

cites our admiration, and complete ignorance of some elementary facts, a knowledge of which is indispensable for the proper treatment of the subject. What can we say to an author who gravely asserts that "foul disease, with incalculable result," may be created in a woman by promiscuous intercourse with healthy men? and that "chemists class alcohol with opium"?

*Nocturnal Enuresis and Incontinence of Urine.* By FREDERICK G. SNELLING, M.D.—A list of thirty-three causes of incontinence is given, and no less than thirteen prescriptions are detailed for the treatment of the various local and constitutional states, present in persons who cannot hold their urine. Dr. Snelling's pamphlet is not, in our opinion, a good *resumé* of the subject, nor do we find in it any new facts or opinions of importance.

## SELECTIONS FROM JOURNALS.

**ILIO-INGUINAL ANEURISM TREATED BY FLEXION.**—Dr. Gurdon Buck relates, in the *American Journal of Medical Sciences* for January, the case of E. W., a policeman aged 30, who had an aneurism of the femoral artery just below Poupart's ligament. This was cured by compression of the external iliac artery; but, sixteen months after his discharge from hospital, he returned with an aneurismal tumour which had reappeared on the same spot eight weeks previously. This was treated successfully by bending the thigh on the trunk, and retaining it in this position by a bandage. Nine months afterwards, the condition of the patient remained satisfactory.

**SUBCUTANEOUS INJECTION OF QUININE IN INTERMITTENT FEVER.**—Dr. J. E. Tuson, during an epidemic of intermittent fever at Umballa, has treated successfully about thirty cases by injecting thirty or forty drops of a solution of 30 grains of quinine in 25 minims of dilute sulphuric acid and half an ounce of water. One or two cases only required a second dose. The *Indian Medical Gazette*, in publishing Dr. Tuson's paper, says that the subcutaneous injection of quinine has been successfully practised in the malarious fevers of Bengal for several years. The dose ordinarily required appears to be about four or five grains.

**COMPOUND DEPRESSED FRACTURE OF THE SKULL: WOUND OF BRAIN-SUBSTANCE BY A SPLINTER OF WOOD: RECOVERY AFTER THE USE OF THE PERFORATOR.**—A piece of wood glanced from a revolving circular saw, and inflicted a compound depressed fracture of the left frontal bone in the temporal region. When the wound was enlarged, eighteen hours after the accident, the wood was found lodged in the posterior angle of the fracture; it was two inches long, as large as a penholder, and is supposed to have penetrated the brain for an inch and a half. (We notice, however, that its *direction* is not given.) It was removed; and the depressed fragment of bone was elevated, after using a perforator. Coma lasted for three days, and was succeeded by violent delirium and fever, from "inflammation of the brain and its membranes". He was treated by cold lotions to the head, and two-grain doses of calomel every four hours. Consciousness returned on the eleventh day after the accident, and he recovered gradually. This happened in July 1866, and is recorded in the *American Medical and Surgical Reporter* for January 8, 1870, at which time the man had "all his faculties as perfect as before the accident".

**THE ORIGIN OF TUBERCULOSIS.**—Professor Niemeyer contends that blood remaining in the bronchi after hæmoptysis leads to cheesy pneumonia, and later to disintegration of the tissue. Professor Traube is opposed to this, saying that the case of Niemeyer, where single thrombi were found in the bronchi *post mortem*, did not prove much; nor did those cases of tuberculous disease where the temperature rose only a few days after the hæmoptysis. He had many cases of acute tuberculosis where death happened during the initial bleeding; but in no cases thrombi, much less disintegration, were found. Therefore, Niemeyer's case may be considered exceptional. First, it was not proved that, at the time when the thermometer indicated "no fever", there was none. But, if there were none, the first beginning of inflammation may have been very circumscribed; and, with the spread of inflammation, fever supervened. In the same way, it may have been impossible to detect the disease by auscultation in the beginning, it being perhaps confined to a limited part, or of small extent.—Schmidt's *Fachbücher*, Nov. 30th, 1869.

**CALCULUS IMBEDDED IN THE PROSTATE: REMOVAL: HÆMORRHAGE FROM A DISEASED KIDNEY: DEATH.**—A day-labourer, aged

55, was admitted on October 22nd into the Vienna Hospital under Professor Dumreicher. He had difficulty in passing urine. The urethra was free; a stone was found in the bladder, and was crushed; and he was discharged comparatively well three weeks afterwards. Two months later, he returned with a renewal of the difficulty in micturition. The catheter, when introduced, would not pass beyond the prostate; at this part a calculus was lodged, and could not be pushed back into the bladder. The bladder was much contracted. The patient was very anæmic, and had emphysema and catarrh of the right lung. His urine was very turbid, and deposited a thick ammoniacal sediment, which contained pus, a little albumen, vesical epithelium, earthy phosphates, and urates. The urethra was laid open in the middle line; a stone was found imbedded in a depression in the prostate, and was removed by forceps. The patient was under the influence of an anæsthetic during the operation, which was attended by no difficulty, and by very little hæmorrhage. Some hours after the operation, the patient complained of severe pain in the left hypochondrium. An hour later, he was covered with cold sweat; his pulse was thready, 130. The pain, in spite of subcutaneous injections, was intense. Collapse appeared, and he soon died. At the *post mortem* examination, a large quantity of extravasated blood was found in the abdominal cavity. The left kidney was distended into a large sac filled with loose clots of blood; this sac had burst at its upper part into the cavity of the peritoneum. The bladder was much thickened. —After Dr. Hofmök had related this case at a meeting of the Vienna Medical Society, Professor Rokitansky said that the sac was constituted of the fibrous and adipose encasement of the kidney. The tunica albuginea had been gradually raised from the kidney by the hæmorrhage, and had become distended into a large sac. The kidney itself was in an advanced stage of Bright's disease, beset with purulent and inflammatory deposits; it was enlarged, and the texture was so spongy and friable that the hæmorrhage was easily explained by the rupture of a vessel. The right kidney was in a similar state; but there had been no hæmorrhage. The ureters and bladder were thickened; and the mucous membrane of the latter was covered in large portions with a diphtheritic layer.—*Wiener Medizin. Wochenschr.*, February 2nd, 1870.

**IMMEDIATE TREATMENT OF CONTUSION OF THE PERINÆUM WITH LACERATION OF THE URETHRA.**—Dr. Stephen Rogers, in some able remarks on a case of laceration of the urethra from contusion of the perinæum, deprecates prolonged attempts at catheterism in recent cases of such injuries. A catheter or sound should be cautiously introduced, if possible, into the bladder. We are then to wait for the earliest signs of urinary extravasation, when a free incision is to be made in the perinæum and into the urethra on a staff or catheter. If, after this, urine do not flow freely from the wound, owing either to paralysis of the bladder or to obstruction in the urethra behind the laceration, the author advocates an extension of the incision backwards into an uninjured part of the canal, and catheterism by this opening, in preference to attempts at passing the instrument from the meatus. This procedure is preferred to tapping by the rectum or above the pubes, as being milder, more direct, and especially as favouring the restoration of continuity to the ruptured urethra; it being well known that such restoration of continuity and removal of constriction are much more likely to occur when the lacerated passage is kept at rest and free from irritation by urine, than when the stream of urine attempts to pass by the natural but lacerated passage, and thereby keeps up irritation. The author deprecates the practice of retaining a catheter in the bladder, as liable to cause urethral inflammation, and retard the healing of the wound.—*New York Medical Journal*, Jan. 1870.

## INVENTIONS, &c.,

### IN MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

#### MAYER AND MELTZER'S SPHYGMOGRAPH.

AFTER further experience of this instrument, we are compelled to state that it does not offer the advantages which we at first supposed. The supposed modification of pressure is produced by altering the position of the spring with reference to the frame, or in other words, its setting. As, however, there is no arrangement for determining the distance between the frame and the artery, and, as in fact, that distance is subject to constant variation, the pressure actually exercised is also subject to variation quite independently of any change in the setting of the spring.

## ASSOCIATION INTELLIGENCE.

### SOUTH-EASTERN DISTRICT MEDICAL MEETINGS.

A MEETING was held at Canterbury in November 1869.

1. Mr. RIGDEN, in connection with a statistical paper, exhibited a diagram showing the number of deaths in Canterbury, for each year, during fifteen years.

2. Mr. GARRAWAY gave an account of a young lady who had been afflicted seven years with Epilepsy, and had been treated by various remedies; the aspect was quite idiotic; the upper lip was retracted, and the saliva flowed over the lip. The urine sometimes escaped involuntarily; the movements were erratic. There was great dulness of comprehension: either no notice was taken when she was addressed, or, if an effort to reply were made, it ended in a few incoherent words totally irrelevant to the question. She had seven or eight fits, mild and severe, during the day; she was dressed and undressed like a child, and could not be left a moment. After taking belladonna for twenty days, the fits had ceased. After fifty-three days of the treatment, the following was the report. "Miss — has not had another fit; the slight seizures, too, have become gradually slighter, and less frequent, consisting only of a momentary look of vacuity, which a word will dissipate. She is quite an altered being; rises at six, that she may employ herself before breakfast, performs her own toilette, is left to occupy herself as she pleases in the house or garden, practises at the piano again, and, were it not for defective vision, which interferes with working or reading, would be quite independent. She has four grains of extract of belladonna three times a day; the pupils have long been dilated, but still responded slightly to the stimulus of light." Dr. Brown-Séquard, who was now consulted, advised the belladonna to be gradually diminished, and bromide of potassium substituted. No sooner was this done, than the fits and all their attendant consequences recurred. Belladonna was resumed, and the patient was well for months. She then removed to a distant part, neglected treatment, and died in a year.

Dr. LEE referred to the remarkable difference in the Structure of the Iris of different classes of animals. To this cause, Dr. Lee attributed the discrepancies in the accounts which anatomists have given of the minute structure of the iris, and the difficulty which has consequently arisen in explaining its action. In the human iris there are two structures which deserve particular attention. The most important of these may be exhibited by allowing the iris to remain for a day or two in water, so that by a soft camel's hair the pigmentary layer may be removed. With the assistance of a powerful magnifying glass, or the one-inch microscope piece, the tissue on which the elasticity of the iris depends is seen. It is composed of long white fibres, which extend from the circumference to the margin of the iris, the fibres diminishing as they approach the margin, and forming connexions by lateral branches. The other tissue is interposed between these, and forms the posterior covering. It is composed of vascular and cellular tissue of great delicacy, varying in quantity according to the age and condition of the body and the effects of disease. Attention was directed to the striking difference between the pupil in early and in advanced age; to the susceptibility of the iris to the influence of light and to various medicines at different periods of life; and to the fact that the iris in sleep is in such a state as to produce a small pupil. Remarks were made on the effects of bodily and mental fatigue and debilitating causes, such as chronic and other diseases, in giving rise to enlargement of the pupils; while, in opposite conditions of the nervous and vascular system, the pupil was observed to be small and the iris less sensitive.

## CORRESPONDENCE.

### CROUP AND DIPHTHERIA.

SIR,—Dr. Laycock suggests that there is a form of epidemic croup distinct from inflammatory croup, on the one hand, and from diphtheritic croup on the other. He agrees with me that the pellicular disease, or membranous exudation within the larynx, is the result, not of simple inflammation, but of a specific form of disease, or, as he suggests, "a specific fever-poison." Of late years we have seen and heard more than enough of diphtheria in an epidemic form; but whether there is a form of epidemic croup distinct from laryngeal diphtheria appears doubtful. Dr. Laycock admits that nothing more than the probability of such a disease can be shown.

Lately, in conversation, an eminent physician suggested to me as a reason for doubting the identity of membranous laryngitis with diph-

theria, that in the former affection we do not see the peculiar paralytic symptoms which often complicate diphtheria. The reason is that laryngeal diphtheria is almost always fatal, and it destroys life before there is time for the development of the paralytic symptoms, which are amongst the later sequelæ of diphtheria.

Dr. Bree thinks that membranous croup has been transformed: that thirty years ago it was an inflammatory disease to be cured by antimonials, mercury, and leeches; and that, during the last five years, that disease has disappeared, and diphtheria has taken its place, requiring a totally different method of treatment. Dr. Bree and I are agreed as to the pathology and practice of the present time, but we differ in our interpretation of the past. I venture to suggest that thirty years ago, Dr. Bree, like myself, had not learnt to recognise diphtheria as a distinct specific disease, and that he confounded laryngeal diphtheria with inflammatory croup, as Drs. Home and Cheyne have done in their writings, and as others have done since.

Dr. Bree cured inflammatory croup by antiphlogistic remedies; diphtheritic croup he failed to cure, and after death he found the false membranes within the air-passages. Now he recognises diphtheria as a distinct disease, and the membranous croup of his early days of practice has disappeared.

I believe that the change has been psychological, not pathological. The diseases have remained the same, but they present themselves differently to our mental view.

We know that witches were common enough in all parts of England until within a comparatively recent period; we also know how vigorously and successfully they were dealt with by means of the actual cautery. (See upon this subject, Mr. Lecky's *History of the Rise and Influence of the Spirit of Rationalism in Europe*.) Now that interesting class of beings is unknown beyond the limits of Lancashire, and even within those limits it has undergone a complete change of type, requiring and receiving an entirely different treatment. I believe that simple inflammatory croup, resulting in the formation of a coherent fibrinous false membrane, has gone the way of the English witches, and that my friend Dr. Bree will never meet with it again.

I am, etc., GEORGE JOHNSON.

Savile Row, February 14th, 1870.

### THE ALLEGED "FALSE MEDICAL CERTIFICATE."

SIR,—You have noticed in your columns a report of an inquest which appeared in the *Times* of Saturday, January 29th, headed "False Medical Certificate", this title having been apparently suggested by the remarks of the coroner, Dr. Lankester, who is reported to have said that "the peculiar features of the case were, that a doctor who had attended deceased had given a certificate stating that he had seen deceased on the 22nd of January, and he died on the 25th of rheumatic gout and effusion of serum into the left pleural cavity. The jury would hear that that was not the cause of death, so that a medical man had given a certificate when he knew nothing of the cause of death, and had guessed the cause of death", and so forth.

This report I characterise as unfair, untrue, and calumnious, as will be seen by the following account of the case of Mr. F. R. Smith, whose death was the subject of the inquiry.

He had been under my care for some time, suffering from rheumatic gout. On the 6th or 7th of January, he came to my consulting-room, after an interval of more than a month, extremely weak, greatly emaciated, and breathless on the least exertion. I suspected that he must have had an attack of acute disease, but could obtain no history whatever of such an attack: his weakness and loss of flesh he attributed to complete loss of appetite and slight diarrhoea; and I endeavoured to discover the cause of the breathlessness by an examination of the chest. I found signs indicating the presence of fluid in the left pleural cavity; but a most careful examination of the heart failed to yield any evidence of endocardial or pericardial mischief. It was easy to see that the condition of the patient was most serious. I forbade his coming here to see me, and I saw him twice subsequently at his lodgings—the last time at 4 or 5 P.M. on Saturday, the 22nd. The only apparent change was increasing weakness. The physical signs about the left lung were much the same; the heart-sounds, as heard by the stethoscope, were normal. I did not examine the region of the heart by percussion. Mr. Smith was found dead in his room, as I was informed, on the Tuesday morning—the report says on Monday. The fatal termination was not unexpected by me; and I should not have been astonished to hear of it at any time after seeing him early in January. That it appeared sudden to others, was due to the character of the man; his dislike or dread of being dependent on those around him, which made him refuse to remain in bed; and to the fact that I was unable to

find out the name of any relative or friend to whom I might communicate my apprehensions.

Perhaps this is the right place to state that Mr. Smith came to me because he had been a teacher at a school in which I received a great part of my education, and that I was allowed throughout to look upon him and treat him as a schoolmaster disabled by illness.

It is a duty imposed upon medical men, that when they have watched an illness to a fatal termination, that they shall give a certificate of the cause of death. I considered that I had no right to refuse a certificate in the case of Mr. Smith; and, under similar circumstances, I should again give one, notwithstanding the liability, which it seems is to be taken into account, that it might be made a text for sensational observations by the coroner. The certificate, as is customary, indicated the chronic disease—rheumatic gout—in the course of which supervened the fatal malady.

I beg to note in passing the way in which the sense of this is tortured in the report. The fatal malady I set down as "effusion into the left pleural cavity." The serum is an interpolation of Dr. Lankester's or the reporter's. I suspected the effusion to be the result of pleuropneumonia, and that it masked changes in the substance of the lung; but in the absence of definite indications either in the history or in the physical signs, I stated simply what I considered I had ascertained.

Here is Dr. Gibson's account of the *post mortem* appearances, which he has kindly sent me. "Heart large, pale, fatty, valves healthy, great effusion into the pericardium. Right lung healthy. Left lung and pleura a consolidated mass of disease, the lung infiltrated with pus; the pleura on the costal side contained a great quantity of pus."

In the report all reference to the condition of the left lung is suppressed, and the cause of death assigned is simply effusion into the bag of the heart.

I need scarcely say to professional readers that the effusion into the pericardium bore much the same relation to the disease in the left lung as the last straw which proverbially breaks the camel's back to the rest of the load. Dr. Lankester has not the excuse of ignorance; he must have known that effusion into the pericardium is often only the last in a chain of events leading to death; he must have known also that the diagnosis of this condition is not always easy—that it may become extremely difficult when there is disease in the adjacent lung; and yet he permits himself to say of an absent medical man that he knew nothing of the cause of death, but had guessed it. Had I been altogether wrong—had I mistaken effusion into the pericardium for effusion into the pleura, Dr. Lankester's remarks, as reported, would have been utterly unjustifiable; under the actual circumstances they were altogether inexcusable.

It will be seen that I assume Dr. Lankester to have used the expressions attributed to him. During the week which has intervened since the appearance of the report, I have been in communication with him in the hope that he would disavow it—publicly, of course, I mean; but all I have been able to obtain is the stereotyped reply, that he does not hold himself responsible for the reports of his inquiries, and a sort of explanation which in no way touches the point at issue. Since, then, he is content to appear before the public as the author of statements which I again say are unfair and untrue, I have no alternative but to consider him as such. I am willing to believe that he did not deliberately say what he knew to be untrue. I prefer to suppose that he was seduced by the opportunity of making a telling speech to the jury, as is suggested by the rest of the report. I forbear, therefore, from saying much that is prompted by a not unnatural indignation. I will add, however, one or two common-sense reflections. Any inquiry as to the cause of death is obviously incomplete without the evidence of the medical man who has attended the patient during the fatal illness when a certificate of such attendance has been given. Still more obviously is it unfair (a stronger expression comes to the end of my pen) to subject a medical man who has given such certificate to injurious remarks in his absence, no opportunity of explanation having been afforded him; and it is intolerable that this should be done by one who, like Dr. Lankester, was placed in his present position mainly by the exertions of the medical profession.

I conclude with a final recommendation—that if the cheap glory of making sensational remarks before a jury is a necessary or agreeable stimulus to the coroner in the exercise of his functions, these remarks should not be at the expense of some unlucky medical man apparently for the moment in his power, but that he should limit himself to the expression of but safe generalities, exemplified in what appears to have been the peroration of his speech—"if some people had their way here would be no law in the land."

I am, etc.,

W. H. BROADBENT.

44, Seymour Street, Feb. 1870.

## MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.—Monday, February 14th, 1870.

AMENDMENT OF THE MEDICAL ACTS.—Sir John Gray gave notice that he would, on an early day, apply for leave to bring in a Bill to amend the Medical Act of 1858, and the Acts amending the same, so as to secure a more direct representation of the profession on the Medical Council, and to so increase the powers of the Council as to ensure that no person can be enrolled on the Register of Practitioners who does not previously demonstrate that he possesses a practical acquaintance with the duties of the several branches of the profession.

BEARDS IN THE ARMY.—Mr. Stacpoole gave notice that he would, on March 1st, ask the Secretary of State for War whether he was prepared to apply to the Army serving in the United Kingdom and the Colonies regulations as to the wearing of beards similar to those now in operation in the Navy and Royal Marines, and recently issued in the case of her Majesty's regiments in India.

Tuesday, February 15th, 1870.

ADULTERATION OF FOOD OR DRINK ACT (1860) AMENDMENT.—Mr. Muntz gave notice that he will, on February 22nd, ask leave to bring in a Bill to amend the "Adulteration of Food or Drink Act (1860)", and to extend its provisions to drugs.

## OBITUARY.

RICHARD TAYLOR, L.R.C.S., L.R.C.P. EDIN.,  
WHICKHAM, GATESHEAD-ON-TYNE.

It is with extreme regret that we record the death of Mr. Richard Taylor of Whickham, at the early age of thirty-five, from malignant typhus fever, contracted in the discharge of his professional duties. Mr. Taylor was rapidly increasing his practice, and was much esteemed by his patients, the rich and poor alike estimating his many good qualities. By his professional brethren, he was much respected; chiefly so, for his amiability of disposition, honourable character, and willingness to aid and do a kindly act. Truly it may be said, that in his untimely death of Mr. Taylor, North Durham has lost an able and justly valued member of the profession.

## MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, February 10th, 1870.

Holroyd, William Stephen, Hugh Street, Pimlico  
Slaughter, William Budd, Farningham, Kent  
Stone, George, Newton-le-Willows, Lancashire

INDIAN MEDICAL SERVICE.—The Military Secretary, India Office, presents his compliments to the Editor of the BRITISH MEDICAL JOURNAL, and begs to enclose a list of the 38 candidates for Her Majesty's Indian Medical Service who were successful at the competitive examination at Chelsea in August 1869, and who have undergone a course of instruction at the Army Medical School, together with the total number of marks obtained at the examinations at Chelsea and at Netley. [Maximum number of marks, 6,900.]

Order of Merit and Name.	Studied at.	No. Marks.
1. Duke, O. T. ....	London	5518*
2. Nicholson, F. C. ....	Edinburgh	5440
3. Gunn, J. S. ....	Aberdeen	5005
4. Hendley, T. H. ....	London	4915
5. Gregg, W. H. ....	Dublin	4600
6. Seaman, A. B. ....	London	4508
7. Ghose, F. C. ....	Calcutta & Edinburgh	4451
8. Smyth, F. A. ....	Dublin	4370
9. Sinclair, D. ....	Aberdeen	4250
10. Salaman, S. M. ....	Dublin	4230
11. Boyd, H. ....	Boston and London	4025
12. Lloyd, J. ....	Cork	3975
13. Barker, F. C. ....	Dublin	3913
14. Courtney, W. M. ....	Dublin	3860
15. Rutledge, E. B. ....	London	3736
16. Robinson, T. ....	Dublin	3715
17. Caldecott, R. ....	London	3694
18. Martin, D. N. ....	Cork	3648
19. Strahan, A. B. ....	Aberdeen	3612

\* Awarded the Herbert Prize.

20. Roe, W. A. C. ....	Dublin	.....	3607
21. Kelly, A. H. ....	Dublin	.....	3575
22. Meadows, C. J. W. ....	London	.....	3555
23. Waters, G. ....	Glasgow	.....	3478
24. Keefe, W. N. ....	Montreal	.....	3460
25. Deane, A. ....	Dublin	.....	3392
26. Murphy, P. ....	Cork and Dublin	.....	3365
27. Murray, W. F. ....	Dublin	.....	3196
28. Carswell, J. S. ....	Glasgow	.....	3166
29. McConaghy, W. ....	Dublin	.....	3046
30. Hughes, A. H. ....	Toronto and London	.....	3027
31. Wall, R. M. ....	Dublin	.....	2940
32. North, J. ....	London	.....	2770
33. Fawcett, E. ....	Dublin	.....	2703
34. Paterson, F. R. ....	Dublin	.....	2697
35. Hastings, W. ....	Dublin	.....	2683
36. Spencer, T. C. H. ....	London	.....	2679
37. Hall, H. G. ....	Dublin	.....	2435
38. Jones, H. J. ....	Glasgow	.....	2431

### MEDICAL VACANCIES.

THE following vacancies are declared:—

**BALLINASLOE UNION**, co. Galway—Medical Officer and Public Vaccinator for the Ahascragh Dispensary District: 22nd.  
**BIRMINGHAM**, Parish—Five District Medical Officers: applications, March 7th; election, 9th; duties, 25th.  
**BRADFORD (Yorkshire) INFIRMARY AND DISPENSARY**—Physician.  
**BRISTOL ROYAL INFIRMARY**—Assistant House-Surgeon: applications, 21st.  
**BUCKINGHAMSHIRE GENERAL INFIRMARY**, Aylesbury—Resident Surgeon and Apothecary.  
**COOKSTOWN UNION**, co. Tyrone—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Stewartstown Dispensary District: 23rd.  
**ENNISCORTHY UNION**, co. Wexford—Medical Officer for the Killann Dispensary District: 22nd.  
**GLENDALUE UNION**, Northumberland—Medical Officer for the Lowick District.  
**HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST**, Brompton—Resident Clinical Assistant: applications, March 5th.  
**LITTLEMORE PAUPER LUNATIC ASYLUM**, near Oxford—Resident Assistant Medical Officer: applications, 19th; duties, early in March.  
**LIVERPOOL DISPENSARIES**—Assistant Resident House-Surgeon: applications, 26th.  
**LONDON FEVER HOSPITAL**—Physician, also Resident Medical Officer: applications, Feb. 22nd; duties, March 1st.  
**LOUDOUN**, Ayrshire—Medical Officer and Public Vaccinator for Darvel: applications, March 1st.  
**METROPOLITAN FREE HOSPITAL**, Devonshire Square—Surgeon: applications, 24th.  
**MOUNTBELLEW UNION**, co. Galway—Medical Officer for the Workhouse, and Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Mountbellew Dispensary District: 25th.  
**NEWPORT (Monmouthshire) INFIRMARY AND DISPENSARY**—Resident Medical Officer: applications, March 1st; duties, April 25th.  
**NEW ROSS UNION**, co. Wexford—Medical Officer and Public Vaccinator for the Templedun Dispensary District: 24th.  
**NOTTINGHAM DISPENSARY**—Consulting Surgeon: 21st.  
**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.  
**ROYAL ALBERT ASYLUM FOR IDIOTS AND IMBECILES OF THE NORTHERN COUNTIES**, Lancaster—Medical Superintendent: applications, March 17th; duties, May 1st.  
**ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL**, St. George's Circus, Southwark—Surgeon.  
**ST. BARTHOLOMEW'S HOSPITAL**—Assistant-Physician.  
**ST. MARLEBONE PROVIDENT DISPENSARY**, Duke Street, Portland Place—Medical Officer in Ordinary: applications, 26th.  
**SANDSTRING**, Shetland—Medical Officer.  
**SCARIFF UNION**, co. Clare—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Feakle Dispensary District: 21st.  
**SHEFFIELD GENERAL INFIRMARY**—Assistant House-Surgeon.  
**STRABANE UNION**, co. Tyrone—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Strabane Dispensary District: March 24th.  
**TRIM UNION**, co. Meath—Medical Officer for the Trim Dispensary District.  
**WALLS**, Shetland—Medical Officer.

### MEDICAL APPOINTMENTS.

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

\***CRICHTON**, R. W., M.D., appointed Physician to the Tavistock Dispensary, vice Dr. Harness, resigned.  
**SISK**, John O'Neill, M.D., elected Medical Officer, Public Vaccinator, and Registrar, to the Fermoy Dispensary District of the Fermoy Union, and Medical Attendant to the Fermoy and Careysville Police Force.

### BIRTHS.

**CHARTERIS**.—On February 3rd, at Hipperholme, Halifax, the wife of \*William Charteris, L.R.C.P.Ed., of a daughter.  
**FENTEM**.—On February 10th, at Bakewell, the wife of Philip S. Fentem, M.D., of a son.  
**HAWKINS**.—On February 7th, at Bow, Middlesex, the wife of James S. Hawkins, Esq., Surgeon, of a daughter.  
**JACKSON**.—On January 3rd, at Meerut, the wife of J. Rawlinson Jackson, M.D., Surgeon H.M.'s Indian Army, of a son.  
**THOROWGOOD**.—On February 13th, at 61, Welbeck Street, the wife of \*John C. Thorowgood, M.D., of a daughter.  
**WYMAN**.—On February 10th, at Hatfield Broad Oak, the wife of \*W. S. Wyman, M.D., of a daughter.

### MARRIAGES.

**BIRKETT**, Frederick B., Esq., of Hampton Court, to Agnes, widow of the late W. F. DANIELL, M.D., Staff Surgeon-Major, at St. John's Church, Charlotte Street, Fitzroy Square, on February 10th.  
**BOULTON**, Frederic C., Esq., third son of \*R. G. Boulton, M.D., of Beverley, to Alice, fourth surviving daughter of Edward Rose, Esq., of Malton, York, on February 9th.  
**CORNISH**, Philip Alfred, Esq., Surgeon, of Modbury, to Amelia, youngest daughter of the late J. Z. S. LANG, Esq., of Ugborough, South Devon, on February 9th.  
**ELMES**, John Blair, M.B., Lilleydale, Melbourne, Australia, to Hester Brown, eldest daughter of Robert LITTIGOW, Esq., of Lilleydale, at St. Kilda, on December 1st, 1869.  
**TROTTER**, Adam K., M.D., of Ambie, Northumberland, to Adeline Jane, younger daughter of the late Edward H. CHALK, Esq., at Trinity Church, Sloane Street, on February 15th.  
**WEIR**, William, M.D., of Taquarit, Brazil, to Emma Jane, youngest daughter of William TRELVAR, Esq., of Stithians, Cornwall, on February 10th.

### DEATHS.

**BERRYMAN**.—On January 14th, at St. John, New Brunswick, aged 26, Mary Anne, wife of John Berryman, M.D.  
**BROWNE**.—On February 1st, at Liverpool, aged 22, Vincent De Paul, youngest son of \*W. A. F. Browne, Esq., Commissioner in Lunacy for Scotland.  
**GROUSE**, Robert, M.D., at Brentwood, aged 41, on February 2nd.  
**LOYD**, William, M.D., late of the 36th Regiment, at Lee, Kent, aged 79, on February 13th.  
**\*MORRIS**, Henry, Esq., Surgeon, Studley, Redditch, aged 60, on February 10th.  
**TAWSE**, Alexander, Esq., Surgeon, at Aberdeen, on February 10th.  
**\*TAYLOR**, Richard, L.R.C.P.Ed., at Whickham, Durham, aged 36, on Feb. 5th.  
**PRATER**, Charles A., Esq., Surgeon, at Dover, aged 28, on February 2nd.  
**O'DONNELL**, Henry James, Esq., Surgeon, at Liverpool, on February 6th.

**PRESENTATION**.—Mr. John McK. Taylor, surgeon, has been presented with a family bible and purse of sovereigns on the occasion of his departure from Loudoun, Ayrshire.

### 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 the Radius, and a Portion of the Ulna"; Dr. B. W. Richardson, "On Intermittent Pulse Nature, Cause, and Treatment."—Entomological Society.  
**TUESDAY**.—Ethnological Society of London, 8 P.M. Mr. C. Monkman, "On Recent Archaeological Discoveries in Yorkshire"; Dr. Jagor, "On the Natives of Naga in the Philippine Islands."—Royal Medical and Chirurgical Society, 8 P.M. Special Meeting to consider Resolutions on the Amalgamation of the Medical Societies.  
**WEDNESDAY**.—Hunterian Society, 7.30 P.M., Council Meeting. 8 P.M., Mr. Howell, "On the different Therapeutic Relations of Rheumatism and Neuralgia; together with some Remarks on the Pathology of Chorea."  
**THURSDAY**.—Royal Society.  
**FRIDAY**.—Clinical Society of London, 8 P.M. Mr. C. H. Moore, "On Expansion of the Antrum of Highmore"; Dr. Bristowe, "Aphasia successfully treated by Education"; Mr. H. A. Reeves, "Treatment of Urethral Stricture by Laminaria"; Dr. Headlam Greenhow, "Case of Atrophy of Brain, with great Depression of Temperature."

### BOOKS, ETC., RECEIVED.

**Lectures on the Principles of Surgical Diagnosis; especially in Relation to Shock and Visceral Lesions.** By F. Le Gros Clark, F.R.C.S. London: 1870.  
**Memoir of Robley Dunglison**, M.D., LL.D. By S. D. Gross, M.D., LL.D. Philadelphia: 1869.  
**Transactions of the American Ophthalmological Society (Sixth Annual Meeting); also, of the American Otological Society (Second Annual Meeting).** New York: 1869.  
**On the Restoration of Health.** By Thomas Inman, M.D. Lond. London: 1870.

## 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.

MR. PICKETT.—A note to Mr. Sercombe, 41, Brook Street, would, we believe, procure you any information needed on the subject.

ABERDEEN (W. R. T.).—We cannot undertake to assist you in prescribing for such a case, and should advise a consultation with one of your hospital surgeons.

SHIFFNAL (T. W. W. P.).—It would be, we believe, quite safe.

DISLOCATIONS OF THE HUMERUS.—Dr. Whitelaw of Kirkintilloch is thanked for the notes of cases, for which, we much regret that we cannot find room. The last is of special interest, as an instance in which surgeons failed to reduce a subcoracoid dislocation of the humerus; but the evidence is, on this point, only that of the patient. It illustrates also the fact (not unusual) that, with an unreduced dislocation, after a time the patient experiences but little inconvenience. We have in several cases of this kind known the patient to declare that the arm was almost as useful as its fellow. This circumstance should be borne in mind in cases in which the surgeon is inclined to attempt reduction after unusually long periods. Such attempts, though exceptionally successful, are attended by risk.

MR. BATELY (Southtown) is thanked for his note, which shall be attended to.

## THE BRITISH MEDICAL BENEVOLENT FUND.

THE Treasurer and the Honorary Secretaries of the British Medical Benevolent Fund beg to acknowledge, with thanks, the receipt of the following additional donations and annual subscriptions, as the result of the appeal published in the medical journals.

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

ATROPIA AND PHYSOSTIGMA.—Those of our readers who are interested in the advancement of therapeutics, should read a valuable article by Dr. Fraser of Edinburgh, in the current number of the *Practitioner*, on Atropia as an Antidote in Poisoning by Physostigma. Dr. Fraser shows, from experiments on rabbits and dogs, that a quantity of atropia, much less than the minimum fatal dose, has the power of preventing death from a quantity of physostigma much larger than the minimum fatal dose. Animals which recovered, with the help of atropia, from the effects of large doses of physostigma, were killed, many days afterwards, by much smaller quantities of the latter substance given alone. The antidotal effect was the same whether the atropia was given before the physostigma or at the same time, or after many of the poisonous effects of the latter substance had appeared; the last result is of great importance practically.

DR. F. M. PIERCE.—Your communication is in the hands of the printer.

"WELLINGTON JOURNAL AND SHREWSBURY NEWS".—We have received two articles, on a variety of subjects more or less connected with medical ethics, from the above paper, with the request to insert as much of them as we can. The most important subject seems to be the alleged tyranny of the Salopian Medico-Ethical Society over medical men who do not enrol themselves as its members; but the information supplied by the articles in question is too scanty to admit of more detailed notice. The articles are rambling; and their tone, to say the least, is not judicial.

"THE GRAPHIC," THE COUNTRY DOCTOR, AND THE MINIMUM QUALIFICATION.

SIR,—The notions of the *Graphic* as to country doctors and their attainments, however unjust, have a certain foundation in the proceedings of those Examining Boards who follow the rule of expediency rather than of justice. I do not know how far the London College of Physicians still acts upon the opinion, that a lower qualification for practice is proper for the country practitioner; but the Edinburgh College of Physicians makes it no secret that they entertain that opinion, and they doubtless examine accordingly. They have, they affirm, well-grounded apprehensions that, if the examinations and qualifications be too extensive, many localities in the United Kingdom, in which the population is both poor and scanty, will be left without medical aid, because no highly qualified men will settle in such localities. It naturally follows, from this line of argument, that the badly educated and less qualified practitioners will gravitate to the poor country districts; and then the *Graphic* has a high authority for its unjust strictures. It is with this avowed opinion in view, probably, that the Edinburgh College examines and passes so many Irish students. The notion is manifestly absurd, and the licensing practice reprehensible, for the country practitioner needs to be better educated than the townsman, being called upon to act alone in emergencies requiring the best knowledge and skill, when his civic brother can call in a "special"; and, accordingly, the country practitioner, by dint of wide experience, is often superior to the townsman in variety of knowledge and fertility of resource. There is something, however, in the suggestion, that practitioners should refresh their knowledge from time to time at the fountain-head; but a few, indeed, do this.

February 14th, 1870.

I am, etc., M.D.

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.

HON. T. NICHOLSON, M.D. (Antigua).—Your communication and enclosure have been received by the General Secretary.

## IRON AND ABORTION.

SIR,—I hope the profession will speak out, and unmistakably, on the above subject, or serious inconvenience may ensue to medical men. The notion that preparations of iron have a tendency to cause abortion, is, I believe, as absurd as the old antiphlogistic ideas of inflammation. I have used the tincture of sesquichloride of iron in conjunction with nuxvomica or strychnia as a preventive of abortion in numerous cases, with the happiest result. To women of a weak, flabby, debilitated habit of body, who suffer from habitual abortion, and in whom there is no reason to suspect a syphilitic taint, I have administered the above preparations, from the time when they discovered they were pregnant until two or three months after the usual time of abortion, and always with the effect of preventing abortion, and also causing a decided diminution in the excessive *post partum* discharge to which they had been used when going to their full time.

Wakefield, February 15th, 1870.

I am, etc.,

W. HENRY DAY, L.R.C.P. Ed.

SIR,—As a Poor-law Medical Officer, I shall feel obliged by your kindly inserting this letter in the *BRITISH MEDICAL JOURNAL*; at the same time, giving me your opinion on the case.

Some weeks ago, a pauper, residing in one of my parishes, severely injured his arm in a thrashing-machine. He was some miles from home at the time; so he applied to the nearest surgeon, who, when he saw the man, sent him home at once, and, following shortly afterwards, he removed his arm, and continued to attend him for several weeks, until convalescence was established. He then applied to the Board of Guardians for the fee of £5 (allowed for this operation) for subsequent attendance. From first to last, he never communicated with me on the subject, either by letter or message; nor did I receive any request from the man's friends to attend him. I only heard of the case by accident, in the following manner. The operation was performed on a Thursday. On the Saturday, a woman was sent by the surgeon in question to the relieving officer, with a few lines, requesting him to supply the patient with requisites, as he was destitute. The relieving officer being absent, she brought the paper to me, knowing that I was surgeon of the patient's parish, but with no request to me from any one to visit the man. I told the woman I had nothing to do with that paper, as it was for nourishment, and that she must take it back to the relieving officer, at the same time expressing my surprise that another surgeon should be attending a pauper in my district and ordering him relief; but I concluded he must be doing so at the request and cost of the man's master. Of course, his applying to the Board for the fee, no longer left any doubt that he had been attending him as a pauper.

Now, considering how badly Poor-law medical officers are paid, do you, under the circumstances described, consider that this medical man had any right to keep possession of this case, and get the fee for the same? Ought he not, according to all professional usage, to have written to me directly after the operation (if there was not time to send for me before), and have turned the case over to me. I should willingly have undertaken the after-treatment, and would have given him half the fee for his operation.

Basingstoke, February 1870.

I am, etc.,

THOS. SWEETING.

\*.\* The surgeon under whose care the man first came ought, on finding that he was a pauper, to have taken the earliest opportunity of giving up the case to Mr. Sweeting.

WE are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Indian Medical Gazette, Dec. 29th; The New York Medical Gazette, Jan. 29th; The Parochial Critic, Feb. 17th; The New York Medical Record, Jan. 29th; The Boston Medical and Surgical Journal, Jan. 27th; The Madras Mail, Dec. 7th; The Gardener's Chronicle, Feb. 12th; The Dundee Advertiser, Feb. 7th; The North British Daily Mail, Feb. 10th; The Aberdeen Free Press, Feb. 8th; etc.

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

Mr. J. Paget, London; Mr. T. Sweeting, Basingstoke; Dr. R. H. Taylor, Liverpool; Mr. B. Blower, Liverpool; Mr. W. F. Morgan, Bristol; W. R. T., Aberdeen; Sir James Y. Simpson, Bart., Edinburgh; Dr. J. N. Vinen, London; Mr. R. Rendle, London; Mr. A. Jukes, London; Mr. R. S. Crotty, Liverpool; Messrs. Black, Edinburgh; Dr. J. Tucker, Sligo; L.; Mr. J. Birt, Lichfield; Mr. G. Harday, West Haddon; Mr. J. Pickett, Wallingford; Dr. C. Murchison, London; Mr. P. D. Hoggood, Portsmouth; Mr. R. Allen, Didsbury, Lancashire; Dr. A. Samelson, Manchester; Mr. Ingram, London; Dr. Crighton, Tavistock; Dr. Paterson, Bahia; Dr. Gull, London; Alpha; Mr. Stonard Edye, Exeter; Dr. Fentem, Bakewell; etc.

## LETTERS, &amp;c. (with enclosures) from:—

Dr. R. L. Bowles, Folkestone; Dr. R. Elliot, Carlisle; Mr. W. Rendle, London; Mr. J. Davies, Southport; Mr. J. B. Davies, Manchester; Dr. W. Whitelaw, Kirkintilloch; Mr. J. H. Hill, London; Mr. C. H. Joubert, London; Dr. W. H. Elmes, East Retford; Mr. T. S. Walker, Liverpool; Dr. T. Clifford Allbutt, Leeds; Mr. G. H. Leach, London; Mr. Birkett, London; Mr. J. W. Procter, Shiffnal; Mr. R. T. Atkins, Weymouth; M.D.; Mr. Thomas Bryant, 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. George Johnson, London; The Secretary of the Faculty of Physicians and Surgeons, Glasgow; Mr. R. Buck, Inkberrow; The Military Secretary of the Indian Office; Dr. R. Thorne Thorne, London; Dr. Dick, London; Dr. G. H. Philipson, Newcastle-upon-Tyne; Dr. J. W. Walker, Spilsby; The Secretary of the Ethnological Society; The Secretary of the Royal Medical and Chirurgical Society; Dr. Morris, Spalding; Dr. William Roberts, Manchester; Dr. J. Wickham Legg, London; Mr. Wagstaffe, London; Dr. Paul, London; Dr. Dyce Duckworth, London; Mr. Savory, London; etc.