

bronchocele, etc.”; and that its dose is from “twenty to thirty grains”. Nothing is said about epilepsy. At the end we find a glossary. We take the first definition: “Absorbent—a term applied to medicines which possess the property of sucking or drawing up morbid matter, as tumours, swellings, etc.” This strikes us as rather too bad for 1870. The explanation of amaurosis is too long to quote, and is taken from Liston. It was excellent in his day, but is utterly misleading now. Glaucoma is defined most erroneously. One of the most objectionable definitions, however, is that of “Rupia—an eruption or blotch produced by filth.” Scirrhus is given as “indurations which precede certain complaints, such as cancer, etc.” Visceral is said to mean “relating to the bowels”. The list of medicines and the strength of preparations, etc., may possibly be useful to students; but, before the other parts can be anything but the source of erroneous ideas, thorough revision is necessary.

COMPARATIVE PATHOLOGY.

ON ULCERS OF THE CORNEA IN DOGS SUFFERING FROM DISTEMPER.

[Communicated by MR. MCBRIDE, of the Cirencester Agricultural College.]

DISTEMPER may be considered as the scourge of the canine race. It affects all breeds at all ages, and under all systems of management. The better bred the animal, the more severe the attack; whilst mongrels without home or habitation generally present a very mild type of the disease. At present, I shall only consider one of the complications of this disorder, viz., *ulceration of the cornea*, and the treatment which appears best adapted to it. A description of distemper, and its relation to human pathology, will be reserved for a future occasion.

It is during an attack of this malady in dogs that ulceration of the cornea frequently takes place, from the sixth to the twelfth day, and generally occurs simultaneously in both eyes; it may happen in one only, but this is very rare. This destructive process is occasionally so severe as to lead to perforation. The ulcers are situated in the centre of the cornea; they are transparent, deep, and circular, and have no appearance of inflammatory action. From numerous cases which have been narrowly watched by me throughout their whole course, I am decidedly of opinion that they are wholly dependent upon the anæmic condition of the animal; the blood being so poor in nutritive constituents that it is unable to supply the cornea with sufficient nourishment; and, as a result, the central portion of this non-vascular structure (cornea) being furthest removed from its source of nutritive plasma, must, of necessity, break up first, and thus form an ulcer. This hypothesis is very much strengthened, not only by the physical appearances of the blood, and by the uniform success of the treatment adopted, but also by the experiments of Magendie on dogs. He says: “I took a small dog of three years old, fat and in good health, and put it to feed upon sugar alone, and gave it distilled water to drink; it had as much as it chose of both. It appeared very well in this way of living the first seven or eight days; it was brisk, active, ate eagerly, and drank in its usual manner. It began to get thin the second week, though it had always a good appetite, and took about six or eight ounces of sugar in twenty-four hours. Its alvine excretions were neither frequent nor copious; that of the urine was very abundant. In the third week, its leanness increased, its strength diminished, the animal lost its liveliness, and its appetite was much lessened. At this period, there was developed upon one eye, and then on the other, a small ulceration on the centre of the transparent cornea; it increased very quickly, and in a few days it was more than a line in diameter; its depth increased in the same proportion; the cornea was very soon entirely perforated, and the humours of the eye ran out. This singular phenomenon was accompanied with an abundant secretion of the glands of the eyelids. It, however, became weaker and weaker, and lost its strength; and, though the animal ate from three to four ounces of sugar per day, it became so weak that it could neither chew nor swallow; for the same reason, every other motion was impossible. It expired on the thirty-second day of the experiment. I opened it with every suitable precaution. I found a total want of fat. The muscles were reduced more than five-sixths of their ordinary size; the stomach and the intestines were also much diminished in volume, and strongly contracted.”

A second and third experiment of the same nature produced similar results.

The usual treatment in such cases is to apply a solution of the nitrate of silver to the ulcers. I have never seen any good effects from its use, but very often the most disastrous results. After having

come to the above conclusions as to its cause, I have discontinued the use of topical applications, and now rely solely upon means best adapted to invigorate the debilitated condition of the animal. The anæmic state should be improved by the administration of iron, beef-tea, and wine. If the stomach should be too irritable to retain food, a state which most commonly accompanies distemper, the beef-tea and wine should be given in the form of clysters by means of the enema-funnel,* which, for this purpose, has many advantages over the ordinary barrel-syringe.

In all cases of persistent vomiting the animals should be treated with nourishing clysters, so as to allow the stomach rest instead of further irritating it with drugs; and it is astonishing to find how rapidly weight is gained.

It may not be out of place to mention, that a form of chorea which usually accompanies debilitating diseases in dogs, also yields in a few days to this mode of treatment.

* * Mr. McBride's description clearly applies to what are known in the human subject as inaction-ulcers; and the treatment found successful also supports his conclusions on this point. Distemper in dogs is in all probability a specific fever. In children, after one or other of the exanthems, we now and then see inflammations of the eye which sometimes take the form of corneal ulceration, at others of more deep-seated disease. The ulcers which follow small-pox are well known, as is also the fact that they are not due to actual variolous pustules, but occur some little time afterwards. Almost all the corneal ulcerations which come under the care of ophthalmic surgeons in connection with specific fevers are, however, attended by inflammation; nor are they met with specially in those who are very feeble. It is exceedingly rare in British practice to see glassy ulcers, such as those described by Mr. McBride. Examples of these, the inaction-ulcers, are, we believe, to be found in abundance in the Indian bazaars amongst the wretchedly fed native children. We cannot, therefore, expect to apply the suggested treatment at all extensively in parallel cases in home medical practice, for such do not exist.

SELECTIONS FROM JOURNALS.

HYPOSULPHITE AND BISULPHITE OF SODA IN INTERMITTENT FEVER.—Dr. John P. Little of Richmond, Virginia, says he has for four years used, with good effect, the hyposulphite and the bisulphite of soda as a substitute for quinine in intermittent fever. The dose for an adult is from 10 to 20 grains every three or four hours, in a wine-glassful of water. Of the two salts, he prefers the bisulphite.—*Amer. Journal of Med Sciences*, January 1869.

NERVES OF BLOOD-VESSELS.—Dr. James Tyson, Lecturer on Microscopy in the University of Pennsylvania, has repeated some of Beale's observations on the distribution of fine nerve-fibres to the walls of small blood-vessels. He used the connective tissue of the hilus of the kidney of a young pig. He confirms, in the main, Dr. Beale's observations on the same structures in the newt and frog, and insists generally on the importance of repeating the researches of other investigators in matters of observation.—*Quarterly Journal of Microscopical Science*, Jan. 1870.

THE STRUCTURE OF THE HUMAN UMBILICAL CORD.—By injecting Prussian blue, and staining with nitrate of silver, Dr. Köster considers that he has demonstrated a “plasmatic system” in the umbilical cord. This “plasmatic system” corresponds to the connective tissue network of Virchow; but Dr. Köster considers that it is tubular, not solid; and further, that, instead of the channels being *intracellular*, as held by Virchow, they are formed by flattened and elongated connective tissue cells, which are rolled upon themselves. The channels, in fact, are intercellular.—*Quarterly Journal of Microscopical Science*, Jan. 1870.

TREATMENT OF ORCHITIS BY LOCAL APPLICATION OF INFUSION OF DIGITALIS.—Dr. Besnier, of the Lariboisière Hospital, states in the *Bulletin Général de Thérap.* for January 15th, 1870, that, calling to mind that Debout had successfully used external applications of digitalis in certain cases of hydrocele of the tunica vaginalis, he was led to try the same remedy in orchitis; and that the treatment has been very successful. The patient being kept in a state of rest, and the scrotum raised, the part is constantly enveloped in cloths saturated with a concentrated infusion of digitalis leaves, either warm or cold.

* This instrument was first introduced into veterinary practice by one of my teachers, Mr. Joseph Gamgee, sen., Edinburgh.

ral comfort of the wards seldom exceeded by any London hospital. They are lighted by gas-sunlights at night. Each ward has, at its further end, a day-room, 22 by 18 feet, partitioned off from the ward by a high wooden screen. At the same end of the ward, run off by a lobby and double doors are, on the one side, the bath-room and lavatories, and on the other the water-closets. With these we can find no fault; they are excellent. The beds are between every two windows, and the bedding is good. The cubic space allowed each patient, inclusive of the day-rooms, is more than 1200 feet. On the landing attached to each ward are a scullery, linen, and nurses' room—thus making each floor as complete in itself as could be desired. The system of ventilation is, on the whole, admirable; but we would recommend that the ventilators near the floor should be modified, as at present they are likely to cause a draught extending along the whole floor. In summer, unless blinds be furnished, the wards will be oppressively hot. The block containing the special wards is also very comfortable. Separate wards are furnished for ophthalmic, delirium, and itch cases; they are, however, smaller. The padded rooms are in every respect good and substantial. The *post mortem* room is placed in the rear of the Infirmary. It is a large airy room, but its effectiveness has suffered much for architectural appearance. The light from the ornamental roof is totally insufficient. With the amount of material which will be placed at the disposal of the staff, it is to be hoped the Board will give every facility, as they appear to be willing to do, for thorough pathological work. There is a good dead-house attached.

The central or administrative block is well arranged, and the rooms capacious. In the kitchen is a Warren's stove, alone capable of cooking for 170 people. A large mess-room is furnished for the female attendants. A separate block, containing eleven rooms, has been set apart for the Resident Medical Officers. A radical fault is the position of the receiving-rooms for patients—one on each side of the entrance-hall. Why they should have been placed here and the patients brought in at the chief entrance, we are at a loss to understand. This arrangement will be found inconvenient and objectionable. Some other position might surely have been obtained for the purpose.

The Infirmary is placed in an open situation, but has, in addition, considerable airing-grounds for the patients. The entire cost of the building will be £41,000. The architects are Messrs. John Giles and Biven, and the contractor Mr. W. Henshaw.

ASSOCIATION INTELLIGENCE.

BATH AND BRISTOL BRANCH: ORDINARY MEETING.

THE third ordinary meeting of the session was held at the York House, Bath, on Thursday evening, January 20th. Owing to the inclemency of the weather, there was a very small attendance; viz., the President, twenty-three members, and two visitors.

New Members.—The following gentlemen were duly elected members of the Association and this Branch: T. Bissell Wittington, Esq., Bristol; Charles Gore Ring, Esq., Clifton; J. G. French, Esq., Wells; J. K. Kenyon, Esq., Wroughton, near Swindon.

Four new members were proposed, and will be balloted for at the next meeting.

Papers.—1. DR. R. W. TIBBITTS read a paper on a Case of Suppurative Fever.

2. MR. STOCKWELL gave an account of a peculiar case of Gangrenous Affection of the Skin in a girl about 22 years of age, who has been constantly under his care at the Royal United Hospital for the last three years. The gangrene commences in a small red spot; for some days previously, there is much general feverishness with pain about the right hypochondriac region, by which she is able to predicate its appearance. This red spot, in about three days, becomes black, and extends circularly for about fourteen days, when it becomes dry and begins to separate. The whole process takes about six weeks, leaving a circular granulating surface about the size of the palm of the hand; this is from two to six weeks in healing. The disease has hitherto been limited to the legs and thighs. She has had no fewer than fifty-five spots on the left leg and twenty on the right. When she takes cold she always has an ulcerated throat. She had, five years ago, what she calls the "glass pock"; i.e., numerous boils; and there is no doubt that she has been exposed to the chance of syphilitic infection. Every mode of treatment has been adopted, without success. After continued mercurial treatment, with iodide of potassium, she was exempt for a year. Free incisions around the margin of the spot, and passing a knife underneath the cellular tissue, have been the only means of arresting the progress of the gangrene.

Both papers gave rise to much discussion.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JANUARY 25TH, 1870.

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

ANOSMIA; CASES ILLUSTRATING THE PHYSIOLOGY AND PATHOLOGY OF THE SENSE OF SMELL. BY WILLIAM OGLE, M.D.

THIS paper began with an account of three cases which had fallen under the author's observation, in which total loss of smell was produced by a blow on the head. The author attributed the anosmia to rupture of the olfactory nerves, and pointed out how these nerves were especially liable to injury from blows on the occiput, which was the part struck in each case. Each patient complained not only of loss of smell, but also of loss of taste. True taste, however, was really unimpaired; what was lost was the power of recognising "flavours," which are sensations compounded of smell and taste. These cases afforded an opportunity of drawing a clear line between taste and smell, and showed that taste is limited to the perception of acid, salt, sweet and bitter. These simple tastes compounded with smells form "flavours." Various cases were then considered which seemed in contradiction with this opinion—cases, namely, in which smell was apparently lost, and yet the perception of flavours remained. These cases were explained, and the contradiction was shown to be only apparent. A second group of cases followed, in which anosmia resulted from lesion of the nerve-centres. It was shown that anosmia was a frequent accompaniment of aphasia, and it was argued that the explanation of this is to be found in the proximity of the so-called external root of the olfactory nerve to the part of the brain usually affected in aphasia, a proximity which rendered the two parts very liable to be involved in one common lesion. The relative importance of the external and of the other roots of the olfactory bulb were considered, and it was held that the latter had little, if anything, to do in the perception of olfactory sensations. Lastly, a case of anosmia, recorded many years ago by Dr. Hutchinson, was discussed at length. A negro began, in his twelfth year, to lose his colour, and, in course of time, became perfectly white. The loss of colour was accompanied by loss of the sense of smell, almost, if not quite complete. This seemed to have been hitherto considered a fortuitous coincidence. The author argued that such was in the highest degree improbable, and accounted for the anosmia by the destruction of the pigment of the olfactory region. Numerous arguments were used to show that this pigment plays an important part in olfaction, and that the keenness of this sense in man and mammals depends, in great part, on the intensity and extent of nasal pigmentation. Reasons were also adduced for believing that pigment is of use in the reception of auditory impressions, so that there would be a certain similarity in this respect between the three main organs of special sense, the eye, the ear, and the nose. Finally, an hypothesis was advanced as to the manner in which the pigment operates, and especially as to the manner in which it operates in olfaction.

DR. ALTHAUS complimented the author of the paper for the information which he had given on a subject regarding which little was known. Patients did not generally consult medical men on account of anosmia; hence the defect was in most cases discovered by accident. Anosmia was well known to be a not unfrequent consequence of injuries of the head; but he could not assent to Dr. Ogle's theory, that it was produced by injury of the olfactory nerves. He thought that it rather arose from rupture of blood-vessels and pressure on the olfactory nerves by the effused blood. He had observed in some cases, but not always, a combination of anosmia with aphonia. Dr. Ogle had not alluded to a case related by M. Claude Bernard of Paris, in which the olfactory nerves were found to be absent in a young woman. She was said to have had taste perfect, and to have been able to perceive the smell of flowers and of stale tobacco. In a case under his (Dr. Althaus's) care, the patient liked highly flavoured Moselle. How was this to be explained by Dr. Ogle's view as to the connection of taste and smell? He had seen anosmia associated with epilepsy; one form of the epileptic aura was a disagreeable smell, sometimes preceding the attack by several days.—DR. BROADBENT had seen some cases of loss of smell which confirmed Dr. Ogle's remarks. In one case, after a fall from a horse, there was apparent fracture of the ethmoid bone, with loss of smell. In a second case, the patient was thrown on his back while riding; he remained unconscious for some time, and lost the power of smell. Taste was limited also, as in Dr. Ogle's cases. He had under his care a woman who had epileptiform attacks which commenced on the left side. After one or two attacks, she rapidly lost sight; and, four months

respiratory organs. By an arbitrary separation such as this, has it become possible to speak of infants under six months of age being exempt from croup. From the earlier annual reports of the Registrar-General for Scotland, it appears that the deaths from this cause were as numerous in the first three months of infantile life as at any other periods, excepting the second or third years.. W. S.

PROPOSED DERMATOLOGICAL ASSOCIATION.

SIR,—Having been requested to act as honorary secretary (*pro tem.*) to the proposed Dermatological Association of Great Britain, I would feel obliged by your allowing me to draw the attention of the profession, and especially of those gentlemen who take an interest in cutaneous medicine, to the fact, that the above-mentioned Association is now in course of formation, chiefly for the purpose of continuing the publication of a journal devoted to that branch of medicine. The annual subscription will be fixed at 10s. 6d. Several well known physicians and surgeons have already signified their intention of becoming members of the Association. I shall be happy to enter the name of any gentleman wishing to join. As soon as a sufficient number of names have been received, the office-bearers, etc., will be appointed.

I am, etc., H. S. PURDON, M.D.

5, College Square East, Belfast, January 28th, 1870.

THE SEPARATION OF MEDICINE AND SURGERY

SIR,—I was somewhat puzzled by a remark made in your JOURNAL respecting the separation of medicine and surgery in the amalgamation scheme. You say "its results would be deplorable". If this be the case, how is it that our Association always has separated its sections as is now desired by the Obstetrical Society?

If a society is composed of sections, and these sections, though held together by the central council, are to attend each to its own subject, what sense is there in uniting two of the number, and only two? Either form as many sections as subjects, or make a single medico-chirurgical society of them all. What is the use of uniting that which is already one? But if medicine and surgery are to be injured by meeting on different nights, what results must ensue if their clinical application is considered also on separate nights? But medicine and surgery should go *hand in hand*, and not as *Siamese Twins*.

I am, etc., J. BRAXTON HICKS.

St. Thomas Street, January 31st, 1870.

* * We still think that there would be serious loss in any attempt to further separate medicine and surgery. After certain special subjects have been detached (and very cautiously) from both, a large majority of subjects concern both physicians and surgeons. There are some which, we admit, do not do so; but, speaking generally, any classification which should favour the formation of arbitrary distinctions, which should exempt the surgeon from the study of medicine and deprive the physician of the excellent lessons which surgical practice affords, would, we think, be detrimental to progress. We should like them to continue "hand in hand" as heretofore, or even to unite in yet more close friendship.

UNIVERSITY INTELLIGENCE.

DUBLIN UNIVERSITY.

TRINITY COLLEGE.—The following circular has been sent to all the clinical hospitals and medical schools in Dublin. "School of Physic, Trinity College, Dublin, February 5th, 1870. Dear Sir,—I am directed by the Provost and Senior Fellows of Trinity College to enforce the rule requiring of all candidates for the degree of Bachelor of Medicine in Trinity College, a *bona fide* attendance upon three-fourths of each of the courses of lectures attended by them in the medical schools and hospitals. In future, all certificates of attendance on lectures, or hospital lectures, must state the attendance of the student; and no certificate of lectures or hospitals will be accepted for the degree of Bachelor in Medicine which does not guarantee the following minimum attendances. 1. Winter Course, 42 attendances; 2. Summer Course, 30 attendances; 3. Hospital Lectures, 48 attendances.—I remain, dear sir, your obedient servant, SAM'L. HAUGHTON, Medical Registrar, T.C.D."

CORK LYING-IN HOSPITAL.—The Treasurer has received £90 from Professor Jack, of Queen's College, being the proceeds of a concert given by the Cork Musical Society.

MEDICAL NEWS.

THE MEDICAL COUNCIL.

THE Medical Council has been specially summoned to receive a communication from the Government, having reference chiefly to the formation of Joint Examination Boards, or amalgamations of licensing authorities.

ROYAL COLLEGE OF SURGEONS.

At the meeting of Council, held on Thursday, Mr. Gay's motion, seconded by Mr. Smith, for publication of the minutes within five days after each meeting of Council, was carried in principle by an amendment proposed by Dr. Humphry and seconded by Mr. Charles Hawkins. The report respecting the holding of meetings of Fellows and members was unanimously adopted. Mr. Simon's motion was adjourned to next meeting.

We have pleasure in again stating that all goes smoothly between the two Colleges as regards the conjoint board of examination—all matters being so amicably arranged that a meeting of the Committees of the two Colleges with that of the Society of Apothecaries will take place on Saturday next; and another between the Committees of the Colleges and the Universities very shortly.

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

Barry, Francis, co. Wexford

Wray, C. J. Hill, co. Antrim

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

Browne, John Martin, Dublin

Lindsay, Francis Woodley, Cork

Conway, James Synam, Limerick

M'Donald, Alexander, Kinross

Deely, William Burke, Galway

Massy, Eyre Henry Charles, co. Clare

Donovan, Denis Dempsey, co. Cork

O'Brien, Joseph, Dungarvan

Dunlop, William, co. Kerry

Paterson, John Dalgleish, Glasgow

Dwyer, Michael Christopher, Tuam

Robinson, Andrew R., Claude, Canada

Finlay, George, Trinidad

Skinner, David, Kingskettle

Hutchison, John, Beattock

Stone, George, Lancashire

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At a meeting of the Council on February 10th, the following gentleman, having previously been elected Fellow of the College, were admitted as such:

Kelly, Frederick, Wandsworth Road; diploma of membership dated May 26th, 1843.

Noverre, Arthur, Park Street, Grosvenor Square; August 29th, 1836.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—The following gentlemen passed their *final* examinations, and were admitted Licentiates of the College, during the recent sittings of the examiners.

Alloway, Thomas J., Queen's County

Macfee, James, Buteshire

Bonthon, C. C., Buckhaven, Fife

Moorhead, Wm. Robert, co. Monaghan

Gillies, John, Skye

Struthers, James, Douglas, Fifeshire

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, February 3rd, 1870.

Hogg, Christopher Haynes Jenner, High Escall, Salop

Lee, Edward Samuel, 4, Savile Row, W.

Petch, Richard, Shotley Bridge, Durham

Robinson, Richard Swanne, Gray's Inn Road

Stanger, William, Nottingham

Weston, Thomas Brodribb, Devonshire Place, Wandsworth Road

The following gentleman also on the same day passed his first professional examination.

Hickman, Richard, St. Mary's Hospital

MEDICAL VACANCIES.

THE following vacancies are declared:—

BALLINASLOE UNION, co. Galway—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Kiltormer Dispensary District: 14th. Medical Officer and Public Vaccinator for the Ahascragh Dispensary District: 22nd.

BATH UNION—Medical Officer for the Widcomb or No. 4 District: applications, 18th; election, 23rd.

BELPER UNION, Derbyshire—Medical Officer for the Markeaton District.

BRADFORD (Yorkshire) INFIRMARY AND DISPENSARY—Physician.

BRISTOL ROYAL INFIRMARY—Assistant House-Surgeon: applications, 21st.

EAST WARD UNION, Westmorland—Medical Officer for the Brough District.

ENNISCORTHY UNION, co. Wexford—Medical Officer for the Killann Dispensary District: 22nd.

EVELINA HOSPITAL FOR SICK CHILDREN, Southwark Bridge Road—Physician: applications, 16th.

FACULTY OF PHYSICIANS AND SURGEONS, Glasgow—President.

FORDYCE, Banffshire—Parochial Medical Officer: 19th.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton—Resident Clinical Assistant: applications, March 5th.
KINSALE UNION, co. Cork—Medical Officer for the Ballymartle Dispensary District: 14th.
LEEDS PUBLIC DISPENSARY—Assistant Resident Medical Officer: applications, Feb. 14th.
LITTLEMORE PAUPER LUNATIC ASYLUM, near Oxford—Resident Assistant Medical Officer: applications, 10th; duties, early in March.
LONDON FEVER HOSPITAL—Resident Medical Officer: applications, 22nd.
MOUNTBELLEW UNION, co. Galway—Medical Officer for the Workhouse and Fever Hospital: 25th. Medical Officer for the Mountbellew Dispensary District.
NEWPORT (Monmouthshire) INFIRMARY AND DISPENSARY—Resident Medical Officer: applications, March 1st; duties, April 25th.
NOTTINGHAM DISPENSARY—Consulting Surgeon: 21st. Assistant Resident Surgeon.
PENISTONE UNION, Yorkshire—Medical Officer for the Penistone District and the Workhouse.
RATHDRUM UNION, co. Wicklow—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Rathdrum Dispensary District: applications, Feb. 22nd; election, March 1st.
ROSS UNION, Herefordshire—Medical Officer for District No. 3: applications, 16th; election, 21st.
ROYAL ALBERT ASYLUM FOR IDIOTS AND IMBECILES OF THE NORTHERN COUNTIES, Lancaster—Medical Superintendent: applications, March 11th.
ROYAL COLLEGE OF SURGEONS IN IRELAND—Professor of Forensic Medicine: Feb. 17th.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL, St. George's Circus, Southwark—Surgeon.
ST. BARTHOLOMEW'S HOSPITAL—Assistant-Physician.
ST. MARY'S HOSPITAL AND DISPENSARY FOR WOMEN AND CHILDREN, Manchester—Resident Medical and Surgical Officer: applications, 19th.
STRABANE UNION, co. Tyrone—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Strabane Dispensary District: March 24th.
WORCESTER UNION—Medical Officer for District No. 1: applications, 16th; election, 17th.

MEDICAL APPOINTMENTS.

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

BURGER, Alexander, M.D., appointed Assistant-Surgeon to the German Hospital, Dalston.
CARSON, J. H., Esq., appointed Surgeon to the Hospital for Women and Children, Vincent Square, Westminster.
***CLARKE,** W. Fairlie, Esq., appointed Assistant-Surgeon to the Central London Ophthalmic Hospital.
***RASCH,** Adolph, M.D., appointed Physician for the Diseases of Women to the German Hospital, Dalston.
***REVES,** Henry A., Esq., appointed Assistant-Surgeon to the Central London Ophthalmic Hospital.
TAYLOR, Frederick, M.B., appointed Resident Medical Officer to the Public Dispensary, Stanhope Street, *vice* H. Morris, M.B., resigned.
WALKER, T. Shadford, Esq., appointed Honorary Surgeon to the Liverpool Eye and Ear Infirmary, *vice* Dr. R. Hibbert Taylor, appointed Honorary Consulting Surgeon.

BIRTH.

CRERAR.—On February 8th, at Maryport, the wife of *John Crerar, L.R.C.P.Ed., of a son.

DEATHS.

ADAMSON, Alexander R., M.D., at Cirencester, on January 23rd.
BISSILL.—On January 22nd, at Sleaford, aged 78, Elizabeth, widow of John Bissill, Esq., Surgeon.
HARDY, William T. S. I., Esq., Surgeon, at Albany Road, Camberwell, aged 67, on January 23rd.
JACKSON.—On January 25th, at Market Weighton, Matthew George, son of *Matthew Jackson, Esq., Surgeon.
RAINY, Alexander, M.D., at Aberdeen, on January 26th.
SMITH.—On January 20th, at Greenwich, aged 74, Mary Anne, wife of John Smith, Esq., Surgeon.
VIDAL, William F., Esq., Surgeon, late of Aveley, Essex, in London, aged 45, on January 19th.

THE BOARD OF GUARDIANS OF ST. GEORGE'S, HANOVER SQUARE, have entrusted the parochial dispensary to the South-Western Provident Dispensary from the 7th instant.

SCARLATINA IN DUNDEE.—According to the report of Dr. Pirie, Medical Officer to the Local Board of Health, scarlatina carried off 121 persons in December, and 67 in January.

A FOSSIL SERPENT.—The remains of a fossil serpent, about thirty feet long, and of a species new to science, have been found in the Eocene greensand of New Jersey, United States.

DEATH OF DR. JOHN BRIGHT.—Dr. Bright died on the 1st instant, at the advanced age of 87. The deceased gentleman graduated at Oxford, and took his M.D. degree in that University in 1809. In the same year, he was elected a Fellow of the Royal College of Physicians. Dr. Bright was for many years senior physician to the Westminster Hospital, and enjoyed formerly a very large practice.

TESTIMONIAL.—Mr. John Fox, of Weymouth, has been presented with a silver waiter, a purse containing two hundred and fifty sovereigns, a drawing-room clock, etc. The following is inscribed upon the

waiter: "This waiter, with a handsome drawing-room clock, etc., and a purse of two hundred and fifty sovereigns, was presented to John Fox, Esq., M.R.C.S., L.A.C., by a number of his old friends and patients, on relinquishing the active duties of his profession, as a testimonial of their high regard and esteem for his great and unwearied attention and skill as a medical man to all classes during the long period of forty-four years, and also for his gratuitous and valuable services to the County of Dorset and Weymouth Royal Infirmary for a period of twenty-three years. January 1870."

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. Mr. Henry Hancock, "On a Case of Removal of a Bony Tumour, with the Lower Half of Radius, and a Portion of the Ulna"; Mr. J. R. Wells, "A Case of Attempted Suicide by Chloroform"; Mr. Weeden Cooke, "On Lupus".
TUESDAY.—Pathological Society of London, 8 P.M. Dr. Barclay, "Tumour of Spinal Cord"; Mr. Maunders (for Mr. Porter of Lindfield), "A Larynx after Croup"; Mr. Carr Jackson, "Diseased Knee-Joint"; Mr. Nunn, "Abscess between Vesiculæ Seminales and Obstructed Intestine"; Dr. M. Mackenzie, "Disease of Cricoid Cartilage"; Mr. H. Marsh, "Communication of Aorta with Psoas Abscess"; Mr. Heath (for Mr. Symonds of Oxford), "Medullary Cancer of Bladder"; Mr. De Morgan, "Secondary Deposit in Lung of Fibroplastic Tumour"; Dr. Payne, "Portal Phlebitis and Coagulum in Pulmonary Artery"; etc.—Anthropological Society of London.
THURSDAY.—Harveian Society of London, 8 P.M. Dr. W. H. Day, "On Infantile Pneumonia"; after which, a Clinical Discussion on Croup.—Royal Society.—Chemical Society.—Linnæan Society.
SATURDAY.—Association of Medical Officers of Health.

NOTICES TO CORRESPONDENTS.

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

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 by their names—of course, not necessarily for publication.

DR. BROADBENT's letter is in type, and shall appear next week.

AN EDINBURGH STUDENT.—The Introductory Morrisonian Lecture was to be delivered on Friday, the 11th (yesterday), in the Royal College of Physicians, Edinburgh, by Dr. Arthur Mitchell.

POOR-LAW MEDICAL QUALIFICATIONS.

D. F. R. asks:—Can an M.D. of Edinburgh, without any other qualification, having the majority of the guardians with him, obtain an union appointment, being opposed by an M.R.C.S. and L.S.A. of London, L.R.C.P. Edin., or M.B. C.M. of Edinburgh?

* * * The Poor-Law Board requires a medical and a surgical qualification. An M.D. Edin. or a L.R.C.P. Edin., each having no surgical qualification, cannot legally hold an appointment: a M.R.C.S. and L.S.A., or an M.B. and C.M. of Edinburgh, are each legally qualified, and can be elected.

VICARIOUS PRACTICE BY UNQUALIFIED MEN.—Dr. T. B. Bott, of Bury, asks our opinion in a case in which, as is alleged, a medical man allows an unqualified person to practise under his name. The conduct, as described, is most reprehensible. We are glad to hear that the charge is to form the subject of an investigation by the Medical Society of the town.

"JACK WANTED."—A sporting contemporary of last Saturday publishes a letter from Professor Flower, F.R.S., the Conservator of the Museum of the College of Surgeons, expressing his anxious wish for a large Jack or Pike, the bones of which must be uninjured. Perhaps some of our readers will gratify this laudable desire, and add to the riches of the Museum.

The Sixth Report of the Health and Meteorology of Newcastle and Gateshead for 1869. By G. H. Philipson, M.A., M.D.