

SELECTIONS FROM JOURNALS.

CATAMENIAL INFLUENCE ON MILK.—The occasionally poisonous nature of the milk at the menstrual period is well illustrated by a case of Dr. N. Hobbs's in the *Western Journal of Medicine* for January 1869. A child at the breast was attacked on four separate occasions with sickness, diarrhoea, and convulsions. These attacks lasted a few days only, after which the baby quite recovered. They recurred at regular intervals, corresponding in date with the appearance of the catamenia in the mother. Lastly, after the child was weaned, it had no return of these attacks.

SPASMODIC STRICTURE OF THE ŒSOPHAGUS IN CONNECTION WITH HYSTERIA.—M. Broca was consulted by a young married woman aged 26, suffering from spasmodic contraction of the œsophagus. Its spasmodic character was proved by its occasional disappearance for a short time. M. Broca first tried dilatation with probangs, but without success. The largest size could often be passed; but the almost instantaneous occurrence of spasm made it very difficult to withdraw the instrument. M. Broca then had a leaden bullet made, with a deep groove round its middle. He intended this to remain for some hours in the stricture; this, too, proved unsuccessful. He then determined to try dilatation with forceps, and had a pair made, the blades of which remained parallel when open. This instrument proved completely successful, and there had been no relapse for two years. Since the operation, the patient had been attacked with spasmodic contraction of the sphincter ani, which yielded, like the other, to forced dilatation.—*Bulletin Général de Thérapeutique*, 30th August, 1869.

ORIGIN OF THE FIBRINE OF THE BLOOD.—Dr. Heynsius has been making a series of experiments tending to show that the quantity of fibrin which can be obtained from blood (by whipping, etc.) is larger than that of the fibrin-forming substance which can be separated from the plasma. He thinks, therefore, that the albuminoid substance of the so-called stroma of the blood-corpuscles contributes to the formation of fibrin. The corpuscles can furnish fibrino-genetic as well as fibrino-plastic substance.—*Quarterly Journal of Science*.

POISONING BY TANSY.—A case of poisoning by the oil of tansy is recorded in the November number of the *Canada Medical Journal*. Dr. Aldright was called to an unmarried lady (who was *enccinte*) late one evening, and found her perfectly unconscious, though not profoundly comatose. Her pulse was feeble and somewhat frequent. The pupils were slightly dilated. He fancied he could detect the odour of tansy on her breath, but was told she had been drinking camomile tea. A dose of ammoniated tincture of valerian was ordered her. In half-an-hour she vomited, and the vomited matter smelt strongly of tansy. The emesis was encouraged. In a couple of hours she was so far recovered as to talk. The next morning all symptoms were gone. The quantity taken was said to be "not more than half a teaspoonful of the oil." No miscarriage followed.

PROLONGED ACTION OF NITROUS OXIDE.—Prof. T. G. Thomas reports the case of a girl who remained partially under the influence of nitrous oxide for at least four days; she was conscious and understood what was said to her, but did not know when she was. Another case in which the effect of the gas remained for four days was mentioned.—*New York Medical Gazette*, Jan. 8.

PSORIASIS AND DYSPEPSIA.—Prof. McCready, in a clinical lecture on psoriasis, notices that dyspepsia occasionally alternates with psoriasis on the fingers.—*New York Medical Gazette*, Jan. 8.

ETHER versus CHLOROFORM.—Dr. Lyman B. How, in his "Report on Surgery," deprecates very strongly the use of chloroform as an anæsthetic. He does not use any new arguments, but condemns chloroform for the simple reason that it does sometimes kill, and extols ether, which he assures us is not known to have caused a single death of late years.—*Boston Medical and Surgical Journal*, Dec. 23, 1869.

SOURCE OF FREE HYDROCHLORIC ACID IN THE STOMACH.—Professor Horsford of Cambridge, Mass., considers that the free hydrochloric acid is produced by the reaction of acid phosphates, found in the stomach, in the alkaline chlorides. This free acid, then, coming in contact with the epithelial cells of the gastric tubules, bursts and destroys some of them, thus forming pepsine.—*Quarterly Journal of Science*.

NOTICE.

THE ANNUAL SUBSCRIPTIONS TO THE BRITISH MEDICAL ASSOCIATION FOR THE YEAR 1870 ARE NOW DUE: and it is a matter of great convenience to the Association, and conduces to the efficiency of its working, that they should be paid promptly.—Members of Branches, and all others who usually receive circulars at the beginning of the year from the local Secretaries, will greatly oblige, and will prevent trouble, by PAYING THEIR SUBSCRIPTIONS TO THE LOCAL SECRETARIES, AND NOT TO THE GENERAL SECRETARY.—All other members should pay their Subscriptions without delay to the General Secretary, T. WATKIN WILLIAMS, Esq., 13, Newhall Street, Birmingham.

Members of the Association residing in the counties of Middlesex, Essex, and Hertfordshire (except those belonging to country Branches), should pay their Subscriptions to Dr. A. P. STEWART, 75, Grosvenor Street, W.; or Dr. ALEXANDER HENRY, 16, Great Coram Street, W.C.

BRITISH MEDICAL JOURNAL.

SATURDAY, JANUARY 29TH, 1870.

CHLOROFORM ACCIDENTS.

WE have received, during the last few weeks, numerous letters containing suggestions in reference to the selection and use of anæsthetics. A communication which we print this week, from Mr. Bader of Guy's Hospital, shows that immunity from accidents in the use of various kinds has been secured through a very large number of cases. It also contains a statement that the simple measure of turning the patient over to the left side has been found efficient in all cases of apparent danger. This is well worth further trial. It has been employed in the Eye Department at Guy's for the last six years. It has the recommendation of but little interfering with other measures, such as stimulation of the external surface, and, if not speedily effectual, might of course be at once replaced by artificial respiration.

From the Leeds Infirmary we have been supplied with facts in support of the practice of the use of diffusible stimulants (of which brandy is the best) before giving chloroform. The subcutaneous injection of morphia is also occasionally employed there in cases in which patients are unusually nervous. Dr. Eddison has written to insist, very properly, on the great importance of the recumbent position in obviating the danger from cardiac syncope.

Several correspondents have expressed their convictions as to the danger of employing a too concentrated vapour; and one of these (Dr. G. Bodington, of Sutton Coldfield) suggests that, as is done in horses, only one nostril should be employed, air being allowed to enter by the other. The other means in ordinary use for obtaining due dilution of the vapour are both more efficient and more convenient.

The bichloride of methylene and the protoxide of nitrogen both hold their ground with some of those who have learnt their use. The former has now been given in a large number of cases, with, as yet, but a single death. It is habitually employed by several ophthalmic surgeons; but the belief that it possesses any great special advantages over chloroform does not seem to increase. It is not unfrequently followed by sickness; nor are cases of alarming syncope less common with it than with chloroform.

The attention which the subject of accidents from anæsthetics has received since the appearance of our "leader" on November 27th does not enable us to materially modify the suggestions which we have published. Next to the obvious necessity for extreme attention on the part of the administrator, in order that he may take warning at the first indication of danger, we believe that the previous use of alcoholic stimulants, and the resort, if danger occur, without the loss of a moment's time, to external irritation of the skin and to artificial respiration, are the chief means of safety. The number of those who are rallied by the prompt and efficient employment of these measures, and who would

probably in those around him, was near akin to that of witnessing a resurrection from the grave.

On the following morning, after a fairly good night, he was more calm. The pulse had sunk to 60. He had no desire for food, and became faint if raised from the lying posture. By a very cautious administration of light nutritious food, with perfect rest and warmth, he slowly recovered, and, at the end of some weeks, resumed his usual employment.

During his whole stay in the pit, his bowels acted once only, but passed water several times in small quantities. On the fourth day after his restoration, I had him weighed; and, though he had by that time taken food frequently, we found that he had lost twenty-eight pounds weight. I believe that one means of prolonging life consisted in the peculiar air he breathed. He spoke of the heaviness of the "damp air" (carbonic acid gas or choke damp); and, whilst I was below, I found the air heavy and oppressive, and the candles burnt in an imperfect manner. Under such circumstances, with an atmosphere of carbonic acid gas diluted below a poisonous state, the vital functions slowly performed, no exhaustion from excreta, and but little wear or tear of the system, mentally or physically, he had many advantages in favour of prolonged life. The absorption of nearly thirty pounds of bodily material must have afforded a sufficient *pabulum vite* during the period of a quasi-hibernation. I am, etc., THOS. TAYLOR GRIFFITH.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on January 25th:—

Barnes, Edgar George, Eye, Suffolk (St. George's)
Cogan, Lee Fyson, Northampton Infirmary (Guy's)
Cumberbatch, Alphonso Elkin, Great James Street, W.C. (St. Bartholomew's)
Deane, John, Waltham St. Lawrence, Berks (University College)
Doudney, Edwin, Paramatta, New South Wales (Bristol School)
Downing, Edward Hugh, Deptford (Guy's)
Holroyd, William Stephen, Hugh Street, Pimlico (St. George's)
Leapingwell, William Thomas George, Oxford (London)
Pearse, Francis James, St. George's Square (Westminster)
Ranger, William Gill, Finsbury Square (St. Thomas's)
Saunders, Herbert James, Peasehall, Suffolk (Kingston School)
Smith, George, Newcastle-on-Tyne (Newcastle School)
Smith, Herbert Alder, Hatton Garden (St. Bartholomew's)
Squire, Robert Hemington, Kilburn (St. George's)
Stedman, Frederick, Downham Road (University College)
Stephens, Richard Frederick, Penryn, Cornwall (Guy's)
Tait, Robert Lawson, Wakefield (Edinburgh School)
Taylor, Regina'd, Liskeard, Cornwall (Guy's)
Turner, Henry Gunton, East Meon, Petersfield, Hants (Guy's)
White, Richard Wentworth, Norwich (King's College)

Admitted members on January 26th:—

Argles, Robert, Maidstone (King's College)
Baumgartner, John Richard, Great Yarmouth (King's College)
Boyer, Joseph John William Robert, Toronto (St. Thomas's)
Cochrane, William Blakely, Cradley (Birmingham School)
Coleman, Henry William, Pontefract (Leeds School)
Dayman, Barnfield, Poundstock, Stratton, Cornwall (St. Bartholomew's)
Deacon, Henry Pelham, Clapham (St. Bartholomew's)
Irving, Charles, Long Bennington (St. Bartholomew's)
Latham, William Henry, Sandbach, Cheshire (St. Bartholomew's)
McCann, Charles, Parliament Street (Westminster)
Manson, Richard Taylor, Witton-le-Wear, near Darlington (Newcastle School)
Maynard, Charles Dudley, Hornsey (Guy's)
Oldham, Charles James, Brighton (Guy's)
Preston, Theodore Julian, Belsize Road, N.W. (St. Mary's)
Skrimshire, Frederick William, Holt, Norfolk (King's College)
Taylor, William Bramley, Camberwell (Guy's)
Turner, Horace, Norwich (University College)
Walker, Hugh Eccles, Chesterfield (Guy's)
Wayman, Clement Page Scott, Great Thurlow, Suffolk (St. Bartholomew's)

It is stated that nine candidates failed to acquit themselves to the satisfaction of the Court of Examiners, and were consequently referred to their hospital studies for six months. The examinations for the membership will not be brought to a close until this (Friday) evening.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, January 20th, 1870.

Bale, Henry Adney, Charlotte Street, Fitzroy Square
Leake, George d'Alton Nugent, Twickenham
Minors, Richard, Sudbury, Derby
Stedman, Frederick, University College Hospital
Taylor, Reginald, Liskeard
Wilkinson, Thomas Marshall, Wanstead
Wilson, John Henry Parker, Her Majesty's Penitentiary, Millbank

The following gentlemen also on the same day passed their first professional examination.

Moore, Arthur Jackson, London Hospital

Parker, Alfred Henry, London Hospital
Rix, Benjamin, Guy's Hospital
Way, Edward Willis, Guy's Hospital

As Assistants in compounding and dispensing medicines.

Footitt, Charles Miller, Marlow, Bucks
Pille, Henry Thomas, Boston, Lincolnshire

MEDICAL VACANCIES.

The following vacancies are declared:—

BRISTOL ROYAL INFIRMARY—House-Surgeon: applications, 10th Feb.
BRITISH LYING-IN HOSPITAL, Endell Street—Physician: election, about 10th Feb.
CARDIFF UNION—Medical Officers for the Llandaff District, the Workhouse at Canton, and the Schools at Ely: applications, Jan. 31st; election, Feb. 1st.
DINGLE UNION, co. Kerry—Medical Officers for the Dingle and Ventry Dispensary Districts: election about Feb. 13th.
GREAT NORTHERN HOSPITAL, Caledonian Road—Junior Surgeon: applications, Feb. 9th.
HIGHWORTH AND SWINDON UNION, Wilts—Medical Officers for Districts Nos. 2 and 4 and Workhouse: applications, Feb. 1st; election, Feb. 2nd.
HOLBEACH UNION, Lincolnshire—Medical Officer for the Sutton Bridge District: applications, 5th Feb.; election, 7th Feb.
LEICESTER INFIRMARY AND FEVER HOUSE—House-Surgeon and Apothecary: applications, Feb. 1st; election, Feb. 12th.
LIVERPOOL EYE AND EAR INFIRMARY—Surgeon; Assistant Surgeon: applications, Jan. 31st.
LIVERPOOL NORTHERN HOSPITAL—House-Surgeon: applications, Feb. 7th; election, Feb. 11th.
MAGHERAFELT UNION, co. Londonderry—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Maghera Dispensary District: 31st.
NORTH DUBLIN UNION—Medical Officer for the Howth and Clontarf Dispensary District: Feb. 1st.
NOTTINGHAM DISPENSARY—Consulting Surgeon: Feb. 21st. Assistant Resident Surgeon: applications, Feb. 7th; election, Feb. 21st.
ROYAL COLLEGE OF SURGEONS IN IRELAND—Professor of Forensic Medicine: Feb. 17th.
ST. BARTHOLOMEW'S HOSPITAL—Assistant-Physician.
SALISBURY GENERAL INFIRMARY—House-Surgeon: Feb. 5th.
SHEFFIELD GENERAL INFIRMARY—Resident House-Surgeon: applications, Feb. 5th; election, Feb. 9th.
SOUTHERN, Argyleshire—Parochial Medical Officer.
SOUTH LAMBETH, STOCKWELL, and NORTH BRIXTON DISPENSARY—Visiting Medical Officer: applications, Feb. 9th.
SOUTH WESTERN PROVIDENT DISPENSARY, Denbigh Street, Pimlico—Attending Medical Officer: applications, Feb. 2nd.
UNIVERSITY COLLEGE, London—Professor of Medical Jurisprudence: applications, Feb. 5th.

MEDICAL APPOINTMENTS.

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

*LITTLEWOOD, Joseph Johnson, Esq., appointed Certifying Surgeon to the Factories at Woburn, Bucks.
*PRYCE, Richard M., appointed Surgeon to the Montgomeryshire Infirmary, *vice* Dr. Slyman, deceased.
SERCOMBE, E. H., M.B. Lond., appointed Honorary Physician to the Metropolitan Convalescent Institution.

BIRTHS.

FOX.—On January 17th, at Grosvenor Street, the wife of *Wilson Fox, M.D., of a daughter.
SHEPARD.—On January 24th, at Usk, the wife of *A. J. Shepard, Esq., Surgeon, of a daughter.
SMITH.—On January 23rd, at Seaforth, Liverpool, the wife of *C. Swaby Smith, L.R.C.P. Ed., of a daughter.
WRIGHT.—On January 24th, the wife of *M. Hall Wright, Esq., Surgeon, of Birmingham, of a son.

MARRIAGES.

HOADLEY, Robert, M.D., to Mary Anne, second daughter of the late Percival W. Banks, Esq., Gray's Inn, at Fulham, on January 18th.
KING, William Moore, Esq., Surgeon, to Marian, eldest surviving daughter of Leopold C. Martin, Esq., of Clapham, on January 19th.
*PRYCE, Richard Matthews, Surgeon, of Newtown, Montgomeryshire, to Elizabeth Mary, only daughter of W. Y. Clarke, Esq., of Welshpool, on January 26th.

THE *New York Medical Journal* contains a record of a case of hydrophobia coming on twenty years after a bite from a mad dog.

DEATH FROM HYDROPHOBIA.—About four months ago, a young man was bitten in the finger by a dog belonging to the landlord of the Ship Inn, Ormskirk. The finger was bathed in spirit, and no more thought about the affair till Saturday last, when symptoms of hydrophobia showed themselves. He died on Monday. The dog had been given away in the mean time to a man living near Liverpool, who, however, killed the dog on December 26th, in consequence of "strange symptoms" appearing.

SUSPECTED POISONING OF CHILDREN.—It will be recollected that last week we recorded the deaths of three children of Mr. Foster of Newport (Isle of Wight). Symptoms led to the suspicion of some irritant poison having been accidentally administered to them. Professor Taylor has made a careful analysis of the contents of the stomach, etc., and has been unable to find any traces of poison whatever.

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 P.M. Discussion on Dr. C. B. Taylor's paper on "The Operation of the Contagious Diseases Act."
 TUESDAY.—Pathological Society of London, 8 P.M. Dr. H. Weber, "Tubercular Meningitis and Tuberculosis of the Serous Membranes, in connection with Caseous Deposits"; Dr. B. Sanderson, "Preparations Illustrating the Communication of Tubercle by Ingestion of Tuberculous Matter"; Dr. Barclay, "Tumour of the Spinal Cord"; Dr. A. B. Squire, "Elephantiasis Gracorum and Accidental Ichthyosis"; etc.—Anthropological Society of London.
 WEDNESDAY.—Obstetrical Society of London, 7.30 P.M., Council Meeting, 8 P.M., Dr. Willoughby, "Case of Cicatrices from a Burn, requiring Division during Labour"; Dr. Kouth, "A Case of absence of Vagina, with Retention of Menses in an Uterus behind"; Dr. Braxton Hicks, "A Contribution to our knowledge of Puerperal Fever."
 THURSDAY.—Harveian Society of London, 8 P.M.—Royal Society.—Linnæan Society.—Chemical Society.
 FRIDAY.—Western Medical and Surgical Society of London, 8 P.M. Dr. Baines, "Case of Obstruction in the Bowels"; Dr. Painter, "A Case of Stone in the Urethra."

EXPECTED OPERATIONS AT THE HOSPITALS.

KING'S COLLEGE HOSPITAL, Saturday, January 29th, 2 P.M. Operation for Cleft Palate; Hare-lip; Hæmorrhoids; and Necrosis of Tibia.

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.

PROFESSOR LAYCOCK is thanked. His letter shall appear next week.

VERY UNFAIR.

SIR,—Will you kindly give me your advice as to how I should act under the following circumstances. In the village in which I am practising, there is a L.S.A. who styles himself "Surgeon, etc.," upon his door-plate, and who ruins what might be a very good field for practice, by attending midwifery for eight shillings, and charging a shilling for a bottle of medicine, but nothing for visits or advice.
 January 1870. I am, etc., L.R.C.P., etc.

* * * We do not see that you can personally take any active steps in the matter. But your neighbouring professional brethren, with yourself, can form an opinion of the conduct of the person spoken of, and treat him accordingly.

DR. BREE'S (Colchester) letter shall appear.

THE ROYAL ALBERT HOSPITAL AND EYE INFIRMARY, DEVONPORT.
 SIR,—Permit me to state that your reporter is in error when he states that there is no ophthalmic ward in our hospital. There are two wards specially fitted up for ophthalmic cases. Owing, however, to great pressure they have, unfortunately, been on several occasions appropriated to other uses. This will, for the future, be no longer the case, as another story has been lately added to the building. Six beds are now specially set apart for eye cases—three male and three female.
 20, Ker Street, Devonport. I am, etc., W. P. SWAIN, F.R.C.S.

AURAL SURGERY.—The name of Mr. William Harvey, of the Great Northern Hospital, was accidentally omitted from the list of aural surgeons which we gave in last week's JOURNAL.

AMMONIA IN TREATMENT OF SNAKE-BITES.—Two successful cases of the treatment of snake-bites by the injection of ammonia, as recommended by Professor Halford, was recorded in the Australian papers. In the first case, that of a man, an hour and a half elapsed before the remedy was used. In about fourteen hours, the patient became conscious. The second case was that of a woman who was not treated till thirteen or fourteen hours had passed. Seven drops of strong liquid ammonia, in a drachm and a half of lukewarm water, were injected into a vein in the arm by means of a small glass syringe. Brandy was also administered. A second injection of ammonia had to be given. In four hours, the patient was allowed to go to sleep.

NEW MEMBERS.

GENTLEMEN desirous of proposing candidates for admission into the Association, should without delay send in the names to the General Secretary or the Secretaries of the respective Branches, in order that the JOURNAL may be supplied to the new members from the commencement of the year. Forms of application and nomination may be had at the office of the BRITISH MEDICAL JOURNAL, 37, Great Queen Street, W.C.

A MEMBER of the British Medical Association will be obliged if the Editor will inform him through the JOURNAL when the new editions of Dr. Smith's *Surgery* and Tyler Smith's *Obstetrics* will be issued.

THE SHORT FORCEPS.

SIR,—As I have had many inquiries as to where the short forceps, mentioned in my article in your JOURNAL of December 25th, are to be procured, I think it will save trouble to others if I mention that they were made by Messrs. Joseph Gray and Co. of Sheffield. I am, etc., JAS. BRAITHWAITE.

Clarendon Road, Leeds, January 24th, 1870.

COTTAGE HOSPITAL STATISTICS.—An error occurred in our statement of the cost per patient in the Driffield Cottage Hospital. It should have been £5 instead of £7:10, as quoted.

SULPHOCARBOLATES.—In our notice of the Sulphocarbulates in the JOURNAL of January 15th, the name of the manufacturer should have been stated to be Mr. Balmer, of St. John Street Road.

COUNTRY NURSES AND COTTAGE HOSPITALS.

SIR,—I should be much obliged to any one having experience in the matter for information as to the payment of a nurse to attend cases of sickness in the country under the management of a committee, and for rules found desirable for her to observe. Also, will any medical officer of a cottage hospital let me know if the building has been rated to the parish or paid taxes of any kind; or if any such demand has been successfully resisted. There is usually no beneficial occupation of such premises, the nurse being in that respect in the situation of a servant; her bed room being her only private room, the kitchen of the hospital being used as her sitting room. I append my name and address, that any communications may be made to me without taking up your space. I am, etc., J. LEE JARDINE.

Capel, Surrey, 25th January, 1870.

BETA.—We regret that we shall not be able to make use of your paper.

THE NOMENCLATURE OF DERMATOLOGY.

SIR,—Your article on Modern Dermatology is so far calculated to advance the progress of that department of medical science that I was sorry to see in it a remark which I sincerely think has an opposite tendency. You say, "we care extremely little whether eczema is spelt with a 'k' or a 'c'." I was rather puzzled to guess what might be the reason of your liberal views in this matter, until I lighted on an advertisement in your front page of the same date, where I found eczema actually spelt with a "k". I at first thought that this might be a misprint to which you had thus humorously alluded. But I find, on looking back in your previous numbers, that in the same advertisement the same peculiar spelling is invariably adopted. I had never seen eczema so spelt before.

Cudgelling my memory for a precedent, I could only think of the celebrated laconic reply telegraphed, as it is said, by a former President of the United States, who had risen by his genius from the ranks. It ran briefly thus, "O. K.", and of course was a puzzle to the American gentleman who received it. On inquiry, it turned out to be the short for "Orl Korrek"; and, on its being objected that the spelling was inaccurate, a zealous official rejoined that it was disrespectful to question the President's spelling. Here, certainly, there was high authority for the innovation; and I freely excuse the late Artemus Ward for having rigidly adopted it in all his writings. I respect his patriotism. I do not think, however, that there is the same excuse for our spelling eczema with a "k". This style of spelling, if generally followed out, would be very likely to bring us, as practitioners of a liberal profession, into contempt with the well educated class of our patients. Some of the names we use are, in all conscience, hard enough, without our exercising our ingenuity to make them, by dint of perverse spelling, still harder. The language of science, I submit, ought to be as simple as possible, and the practice of draping familiar names in grotesque disguises is an "ekcentrikity" which, I think, should be discouraged. I am, etc., BALMANNO SQUIRE.

9, Weymouth Street, W., January 22nd, 1870.

DR. OLIVER.—Your communication was duly received.

SETONS IN OPHTHALMIC PRACTICE.

SIR,—I see in a leader on the use of "Setons in Ophthalmic Practice", a paragraph or sentence which runs thus:—"Meanwhile, our hospitals are thronged with poor children with their eyelids closed for months together, in whom the risk of a permanent corneal opacity is very considerable." This state of things has been of common occurrence in my practice, and I have no difficulty in managing it without setons, though I consider setons valuable in some cases of eye disease. The ophthalmic symptoms as above described by you—producing what is commonly called "intolerance of light"—may be easily got rid of. I have had numerous examples of it, and never required months for a successful issue. Pereira, in his *Matéria Medica*, in his varied descriptions of belladonna, says, under the head "Uses", "to diminish the sensibility of the retina to the impression of light". Here lies the secret of the treatment of these cases. I say it boldly, that I have treated at least a dozen of these cases—either with the tincture of belladonna or with the powder of belladonna leaves—and in every instance with one result, viz., success. In young children, I have given half grain and grain doses of powdered belladonna leaves, for weeks, with perfect success in these cases of intolerance of light; also, the tincture of belladonna may be given in appropriate doses for a long time—long enough to cure the intolerance, and I never knew it to fail, or do any harm to anyone. I have seen "gay delirium" produced by it in young persons, and dilatation of the pupils, thirst, etc., and yet continued its use, perhaps in reduced doses, and never knew it to fail in the cure of this disease—intolerance of light—though I have known its use to be continued for some weeks. No one need despair of curing this disease by the careful use of belladonna in some shape or another. The dose can be reduced so as to do no semblance of harm, and it is not cumulative in its action or effects. It may thus be continued for many weeks.

Carlisle, December 19th, 1869.

I am, etc., WM. REEVES.

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.

MORPHEA.

SIR,—Will some of your many readers kindly inform me what treatment they have found to be most effectual for morphea. I am, etc., W. S. O.
Toronto, Canada, January 8th, 1870.

*** We are not aware that any treatment has been proved to be useful in morphea, with the exception, perhaps, of long courses of small doses of arsenic. The disease is an exceedingly rare one, and but few opportunities for becoming acquainted with its therapeutics occur. It seldom progresses to the extent of putting life in danger, but occasionally, as in one of the cases recorded by Dr. Addison, it may cause the loss of a limb. In many cases, the morbid processes are arrested, but any restoration of the skin to a healthy state is, of course, out of the question. We may add for the information of those taking an interest in it, that there is, at present, a remarkable example of it under care in the London Hospital. We should be very glad to receive notes of his case from W. S. O.

IS VACCINATION AN EVIL OR A GOOD?—An able leader appeared in the *Durham County Advertiser* for January 21st, in which the leading facts in favour of vaccination were given. It was called forth by an anti-vaccination meeting recently held in that city.

THE TEACHING OF SKIN-DISEASES IN THE UNIVERSITY OF EDINBURGH.

SIR,—Allow me to correct an error that appears in your leading article on Modern Dermatology of to-day's *BRITISH MEDICAL JOURNAL*. You observe that Edinburgh has never taken a prominent part in its pursuit; and therefore you recommend, as useful, the appointment of a special teacher. It is now nearly twenty years ago that I suggested to the managers of the Royal Infirmary that a ward should be set aside for the treatment of skin-diseases. That suggestion was agreed to; and since then I have annually given great prominence at the bed-side, as well as in my lectures, to everything connected with this important branch of practical medicine. I beg therefore to assure you that no special teacher is required; and that every information necessary for the student of Dermatology has been for many years within his reach in the Medical School of this University.

I am, etc., J. HUGHES BENNETT.

1, Glenfinlas Street, Edinburgh, January 22nd, 1870.

*** Professor Bennett's note suggests the remark that the modern notion of a Department for Skin-Diseases certainly includes the attendance of out-patients. At all the hospitals in London at which these departments have been organised, out-patients constitute the chief feature. It is not possible with any ordinary ward accommodation to supply to students the opportunities they require for becoming familiar with the common forms of skin-disease.

EAR-COUGH.

SIR,—A case similar to that communicated by Mr. William Bush, of Bath, in the *JOURNAL* of January 15th, came under my observation in May 1868, when I was house-surgeon in Mr. Syme's wards, Edinburgh Royal Infirmary. The patient, a man of 42, came to the out-patients' room to be treated for deafness, which I found to be due to plugs of hardened cerumen in both ears. While using the syringe, I remarked that he suffered from a troublesome spasmodic dry cough, for which, he said, he had been treated for several months without amendment. Finding, on inquiry, that the deafness and cough came on about the same time, I thought it not unlikely that the one was the cause of the other ailment. In compliance with my request, the man came back in about a fortnight to say that he had remained entirely free from cough since his ears were syringed.

I am, etc., C. CURRIE RITCHIE, M.D.

Moss Side View, Manchester, January 17th, 1870.

DISLOCATION OF BOTH BONES OF THE FOREARM FORWARDS.—Dr. Dowse (Medical Club), referring to a case of this injury related in the *BRITISH MEDICAL JOURNAL* of January 1st, calls our attention to a case described by Mr. Canton in the *Dublin Quarterly Journal of Medical Science*, August 1860. F. P., aged 40, a somewhat short, slim built, but muscular man, while driving in a light cart at the rate of seven or eight miles an hour, was thrown out, and instinctively extended his right hand to prevent injury to his head. The weight of the body caused sudden and forcible flexion of the elbow; and the forearm became twisted in under the chest. When admitted into hospital, the forearm was forcibly flexed and the hand supinated. From the swelling and ecchymosis, the more salient peculiarities of this part were recognised with difficulty. Externally, and somewhat anteriorly, the cup-like cavity of the radius could be indistinctly felt; internally, the condyle was unduly prominent; anteriorly, no particular point for diagnosis could be determined on, on account of the state of forcible flexion and great tumefaction; posteriorly, the swelling was very considerable, but below it was a depression, favouring the view that the ulna was broken immediately below its olecranon process. Attempts were made at reduction, but without success; and, in consequence of sloughing and high constitutional irritation, the limb was amputated. The ulna was found to be dislocated forwards, so that the upper surface of its olecranon process lay in front of the capitulum humeri. The radius was supinated and maintained in its natural position—as regards the ulna—by the coronary and interosseous ligaments. Of the anterior ligament, the only part remaining at all perfect was a shred of portion about the centre; all the rest of it had been torn through. The posterior and both lateral ligaments were completely divided. The coronary and oblique ligaments were uninjured. The triceps extensor muscle was detached from all its points of insertion. The supinator radii longus was uninjured with at its origin, but the two radial extensors of the carpus beneath it were torn away from the surfaces whence they spring. All the muscles arising from the external condyle, with the exception of the supinator radii brevis and anconeus, were detached. The only muscle that was torn through at its origin from the internal condyle was the flexor carpi ulnaris; the olecranon and ulnar portions of it, however, continued intact. No mischief whatever had happened to any other of the pronators and flexors. The biceps and brachialis anticus were put greatly on the stretch. No vessel of large size had been injured. The ulnar nerve was torn across where it passed behind the inner condyle. The sheath of the median nerve was distended, and its substance permeated with blood. The other nerves were uninjured.

Dr. BAKER (Brentwood).—We think that an inquest ought certainly to have been held when the medical man called in was unable to give a certificate of the cause of death. We are much obliged to Dr. Baker for bringing the case under our notice.

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

F.R.C.P.—The story, as we have heard it (from an authentic source) is, that a zealous pathologist (now dead) had a body placed before him, which presented certain doubtful signs of life. He protested that he could not think of doing the post mortem examination, as he did not believe that the woman was dead. The next day he had the corpse again put on the table, and, quietly remarking "there can be no doubt now," proceeded with his work. It was not till some time afterwards that he recollected, to his extreme chagrin, that he had done nothing whatever for resuscitation. This occurred at one of our largest hospitals.

VENESECTION IN ITALY.—The long-continued debility of the King of Italy after his attack of miliary fever, has naturally called attention to the general custom of bleeding in Italy, as it did after the lamented death of Cavour. An insight into the extent to which the practice prevails in the country, is afforded by some of the hospital reports published in Dr. Chenu's *Medico-Chirurgical History of the Italian Campaign of 1859-60*. Large numbers of Italian surgeons were employed in the French hospitals; and the different views held by the French and Italian practitioners on the subject of bleeding, evidently acted as a difficulty in regard to a concerted action between them. Dr. Catteloup, médecin-principal of the French army, writing of the military hospitals under his charge (Chenu, vol. ii, p. 234), says: "We have continually advised our civil confrères to abandon their system of excessive bleeding, recommending them, on the contrary, to raise the strength of their patients by a reparative regimen, instead of weakening them from a belief in a fabulous inflammation. In comparing the practice of the Italian surgeons with ours, one may readily establish a sensible difference in its results, not only in the progress of diseases, but also in its consequences as regards convalescence." The following remarks from Savona (Chenu, vol. ii, p. 241) are very strong on the subject. "The practitioners of Savona carry the employment of bleeding and spare diet to an exaggerated extent. One of them prescribed for a tuberculous patient six general bleedings, as well as leeches, in less than a month. The same treatment is ordered for chronic diarrhoea. But as if this excessive blood-letting were not enough, they put their patients on a fatal diet of abstinence, and thus weaken them in every possible way. It is a matter of urgent necessity to send away all the really sick, and to replace them by convalescents who do not require hospital treatment." Dr. Morin, médecin-major of the French army, ascribes the weak condition of the inhabitants of Bergamo, and the prevalence of deformities, among other causes, to the prevailing abuse of venesection among them. "The abuse of bleeding" (Chenu, vol. ii, p. 60), he writes, "is a cause of debility and degeneracy of the whole population. Among the women, bleeding is so much in vogue, that it sometimes takes the place of the menstrual discharges. I know at this moment at Bergamo a woman, of 40 years of age, who has been bled two hundred and twenty-two times during her life, and who will probably be bled as often again." Other corresponding remarks might be extracted from Dr. Chenu's work; but sufficient quotations have been already given to show the extent to which venesection is carried into practice in Italy.

We are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Indian Medical Gazette, Dec. 8th; The New York Medical Gazette, Jan. 8th; The Parochial Critic, Jan. 10th; The New York Medical Record, Jan. 1st; The Boston Medical and Surgical Journal, Jan. 6th; The Madras Mail, Nov. 16th; The Merthyr Express, Jan. 22nd; The Durham County Advertiser, Jan. 21st; The Glasgow Herald, Jan. 21st; The Albany Inquirer for August 1869; The Western Morning News, Jan. 15th and 22nd; The Glasgow Herald, Jan. 21st; The Coventry Standard, Jan. 22nd; The Newcastle Daily Journal, Jan. 25th; etc.

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

Dr. J. Hughes Bennett, Edinburgh; Dr. H. Charlton Bastian, London; Mr. T. Longmore, Netley; Dr. Sonsino, Florence; Mr. M. Jennett, Birkenhead; Dr. A. L. Adams, Cork; Dr. A. T. H. Waters, Liverpool; Dr. G. Pearce, Leicester; Mr. J. Levy, London; Mr. Balmer, London; Mr. M'L. Fraser, Darlington; W. S. O.; M.R.C.S. Eng.; The Honorary Secretary of the Western Medical and Surgical Society of London; Dr. Gervis, London; A Member; Dr. J. Braithwaite, Leeds; Mr. A. J. Shephard, Usk; Dr. C. R. Bree, Colchester; Dr. R. W. W. Griffin, Southampton; The Secretary of the Pathological Society; Dr. Wolfe, Glasgow; etc.

LETTERS, ETC. (with enclosures) from:—

Dr. McCall Anderson, Glasgow; Mr. C. G. Wheelhouse, Leeds; Mr. Charles Bader, London; Mr. T. Annandale, Edinburgh; Mr. S. Hey, Leeds; Mr. H. C. Lawrence, London; Dr. Paul, London; M.D.; Dr. George Johnson, 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; Dr. Balmanno Squire, London; Dr. J. W. Moore, Belfast; Dr. T. Britton, Driffield; Dr. C. S. Smith, Seaford; Dr. McIntyre, Odham; Dr. Fergus, Marlborough; Dr. Falconer, Bath; Mr. T. Watkin Williams, Birmingham; Messrs. Partridge and Cooper, London; Dr. J. W. Curran, Mansfield; Mr. W. P. Swain, Devonport; Mr. M. Hall Wright, Birmingham; Mr. Squire, London; Mr. A. T. Norton, London; Mr. George Lawson, London; Dr. Payne, London; Dr. H. Fagge, London; Mr. R. M. Pryce, Newtown; etc.

BOOKS, ETC., RECEIVED.

Artist's Cookery. A Practical System suited for the Use of the Nobility and Gentry, and for Public Entertainments. With 80 Engraved Plates. By Urban Dubois. London: 1870.
Army Surgeons and their Works. By C. A. Gordon, M.D., C.B. London: 1870.
A New Edition of Our Domestic Fireplaces. By Frederick Edwards, jun. London: 1870.
The American Journal of Syphilography and Dermatology. Edited by M. H. Henry, M.D. New York: 1869.
The Shilling Manual of Pharmacy. By O. Davies Owen, M.P.S. London: 1870.