

MUSEUM NOTES.

THE RICHMOND MUSEUM, DUBLIN.

(Continued from page 69.)

Dislocations at the Knee Joint.—There are in this museum several valuable casts, etc., illustrating *Dislocations at the Knee-joint*. Cast No. 324 shows the knee of Anne Bryan, aged 35, in whom the tibia was dislocated forwards. The dislocation is complete, and the outline of the condyle of the femur can be traced behind and below the joint. The same case is illustrated in No. 164 in the portfolio of drawings. Cast 333 shows also a dislocation of the tibia forwards. "The patient, aged 25, while in the act of descending a ladder, fell from the height of about twelve feet. He was at once brought to the county town Infirmary, where the surgeon, Mr. Bracheran, found the femur luxated backwards at the knee. The reduction was easily accomplished, and the patient made a rapid recovery." The deformity in this cast is great and very characteristic. The subject of dislocations of the knee is illustrated by some very interesting cases recorded by Mr. Lowe in the last volume of *St. Bartholomew's Hospital Reports*. Mr. Lowe gives two cases both resembling the two Dublin casts, in that the dislocation was of the tibia forwards. In one, the reduction was easy; in the other, difficult. In both, gangrene of the limb followed, and amputation, within a few days of the accident, became necessary. In both cases the popliteal vessels were found ruptured. The two patients recovered. There is a cast in the London Hospital Museum from a case under the care of Mr. Hutchinson, which exactly corresponds with the two in Dublin. We have not yet seen a cast illustrating complete dislocation of the tibia backwards, and should be obliged to any of our readers who can supply a reference to one.

Cerebro-spinal Arachnitis.—In the Richmond Museum there are drawings representing the conditions found in this disease from cases which occurred as far back as 1847. The patients were under the care of Dr. Mayne, by whose direction the drawings were made. They are from two cases. The drawings show lymph and pus in the subarachnoid spaces at the base of the brain and between its lobes, also around the spinal cord, especially in its lower half. Drawing back of the head and a tetanic expression of countenance are noted as having been marked symptoms. No rash is mentioned in these records of the cases.

Cancer of the Lip caused by Smoking.—Portrait 390 in the Richmond Museum is a graphic illustration of the influence of local irritation in the production of epithelial cancer. It is designated by Dr. Adams, the donor, "Cancer of the lip caused by the constant use of a short pipe in smoking." There is a growth of epithelial cancer in the lower lip, and just above it a large round notch is displayed in the teeth, the result of pressure from the pipe. Beneath the portrait is depicted the *corpus delicti* itself, a short clay-pipe.

THE MUSEUM OF TRINITY COLLEGE, DUBLIN.

In our visit to this Museum, we were indebted to Dr. R. W. Smith for much information, very kindly given; Drs. Bennett and Connor also courteously gave us much assistance.

Chronic Rheumatic Arthritis of the Lower Jaw.—The Museum contains a very extensive series of illustrations of chronic rheumatic arthritis. This affection is believed to be more common in Dublin than elsewhere; and it has, as is well known, been the subject of most able investigation by Dr. Adams and Dr. Smith. Amongst the rarities in connection with it, Dr. Smith showed us three specimens, in which the articulation of the lower jaw was the one involved. In all of the bones which we saw, but one condyle was affected. The conditions were similar to those produced in other joints—expansion of the head, shortening of the neck, etc. The remarkable want of symmetry in the specimens which we have mentioned, although frequent in the case of the temporo-maxillary articulation, is less common than affection of both joints. In the *Dublin Medical Journal* for 1843, eleven specimens produced by Dr. Smith are mentioned, and in seven of these both sides were affected. In the Richmond Museum is a remarkable specimen of this disease, in which one condyle is so much enlarged that the jaw is pushed over to the opposite side. In it the right articulation is alone diseased.

Bony Union of Intracapsular Fractures of the Neck of the Femur.—There are two specimens of completed bony union of intracapsular fractures of the neck of the femur in this Museum.

We were shown also a third specimen, not yet catalogued, or placed in the Museum, in which without the slightest doubt bony union of an intracapsular fracture had occurred. In this specimen there was not the slightest indication of disease. No history was obtainable.

Extracapsular Fractures of the Neck of the Femur in Rheumatic-joints.—Dr. Smith drew our attention to examples of extracapsular fracture in bones previously deformed by chronic rheumatic arthritis, and remarked on the difficulties of diagnosis under such circumstances. In such cases, shortening is usually already present. Dr. Smith also showed us two specimens of extracapsular fracture with inversion of the limb, in each of which the lower fragment was in front of the upper one, contrary to rule. In both the limb was fixed by a kind of impaction.

Fractures of the Clavicle at its Outer End.—We were shown no fewer than five specimens of fracture of the acromial end of the clavicle between the ligaments. In all the distal end of the shaft was displaced upwards and backwards, and in all there were large masses of bone beneath the fracture, produced by ossific deposits in the ligaments.

Unreduced Dislocation of the Humerus.—H. h. 176 is a specimen of unreduced dislocation at the shoulder-joint. As usual, it is subcoracoid.

Rickets in a Monkey.—In the same Museum is a skeleton of a monkey very severely affected with rickets. The animal had not yet cut its permanent teeth, and was evidently young. No facts are recorded as to its diet.

Gangrene of Feet after Fever.—The two feet have been preserved from a case in which a woman, during convalescence after fever, became the subject of gangrene. It is interesting to note that she refused operation and that the feet were allowed to separate spontaneously. She recovered, had good stumps, and is now well.

Skeleton of a Giant.—No. 1764, the skeleton of a giant, is really well worth seeing. The man stood eight feet six high. He was a native of Tipperary, and died in Dublin at the age of 25. In reference to his extraordinary growth, it is interesting to note that the upper epiphyses of his humeri are not yet quite united. It is believed that his family had not previously displayed any remarkable tendency to overgrowth.

General Ossification of Joints and Fascia.—There is also another extraordinary skeleton showing extensive ossification of joints and fascia. Its original possessor lived to within a few months of one hundred years.

SELECTIONS FROM JOURNALS.

POISONING BY ACONITE: RECOVERY.—A woman swallowed half-an-ounce of a liniment by mistake for castor-oil. The dose contained about one drachm and a third of tincture of aconite-root and one drachm of chloroform. She did not vomit for about three hours, and then after an emetic. She had severe symptoms of poisoning, but recovered under stimulants. Dr. J. W. Menley thinks that the chloroform may have acted as an antidote to the aconite.

WOUNDS BY A CENTIPEDE.—Dr. F. M. Rounsaville (*Nashville Journal of Medicine and Surgery*) reports the case of a man who was poisoned by a large centipede (the species is not mentioned). It is stated that the creature produces a poisoned puncture with each foot, so that, as in the case narrated, two rows of "black dotted impressions" appear on an erysipelatous patch, where the animal has attacked its victim. In this case the patient rapidly recovered, but the affected arm did not perspire for three months.

ERUPTION FROM SEA-BATHING.—M. Duchemin, in a paper on the phosphorescence of the sea, considers that a peculiar eruption is sometimes caused by bathing in sea-water which contains the *noctiluca miliaris*, a minute infusorium, to the presence of which the phosphorescence is due.—*Les Mondes*.

GLANDERS IN MAN.—Dr. F. Garretson has communicated a case to the *Baltimore Medical Bulletin*, in which a man who had charge of two horses, which were supposed to be glandered (and which "soon afterwards died of the disease"—not a common result of glanders in the horse, we believe), died with symptoms of blood-poisoning. He suffered for about three weeks from pains in the limbs and weakness, followed by symmetrical glandular enlargements, and a pustular and ulcerative erysipelatous eruption on his face and arms. He died five weeks after he began to be ill. There is no record of *post mortem* appearances.

FRAGILITAS OSSIUM.—A remarkable case of this condition is recorded by Dr. Joseph Jones of Louisiana. The man, a mulatto, aged 24, had suffered about fifty fractures since the age of 3 years. His legs and thighs were much deformed, and his feet smaller than they should be in proportion. The fractures had been attended with very little pain, and they were rapidly repaired. His health was good, and there was no reason to suspect any special cachexia. A female (first cousin of the patient) was stated to have suffered in the same way.

Claude Bernard deliver the lecture introductory to his course on "Médecine Expérimentale" at the College de France. The lecture was simply a statement of generalities, and consequently a disappointment to me and other practitioners who went expecting a special treat. The audience consisted of one female and nearly two hundred males.

With reference to the 1,200 inscriptions for the *trimestre* ending December 31st, I ought to add that 300 of them were first entries.

ASSOCIATION INTELLIGENCE.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: PATHOLOGICAL AND CLINICAL SECTION.

THE second ordinary meeting of the Section was held on November 26th, 1869. Present: Dr. HESLOP, in the Chair, and forty members and visitors.

Dr. SAWYER showed a man, who was under the care of Dr. Heslop, suffering from Hypertrophy of the Connective Tissue of the Face, following erysipelas. The thickening and enlargement were everywhere most marked. The case was illustrated by a series of photographs.

Dr. HESLOP showed drawings of the hands of a patient affected with Leucoderma.

Dr. WADE called attention to a patient in whom a Cervical Rib was present. The case was referred to a Subcommittee, consisting of Mr. Bartleet and Mr. C. J. Bracey, for examination and report.

Mr. McDONALD showed, for Mr. NEWNHAM of Wolverhampton, a girl, aged 12, who had been admitted into the South Staffordshire General Hospital, suffering from a Compound Depressed Fracture of the Skull on the right side, near the line of union between the frontal and parietal bones, caused by a falling tile. She was knocked down by the blow, but not rendered insensible, and she walked a distance of more than a mile to the hospital. On examining the wound, which was small, the tip of the finger could be passed down to the surface of the brain, which could be seen pulsating at the bottom of the wound. The bone was much depressed, but no loose fragments could be felt, and the fracture apparently did not radiate very widely. There was a good deal of venous hæmorrhage, but no symptom whatever of concussion or other injury to the brain. The hair was cut short; wet lint applied to the wound, low diet with perfect rest, and an occasional mild aperient, formed the treatment. She went on without the slightest bad symptom; and, on the twenty-second day after the accident, a chop was ordered. Six fragments of necrosed bone, some of them consisting of both tables of the skull, came away or were removed with the forceps on January 31st, March 15th, 24th, 25th, April 4th and 29th. She was discharged with the wound perfectly healed.

Mr. PEMBERTON showed a Compound Proliferous Cyst growing from the left Ovary, which he removed by ovariectomy in the General Hospital on November 16th, 1869. The patient, aged 29, was the mother of three children. The disease had been forming four years. She was tapped six months before admission. Ascites was present. The tumour was removed by an incision of four inches; it weighed nine pounds. There were no adhesions. The patient died forty-five hours after the operation, of subacute peritonitis.

Mr. FURNEAUX JORDAN showed a large Multilocular Ovarian Cyst, filled with fatty matter, successfully removed from a woman aged 35. The cyst had been growing for about two years, and, after removal, weighed, with its contents, seven pounds.

Mr. VINCENT JACKSON (Wolverhampton) showed a Compound Ovarian Cyst successfully removed from a patient aged 19.

Dr. JOLLY showed a specimen of Hip-joint Disease taken from a boy aged 3, who died in the Queen's Hospital from tubercular meningitis following an attack of scarlet fever. The soft parts about the hip-joint were blended together into a confused mass. The joint contained purulent matter. The round ligament was ruptured, and only a vestige of it remained connected with the bottom of the acetabulum. The head of the femur was somewhat diminished, and had lost its rounded shape. The neck of the bone was shortened, and the great trochanter was greatly expanded, but the cancelli contained no curdy matter. The acetabulum was rendered deeper and wider than is natural, and the bottom of the cavity was completely destroyed by caries; a portion of the carious bone was undergoing the process of exfoliation into the cavity of the joint, and was only separated from the cavity of the pelvis by the obturator internus muscle covered by its fascia. The carious part of the acetabulum corresponded to a similar surface on the head of the femur, their surfaces being exactly in contact. No tubercular deposit existed in any of the thoracic or abdominal viscera.

Dr. WADE exhibited a specimen of Atheromatous Dilatation of the

Aorta, and of the coronary arteries, from a man aged 49, who died in the street of angina pectoris, several attacks of which he had had before. He remarked that, in many cases of angina pectoris, where there was no general atheroma of the aorta or coronary arteries, there was a ring or collar of atheroma surrounding the coronary orifices, and suggested that this condition may have been overlooked in some cases of angina in which the coronary arteries have been stated to be healthy.

Dr. JAMES HINDS showed a specimen of general Dilatation of the Thoracic Aorta, taken from a subject aged 84, in the dissecting room of Queen's College. The specimen showed several atheromatous patches; and, opposite the sixth and seventh dorsal vertebræ, was a finger-like pouch which had eroded the bodies of those vertebræ.

Dr. NEAL showed a very interesting specimen of true and false Aneurism of the Abdominal Aorta. The aneurism had ruptured behind the peritoneum, and the patient survived twelve days.

Mr. BARTLEET showed, for Mr. CLARENCE PEMBERTON (Banbury), a Fibrinous Cast of the Trachea extending below the bifurcation, coughed up by a child affected with croupal diphtheria.

Mr. VOSE SOLOMON showed a specimen of Medullary Sarcoma of the Orbit. The specimen was referred to the Subcommittee on Morbid Growths.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JANUARY 11TH, 1870.

GEORGE BURROWS, F.R.S., President, in the Chair.

A CASE OF COMPOUND FRACTURE OF THE PATELLA: WITH AN ANALYSIS OF FIFTY-SIX CASES OF THAT INJURY. BY A. POLAND, ESQ.

In presenting the case to the notice of the Society, the author drew attention to the following facts. 1. The peculiar and unusual nature of the accident; 2. The attempt to save the limb under circumstances most disadvantageous, owing to physical and moral defects; 3. The unfortunate relapse and threatening symptoms of pyæmia, after the primary danger of an inflamed and suppurating joint had passed over; 4. The chest-complication and exhaustion of the patient after subsidence of the pyæmic symptoms; 5. The saving of life by amputation of the limb.—G. M., aged 28, a boiler-maker, was admitted into Guy's Hospital on January 19th, 1869. About eight weeks previously, a transverse lacerated wound over the right knee was produced by a fall; for this he was treated as an out-patient at the hospital. The wound was about three and a half inches in extent, and the patella was exposed; but the joint was not injured. Strapping, and a back splint between the knees were applied. Cicatrisation was almost completed; and he removed the splint and went about his employment. Early on the morning of his admission, he caught his foot in a grating, and was thrown down on his side, in his fall using great muscular exertion to save himself. The newly cicatrised wound was torn open, and he suffered great pain. He was immediately brought to the hospital. There was a large gaping wound in the site of the original injury; also a transverse fracture of the patella. There was hæmorrhage, and escape of synovial fluid from the joint. The dresser on duty introduced his finger into the joint. The wound was closed by sutures, a compress of lint with strapping applied, and a back splint adjusted behind the knee. When he came under Mr. Poland's notice, he was suffering from a chronic cough and general debility, which gave rise to the suspicion of phthisis, although no evidence could be elicited by the stethoscope. In three or four days, inflammation and swelling of the joint ensued. The dressings and sutures were removed, and carbolic acid lotion was applied to the wound, which had a sanious discharge. On the tenth day, suppuration had fully set in, and the discharge was profuse. This suddenly lessened, and symptoms of pyæmia became manifest; but suppurative action in and about the joint reappeared, necessitating the use of free incisions. During a lingering and tedious suppuration, with ulcerative action for a period of six weeks, the man's health began to give way. Amputation was performed on the 5th of March. The patient made a most rapid recovery, and gained flesh, although he did not lose his cough entirely. The author made some comments on the peculiar nature of the injury, and referred to other cases of compound fracture of the patella. The patient's extremely exhausted condition and general state of health negatived the performance of excision; and, the more so, as the integuments and soft parts above and below the joint were much implicated in the suppurative action. The author also adverted to the statistics of fifty-six cases of compound fracture of the patella without any complication of the neighbouring bones of the joint. Mr. Poland concluded by inquiring whether there could be a compound fracture on

MEDICAL NEWS.

COMPENSATION CASES.

THE following actions for damages for injuries received in the railway accident at New Cross have been decided during the last week.

Mr. Ford, the landlord of a public house, had an apoplectic fit in 1860. He recovered almost completely. In June last he was injured in the collision, and the paralytic symptoms returned. The question was, how far this was owing to the accident. He received £150 damages.

A licensed victualler, aged 29, having a wife and two children, was so injured in the accident that his lower extremities have since been almost completely paralysed. He obtained £3,500 damages, just one-half of what was asked. Sir William Fergusson stated that he had seen the patient five times. His right leg was completely paralysed, but there was a little sensation remaining in the left one. It was exceedingly doubtful whether he would recover. He had watched the case carefully, and latterly had reason to despair of the man's recovery.

William Dickeson has been sentenced to imprisonment for two years for pretending to have been injured in the same accident, whereas he was not in the train at all. In addition to the evidence recorded at page 38 of this year's JOURNAL, Mr. Gay, said that he had seen the patient four months after the alleged accident, and then agreed with Dr. Simpson's view of the case. He thought the man's account consistent.

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 Jan. 18th; and, when eligible, will be admitted to the pass examination:—

Messrs. F. G. S. Wilde, William Rae, and F. J. C. Parsons (Students of King's College); J. H. Widdfield and Frank Buller (of the Toronto and St. Thomas's Hospitals); G. M. Whitehead and A. H. Barrow (of St. Thomas's Hospital); William Hammond and Sydney Coupland (of University College); W. C. Blaker and F. I. de Lisle (of Guy's Hospital); E. G. Tennant and F. C. Bryan (of St. Mary's Hospital); William Jelly (of the Edinburgh and St. Mary's Hospitals); W. C. Rees (of the Melbourne School); J. J. Sarjant (of the London Hospital); William Wade (of the Toronto School); Thomas Barlow (of the Manchester School and University College); L. E. Roberts (of the Middlesex Hospital); E. C. Hay (of the Leeds School); E. A. Muggieridge (of the Grosvenor Place School and Charing Cross Hospital); T. A. Elias (of the Manchester School); J. E. Barton (of the Westminster Hospital); and Ebers Chambers (of St. Bartholomew's Hospital).

The following gentlemen passed on January 19th:—

Messrs. W. T. Boreham, R. C. Athill, and George Greenslade (Students of the Charing Cross Hospital); C. J. W. Pinching, E. H. Steele, and R. A. Lithgow (of Guy's Hospital); William Bartlett and H. B. Harrison (of St. Mary's Hospital); E. M. Madden and E. J. Plummer (of King's College); S. A. Bishop and Windham Randall (of St. Bartholomew's Hospital); E. W. Symes (of University College); and R. H. Sparrow (of the Dublin School).

It is stated that 23 candidates out of the 61 who presented themselves, failed in reaching the required standard, and were therefore referred to their anatomical and physiological studies for three months.—The pass examination for the diploma of membership commenced yesterday, and will extend until Friday exclusive.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, January 13th, 1870.

Daphtary, Girdharlal Ratanlal, Kensington Gardens Square
Flowers, William Field, Tealby, Lincolnshire
Nettle, William, Liskeard, Cornwall
Rigden, Walter, Canterbury
Taylor, Frederick, Kennington Park Road

MEDICAL VACANCIES.

THE following vacancies are declared:—

BIRMINGHAM GENERAL DISPENSARY—Resident Surgeon: applications, 24th; election, 26th.
BOURNEMOUTH GENERAL DISPENSARY AND COTTAGE HOSPITAL—Honorary Surgeon.
BRITISH LYING-IN HOSPITAL, Endell Street—Physician: election, about 10th Feb.
CLAREMORRIS UNION, co. Mayo—Medical Officer for the Ballindine Dispensary District: applications, Jan. 28th; election, Feb. 4th.
DINGLE UNION, co. Kerry—Medical Officers for the Dingle and Ventry Dispensary Districts: election about Feb. 13th.
EVELINA HOSPITAL FOR SICK CHILDREN, Southwark Bridge Road—Physician.
GREAT NORTHERN HOSPITAL, Caledonian Road—Junior Surgeon: applications, Feb. 9th.
HOLBEACH UNION, Lincolnshire—Medical Officer for the Sutton Bridge District: applications, 5th Feb.; election, 7th Feb.
HOSPITAL FOR INCURABLES, Dublin—Physician.

LEICESTER INFIRMARY AND FEVER HOUSE—House-Surgeon and Apothecary: applications, Feb. 1st; election, Feb. 12th.
LIVERPOOL DISPENSARIES—Two Assistant Resident House-Surgeons: applications, 26th.
LIVERPOOL EYE AND EAR INFIRMARY—Surgeon.
LIVERPOOL NORTHERN HOSPITAL—House-Surgeon: applications, Feb. 7th; election, Feb. 11th.
MIDHURST UNION, Sussex—Medical Officer for the Milland District: applications, 24th; election, 25th.
NORTH STAFFORDSHIRE INFIRMARY, Hartshill, Stoke-upon-Trent—House-Surgeon: applications, Jan. 26th; election, Feb. 3rd.
NOTTINGHAM DISPENSARY—Assistant Resident Surgeon: applications, Feb. 7th; election, Feb. 21st.
PUBLIC DISPENSARY, Stanhope Street, Clare Market—Resident Medical Officer: applications, 25th Jan.; election, 8th Feb.
ROYAL COLLEGE OF SURGEONS IN IRELAND—Professor of Forensic Medicine: Feb. 17th.
ST. ALBAN'S UNION, Herts—Medical Officer and Public Vaccinator for the Redbourn District.
ST. PATRICK'S HOSPITAL, Dublin—Physician.
SALISBURY GENERAL INFIRMARY—House-Surgeon: Feb. 5th.
SALOP INFIRMARY, Shrewsbury—Physician.
SHEFFIELD GENERAL INFIRMARY—Resident House-Surgeon: applications, Feb. 5th; election, Feb. 9th.
SOUTH LAMBETH, STOCKWELL, and NORTH BRIXTON DISPENSARY—Visiting Medical Officer: applications, Feb. 9th.
SUNDERLAND INFIRMARY and DISPENSARY and EAST DURHAM COUNTY HOSPITAL—Junior House-Surgeon: applications, 26th Jan.; election, 3rd Feb.
SUSSEX LUNATIC ASYLUM, Hayward's Heath—Resident Medical Superintendent.
UNIVERSITY COLLEGE, London—Professor of Medical Jurisprudence: applications, Feb. 5th.
VERNON HOUSE LUNATIC ASYLUM, Briton Ferry—Medical Visitor.
WESTMINSTER HOSPITAL—Resident House-Surgeon: applications, Jan. 24th; election, Feb. 3rd.
WEST WARD UNION, Westmoreland—Medical Officer for the Morland District.
WHITEHAVEN UNION, Cumberland—Medical Officer for the Gosforth District.
WORCESTER UNION—Medical Officer for District No. 3: applications, 26th; election, 27th.

MEDICAL APPOINTMENT.

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

*PULLAR, Alfred, M.D. Edin., appointed Physician to the West London Hospital for Children.
*SIMMS, James, Esq., appointed Assistant Surgeon to the County Down Infirmary, vice *E. F. Nelson, M.D., resigned.

BIRTH.

CLENDINNEN.—On January 14th, at Cheswardine, the wife of *W. Ellis Clendinnen, Esq., Surgeon, of a son.

MARRIAGE.

*ARMISTEAD, William, M.B., C.M., of Harpurhey, Manchester, to Emily Agnes, second daughter of Warwick SMITH, Esq., of Walnut Bank, Lancaster, at Lancaster, on January 12th.

DEATHS.

TIPPETTS.—On the 14th instant, after a long and painful illness, Richard Tippetts, Esq., of 9, Edith Grove, Brompton, and late of Brompton, in the 68th year of his life.
TUCKER, Andrew, M.D., at Boyle, co. Roscommon, on January 13th.
*WALLES, Thomas Garneys, Esq., Surgeon, at Downham Market, aged 77, on January 19th.

NORFOLK AND NORWICH HOSPITAL.—At the quarterly meeting of governors it was proposed to increase the medical staff by the appointment of three assistant-surgeons; but, after some discussion, the question was agreed to be deferred.

ANTHROPOLOGICAL SOCIETY OF LONDON.—Annual General Meeting, January 18th, John Beddoe, Esq., M.D., President, in the chair. The report of auditors showed the income of the Society in 1869 to have been £1091:9:5, the expenditure £964:9:8, and the balance in hand on the 31st December, £126:19:9. The report of Council was read and adopted. The President then delivered the annual address, including a full obituary notice of Dr. James Hunt, founder of the Society. The ballot for the election of officers and council to serve in 1870, was then taken, with the following result: *President*: J. Beddoe, M.D.; *Vice-Presidents*: H. Beigel, M.D., Captain R. F. Burton, Dr. Charnock, J. B. Davis, M.D., F.R.S., Captain Bedford Pim, R.N., Dr. B. Seemann; *Director*: Thos. Bendyshe, Esq.; *Treasurer*: Rev. D. I. Heath; *Council*: J. G. Avery, Esq., J. B. Carlill, M.D., S. E. Collingwood, Esq., Walter C. Dendy, Esq., George Harris, Esq., Jonathan Hutchinson, Esq., W. B. Kesteven, Esq., Kelburne King, M.D., Richard King, M.D., A. L. Lewis, Esq., St. Geo. J. Mivart, Esq., F.R.S., Major S. R. I. Owen, Edward Peacock, Esq., F.S.A., J. S. Ramskill, M.D., C. R. Des Ruffières, Esq., John Thurnam, M.D., W. S. W. Vaux, Esq., F.R.S., C. Staniland Wake, Esq., Alfred Wiltshire, M.D., F. Villin, Esq.

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.—Hospital for Women, 9.30 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—	Medical Society of London, 8.30 P.M. Dr. Tilbury Fox, Second Lettsomian Lecture, "On the Pathology and Etiology of Eczema."—Entomological Society.
TUESDAY.—	Ethnological Society of London, 8 P.M. Mr. J. Bonwick, F.R.G.S., "On the Origin of the Tasmanians, geologically considered." Mr. H. H. Howorth, "On a Frontier-line of Ethnology and Geology." Mr. G. M. Atkinson, "On the Nicobar Islanders."—Royal Medical and Chirurgical Society, 8.30 P.M. Dr. William Ogle, "Anosmia: Cases illustrating the Physiology and Pathology of the Sense of Smell"; etc.
WEDNESDAY.—	Hunterian Society, 7 P.M., Special Council Meeting. 8 P.M., Mr. Hovell, "On Therapeutics."
THURSDAY.—	Royal Society.
FRIDAY.—	Clinical Society of London, 8 P.M.

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.

ROYAL COLLEGE OF SURGEONS.—The following were the questions on Anatomy and Physiology submitted to the candidates at the last primary examination at the Royal College of Surgeons, viz.—1. Name the bones with which the Astragalus is in contact; and mention the shape of its articulating surfaces. Describe the ligaments which connect the Astragalus with other bones. 2. Mention the sources from which the vena portae derives its blood; and explain how this blood is rendered available for the performance of certain functions in the animal economy. 3. Describe the various structures which surround the elbow-joint, and are included in a space extending two inches above and two inches below the condyles. 4. State the functions generally attributed to the spleen. 5. Describe the peculiarities of the 1st, the 7th, and the 12th ribs. 6. Describe the functions of the soft palate and uvula.

It is stated that eight candidates out of thirty-two were referred the first day, and fifteen out of twenty-nine on the second day, making a total of twenty-three out of sixty-one. The pass examination for the diploma of member commenced yesterday, and, owing to the great number of candidates, will not be brought to a close until the end of the ensuing week.

AURAL SURGERY.

SIR,—Will you kindly give me, through the JOURNAL, the names of two or three of the best aurists in London at the present time. I am, etc., TYMPANUM.

. The following are the aural surgeons at our metropolitan hospitals: Mr. J. Hinton, Guy's. Mr. J. Smith, St. Bartholomew's. Mr. Walter Rivington, the London. Mr. P. Allen, St. Mary's. Mr. Tomes, the Middlesex.

IN a new Italian Botanical Journal published in Florence, is an article by Signor Uzielli, on some botanical observations of Leonardo da Vinci. It seems that he was the first to notice the constancy of a uniform arrangement of the leaves on the branches of the same species of plants. This is generally attributed to Grew and Malpighi towards the close of the seventeenth century. Da Vinci, however, mentions the fact in his treatise on painting in the fifteenth century. He was also the first to describe the formation of concentric rings of wood beneath the bark of trees by which the age can be determined.—*Quarterly Journal of Science.*

MEDICAL ETIQUETTE.

SIR,—Allow me to ask whether it is in accordance with professional courtesy and honour for a private medical practitioner to induce a parochial midwife to call him in cases of difficulty and danger, well knowing that the district medical officer ought to be called in in such cases, and is entitled to receive a fee from the guardians for them. I am, etc.,

Jan. 1st, 1870.

A DISTRICT MEDICAL OFFICER.

. Certainly not, if the cases are parish ones.

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.

THE BRITISH MEDICAL BENEVOLENT FUND.

THE Treasurer and the Honorary Secretaries of the British Medical Benevolent Fund beg to acknowledge, with thanks, the following additional sums which have been forwarded to them, as the result of the appeal published in the medical journals.

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Further donations or subscriptions will be thankfully received and duly acknowledged by Dr. Thorne Thorne, Honorary Financial Secretary, 42, Seymour Street, Portman Square, W.

We are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Indian Medical Gazette, Dec. 1st; The New York Medical Gazette, Jan. 1st; The Parochial Critic, Jan. 12th; The New York Medical Record, Jan. 3rd; The Boston Medical and Surgical Journal, Dec. 30th; The Madras Mail, Nov. 9th; The Illustrated Midland News, Jan. 8th; The Preston Chronicle and Lancashire Advertiser, Jan. 8th; The South Durham Herald, Jan. 8th; The Edinburgh Daily Review, Jan. 13th; The Portsmouth Times, Jan. 8th; The Merthyr Telegraph, Jan. 8th; The Leeds Mercury, Jan. 14th; The Western Mail, Jan. 10th and 12th; The North British Daily Mail, Jan. 13th; The Port Louis Commercial Gazette, Nov. 27th; The Sunderland Times, Jan. 8th; The Lancaster Gazette, Jan. 15th; The Edinburgh Evening Courant, Jan. 14th; The Aberdeen Guardian, Jan. 15th; etc.

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

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LETTERS, &c. (with enclosures) from:—

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BOOKS, &c., RECEIVED.

Nocturnal Enuresis and Incontinence of Urine. By F. G. Snelling, M.D. New York: 1869.

Faraday as a Discoverer. By John Tyndall. New Edition. London: 1870.

The Half-Yearly Abstract of the Medical Sciences. Edited by W. D. Stone, M.D., F.R.C.S. (Exam.) For July to December, 1869. London, Edinburgh, and Dublin: 1870.

Report of the Sanitary Administration of the Punjab, 1868. Lahore: 1869.

Report on the Cholera of 1866-68, and its Relations to the Cholera of Previous Epidemics. By J. L. Bryden, M.D. Calcutta: 1869.

A System of Surgery, Theoretical and Practical, in Treatises by Various Authors. Edited by T. Holmes, M.A. Vol. ii. London: 1870.

St. George's Hospital Reports. Edited by J. W. Ogle, M.D., and T. Holmes, F.R.C.S. Vol. iv. London: 1869.

Winter and Spring on the Shores of the Mediterranean. By J. Henry Bennet, M.D. Fourth Edition. London: 1870.

Medicine, Disease, and Death. By Charles Elam, M.D. London: 1870.

Conseils d'Hygiène aux Étrangers à Londres. Par le Docteur Charles Bernardet. Londres: 1870.

An Address on the General Principles which should be observed in the Construction of Hospitals, delivered to the British Medical Association at Leeds. By Douglas Galton, C.B., F.R.S. London: 1869.

Notes on Asthma; its Nature, Form, and Treatment. By J. C. Thorowgood, M.D. London: 1869.

Report on the Sanitary Administration of the Punjab for 1868. Lahore: 1869.