference to a paragraph in last week's JOURNAL, we are informed that the London medical men who were consulted in the preliminaries of the case, did not directly communicate with their brethren on the Watching Committee, but transmitted their advice, on more than one occasion, to the gentleman who, we understand, originated the investigation. This "advice" was to the effect of the importance of frequent medical visitation.

## SYME FELLOWSHIP.

SIR,—I am surprised to learn from Dr. Murchison's letter in the JOURNAL of December 25th, 1869, that the Syme Fellowship is only open for competition to graduates in medicine or surgery of Edinburgh University. I think the object of this Fellowship, to perpetuate the name of Syme in connection with the clinical chair and surgery throughout the world, and to promote the advancement of surgical knowledge, would be best enhanced by opening the competition to all comers. I am told this is the case with Foreign Universities and the Parisian Academy of Medicine, and if all the medical schools could act in a similar way, it would excite a spirit of scientific inquiry in relation to medicine amongst its followers that can scarcely be said to exist generally in this country, and would fit them as scientific men for the proper exercise of their profession. I have an impression there are some who have subscribed to the testimonial, and are not graduates, but would like to compete for the Fellowship. Moreover, it is probable there would be times of competition when none of the graduates would seem worthy of the Fellowship.  
 I am, etc., A STUDENT.

CHLOROFORM ADMINISTRATION.—Dr. Eddison, of Leeds, writes to insist on the importance of the horizontal position, and directs attention to the number of cases of death from chloroform, when given for minor operations, dental and the like, in many of which the patient was probably sitting. Position is undoubtedly of great importance in diminishing the risk of cardiac syncope. It is especially mentioned in our Memoranda.

ERRATA.—In our leading articles of last week, Dr. Lloyd Roberts of Manchester should have been mentioned as promising a contribution on Uterine and Ovarian Disease, and not Dr. William Roberts.—In our report on the Bath United Hospital, in the BRITISH MEDICAL JOURNAL for December 25th, 1869, it is stated that Dr. Barton is curator of the museum. It should have been Dr. Barter.

L.R.C.P.—Yes.

## PREVENTION OF SCARLET FEVER.

SIR,—I have read with great interest your article on the above subject in last week's JOURNAL, and cannot resist the temptation of writing a few lines, just to show that a like train of reasoning has been in operation in my own mind for some years. I assume the liability of the great majority to scarlet fever; that the value of having it in childhood is undisputed; that, as far as my observation goes, the danger in adults is greater than in childhood, as shown by the question being asked by life insurance offices, the life being considered more valuable if that ordeal have been passed through; and I admit that we can prevent the spreading of the disease by means such as those recommended by Dr. W. Budd and others. But the object of the Profession is, I take it, to discover, if discoverable, the means of destroying, exhausting, or consuming the susceptibility of the individual to scarlet fever, as we destroy, or exhaust, or consume the susceptibility to small-pox by vaccination.

Now, Dr. W. Budd asserts that the desquamated skin *is*, (or, as I suppose he means, contains) the poison of scarlet fever. If such be the fact, ought we not to be able to induce the disease in those who have not had it, seeing we have the poison or virus in our hands? Reasoning thus, I may mention, that the official nurse of our workhouse has two daughters, about twelve and fourteen years of age. The younger took scarlet fever and had her throat severely affected; the skin less so. This nurse is a widow; and felt the desirability of the other child having the disease at the same time. I thereupon proposed to endeavour to inoculate the child with some of the desquamated cuticle, to which she assented, and which I accordingly did on November 28th. I obtained some fine powder from the skin of another patient, in whom the skin had been more decidedly affected; and, having prepared a couple of spots on one arm, of the size of a fourpenny piece, by light scratching and scraping, I rubbed on the fine powder which I had brought from the other patient. She was allowed to go into the room where her sister was. Forty-eight hours afterwards she complained of a little tenderness on the inside of the arm, running up towards the axilla. On December 3rd, she complained of sore throat, which I found red and turgid, the cervical glands being tumefied. Her mother put her to bed with her sister. When I saw her in bed on the 6th, I could discover no rash on the skin. The tongue did look rather suspicious; but bodily ill she was not. I shall see her again in the morning, and will add a postscript.

Of course, this case proves nothing; and I am not sure that the skin is the organ through which we are to introduce the scarlet fever poison. I think there would be a greater chance of doing so through the lungs, if we can but get the vehicle of the poison into such a state of inhalability that it can be respired—e.g., in a "respirator." There is the chance of giving it to the child by allowing it to go where scarlet fever is; and, years since, I stated that, if I had a family, I should have liked to give them the chance of taking it, by sending them where it was—choosing, of course, a suitable time of the year—so great appeared to me the advantages of having it over. And the only conclusion at which I can arrive is, that, in default of being able to inoculate for the disease, and in default of refusing to the child a chance of taking it by exposure, we must, of necessity, after longer or shorter intervals, have an outbreak of the disease, and have to pay a heavy penalty in the death of some whose lives can ill be spared from amongst us.

I must apologise for not correctly observing your rule, "that you want facts (not opinions)"—still, I think my reasoning is a *fact*, at least, I hope you will construe it such. I am, etc., T. L. WALFORD.

Reading, December 8th, 1869.

P.S.—8th. To-day nothing is visible. The girl is ordered to get up.

F.R.C.S. Dr. A. M., and Mr. A. C., are *not* Fellows of the London College of Surgeons. The Secretary of the Edinburgh College of Surgeons will give you all particulars, including the amount of fees payable for the distinction.

THE SCARBOROUGH CONVALESCENT HOME AND HOMOEOPATHY.—Dr. C. B. Fox and other medical practitioners in Scarborough have forwarded us a long letter, with appendices, relative to the admission of a homoeopath to the performance of duties in the recently instituted Convalescent Home for Ladies in that town. The demands on the space of the JOURNAL prevent us from publishing more than an abstract of the case. It appears that, on the establishment of the Convalescent Home, many of the medical men in Scarborough received an invitation to render professional aid. To this, several of them readily agreed, and accordingly their names were inserted in a prospectus; and among the names was that of Dr. Craig, a noted homoeopath. The other medical practitioners whose names were on the prospectus then, with two or three exceptions, sent in their resignations. Thereon an "amended prospectus" was issued, containing the names as before, but stating that "Dr. W. S. Craig had kindly consented to attend any of the inmates of the Home who might wish to be treated homoeopathically." (Each inmate can choose from the list her own medical attendant). The issuing of this second prospectus was again followed by the resignation of the medical officers, with the exception of Mr. Cooke, Mr. Teale, and Dr. Jackson.

We learn, further, that an apparent approval of the conduct of the three gentlemen who have not thought it right to resign their posts, has been obtained from two of the most eminent and respected members of the profession, and also from one of our contemporaries—a fact in which the organs of the homoeopathic press rejoice.

To express our opinion in full on the subject, would be only to reiterate what has been years ago written in the pages of this JOURNAL. We would especially refer our correspondents to the second volume for 1867, pages 91, 113, 118, 150, 176; also to the copy of a letter from the late Sir Benjamin Brodie, published at page 269 of the same volume. Briefly, we think that Dr. Fox and his colleagues are to be commended for withdrawing their connection with an institution in which a place is assigned to a homoeopath, with whom they are at any time liable to be called into consultation. On the other hand, those who have followed the opposite course have, no doubt, acted according to their lights—but they have done wrong. The argument, that the "Home" partakes rather of the character of a hotel than of a hospital, is very fallacious. The "Home" is to all intents and purposes a hospital, with a staff of medical officers—to a choice of whom the inmates are limited: and it can scarcely be otherwise but that, now and then, the homoeopathic practitioner will meet with cases in which he may desire the advice of the other medical officers. We do not wish to make martyrs of homoeopaths; but we do not think that medical practitioners should be compelled or should consent to do anything which may have even the appearance of encouraging a delusion.



**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.

# EAR-COUGH.

SIR,—I have read Dr. Fox's paper on Ear-cough with interest. I have long noticed the fact, that mechanical irritation of the external auditory canal produces a reflex action of the vagus. In my own case, it does so noticeably. If I introduce an ear-picker into either ear, I am seized with a fit of convulsive coughing; and I have seen the same result in patients when syringing their ears. The fact that the effect is not constant, may, I think, be explained by the fact that the vagus does not always send off an auricular branch. An analogous case is a supply of a branch of the nasal nerve to the conjunctiva, which explains why the stimulus of a strong light will excite a stertoration. The distribution of this branch is not constant; hence, not every one who looks at a bright sun is seized with a corresponding convulsion to that produced by reflex action of the auricular branch of the vagus. The knowledge of these slight facts is often of practical use.

Cheltenham.

I am, etc.,

ALFRED FLEISCHMANN.

**REMOVAL OF THE TESTIS.**—Mr. Wm. Monckton, of Brenchley, writes as follows:—"Having occasion to remove a large and diseased testicle on November 12th, 1869, I adopted the plan (formerly condemned, but now advocated in Erichsen's last edition) of passing two strong ligatures around the cord, and dividing between them, including, of course, the nerve and other structures. The case has done well, without any grief or pain; and, in this instance at all events, the strangulation of the nerve has produced no harm."

**THE POOR-LAW DISPENSARY SYSTEM.**—It is with great pleasure that we make the following hopeful extract from the last Quarterly Report of the Poor-Law Medical Officers' Association:—"Your Council have observed with pleasure that steps are being taken in various unions and parishes in the metropolis with a view to the establishment of dispensaries. The amalgamation of unions, which Mr. Goschen is engaged in, will be for the most part completed in March next, and then your Council confidently expect to witness the general introduction of the dispensary system in the metropolis. It will, in all probability, be introduced soon in all large towns; and your Council are not without hope of being able, ere long, to congratulate the medical officers, not of the metropolis only, but throughout the country, upon the concession of one of the paramount objects of the Association—viz., the provision of medicines at the public cost."

# PERCHLORIDE OF IRON IN RHEUMATISM.

SIR,—In the JOURNAL of December 18th, 1869, Dr. Russell Reynolds has given a detailed account of eight cases of acute rheumatism treated by perchloride of iron, and invites a trial of the remedy by the profession. I can add one more case to his list in which iron was the successful remedy, other treatment having failed. Unfortunately, I can give no particular notes, and much time has elapsed since the case was under treatment. Early in 1862, when conducting a practice in Hampshire, I was called to attend a young girl, about ten years of age, who was suffering from acute rheumatism. I treated her according to all proper and orthodox methods; but, unfortunately, at the end of a fortnight, she was much worse, and, being a weakly child, I was afraid she would die. To prevent this if possible, I gave her fifteen minims of tincture of perchloride of iron every four hours; and I am glad to say that, at the end of a week, she was comparatively well. If this very crude statement is of any use to Dr. Reynolds in adding evidence to the good effects of iron, it is at his service.

Pembroke Villas, December 1869.

HENRY B. DOW, M.D.

**A CASE FOR THE MEDICAL COUNCIL.**—An unqualified practitioner of the name of Major, of Shepton Mallet, having signed a medical certificate of cause of death, an inquest was held on the body of the patient, as the certificate was illegal. A verdict of death from natural causes was returned, but the coroner remarked that inquests must be held always in such cases, and advised Mr. Major to become qualified. Mr. Major is said to be much respected and in good practice.

SIR,—Would you be kind enough to give me your opinion on the following case? I am a M.D. Erlangen, by examination at the above University, M.R.C. Phys. and L.N. Edin., M.R.C.S. and L.S.A. Eng. There is a medical man here, a member of the British Medical Association (like myself), going about telling people I am not entitled to put Dr. on my door, nor sign myself M.D.; moreover, he produces to non-professional persons the Register, in proof of his assertions. I am aware that foreign degrees are not at present registered, but I believe, notwithstanding, I am in equity perfectly right in standing up for my title. However, I am only anxious to have your opinion with regard to the ethical part of my letter.

I enclose my card.

I am, etc.,

SARTORIUS.

Doncaster, December 16th, 1869.

\* \* \* You cannot use your foreign degree as denoting a qualification to practise; this must be founded on your British diplomas. But there is nothing to prevent anyone having a foreign degree from calling himself Dr.

**INTEMPERANCE IN FRANCE.**—We regret to learn, on the authority of Dr. Morel of Rouen, that the general impression as to the increase of intemperance in the large towns of France is well founded. He attributes it to the modern habit of using spirits, especially absinthe.

**SEWING MACHINES.**—With reference to our remarks on the injurious effects of working sewing machines by the feet, and the observations of our Irish correspondent that all possible danger is obviated by the introduction of steam power, as at the Foyle factory, and the consequent abolition of the obnoxious pedal, at the same time increasing the productive power of the machines, an old and reliable correspondent vouches for the following, as illustrating in an amusing manner the observations in *italics*, which our Irish correspondent did not intend to imply. In a primitive and very pretty little place on the Cornish coast, a tailor's wife, married for some years, but childless, commenced working with a sewing machine, and, in course of a short time, became pregnant; a milliner in the same village, who had also been a wife for some years without progeny, hearing of this, procured a sewing machine, and with the same happy results; and, in still a third case, the same means proved equally successful. Setting aside the amusing nature of the whole story, we think these cases suggestive, and may be easily explained. From a general impression obtained by seeing numbers of cases who work sewing machines of various kinds, we should imagine that some slight ante- or retro-flexion had been remedied by the use of the machine; although, the more usual result is to cause these same flexions, leucorrhœa, prolapsus, hæmorrhoids, and various other disorders.

# HERPES CONTAGIOSA: HERPES OF THE TONSILS.

SIR,—Only one gentleman has favoured you with an observation on the cases of this disease, related by me in a late number of your JOURNAL. He imagines the disease is merely that simple complaint—herpes labialis—accompanying febrile catarrh. I am sorry he did not read the history of my cases with more care.

Since publishing those cases, I find that Dr. Gubler, of the Beaujon Hospital, in Paris, has written a memoir on *Herpes Gutturalis*, and that the disease has been recognised by Trousseau and others since the publication of Dr. Gubler's memoir in 1858. The fourth case in my first series had a tedious convalescence; and, besides the abscess in his right axilla, he had numbness for more than a week in his left ring and little finger. Mr. Benson Baker, of St. John's Wood, has had a case similar to the first severe case described by me, and I hope he will send you his notes and observations on it.

I am, etc.,

J. BRENDON CURGENVEN.

**PHRENOLOGIST.**—The skeleton of Jonathan Wilde is preserved in the museum of the College of Surgeons, where also may be seen the skull of Eugene Aram.

WE are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Wiltshire County Mirror, Dec. 29th; The New York Medical Gazette, Dec. 18th; The Parochial Critic, Dec. 29th; The New York Medical Record, Dec. 20th; The Boston Medical and Surgical Journal, Dec. 16th; The Madras Mail, Oct. 27th; The Indian Medical Gazette, Nov. 22nd; The Gardener's Chronicle, Jan. 1st; The Lancaster Gazette, Jan. 1st; The Lincoln, Rutland, and Stamford Mercury, Dec. 31st; The Western Daily Press, Dec. 31st; The Manchester Guardian, Dec. 30th; The Northampton Herald, Dec. 25th; The Liverpool Mercury, Jan. 1st; etc.

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

Dr. D. Johnston, Belfast; Dr. H. Rudge, Leominster; Dr. Robinson, Arkshaw, Aspatria; Mr. T. Holmes, London; A District Medical Officer; Mr. E. F. Murray, Slough; Mr. W. Sellers, Radcliffe; Mr. H. B. Gould, London; Dr. E. Haughton, Liverpool; Dr. A. J. Scott, Tiverton; Mr. J. Jenkins, Bridgend; Mr. R. S. Potts, Ilkestone; Dr. Jukes Styrap, Shrewsbury; Mr. H. Stear, Saffron Walden; Mr. J. Birt, Stourbridge; Mr. T. W. Fay, London; Dr. C. B. Fox, Scarborough; Dr. Roche, Chelmsford; Mr. J. Cornwall, Ashcott; Mr. Goldsmith, Bedford; Mr. J. B. Curgenven, London; Mr. S. Wood, Shrewsbury; Dr. Clifford Allbutt, Leeds; Mr. P. W. Swain, Devonport; Dr. Cowdell, Dorchester; Dr. Prosser James, London; Mr. R. Rendle, London; Mr. J. Horsfall, London; Dr. W. S. Oliver, Toronto, Canada; Dr. Oswald, London; Mr. J. O'Flaherty, Kingstown; Dr. S. Martyn, Clifton, Bristol; Mr. J. Birt, Stourbridge; Dr. John Cockle, London; Dr. S. W. Fisher, Redland, Bristol; etc.

**LETTERS, &c.** (with enclosures) from:—

Dr. J. Lockhart Clarke, London; Dr. Lewis, Carmarthen; Mr. W. Squire, London; Dr. Bull, Hereford; Mr. H. Richard, London; Dr. J. Waring Curran, Mansfield; Dr. C. S. Barter, Bath; Mr. B. Thomas, Llanelli; Mr. S. Watson, London; C. J.; Mr. C. Neilson, Killala; Dr. S. Coates, Portumna; M.D.; Dr. W. Woodward, Worcester; Mr. J. Cornwall, Ashcott, Bath; Mr. Startin, London; The Registrar-General of England; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; Mr. T. M. Stone, London; The Registrar of the Medical Society of London; The Secretary of the Epidemiological Society; The Secretary of the Ethnological Society; Dr. George Johnson, London; Dr. J. J. Phillips, London; Mr. Victor De Méric, London; Dr. Paul, London; Dr. James Russell, Birmingham; Dr. A. Gamgee, Edinburgh; T. W. R.; Mr. J. R. Hilles, Dublin; Dr. L. Roberts, Manchester; Dr. F. W. Newcombe, Gateshead; Mr. F. Waterhouse, Pontypriid; Dr. R. Shingleton Smith, London; Dr. Felce, London; Dr. Squarey, London; Dr. E. Symes Thompson, London; etc.

# BOOKS, &c., RECEIVED.

A Manual of Diet for the Invalid and Dyspeptic; with a Few Hints on Nursing. By Duncan Turner, L.R.C.P. London: 1869.

The Present Tendency of Scientific Thought. By Kelburne King, M.D. Hull: 1869.

Die Epidemische Diphtheritis und deren Schnellste Heilung. Von Dr. Alban Lutz. Würzburg: 1870.

Principi Fondamentali di Chimica Analitica, con Applicazioni alla Tossicologia. Pel Professore Pietro Scivoletto. Napoli: 1869.

Caso d'Iperplasia Cutanea Molle Multipla, con singolare Idrorachia. Pel Dottore Tommaso Virnicchi. Napoli: 1869.

Considerazioni su d'un caso di Guarigione di Legature dell'Arteria Iliaca Interna. Dal Professore Carlo Gallozzi. Napoli: 1869.

Su di una Miositide degli Organi Genitali di Giuseppe Marzo. Pel Dottor Nicodemio Paciotti. Napoli: 1865.

A Practical Treatise on the Diseases of Children. By Alfred Vogel, M.D. Translated by H. Raphael, M.D. New York: 1869.

Should the Principle of the Contagious Diseases Act be applied to the Civil Population? By Berkeley Hill, M.B. Lond., F.R.C.S. London: 1869.

On Force and Matter in Relation to Organisation. An Introductory Lecture. By Arthur Gamgee, M.D. Edinburgh: 1869.

A Text-Book of Practical Medicine: with particular reference to Physiology and Pathological Anatomy. By Dr. Felix von Niemeyer. Translated from the Seventh German Edition, by G. H. Humphry, M.D., and C. E. Hackley, M.D. Two Volumes. New York: 1869.

Electricity in its Relations to Practical Medicine. By Dr. Moritz Meyer. Translated from the Third German Edition. By W. A. Hammond, M.D. New York: 1869.

Lectures on Obstetric Operations, including the Treatment of Hæmorrhage. By Robert Barnes, M.D. London: 1869.

The Physiology of Man. By Austin Flint, jun., M.D. New York: 1869.

The Swimming-Baths of London. By R. E. Dudgeon, M.D. London: 1869.

On the Connection between Chemical Constitution and Physiological Action. Parts 1 and 2. By Dr. A. Crum Brown and Dr. T. R. Fraser. Edinburgh: 1869.

The Climate and Resources of Madeira. By Michael C. Grabham, M.D., F.R.G.S. London: 1869.