

lished by their own Hospitals. Lastly, there was the formation of new societies, in which attention was directed to special branches of medical knowledge. All these influences might be conceived to have had a deleterious influence on the Society. But it was to be hoped that through their agency the domain of medicine had been enlarged and its salutary influence more widely diffused than could be done by the Royal Medical and Chirurgical Society alone. If this were the case, then a private loss had been a public gain.

Mr. CURLING proposed a vote of thanks to the President for his address, with a request that he would allow it to be printed.—Dr. PITMAN seconded the motion, which was unanimously carried.

Mr. BIRKETT proposed, and Mr. NOVERRE seconded, a vote of thanks to Mr. C. H. Moore, retiring treasurer; Mr. Gascoyen, retiring secretary; and the Vice-Presidents and members of Council who retired from office. The motion was carried unanimously; and the vote was acknowledged by Mr. Moore and Mr. Gascoyen.

The proposed list of officers and Council, a copy of which was given in last week's JOURNAL, was adopted.

THE COUNCIL OF THE ROYAL COLLEGE OF SURGEONS.

THE Report of the last two meetings of the Council has been suspended in the Hall of the College. The following report from the Committee on Section XVIII of the Bye-laws has been approved and adopted.

"Your Committee appointed on the 9th of December, 1869, 'to consider in what way facilities may best be afforded for holding from time to time in the College, meetings of the Fellows and Members of the College in accordance with the provisions of the Bye-Laws, Section XVIII,' has held a meeting, and has agreed to the following Report, viz.—That in the opinion of your Committee, no other facilities are necessary for the occasional meetings of Fellows and Members of the College than that the Council should declare its willingness to convene such meetings from time to time, under Section XVIII of the Bye-Laws, when requested to do so for any specific and proper purpose by any considerable number of Fellows or Members, as the case may be, and that also the Council should recognise its power to convene any such meeting of Fellows or Members, when it sees fit, without requisition. That, as regards meetings to be convened on the requisition of Fellows or Members, your Committee is of opinion that the number of requisitionists ought to be at least thirty, and that the propriety of the alleged purpose of the meeting should in each case be judged by the Council at its next meeting after the receipt of the requisition. And your Committee recommends that any meeting of the Fellows or Members be held in the Theatre of the College, under arrangements to be made by the President and Vice-Presidents. (Signed)

GEORGE BUSK, Chairman."

Mr. QUAIN proposed, and Mr. HANCOCK seconded—"That it is expedient that the Council should convene a meeting of the Fellows annually, on the day appointed for the election of Members of the Council, for the purpose of discussing such subjects as shall be notified in the paper summoning the meeting."

An Amendment was proposed by Mr. JAMES PAGET, seconded by Mr. HEWETT, that the foregoing motion by Mr. Quain be referred to the Committee on Section XVIII of the Bye-Laws, to consider the same and report thereon to this Council. The amendment was carried.

Mr. GAY moved—"That an authorised report of the proceedings of each meeting of the Council of the College, with the division lists, be posted in the Hall of the College within five days after each meeting; but that such report be previously submitted to the President, or, in the event of his absence, to the senior or junior Vice-Presidents for approval."

The motion having been seconded by Mr. SPENCER SMITH, an amendment was proposed by Dr. HUMPHRY, seconded by Mr. HAWKINS, to the effect that the minutes of each meeting of the Council of the College be posted in the Hall within five days after each meeting, those minutes having previously been submitted to the President or Vice-Presidents for approval.—The amendment was carried.

The consideration of a motion by Mr. Simon, for the separation of the offices of Examiner and Councillor, was postponed to the next ordinary meeting of the Council. Mr. Hawkins gave notice of the following motion—"That the Reports from Committees appointed for special purposes be forwarded to the Members of the Council previous to the meeting of the Council at which the Reports are to be taken into consideration."

The PRESIDENT stated that he would summon an extraordinary meeting of the Council for the 22nd, for the consideration of a Report from the Committee on the conjoint Examining Board, with

a view to that Report being adopted by the Council, and, if possible, being communicated to the General Medical Council on the 24th.

The following is an abstract of the unconfirmed minutes of the extraordinary Council on the 22nd February.

The Council having considered, paragraph by paragraph, the scheme for an Examining Board for England, prepared by the Committees of the Colleges of Physicians and Surgeons, and still under the consideration of the English Universities and Apothecaries' Society, adopted the same, and directed that their approval thereof be communicated to the Committee of the Royal College of Physicians, and, with the concurrence of that Committee, to the representatives of the two Colleges in the General Medical Council.

Dr. HUMPHRY gave notice of the following motion at the next meeting of the Council. "That, in the opinion of this Council, it is desirable that one-half at least of the Examiners in Surgery to be henceforth appointed by this College shall be appointed from Fellows of the College who are not Members of the Council; and that a Committee, with power to take legal advice, be appointed to consider, and report to the Council as to the steps by which effect may be given to this principle."

ASSOCIATION INTELLIGENCE.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

THE sixth general meeting of the session (1869-70) will be held at the Midland Institute, Birmingham, on March 10th, at 3 P.M.

Business.—Paper by Dr. Malins (Cradley), "On the More Frequent Use of Forceps in Obstetric Practice."—By Dr. Percy Leslie, "A Scheme for Adjusting the Relations of the Profession with the Medical Charities, and the Charities one with another."

T. H. BARTLETT, *Honorary Secretary.*

Birmingham, March 1870.

BATH AND BRISTOL BRANCH.

THE fourth ordinary meeting of the Session will be held at the Royal Hotel, College Green, Bristol, on Thursday evening, March 10th, at 7 P.M.; C. H. COLLINS, Esq., President.

The following papers are expected:—Cautions in the Use of Surgical Instruments and Appliances. By T. Green, M.D.—Contagious Disease in its Medico-Legal Aspects. By G. Hallett, Esq.—On the Contagious Diseases Act. By J. G. Davey, M.D.—On the Position of Medical Men receiving Resident "Nervous Patients". By Horace Swete, M.D.

CHARLES STEELE, } *Honorary Secretaries.*
R. S. FOWLER, }

SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT MEDICAL MEETINGS.

THE March meeting of members resident in East Sussex and its neighbourhood will be held at Tunbridge Wells, on Wednesday, March 16th; Dr. MILNER BARRY in the Chair.

A more precise notice thereof will be furnished in next week's JOURNAL. In the meantime, gentlemen who may be willing to read papers or exhibit specimens at the meeting, or join the dinner afterwards, will much facilitate the arrangements by at once communicating with me.

FREDK. CHAS. MUDD, *Honorary Secretary.*

Uckfield, March 1st, 1870.

WEST SOMERSET BRANCH.

THE spring meeting of the above Branch will be held at Douch's Railway Hotel, Taunton, on Thursday, March 17th, at 5 P.M.; H. J. ALFORD, M.B., President, in the Chair.

Gentlemen intending to be present at the dinner, or to read papers after, are requested to give notice to the Honorary Secretary.

W. M. KELLY, M.D., *Honorary Secretary.*

Taunton, February 21st, 1870.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

THE next meeting of the above Branch will be held at the Saracen's Head Hotel, Ashford, on Thursday, March 17th.

Gentlemen desirous of reading papers, are requested to communicate with the Honorary Secretary without delay.

ROBERT L. BOWLES, M.D., *Honorary Secretary.*

Folkestone, February 22nd, 1870.

NORTH WALES BRANCH.

THE next intermediate general meeting of the above Branch will be held at the residence of Wm. Maugham, M.D., President, Northgate House, Carnarvon, on Tuesday, March 22nd, at 1 P.M.

The dinner will be provided at the Royal Sportsman Hotel, Carnarvon, at 4 o'clock, to suit early trains. Tickets, 5s. each, exclusive of wine.

Members having papers or cases to communicate, or who intend to be present at the dinner, will please to give notice, without delay, to the Honorary Secretary.

Beaumaris, March 1st, 1870.

D. KENT JONES, *Hon. Sec.*

CORRESPONDENCE.

THE ADMINISTRATION OF CHLOROFORM.

SIR,—Any observations on the action of chloroform made by Sir James Simpson, the introducer of this valuable agent, cannot fail to attract the attention of the whole medical profession. The case which he describes in your JOURNAL of February 26th is full of interest. I shall confine myself, however, to some remarks on the mode of administering chloroform, and the advantages of measuring accurately both the air and the chloroform inhaled.

We find by experiments on the lower animals, that, in proportion to the increase of the chloroform in the atmosphere breathed, so is the *rapidity* with which death ensues. We also find that the *mode of dying* varies according to the quantity of chloroform in the air inhaled. When it is much diluted, the animal dies slowly, and the breathing stops whilst the heart beats effectively. With stronger doses, the heart stops about the same time as the breathing; and when a very strong dose is administered to the animal, the pulse ceases to be felt before the respiration stops. There is reason to believe that the heart of the human species is more liable to syncope under anaesthetics than that of the lower animals.

Sir James justly remarks upon the greater danger from syncope than from asphyxia occurring to patients under the use of chloroform. He writes: "Death from asphyxia can generally, if not always, be averted by at once arresting the inhalation of the drug whenever the breathing becomes noisy or stertorous."..... "Syncope, or sudden stoppage of the action of the heart, is doubtless far less under control, and has apparently formed the principal cause of the fatal issue in almost all the cases in which patients have perished whilst under the use of chloroform."

When chloroform is administered upon a towel or handkerchief, it is impossible to tell what is the strength of the mixture which the patient is breathing. Much depends upon the *temperature* of the room, the *rate of breathing*, the *quantity of chloroform* in the towel, and the *distance* of the latter from the mouth and nostrils. 100 cubic inches of air at 60 deg. take up 14 inches of chloroform vapour (*vide* Snow on Anaesthetics, p. 33); 100 cubic inches of air at 70 deg. take up 24 inches of chloroform vapour.

This range of temperature is easily exceeded, since the evaporation of the liquid chloroform cools, and the approximation of the towel to the face warms it. When the full effects of chloroform are required, it is most desirable that some mode should always be resorted to by which the patient is prevented inhaling a higher percentage of chloroform than is sufficient for the purpose. After trying various proportions of chloroform and air, I have come to the conclusion that it is quite unnecessary to give more than 3½ per cent. of chloroform vapour, in order to produce the most complete insensibility and quietude that is ever required for any surgical operation; and, believing that a patient threatened with syncope incurs increased danger in proportion to the quantity of chloroform in his lungs at the time, I would not give a stronger dose.

Although I have never lost a patient from the effects of chloroform—or other anaesthetic—one of my earlier patients narrowly escaped death by syncope from inhaling 5½ per cent. of chloroform vapour. She became suddenly pale, and her pupils dilated widely, just as happened in the case reported, and for a time her life was in imminent peril. She recovered; but the case left on my mind no doubt that the syncope resulted from the chloroform being given too strongly. This case illustrated another important point; namely, that the effect upon the heart of any inspiration of chloroformed air is not manifested until several seconds after the inspiration is made. She showed no sign of faintness when I left off giving chloroform. We were moving her into the position for operating when the pallidity, etc., were first noticed. Since I have adopted the plan of always giving less than 4 per cent. of chloroform vapour, I have met with more than one instance where I thought

it right to resort to artificial respiration, but not one case of sudden syncope like that described. I am, etc., J. T. CLOVER.

3, Cavendish Place, March 1870.

CROUP AND DIPHTHERIA.

SIR,—In a recent article on another subject, you deprecated somewhat strongly "all useless controversy as to nomenclature", and recommended practitioners to "betake themselves to the earnest study of the causes of the maladies which come under their care". Whilst cordially agreeing with you in the latter advice, I venture to express my belief that in many cases the want of accurate terms has caused confusion and uncertainty in our conception of disease.

This has been especially exemplified in the class of diseases now under consideration, where a popular word, the very origin of which is involved in uncertainty, has been applied to affections differing widely in their pathological nature, though having approximately the same seat. At present, we have the terms croup, croupous, croupal, croupy, false croup, spurious croup, spasmodic croup, all of which, in point of fact, with the exception of the first, have reference to a symptom implying a certain tension and approximation of the vocal cords. If an aneurism involve a recurrent laryngeal nerve, so as to paralyse the abductor of a vocal cord, we are likely to get "croupy" inspiration; if both recurrents be affected, it is certain to occur. In young children, a growth in the larynx is often mistaken for "croup", by giving rise to "croupy" breathing and a "croupy" cough. In dentition, we often hear a "croupy" cough; and in hysteria it is not unfrequently present. It also occurs at an early period of an attack in cases accompanied with a plastic exudation on the surface of the laryngeal membrane.

In all these instances, the word is seen to have a certain qualitative value, and symptomatically is useful. It is only when an attempt is made to apply it in a substantive form, that the term becomes objectionable.

I have always attached the greatest value to Mr. Squire's articles on Croup and Diphtheria in Reynolds's *System of Medicine*, and consider that they at present constitute the most thoroughly exhaustive treatise on the subject in any language; but at the same time I have always thought that Mr. Squire has endeavoured to establish an artificial distinction between two forms of the same disease. Whilst admitting that "the formation of false membrane more or less continuous is an usual result of the inflammatory process in croup" (1st edition, page 258; the italics are my own), he devotes nearly three pages (252-255) to the differentiation of croup and diphtheria, and states that the mode of development, the lesser paroxysmal character of croupal symptoms at the commencement of diphtheria, the difference in voice, the epidemic prevalence and contagious influence, the situation of deposit, the presence of albumen in the urine, the post-diphtheric paralysis, etc., "not only confirm the diagnosis, but complete the distinctions between diphtheria and croup." I cannot, therefore, see "the close correspondence, or even identity, in the objects aimed at" by Dr. Johnson and Mr. Squire; and I think that the former gentleman has done service in calling attention to the identity of the various acute affections of the throat which are accompanied with plastic exudation. I quite agree with him in considering that, as serious acute affections of the larynx, there are two principal diseases—first, acute laryngitis; secondly, diphtheria. To the former Dr. Johnson would still apply the term "inflammatory croup"; but this, I think, is objectionable, as, for the sake of perspicuity, the term croup should be abolished altogether, or, if retained, should be only used for those diseases associated with plastic exudation.

The late Dr. Hillier long since (*Medical Times and Gazette*, April 26th, 1862) maintained that true croup—i. e., acute disease of the air-passages, accompanied with membranous exudation—is only sporadic diphtheria. In France and Germany, the disease seldom affects the larynx alone—the pharynx being generally first attacked. In this country, on the other hand, the larynx is often first attacked; and the pharynx seldom becomes affected, except when the disease has epidemic power. In my Jacksonian Prize Essay on *Diseases of the Larynx*, written more than seven years ago, I carefully analysed all the arguments which seek to establish a difference between croup and diphtheria. As that essay, although accessible in the library of the College of Surgeons, has not yet been printed, I venture to quote the remarks which I then made.

"Diphtheria has been said to be distinguished from croup—1. By its being (a) epidemic and (b) contagious; 2. By the difference as to the seat of the exudation; 3. By difference in respect to the vital organisation of the exudation; 4. By differences in the histological character of the exudation; 5. By the presence of submucous infiltration in diphtheria; 6. By the presence of albuminuria in diphtheria; 7. By the

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 24th, 1870.

Birt, George Corney, Brixton
Hill, Thomas, Souldern, Oxfordshire
Morton, John Henry, New Brompton, Chatham
Roose, Edward Charles Robson, Brighton
Thom, George, Tooting Common, S.
Wilson, Richard, Chelsea

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

Morison, Bentham Paynter, Guy's Hospital
Perkins, Whitfield, Guy's Hospital
Reed, James, Guy's Hospital

As an Assistant in compounding and dispensing medicines.

Burder, Robert, Barns Road

MEDICAL VACANCIES.

THE following vacancies are declared:—

BIRMINGHAM, Parish—Five District Medical Officers: applications, March 7th; election, 9th; duties, 25th.

BRACKLEY UNION, Northamptonshire—Medical Officer for District No. 4: applications, 15th; election, 16th.

BRIGHTON AND HOVE DISPENSARY—Resident House-Surgeon: applications, April 4th; election, May 3rd; duties, June 7th.

BRISTOL ROYAL INFIRMARY—Surgeon: 11th.

BUCKINGHAMSHIRE GENERAL INFIRMARY, Aylesbury—Resident Surgeon and Apothecary: applications, 8th.

CARMICHAEL SCHOOL OF MEDICINE, Dublin—Lecturer on Chemistry.

CHEMSFORD UNION, Essex—Medical Officer for District No. 2: 8th.

COTON HILL LUNATIC ASYLUM, Stafford—Assistant Medical Officer.

COVENTRY AND WARWICKSHIRE HOSPITAL—Surgeon.

DARTFORD UNION, Kent—Medical Officer for the Bexley District.

DUNDEE ROYAL INFIRMARY—Joint House-Surgeon: applications, 16th.

DURHAM—Surgeon to the County Hospital and the County Prison.

DURHAM CITY—Medical Officer of Health.

FULHAM UNION, Middlesex—Medical Officer for the Workhouse: applications, 16th; election, 17th.

GATESHEAD UNION, Durham—Medical Officer for the Ryton District: 15th.

GENERAL HOSPITAL, Birmingham—Resident Surgical Officer: 18th.

GLENDAL UNION, Northumberland—Medical Officer and Public Vaccinator for the Lowick District: applications, 9th; election, 10th.

HELSTON UNION, Cornwall—Medical Officer for the Helston District and the Workhouse.

HEXHAM UNION, Northumberland—Medical Officer for the Western Division of District No. 3.

HOLYHEAD UNION, Anglesey—Medical Officer for the Bodedern District: applications, 21st; election, 22nd.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton—Two Physicians.

HUDDERSFIELD INFIRMARY—Assistant House-Surgeon.

INHUSHEN UNION, co. Donegal—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Clonmany Dispensary District: 15th.

ISLE OF THANET UNION, Kent—Medical Officer for St. Peter's District.

LEEDS GENERAL INFIRMARY—Assistant Resident Medical Officer: applications, 7th; election, 14th.

LEEDS UNION—Medical Officer for District No. 5: 9th.

LONDON FEVER HOSPITAL—Physician; Assistant Resident Medical Officer.

MAGHERAFELT UNION, co. Londonderry—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Maghera Dispensary District: applications, 7th; election, 8th.

NEWCASTLE-IN-EMLYN UNION, Carmarthenshire—Medical Officer for the Llandysil District.

PEMBROKE UNION—Medical Officer and Public Vaccinator for District No. 1.

ROYAL ALBERT ASYLUM FOR IDIOTS AND IMBECILES OF THE NORTHERN COUNTIES, Lancaster—Medical Superintendent: applications, 11th; duties, May 1st.

ST. IVES UNION, Huntingdonshire—Medical Officers for the Somersham and Warboys Districts: applications, 14th; election, 16th.

STRABANE UNION, co. Tyrone—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Strabane Dispensary District: 24th.

TAUNTON UNION, Somersetshire—Medical Officer and Public Vaccinator for the Bishop's Lydeard District: applications, 12th; election, 17th.

THORNBURY UNION, Gloucestershire—Medical Officer for the Almondsbury District: applications, 10th; election, 11th.

TRIM UNION, co. Meath—Medical Officer and Public Vaccinator for the Trim Dispensary District: 8th.

WEST GLOUCESTERSHIRE FRIENDLY SOCIETY—Surgeon to the Berkeley District.

WHITEHAVEN AND WEST CUMBERLAND INFIRMARY—Consulting-Surgeon.

MARRIAGES.

*HOOD, William, Esq., Surgeon, York, to Fanny Horner, only daughter of Joseph Lockwood, Esq., of the same city, at High Harrogate, on March 1st.

REISS, Rev. F. A., rector of Rock, Worcestershire, to Edith Susan, third daughter of *Robert Otter Blythman, Esq., Surgeon, of Swinton, Yorkshire, at Wath-upon-Dearne, near Rotherham, on February 24th.

SMITH, Walter, Esq., Surgeon, of Islip, Oxfordshire, to Alice Margaret, third daughter of the late Charles FLUDER, M.D., of Lymington, Hants, at Boldre, Hants, on March 1st.

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.—Cancer Hospital, Brompton, 3 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. General Meeting for the Election of Officers and Council: the Ballot will be opened at 7, and closed at 8 P.M. Mr. Spencer Watson: 1. A Case of Resection of the Knee-joint, with Specimens sent for exhibition, by Dr. Walker of Hanley, Staffordshire; 2. A Case of Wound of the Ulnar Artery at the Wrist, with Primary and Secondary Hæmorrhage, ultimately arrested by Ligature of the Artery in the Wound after failure of other Methods; 3. Mr. Victor de Méric, "On the Subject of Cancer and Syphilis."—Odontological Society of Great Britain, 8 P.M. Mr. Coleman, "On the Treatment of Chronic Periodontitis by Replantation."—Entomological Society.

TUESDAY.—Ethnological Society of London, 8 P.M. Colonel A. Lane Fox, "On the Opening of a Cairn in North Wales"; Mr. Hodder M. Westropp, "On the Earliest Phases of Civilisation."—Royal Medical and Chirurgical Society, 8.30 P.M. Dr. Robert Lee, "On the Nature, Origin, and Treatment of Hysterical Disease"; Dr. Elam, "On Idiopathic General Cerebritis."

WEDNESDAY.—Hunterian Society, 7.30 P.M., Council Meeting, 8 P.M., Mr. Reeves, "On some Unusual Cases of Stricture, and their Treatment."—Epidemiological Society, 8 P.M. "On the Depopulation of the Vanni District, Ceylon," by Dr. Loos (communicated by the Colonial Office).

THURSDAY.—Royal Society.

FRIDAY.—Clinical Society of London, 8.30 P.M. Dr. Wilks, "Cardiac Disturbance in connection with Nephritis"; Dr. Greenhow, "Case of Atrophy of Brain, with great Depression of Temperature"; Mr. Holthouse, "Case of Inguinal Hydrocele"; Mr. Callender, "Cases of Amputation in which the Arteries have been Ligatured."—Royal Astronomical Society.

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.

DR. BATEMAN (Norwich).—The paper on Medico-Legal Evidence shall appear in an early number. We regret having been so long compelled to delay it.

W. B. S. E.—We fear the fact of non-registration in the case of a person qualified to register, cannot make any difference. It would subject you to criticism, and probably to annoyance, were you to take any steps in the matter.

SALOPIAN MEDICO-ETHICAL SOCIETY.—We are glad that our impression as to the unreal nature of the so-called "tyranny" of the Salopian Medico-Ethical Society, is confirmed by information received since our last notice.

WOLVERHAMPTON GENERAL HOSPITAL.—In our report on the Wolverhampton General Hospital, we omitted, partly from want of space, to particularise the enlargements and alterations which are about to be carried out in that institution. Mr. Vincent Jackson has kindly supplied us with the following details of the contemplated improvements. There are to be two new wards, each containing twenty-two beds; the present dispensary and out-patient department will be converted into small wards; the number of children's beds will be nearly doubled; and twelve fresh fever beds will be added in a separate wing. The new out-patient department is to be separated from the main building, with the exception of a covered way for the use of the medical officers, etc.

THE SALE OF POISONS ACT.

SIR,—Allow me to correct an error which occurs in your columns, in an article headed "Death from Laudanum." "As the woman, etc. . . . no entry of sale was made." In the Act, opium and its preparations, and preparations of poppies, are among those poisons which it is only necessary to label with the name, the word poison, and the name and address of the vendor. I have drawn attention to the fact, because I have noticed lately that some magistrates have reprimanded chemists for not entering poisons which by the Act they are not required to. London, February 25th, 1870. I am, etc., VENENUM.

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.

DR. LENNOX BROWNE is thanked for his letter. The matter shall receive attention.

DR. WILLIAMS v. THE DUKE AND DUCHESS OF SOMERSET.

SIR,—The old adage, that "if you throw mud, some of it must stick", is never more plainly exemplified than in actions affecting the honour of members of the medical profession.

This remark is suggested by the recent action of Dr. Williams v. the Duke and Duchess of Somerset; for, though I suppose there is not a member of the profession who does not consider that his conduct in the case was the only right one to be pursued, still I believe that the public view these matters in a different light; and I venture to say that if any of your professional readers were to put the simple question to their patients, "Would this action have any effect on your consulting Dr. Williams?" the answer would but too frequently be unfavourable to that gentleman.

Considering, as I do, that not only the profession, but the whole public, are deeply indebted to Dr. Williams as a valuable scientific and eminently practical worker in his profession (take only, for instance, the foundation of the Brompton Hospital and the introduction of cod-liver oil as a medicinal agent, with both of which events his name must ever be associated), I think there will be no difficulty in our paying a small portion of our debt by the plan I propose; viz., for every member of the profession to sign an address, expressive of the high and undiminished esteem in which Dr. Williams is held in the minds of the profession, and of the thorough agreement that exists with reference to his professional conduct in the case under consideration. In this address, reference might be made to the practical work already mentioned, that the public may see how their most faithful friends may be subjected to unjust persecution.

Dr. Williams has proved, by accepting nominal where he could easily have obtained substantial damages, that a desire for money formed no part of his object in bringing the action.

I would therefore suggest that an address, in accordance with the views I have most imperfectly sketched out, should be printed and posted to every gentleman in the *Medical Directory*. If each one, when he returned the address with his signature, enclosed six postage stamps, I believe every expense would be met. Should there be any balance, it might be given to the Medical Benevolent Fund.

The fact that I am almost unknown personally to Dr. Williams, will, I trust, diminish the value of the above crude suggestion.

I am, etc.,
Welbeck Street, February 1870. J. L. B.

A QUESTION OF POOR-LAW MEDICAL RELIEF.

SIR,—Dr. McIntyre, an able contributor to this JOURNAL, asks the opinion of the profession upon the case of a pauper brought to his house with fracture and dislocation requiring amputation. In common with other Poor-law medical officers, I wrote to ask him this question: Does he think that he acted fairly towards the district medical officer in not calling him to the case? If Dr. McIntyre, instead of sending to the relieving officer, had offered his aid to his medical neighbour, he would have acted most kindly. The operation might have been performed, the fee divided, professional good-will evinced, to the benefit of the patient and the mutual credit of the surgeons concerned in the case. The guardians acted liberally. It was not incumbent upon them to pay Dr. McIntyre's bill. Ours is not a trade, that the first stray patient who comes to us is to be treated irrespective of the claims of our brethren. It is getting too much the practice among young surgeons to act inconsiderately, often most unprofessionally. If a man gets an accident in the hunting field, does it follow that the surgeon who first treats him is to insist upon the necessity of keeping the case, and to ride out of the area of his practice to attend the case? Assuredly not. Yet I have known such proceedings to take place. Dr. McIntyre will forgive me when I tell him that he has, with humane intentions, acted incorrectly towards the Board and unfairly toward his officer.

I am, etc.,
GEORGE HARDAY.

West Haddon, Rugby, February 8th, 1870.

SIR,—May I ask Dr. McIntyre, Would he have driven three miles to see a pauper had the case been one equally urgent, but not requiring operation; say hæmoptysis or hæmaturia?

The parish doctor has an immense amount of routine work to do, both unpleasant and unprofitable. I have had to drive or walk several miles twice daily to draw off a man's urine, and got nothing from the guardians. We have to take one thing with another; and look to the fees for casualty and midwifery operations to make up in some degree for the loss on other business. But these are the very cases which are constantly appropriated by brother practitioners who would not see a bed-ridden pauper under other circumstances, though they passed his door every day of their lives; and they even have the hardihood to apply for their fees.

Dr. McIntyre would be glad to know what best he can do for the interest of the profession. I should say, let him treat paupers as I hope he would private patients under the same circumstances—hand them over at once to their appointed medical attendant. By so doing, he will avoid much jealousy and ill feeling.

February 1870. I am, etc.,
PAROCHUS.

PROFESSOR FONSSAGRIVES, of Montpellier, has published tables, which, he proposes, shall be filled up by mothers with records of the health of their children. Such records would form permanent and fairly reliable sources of reference for the medical attendant. Every such attempt at exactness and permanence in records is valuable, and we hope the suggestion will be acted upon in this country.—*Practitioner*, February 1870.

INJECTION OF AMMONIA INTO THE VEINS.

IN the November number of the *Australian Medical Journal*, Professor Halford reports another successful case of his method of treatment for snake-bite. In this instance, however, the symptoms were simply those of drunkenness—the bite being doubtful. The patient was a lad, aged 17, who had had three tumblers of brandy given him. He was admitted into the district hospital at Creswick, where Dr. Starke, after consultation with Dr. Steele, injected 20 minims of liquor ammoniac fort. B.P. (of specific gravity 0.891), mixed with 40 minims of water, into a vein at the bend of the elbow. The boy recovered unusually quickly from the drunkenness. Although the dose was double that used in other cases, the only symptom complained of was a sudden pain in the head and eyes about half a minute after the injection was commenced. Dr. Halford reckons this as the eleventh case in which ammonia has been injected, with benefit, into human veins. Dr. Tyler Smith's recent case makes a twelfth. The Professor disclaims the name of antidote to snake-bites for this method, considering it only as a valuable method of treatment.

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.

THE ST. PANCRAS INFIRMARY.

SIR,—In the recent investigation at the St. Pancras Infirmary, it was stated by Dr. Edmunds, the spokesman of the Guardians, that during six months of Dr. Ellis's tenure of office, two thousand more patients were admitted than during the corresponding six months of office of his predecessor, Dr. Gibson, and yet that the number of deaths was the same in both periods. The admitted object was to charge Dr. Ellis with crowding the wards with trifling cases, and to prove that the Infirmary could not be, with such a low rate of mortality, so unwholesome as it was represented to be. Mr. Bere, the Commissioner, remarked that the comparative death-rate might be due to Dr. Ellis being a better medical officer than Dr. Gibson. As the same inference might be drawn by others besides the Commissioner, I feel it due to Dr. Gibson's memory to state, on unquestionable authority, that Dr. Edmunds's statistics are most erroneous. Instead of a majority of two thousand, only nine hundred patients altogether passed through Dr. Ellis's hands during the six months alluded to, being about the same number as were admitted during Dr. Gibson's six months.

My only object being to vindicate the professional reputation of Dr. Gibson, I make no further comment on the evidence.

I am, etc.,
Bristol, February 1870. W. F. MORGAN.

TWO CASES OF TYPHUS FEVER OCCURRING IN PASSENGERS BY THE "GREAT BRITAIN" AFTER THEIR ARRIVAL IN AUSTRALIA.

IN the *Australian Medical Journal* for November 1869, Dr. Cutts, Physician to the Melbourne Hospital, reports two cases of typhus fever—one at Geelong, the other in his wards in the Melbourne Hospital. His patient was a single woman, aged 39, a passenger by the *Great Britain*, arriving in the Colony on October 13th. She was attacked on the 22nd with vomiting, and admitted into the hospital on the 28th, with the characteristic rash and other symptoms of typhus. On the 12th of November, she was progressing favourably. There was no typhus on board the *Great Britain*, and none before in the Colony; but there was another case, as stated above, in another passenger, who went to Geelong. The only malady worth mention on board was scarlet fever. Was the typhus-poison conveyed in the clothes in the boxes of the passengers suffering from this disease?

We are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Indian Medical Gazette, Jan. 12th; The New York Medical Gazette, Feb. 12th; The Parochial Critic, March 2nd; The New York Medical Record, Feb. 15th; The Boston Medical and Surgical Journal, Feb. 12th; The Madras Mail, Dec. 21st; The Gardener's Chronicle, Feb. 26th; The Croydon Times, Feb. 19th; The Staffordshire Sentinel, Feb. 19th; The Birmingham Daily Post, Feb. 26th; The North Wales Chronicle, Feb. 26th; etc.

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

Dr. Rutherford, London; Dr. T. H. Flemming, Bath; Mr. J. Wood, York; The Rev. J. B. Allison, Brighton; Dr. H. R. Hadden, Clonakilty; Dr. E. Waring, London; Mr. J. Cartwright, Leintwardine; Surgeon-Major Atchison, London; Surgeon-Major Saunders, Clifton; Mr. J. Bridger, Cottenham; Dr. Gloag, Bristol; Dr. Mercer Adams, Boston; Mr. T. Partridge, Stroud; Dr. E. Ludlow, Bristol; Mr. F. W. Mackenzie, Tiverton; Dr. D. P. Barry, Twickenham; Messrs. Ferris and Co., Bristol; Messrs. Berry, London; Dr. Wynn Williams, London; The Secretary of the Hunterian Society; The Secretary of the Royal Medical and Chirurgical Society; etc.

LETTERS, &c. (with enclosures) from:—

Dr. George Johnson, London; Dr. J. A. Campbell, Carlisle; The Secretary of the Rivers Commission, London; The Honorary Secretary of the Royal Medical Society, Edinburgh; Dr. Felce, London; Mr. H. C. Lawrence, London; Mr. Jukes Styrap, Shrewsbury; Mr. W. F. Morgan, Clifton; Dr. W. Dale, Plymouth; Mr. T. Chambers, London; Mr. T. D. Saunders, Bath; Mr. I. Lennox Browne, London; Dr. F. Bateman, Norwich; Dr. G. Hill, Hooton; Messrs. W. J. Coleman and Co., London; Dr. James Russell, Birmingham; The Resident Assistant-Surgeon of the Cancer Hospital, Brompton; The Secretary of the Ethnological Society of London; Mr. H. P. Leech, Woolpit, Bury St. Edmunds; Mr. P. C. De la Garde, Exeter; Dr. T. H. Bartleet, Birmingham; Dr. Broadbent, 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; Mr. Vincent Jackson, Wolverhampton; Mr. C. Steele, Clifton; Messrs. Mayer and Meltzer, London; Mr. F. C. Mudd, Uckfield; Dr. J. M. Fothergill, Leeds; Dr. G. Mitchinson, Lincoln; Mr. R. Dacre Fox, Crumpsall; Dr. Foster, Birmingham; The Secretary of the Clinical Society; Mr. Clover, London; Mr. D. K. Jones, Beaumaris; etc.

BOOKS, &c., RECEIVED.

Lunacy: its Past and its Present. By Robert Gardiner Hill, F.S.A. With Appendix. London: 1870.
On Abscess and Tumours of the Orbit. Part II. By Spencer Watson, F.R.C.S. Eng. London: 1870.
The Health and Meteorology of Newcastle and Gateshead. Seventh Report for 1869. By G. H. Philipson, M.A., M.D.
Report of the Dunster and Minehead Village Hospital for 1869.
Clinical Report of the Rotunda Lying-in Hospital for the Year ending November 5th, 1869. By George Johnston, M.D. Dublin: 1870.
Hospital Expenditure in London and the Provinces. By J. G. Wilkinson. London: 1870.
Cancer of the Uterus and other Parts. By A. Wynn Williams, M.D. London: 1868.
The Twenty-Second Annual Report of the Manchester Medico-Ethical Association. On the Present State of Therapeutics. By James Rogers, M.D. London and Edinburgh: 1870.