

THE FRENCH MEDICAL PRESS AND THE ACADEMY OF MEDICINE.—The medical press is naturally jubilant at the election of Amédée Latour as an *associé libre* of the Academy of Medicine. Several members of the Academy have obtained their chairs in that illustrious assembly through their connexion, more or less active, with medical journalism; but M. Latour is the first who has won his seat solely and avowedly from his zeal, honour, and talent as a journalist. The other candidates were M. J. Michon and M. Payen, a veteran in the ranks of medical science. M. Payen unquestionably did not owe his defeat to any want of appreciation of his claims, but only to a feeling that the time had come when high-toned honest journalism ought to be honoured in the person of its representative, M. Latour. At the first ballot, M. Latour had forty-seven votes, and M. Payen forty-one. As this result did not give M. Latour an absolute majority of the voters present, a second ballot was instituted, when M. Latour had forty-nine, and M. Payen forty votes. As this gave the former the necessary majority, he was declared to be elected. M. Latour first became known in the capacity of a journalist when on the staff of the *Gazette des Hôpitaux*. He afterwards became chief editor of the *Union Médicale*, of which he was one of the founders. The election of M. Latour has undoubtedly decided an important principle. The question was not one of greater or less individual merit; it was, Shall or shall not the Academy receive, as an *associé libre*, a gentleman whose services to medicine have been chiefly rendered as a medical journalist?

ASSOCIATION INTELLIGENCE.

SOUTH-EASTERN BRANCH: EAST SURREY DISTRICT MEETINGS.

THE next meeting of the above Branch will be held at the Crystal Palace Hotel, Norwood, on Thursday, April 14th. The Chair will be taken at 4 P.M., by Dr. HORACE JEAFFRESON, of Wandsworth.

Papers, etc., are promised by Mr. Cooper Forster, Dr. Jeaffreson, Dr. J. M. Bright, etc.

Dinner will be provided at 6 P.M.

HENRY T. LANCHESTER, M.D., *Hon. Secretary*.
Croydon, March 29th, 1870.

BATH AND BRISTOL BRANCH.

THE next meeting of this Branch will be held at the York House, Bath, on Thursday evening, April 14th, at 7 P.M.; C. H. COLLINS, Esq., President, in the Chair.

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

CUMBERLAND AND WESTMORLAND BRANCH.

THE spring meeting of the above Branch will be held at the County Hotel, Carlisle, on Wednesday, April 20th, at 12.30 P.M. President: M. W. TAYLOR, M.D.; President-elect: T. F. I'ANSON, M.D.

Gentlemen intending to read papers or cases, are requested to communicate with the Honorary Secretary.

The dinner will take place at 4 o'clock. Members can introduce friends.

HENRY BARNES, M.D., *Honorary Secretary*.
Carlisle, March 24th, 1870.

REPORTS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, FEBRUARY 15, 1870.

RICHARD QUAIN, M.D., President, in the Chair.

MR. NUNN exhibited a portion of obstructed intestine, with a model, removed from the body of a gentleman, aged 65, who had died of the obstruction. He had seen him with symptoms of strangulated hernia, and having a small tumour in his groin. Mr. Nunn had operated and relieved this hernia, but the symptoms remained. After death, adhesions of the ileum at various points, so as to form knuckles of intestine, were discovered; here, the intestine was doubled back, and had grown together to the abdominal wall.—Dr. MOXON had twice found near the ileum something similar, with the twisted convolutions cohering, but he had seen no adhesion to the wall.

DRS. GREENHOW and CAYLEY reported on Dr. Moxon's specimen of Occluded Coronary Veins. They found them completely obstructed, but, on the other hand, the foramina Thebesii were very large.

Dr. MORELL MACKENZIE showed a specimen of Primary Necrosis of the Cricoid Cartilage with Secondary Abscess, occurring in a lady aged 65. It was one of those exceedingly rare cases in which the disease had commenced in the cartilage, and, secondarily, had affected the perichondrium and submucous tissue.

Dr. MACKENZIE also showed a specimen of Postesophageal Abscess with Secondary Disease of the Cricoid Cartilage in a woman aged 38. In this case, fistulous communication took place between the trachea and pharynx, and the posterior surface of the lower third of the cricoid cartilage was, after death, found to be completely exposed, though not ossified.

Dr. MACKENZIE also exhibited a specimen illustrating that almost unique disease—Kuhle being the only author who had seen a case—Fibroid Degeneration of the Cartilages of the Larynx. The patient was a gentleman aged 60, in whom tracheotomy was performed a year previous to his death, on account of chronic disease of the larynx. About four months later, disease of the cartilages set in, and death took place from exhaustion consequent on inability to swallow. The patient was, for some days previous to death, fed by the oesophageal tube.—Mr. HULKE did not quite understand the condition of the cartilage—whether it was that of caries or of necrosis.—Dr. PYE-SMITH said the drawing seemed to show that the process began in ossified cartilage.—Dr. MACKENZIE said we should use the word caries when speaking of cartilage: he used the term necrosis merely because it was customary. The contents of the sac were pus and sarcoous matter.

Mr. DE MORGAN exhibited some Secondary Deposits in the lung of a female who was supposed to have syphilitic tumours on her vulva. It was found, however, that they spread up the vagina to the bladder, and were taking on the form of cancer. After death, her brain was found perfectly healthy. The lungs were filled with tumours; so were the uterus and bladder, from which last the urine had been dribbling away. The secondary deposits were assumed to be cancerous, but on examination they proved to be fibro-plastic. There were some also in the liver and kidneys. The fact that the woman died of coma was unaccountable, except by the condition of the kidneys, one being wasted. All the tumours could be enucleated.—In reply to the PRESIDENT, Mr. De Morgan said she had been all along in a surgical ward.—Referred to Committee.

Dr. PAYNE brought forward a case of Coagulation in the Portal System of Veins. The specimen was taken from the body of a man, aged 38, who died in St. Mary's Hospital, under the care of Dr. Sieveking. The portal vein, at its entrance into the liver, was completely filled with a form of coagulum, part of which was adherent and decolorised, part softer, dark red, and apparently of later formation. The coagulum extended into the principal factors of the portal vein—more especially into the superior mesenteric, one of the intestinal branches of which was blocked up as far as its ultimate twigs. The portion of ileum from which this branch arose was of a dark chocolate colour; its walls were greatly thickened and rigid, and the whole infiltrated with extravasated blood, after the manner of what is called pulmonary apoplexy in the lung. There was a moderate quantity of fluid in the peritoneum, and the legs were oedematous. The intestines were natural, except at the part spoken of, and there the mucous surface was unaffected. During life the symptoms were somewhat ambiguous. When under treatment as an out-patient, there was remarkable acceleration of the pulse, which varied from 130 to 150, and afterwards rose to 180, without other signs of fever, and without any abnormal cardiac sounds.—Referred to Drs. Bristowe and Murchison.

Dr. PAYNE also brought forward a case of Coagulation in the Pulmonary Artery. The specimen was taken from a woman aged 45, a patient of Dr. Sieveking, in St. Mary's Hospital. Both branches of the pulmonary artery were occupied by firm clots, not continuous with those in the heart, and terminated in the central direction by abrupt blunt, rounded extremities. Beyond these masses some of the secondary branches were filled with branched thrombi, which occupied the calibre of the vessels, but did not reach their capillary terminations. The clots generally were white and granular on the outside, and black internally. The patient was admitted with symptoms of mitral disease and oedema of the legs, but did not appear dangerously ill till one day getting out of bed she fainted, and after rallying a little had another fainting fit, which proved fatal.—Referred to a committee.

Mr. HOLMES exhibited an Urethra in which Holt's operation for stricture had been performed. The patient, a man nearly 60, had long had stricture, and had been subjected to a great variety of treatment. He had been operated on by Holt's method in 1861. When seen, he had retention; and a catheter was passed, but it had to be removed, as it gave rise to intense irritation. The stricture was ruptured. He had rigors the same night. Gradually he became worse, vomiting supervened, and pyæmia ensued, with secondary deposits. After death it

members of the House of Commons, the Bill will pass to a certainty. Already I have in my hands the replies of several M.P.'s of all shades of political opinion, in which the writers have promised their support.

I am, etc.,

JOSEPH ROGERS.

33, Dean Street, Soho, March 1867.

MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.—Wednesday, March 30th.

MEDICAL ACTS AMENDMENT BILL.—Sir J. Gray, in moving the second reading of this Bill, explained that its object was to amend the Act of 1858, which had most egregiously failed in enabling the public to distinguish between properly qualified and unqualified medical men. There were no less than nineteen colleges that granted licences of more or less value, and under the Act of 1858 any gentleman wanting a medical degree could, by bringing a piece of parchment from any of those bodies, have his name placed upon the register, and the public could not tell whether he was or was not properly qualified. Partly that evil arose from the necessity which the various colleges felt of maintaining their corporations, and they were glad to accept any one who presented himself in order to procure his money. Five pounds was sufficient to enable a man to be accepted by those colleges, and when he went to the Medical Council with the bit of parchment which he had procured for his £5, he was at once put upon the register, although he might be profoundly ignorant of the very rudiments of medical science. The remedy which the Bill provided for this was, that no person was to be put upon the register until he had passed a careful examination. Apart altogether from this objectionable feature of the present system, there were minor evils which demanded a remedy. According to the admissions of the licensing bodies themselves, there was neither a sufficient test nor sufficient instruction. He was glad to see that the Lord President of the Council had already taken some action, and he hoped that the Government would relieve private members from the necessity of proposing legislation on this subject. It was essential that the Government should be efficiently represented at the Council, and that candidates should satisfy the State Examiner as well as the representatives of the corporation before licences were granted to them. The reorganisation of the profession should be carried out thoroughly and with uniformity, and he hoped that any scheme which the Government might bring forward, would provide that whatever mode of access was given to the profession, it should be open to all alike, and that there should be no second means of entrance. Fees should be low, sufficient to pay expenses, but leaving no margin for the accumulation of wealth; the profession should be open to all, and those who entered it ought to have a full knowledge, to enable them to do justice to any case brought under their attention.—Mr. Graves seconded the proposal. Last session, in obedience to strong representations made to him by the community with which he was connected, he placed a notice on the paper with the view of calling attention to the constitution of the Council; but he was now prepared to adopt the Bill of the hon. member, as affording a basis for a fair settlement of the question. A reference to the petition signed by 10,000 persons, which had been presented to the Home Secretary, was sufficient to show how much a change was needed. The Bill proposed with regard to the reconstruction of the Council to utilise existing elements, and to make additions which would be beneficial to the profession and the public. Examinations before a central Board would tend to stimulate the different corporations. He highly approved of the proposal to throw open to public competition the civil medical appointments of the country.—Mr. Brady, who had on the paper a motion that the Bill be read a second time that day six months, rose to address the House, when Mr. W. Forster interposed with the suggestion that, considering the lateness of the hour (five o'clock), it was advisable to adjourn the debate on this very important question. He thought hon. members would agree to this proposal when he stated that he was authorised to announce that Lord De Grey and Ripon intended, on behalf of the Government, to take an early opportunity of bringing forward a Bill in the other House, having for its object the amendment of the several Medical Acts.—Sir J. Gray said he would at once assent to the suggestion for an adjournment, and further, if the Government brought in a Bill at all in the spirit of the communication of the Lord President of the Council, he would support the measure and withdraw his own.—The debate was then adjourned for a month.

THE DRAINAGE OF BRIGHTON.—A public meeting has been held at Newhaven, in opposition to the Bill now before Parliament for bringing the sewage of Brighton to Portobello; which would, it is alleged, inflict injuries upon the town and harbour of Newhaven. A form of petition was agreed to, and signed by all present.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, March 24th, 1870.

Allnutt, William, Portsea
Bayliffe, Alworth Merewether, Chippenham
Collins, Henry William, Wington, Bristol
Mayo, Alfred Charles, Coleford, Gloucestershire
Newstead, James, Bubwith, Howden, Yorkshire
Robinson, Tom, Saxby, Lincolnshire
Russell, William, Wincanton

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

Archer, George Ernest, St. Bartholomew's Hospital
Ingham, Thomas, King's College

As an Assistant in compounding and dispensing medicines.

Lloyd, Edward, Aberystwyth, North Wales

MEDICAL VACANCIES.

THE following vacancies are declared:—

ABERAYRON UNION, Cardiganshire—Medical Officer for Llandysilio District.
BALLINSLOE UNION, co. Galway—Medical Officers for the Killan and Kiltormer Dispensary Districts.

BETHLEM HOSPITAL—Two Resident Medical Students.

BIDEFORD UNION, Devon—Medical Officer for the Hartland District.

BIRMINGHAM GENERAL DISPENSARY—Resident Surgeon: applications, 16th.

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

BUCHAN COMBINATION POOR HOUSE—Surgeon.

CARNARVONSHIRE AND ANGLESEY INFIRMARY—House-Surgeon: applications, April 20th.

CARRICKMACROSS UNION, co. Monaghan—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Raferagh Dispensary District: 8th.

CITY OF LONDON LYING-IN HOSPITAL, City Road—Surgeon-Accoucheur.

EDINBURGH ROYAL INFIRMARY—Resident Medical Officer to Fever Wards.

GREAT NORTHERN HOSPITAL, Caledonian Road—Junior Surgeon: applications, 6th.

KING'S COLLEGE—Professor of Surgery.

LOCHBROOM, Ross—Medical Officer and Public Vaccinator: applications, 15th.

LOCHCARRON AND DISTRICT OF KISHORN, Ross—Medical Officer: applications, 15th.

METHLIC, Aberdeenshire—Parochial Medical Officer and Public Vaccinator for Northern Division of.

NEATH UNION, Glamorganshire—Medical Officer and Public Vaccinator for the Central No. 2 District: applications, 4th; election, 5th.

NEWCASTLE-UPON-TYNE INFIRMARY—Senior House-Surgeon: applications, 6th; election, 14th.

NEW DEER, Aberdeenshire—Parochial Medical Officer and Public Vaccinator for Southern Division of.

NEWPORT (Monmouthshire) INFIRMARY AND DISPENSARY—Resident Medical Officer: applications, April 4th; duties, May 1st.

ORPHAN WORKING SCHOOL, Haverstock Hill—Medical Officer.

POPLAR UNION, Middlesex—Medical Officer and Public Vaccinator for the Parish of Bow: applications, 7th; election, 8th.

RATHDRUM UNION, co. Wicklow—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Annamor Dispensary District: 9th.

ROYAL COLLEGE OF SURGEONS, ENGLAND—Two Members of Council.

ROYAL SOUTHAMPTONSHIRE INFIRMARY, Southampton—House-Surgeon: applications, 2nd; appointment, 11th.

RUTHIN UNION, Denbighshire—Medical Officer and Public Vaccinator for the Llanrhaidr District: applications, 2nd; election, 4th.

ST. LUKE, Middlesex, Parish of—Medical Officer to Infirmary and Workhouse.

SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN, Lower Seymour Street—Physician for Out-patients.

SKIPTON UNION, Yorkshire—Medical Officer for the Gargrave District.

STAMFORD, RUTLAND, AND GENERAL INFIRMARY—House-Surgeon, Apothecary, and Secretary: applications, 12th; appointment, 19th.

THORNBURY UNION, Gloucestershire—Medical Officer for the Almondsbury District: applications, 7th; election, 8th.

MEDICAL APPOINTMENTS.

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

ATTBILL, R. C., Esq., appointed Resident Medical Officer to the Charing Cross Hospital.

LLOYD, Ridgway R. S. C. C., Esq., appointed Medical Officer to the St. Albans Hospital and Dispensary.

*NORTON, E. Everitt, Esq., appointed Assistant-Surgeon to the 4th Middlesex.

BIRTHS.

BENT.—On March 29th, at Bridgwater, the wife of *John F. V. Bent, M.D., of a son.

FARRER.—On March 28th, at Spring Villa, Brighouse, the wife of *Robert Farrer, M.R.C.S.E., of a daughter.

THURSTON.—On March 25th, at Ashford, Kent, the wife of Edward Whitfeld Thurston, Esq., Surgeon, of a son.

DEATHS.

DIXON, James, M.D., Consulting Surgeon to the Birkenhead Hospital, at Shrewsbury, on March 17th.

NORRIS, Henry, Esq., Surgeon, late of South Petherton, Somerset, at the residence of his son, at Charmouth, aged 80, on March 20th.

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. Dr. Lichenberg and Mr. de Méric will bring two patients upon whom Pirogoff's Amputation has been performed. Mr. J. W. Barnes, "On a Case of Extensive Disease of Kidney and Impaction of Ureter by Calculi"; Mr. Weeden Cooke, "On Hydrate of Chloral in Cancer";—Odontological Society, 8 P.M. The adjourned discussion on Mr. Coleman's paper, "The Treatment of Chronic Periodontitis by Replantation";—Entomological Society.—Epidemiological Society.
 TUESDAY.—Pathological Society of London, 8 P.M. The following specimens will be exhibited:—Mr. Holmes, "Tumour of Jaw—Diffuse Periostitis of Tibia"; Mr. Wilberforce Smith, "Cancer of Rib, of Bones at Hip-joint, and of Crus Cerebri"; Mr. Wagstaffe, "Horn growing from the Leg—Dislocation of Spine"; Mr. Squire, "Fibrous Polypi from the Nares"; Mr. Couper, "Congenital absence of Rectum"; Dr. Dick, "Spots on the Skin resembling Cadaveric Ecchymoses"; Dr. Tuckwell, "Effects of Obstructions of the Hepatic Duct"; Dr. M. Mackenzie, "Growth removed from Epiglottis"; Dr. Kelly, "Malformed Heart—Mitral Disease"; Dr. Beigel, "The Genital Organs of a member of the religious sect called Sceptists"; Dr. Cayley, "Scarlatinal Dropsy without Albuminuria"; Mr. Balmanno Squire, "A Living Specimen of Non-congenital Discrete Sebaceous Ichthyosis, and also a Living Specimen of Prurigo as defined by Hebra"; Dr. Fagge, "Abscess of Liver, Cancer of Kidney, Varix of Pulmonary Vein"; etc.—Anthropological Society.
 WEDNESDAY.—Obstetrical Society of London, 7.30 P.M., Council Meeting. 8 P.M., Dr. Routh, "On Fundal Endo-Metritis"; and other papers by Dr. Brunton, Dr. Wynn Williams, and Dr. Mendenhall.
 THURSDAY.—Harveian Society of London, 8 P.M. Mr. T. Carr Jackson, "Practical Remarks on the Operation of Lithotomy";—Linnæan Society.—Chemical Society.—Royal Society.
 FRIDAY.—Clinical Society, 8.30 P.M. Mr. Barwell, "A Case of Local Paralysis treated by Hypodermic Injection of Strychnia"; Mr. Holthouse, "A Case of Inguino-crural Hernia"; and other papers.—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. DALE (Plymouth).—We cannot insert your letter, excepting as an advertisement.

MR. MULVANY (Dundalk).—Our information is as limited as yours.

WE are glad to observe that the offensive black board attached to the wall of the Endell Street Lying-in Hospital, with the names and addresses of the medical officers, and upon which we have had occasion to comment, has been removed.

CASES OF TRIPLETS AND QUADRUPLETS.—Mr. Lowndes, of Liverpool, has sent us the particulars of a case in which a primipara, aged 25, gave birth to triplets. The first and second were footling presentations, a girl and a boy; the third, a girl, was born half an hour after the second. The placenta was a double one for the first and second child, whilst that for the third was separate. The delivery was on February 23rd and March 7th; the mother and all three children were doing well.—A case of four daughters born at a birth is reported from Burton-on-Trent. All are living and doing well.

MODIFICATION OF HOLT'S DIRECTOR FOR STRICTURE OF THE URETHRA. SIR,—The modification you mention as being used by Mr. Smith at St. Bartholomew's Hospital, is not new. The same instrument was made for me by Mr. Blaize seven years since. As, however, it did not effect the object which I maintain is necessary, viz., to split the submucous deposit (the seat of stricture), I abandoned it, as not giving that permanent relief which is obtained by the employment of the dilator. If any good is to be attained in the treatment of tight organic strictures, it must be by rupturing the deposit. I am, etc.
 Savile Row, W., March 1870.

BARNARD HOLT.

ERRATUM.—In the second paragraph of our article on Dr. Williams's libel case in last week's JOURNAL, the words "pressing on the larynx and its recurrent nerves" should have been "pressing on the trachea and left recurrent nerve".

SUICIDE UNDER UNUSUAL CIRCUMSTANCES.

SIR,—If medical criticisms are to be written on the authority of newspaper reports, much error must occur, since hangers-on on such publications are no more likely to discriminate essential points in medical evidence than are the general public. The patient referred to (JOURNAL, March 19th, page 292), did not "consult me chiefly about fickleness of temper"; that was an element in her case, and its importance did not escape my serious attention. Her manner and expression of countenance were calm, and her answers precise; and no other case has come within my observation in which impending mental insanity was so little indicated by something not expressible in words. Still in a young woman, aged 26, continued fickleness about marriage to an eligible and well-conducted lover, was so remarkable, that I requested to see her mother, but she resided at a distance. On careful inquiry, the patient assured me that neither mental insanity nor eccentricity existed in her family, nor had existed in that of either parent; and this statement was afterwards corroborated. On my remarking to her, that the continued objection to marry a lover to whom she had been long engaged, was unaccountable, she showed an eczematous eruption on the chest, and said her *engagé* was not aware of its existence. On being assured of its innocent character, and that it ought to be encouraged rather than suppressed, she appeared satisfied and pleased; and, in the absence of any sufficient cause being discoverable, it occurred to me that a disproportionate one often influences a sensitive mind. Menstruation was quite regular, but painful and spare; and there existed tenderness on pressure over the ovarian region, though she had passed more than a week from the last menstrual period. There was no enlargement in any part of the abdomen. She was not subject to irritability of temper, and got comfortably through her work as house- and parlour-maid. She rarely drank a stimulant. I directed her to use a cold douche twice a day; and prescribed small doses of phosphate of iron and strychnine. She was requested to come to me again in the course of a fortnight; and, on doing so, reported herself feeling better, and sleeping well. She was requested to persist with the douche, except that during the immediate approach and continuance of menstruation warm hip-baths were to be substituted. I may mention that, on her second visit to my house, she waited nearly an hour with another person, and during the whole time she was calm, patient, and altogether of ordinary manner. I heard nothing more of the patient until the day following the suicide. Menstruation was imminent at the time of death, and I judge its disordered function the cause of impulsive insanity. On neither of the two occasions of her consulting me, did she even hint at a desire to drown herself; and, up to a few minutes before her ingenious and determined suicide, she had continued to do her various household duties in the most perfect order. I emphasise the word order, because in my limited observance of those mentally insane, disorder and incongruity are usually the earliest, and continue prominent symptoms.

There can be no doubt about the suggestiveness of this case; and it is the more deeply solemn, because there are multitudes of such, but presenting different phases, in which the mind, I will not say healthy, but with a morbid change so subtle as to be scarcely appreciable, is so disrupted by the disordered influence of a distant organ as to impel—*here*, to suicide, at an age when life is most endearing—*there*, to any range between absurdity and assassination. If there be in human maladies one more than another deserving our active regard, it is that in which stigmata and legal penalties should be exchanged for the tenderest of sympathies and the gentlest of care. On this account, I thank you for bringing the case forward; but do not in the least agree with your summing up: viz., "Not the slightest blame attaches to any one; but had the cause of her malady been thoroughly probed, its end might probably have been averted." If the case were not "probed" with all probable thoroughness, I do not see how he who should have used the probe more completely, can be free of blame; but, presented as the case was to me on both occasions, suicide was not more to be expected, than fatal embolism from a chilblain, or tetanus from an abrasion. It is well known that each is within the range of possibility, and might happen under peculiar conditions; but medicine would disorganise society if it based its practice on bare possibilities, and had authority to enforce it.

As a member of the British Medical Association, I trust you will do me the justice to admit the foregoing remarks in explanation in the next number of the JOURNAL.

I am, etc.,
 GEORGE CORDWENT.

. The newspaper was sent to us expressly because it contained a full report of the inquest. We fail to see that our associate has added materially to the facts. He has certainly not altered our view respecting them. Our regret that the poor girl's case had not been "thoroughly probed" applied more to her friends than to her medical adviser. It was proved in evidence that she had repeatedly mentioned her suicidal tendency; and, had she been kindly advised as regards the termination of her engagement, of which it seems certain that she was wearied, the melancholy termination might possibly have been averted. It appears, in our judgment, to have been a case for moral, and not for medical, treatment.

ALTERNATION OF GENERATIONS IN FUNGI.—M. Gauriel Rivet has found that the spores of *Puccinia graminis*, the fungus which causes one form of "rust" on our cereals, will not reproduce the fungus on the same plant; but that when sown on the berberry, they produce the orange coloured spots of *Uromyces berberidis*, which in its turn can be propagated only on cereals, when the original *puccinia* is again produced. This fact points to rich stores of materials for experiment and discovery.

MR. BATELY (Great Yarmouth).—You have not quite correctly understood the case. The Universities do not contemplate abolishing their regulations as to residence; but they propose that candidates, after going through the usual course of study and residence for their medical degrees, shall have the licence of the conjoint Board before the degrees are conferred on them.

THE PRELIMINARY EXAMINATION AT THE ROYAL COLLEGE OF SURGEONS.

SIR,—I was glad to see in your impression of March 19th, a letter from "Pater", complaining of the great injustice done to candidates in refusing them information respecting the subject of failure at the recent Preliminary Examination at the College of Surgeons. I know of no other Examining Board doing the same, and am surprised that the College should adopt such a course. I consider that I have a perfect right to know in what subject I have failed, as this might assist me in my next attempt. I hope the matter will be taken up, and an alteration made in this regulation of the College. I am, etc.
 March 1870.

A REJECTED CANDIDATE.

NOTICE TO ADVERTISERS.—Advertisements should be forwarded direct to the Printing-Office, 37, Great Queen Street, W.C., addressed to Mr. RICHARDS, not later than *Thursday*, twelve o'clock.

THE POOR-LAW MEDICAL OFFICERS' SUPERANNUATION BILL.

SIR,—Will you have the goodness to call the attention of the Council of the Association to the great importance of petitioning at once in favour of Dr. Brady's Superannuation Bill, which will shortly come before Parliament for a second reading? The various Branches of the Association should also take immediate and earnest action to strengthen Dr. Brady's hands. There is little use in complaining of our unfortunate position, if we neglect the present opportunity to improve it. "Hope long deferred" has dispirited many of the Poor-law medical officers; but I would urge them again and again to vigorous action, and never to desist till their just demands are complied with. I am, etc., L. OWEN FOX, M.D., F.R.C.S.

Broughton, Winchester, March 29th, 1870.

PUBLIC HEALTH IN ITALY.

OUR contemporary *L'Imparziale*, in the number for March 16th, expresses its astonishment at the remarks which were made at page 247 of this JOURNAL for March 5th. These remarks are translated; and the *Imparziale* then goes on to make some comments, of which, in a matter of fairness, we subjoin a nearly entire translation.—We have been (says *L'Imparziale*) astonished at reading this article: in the first place, because, if what was stated, not only in the *Imparziale*, but in many other Italian medical journals, were really incorrect, we do not understand why the official communication should not have been addressed to us, here in Italy, where it would be of greater importance to enlighten the public on the value of reforms introduced into the Ministry of the Interior. But we are still more surprised because, in fact, that which was mentioned by us is certainly not more incorrect than the statement made in rectification by our London confrères. We spoke of the suppression of the department of Public Health; and this suppression has taken place, inasmuch as the department has been incorporated into another which has the name of the Department of Public Benevolent Works. And the management of affairs altogether economical and administrative, with which the last named department has to occupy itself in regard to the benevolent institutions dependent on it, is of a totally different nature from the management of affairs relating to the public health, which ought to be directed and enlightened by entirely special rules and knowledge based on the progress of public medicine. Hence this fusion of one department into another can only be a loss, we repeat once more, in the administration of the sanitary affairs of the kingdom. But we must add that this new arrangement of the administration of Public Health does not merely consist in the fusion of the department bearing this name with that of Benevolent Works, since the lock hospitals and prostitution have been removed from this department, and assigned, the first to a department of the general direction of prisons, the second to the department of public safety; not to mention that all that relates to the nomination of medical men to compose councils of health, has been entrusted to the first division of the Ministry of the Interior. In this way, the administration of Public Health no longer constitutes a whole, dependent on a single functionary, who may coordinate the separate parts into a uniform direction for the good of the country. So much for the facts. As to the appreciation of the proceedings of the Ministry of the Interior, we did not hesitate to say that the saving obtained was so small as not to be worth consideration. We will further observe that it is not logical—at least, in a medical point of view—to place the lock hospitals in the department of prisons; since the lock hospitals, although receiving prostitutes only, do not cease thereby to be hospitals, and hence require to be regulated on principles very different from those which may be adopted in the management of prisons. And is the separation of the lock hospitals from the *surveillance* of prostitutes more logical? Lastly, we have not said that the Ministry of the Interior was desirous of impeding the exercise of the functions belonging to the Superior Council of Health; and we will now further say, that we are ready to pardon the Minister of the Interior for having cut up into too many pieces the administration of public health, if, in the new sanitary code which he will present to the Parliament, he should be disposed to extend the functions of the Council of Health, and especially to give it the power of the initiative in the discussions on the public health of the country.

DOES CATARACT ARISE FROM INJURY.

SIR,—I am anxious to learn if any member of our Association has met with a case in which cataract has resulted from a blow. For instance, a gentleman thrown from his carriage into a ditch, and his head coming in contact with the stump of a tree. The time elapsing from the accident before the discovery of the cataract is also important. I am, etc., CHARLES HOLMES.

Slough, 22nd March, 1870.

MEDICAL REFORM UNION.

SIR,—I shall feel obliged by your allowing me to inform the Profession, through your columns, that I have now received £262.11 towards the expenses of this movement, including two donations of £5 each from the Manchester Medico-Ethical Association, and from the Proprietors of the *Lancet*. To the 14th instant, I had received £173.19.7. From the 15th to the 20th inclusive, 5,119 circulars were posted to members of the profession who had signed the memorial but had not contributed. I have now received 370 replies to those circulars, enclosing in cheques, stamps, and post-office orders, the gross amount of £88.11.5. To give an idea of the expenses, I may state that the issue of 17,139 copies of the memorial to every member of the profession in England, Scotland, and Ireland, according to Messrs. Churchill's *Directories* for 1869, involved a first outlay in postage stamps of £142.16.6, each copy being accompanied with a stamped envelope for reply to Dr. Bell Fletcher.

The question now at issue is: Will the profession practically support a movement to obtain the amendment of the medical acts on the basis of the memorial signed by a clear majority of the men in actual practice in the three kingdoms? Of the 9,724 who signed the memorial, upwards of 8,500 have contributed nothing towards the expenses. If each of these will promptly favour the Executive of the Medical Reform Union, through me, with a contribution, we shall have enough to discharge present liabilities and to provide a fund for securing the interests of the profession in the passage of the desired bill through Parliament.

I am, etc., ARTHUR OAKES, Treasurer of the Medical Reform Union, 9, The Square, Birmingham, 22nd March, 1870.

P.S.—An account of the sums received, and of the progress of the movement, will shortly be published.

THE ST. PANCRAS INFIRMARY.

SIR,—I am sorry that Mr. W. F. Morgan of Bristol should have taken the trouble to write a solemn comment upon some of the silly falsifications which the newspapers have promulgated about the St. Pancras Guardians. I am also sorry that he should have undertaken the needless task of vindicating the memory of the late Dr. Gibson, as it has never yet occurred to any one, that I know of, to disparage his professional qualifications or personal character, by comparing them with those of the present medical officer of the St. Pancras Infirmary.

The figures I quoted are accurately summarised in the *Times* of December 22nd, and they are as follows. During the 26 weeks ending December 15th, 1869, the Infirmary was under the care of Dr. Ellis, and the patients, according to the "medical evidence" given at the Lankesterian inquests, had been dying wholesale from quasi-suffocation. In that period there had been 29,183 days' stay of patients in the Infirmary, and 85 deaths—equal to one death to every 343 days of sickness. For the corresponding 26 weeks of the year 1868, the Infirmary was under the care of Dr. Gibson, and, so far as that gentleman's views are known, none of the patients had died otherwise than in the order of nature; yet there were only 26,971 days' stay of patients in the Infirmary, with the same number of deaths—85—equal to 1 death for every 317 days of sickness. I submitted from these facts that Dr. Ellis's cases had been of a more trifling nature, or had been kept in for a longer period, unless, despite the quasi-suffocation to which the unfortunate patients were subjected by the "tyranny of the guardians" after Dr. Ellis's advent, his medical treatment had materially lessened the mortality.

The "days of sickness" were obtained by adding together the days that every patient stayed in the Infirmary. This, divided by 26, gives the weekly average of patients; and this again divided by 7, gives the daily average. Other returns demonstrate that the overcrowding of the Infirmary was due, not to increased severity of the cases, not to increased numbers admitted, but to a systematic diminution of the discharges. The responsibility of discharging the cases rested with the medical officer of the Infirmary. Mr. Bere's remark that Dr. Ellis might have been the better medical officer was only put as a possible alternative to the conclusion which I submitted. It was understood by every one as a mere joke.

The misapprehension of the point at issue is doubtless due, not to obtuseness on the part of Mr. Morgan, but to the ingenuity of the individual who furnished Mr. Morgan with the figures which enabled him to state in his letter the exact number of patients that had passed through the hands of Dr. Ellis. Perhaps Mr. Morgan will favour your readers with the name of that individual in his next.

4, Fitzroy Square, March 9th, 1870. I am, etc., JAMES EDMUNDS.

WE are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Indian Medical Gazette, Feb. 9th; The New York Medical Gazette, March 12th; The Parochial Critic, March 30th; The New York Medical Record, March 15th; The Boston Medical and Surgical Journal, March 12th; The Madras Mail, Jan. 18th; The Gardener's Chronicle, March 29th; The Bradford Daily Telegraph, March 23rd; The Melbourne Age, Jan. 29th; The Leamington Advertiser, March 24th; The Birmingham Daily Post, March 26th; etc.

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

Mr. W. Acton, London; Mr. R. Freeman, London; Mr. J. B. Marsh, London; Dr. E. Crisp, London; The Editor of the "Veterinarian"; Mr. R. Murphy, Claremorris; Dr. J. Ellis, London; The Secretary of the Clinical Society; Mr. J. B. Barnes, London; The Secretary of the Pathological Society; Mr. Lister, Edinburgh; Dr. Stewart, London; Dr. Fraser, Edinburgh; Mr. Norton, London; Dr. Gervis, London; Mr. T. D. Sullivan, London; Mr. E. W. Thurston, Ashford; Mr. H. Norris, South Petherton; The Honorary Secretary of the London Dialectical Society; Mr. J. Harris, Birmingham; Mr. C. A. Hemingway, Dewsbury; Mr. W. Date, Birmingham; Dr. Thorne Thorne, London; Dr. Kidd, London; Mr. Addenbrooke, Kidderminster; etc.

LETTERS, ETC. (with enclosures) from:—

Dr. W. J. Cleaver, Edinburgh; Dr. F. Oppert, London; Dr. R. Lightfoot, Wincanton; Dr. G. Cordwell, Taunton; Dr. W. G. Gimson, Witham, Essex; The Honorary Secretary of the Reading Pathological Society; Mr. T. Q. Couch, Bodmin; Dr. Hayman, Eastbourne; Mr. J. J. Bunch, Wolverhampton; Dr. Broadbent, Bemborough; Dr. R. O'Connor, Nowgong, Upper Assam, India; The Secretary of the Obstetrical Society; Messrs. Grindlay and Co., Calcutta; Dr. Brace, London; Dr. Lanchester, Croydon; Mr. Balmanno Squire, London; Dr. Mapother, Dublin; Dr. C. J. B. Williams, London; Dr. H. Smith, London; Dr. Routh, London; Messrs. Schweitzers and Co., London; Mr. Lloyd, London; Dr. Hayman, Eastbourne; A Rejected Candidate; Dr. J. P. Bramwell, Perth; 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. Farrer, Brighouse; Dr. M. G. Evans, Narberth; Mr. E. R. Denton, Leicester; Dr. L. O. Fox, Winchester; Mr. C. Lingen, Hereford; Dr. G. Hardie, Harpurhey, Manchester; Mr. R. S. Fowler, Bath; Mr. F. H. Parsons, Banbury; Dr. A. J. Duncan, Dundee; Mr. Gregson, London; etc.

BOOKS, ETC., RECEIVED.

Annual Report of the State of the General Infirmary at Chester. Chester: 1870.
Relaxation of the Pelvic Symphyses during Pregnancy and Parturition. By F. G. Snelling, M.D. New York: 1870.
Clinical Observations on Hydrate of Chloral as a Hypnotic in Typhus. By James B. Russell, B.A., M.D. Glasgow: 1870.
The Population Statistics of Sanitary Organisation. By Henry W. Rumsey, M.D. London: 1870.
The One Hundred and Fifteenth Annual Report of the State of the General Infirmary at Chester for the year ending 31st December 1869.
A Biographical Sketch of the late F. Penny, Ph.D., F.R.S.E. By James Adams, M.D. Glasgow: 1870.
A Catalogue of Designs in Jewellery. By Mr. Streeter. London: 1870.
The Philosophy of the Bath. By Durham Dunlop, M.R.I.A. Dublin and London: 1870.