

RECOVERY AFTER TRACHEOTOMY FROM SCALD OF THE GLOTTIS.

(Under the care of Mr. A. W. BARRETT, House-Surgeon.)

CASES of recovery after the performance of tracheotomy for the relief of really urgent symptoms following so-called scald of the glottis, are sufficiently rare to warrant our notice of the following.

A male child, three years of age, was admitted at five o'clock in the afternoon of March 28th, with the history that he had drunk some boiling hot water from the spout of a tea-kettle about three hours before. The child's mouth and lips were evidently scalded, and the inspiratory efforts were accomplished with difficulty. The mother stated that the difficulty of breathing was increasing; but Mr. Barrett was not satisfied as to the necessity for operative interference. He determined to watch the case. The child gradually became worse, and at eight o'clock in the evening the breathing was much quickened. Very little air could be heard to enter the chest, and the violent efforts at inspiration caused the tissues at the lower part of the neck to sink in. The child was becoming dusky in the face; and it seemed evident that, if some relief to the laryngeal difficulty did not occur, he would soon sink. Mr. Tay, who watched the case for some time, agreed in the propriety of interference, and mentioned the case of a child admitted into the same ward three years before, who died in rather more than an hour. The dyspnoea was not very urgent on admission, and treatment by ice was employed. The nurse sent word that the child was worse; but before the House-Surgeon reached the bedside the child was dead. To avoid a similar result, Mr. Barrett proceeded to open the trachea. This was readily accomplished; very little, if any, blood entered the windpipe; and the relief to the respiration was so marked as to leave no doubt as to the previous obstruction. The progress afterwards was favourable. It is only necessary to note that the child's bed was placed in front of the fireplace behind a screen. The temperature was considerably over 60 deg. This was continued for a week. Some bronchitis followed; and mustard-poultices were applied to the front and back of the chest. The tube was removed on the third day, but the child still breathed through the wound. Brandy and beef-tea were given by enemata; and it was found that fluids given by the mouth came through the wound. At the end of twelve days the wound had almost closed. Now it has quite done so, and the child seems well.

LEEDS GENERAL INFIRMARY.

RUPTURE OF EYEBALL, WITH LOSS OF LENS AND IRIS: GOOD SIGHT RETAINED.

By JOHN A. NUNNELEY, M.B., Ophthalmic Surgeon to the Infirmary.

RUPTURE of the sclerotic—accompanied as it usually is by the loss of a part of the ocular contents, and more or less injury to every structure—is one of the most serious accidents which can happen to the eyeball, and is commonly followed by the entire destruction of the organ, when the laceration is at all extensive, or has been produced by considerable violence. The very exceptional manner in which the eye has recovered itself, and the excellent sight which remains, after a severe injury of this kind, induces me to put the following case upon record.

M. G., aged 54, a robust, healthy woman, came before me in August 1869, having received an injury to her left eye. She stated that, a fortnight previously, she had been knocked down in the street by a blow on the eye from the fist of a drunken man. The parts about the orbit were severely bruised; the swelling which came on soon after the injury kept the lids closed for a few days, a little blood-discharge escaping from between them, but nothing else that she was aware of; and, having little pain or discomfort, she had not thought it necessary to apply sooner for advice, although the sight of the eye had been gone from the time of the injury. The eye was perfectly natural and the sight good before the accident.

When I saw her, the swelling and ecchymosis of the soft parts had disappeared, the cornea was bright and clear, and the anterior chamber was filled with blood, so that the state of the parts behind could not be seen. Parallel with the upper margin of the cornea, and about midway between it and the insertion of the superior rectus tendon, was a somewhat irregular wound in the sclerotic and conjunctiva, about three lines in length, and nearly healed; the eyeball was rather softer than natural; tension=—T. R. She could follow a candle, and tell the position of the window in the room. As the blood in the anterior chamber became absorbed, it was found that the iris was gone; it had been torn from its ciliary attachment and lost. The absence of the lens, which must have been driven out of the eye in its capsule, was proved by the catoptric test. The vitreous humour was at first hazy, obscuring the details of the retina; but there had been no effusion of blood into

the vitreous chamber, nor any apparent injury whatever to the retina and deeper parts of the eye. The cloudiness of the vitreous body has now quite cleared up, the retina is healthy, the ocular tension is natural, and the field of vision good; the patient is able to count fingers and distinguish the outline of large objects; and, with a two-inch convex lens and a stenopæic apparatus, she can read No. 4 (Jäger), and thinks that the eye is almost as useful as ever.

SELECTIONS FROM JOURNALS.

POISONING BY ARSENURETTED HYDROGEN.—Dr. Valette of Lyons records in the *Lyon Medical* for March 27 two cases of poisoning by inhalation of the fumes of arsenuretted hydrogen. A mechanic, named C., aged 30, of robust constitution and good health, was employed on January 12th to mend some apparatus in a chemical manufactory. He was superintended and assisted by L., the director of the works, a man aged 29, also robust and healthy. The work to be done consisted in joining two pieces of metal, and required them to be melted by a hydrogen lamp. As the flame was not sufficient, L. added, to produce more hydrogen, some zinc and what he believed to be sulphuric acid, but which was afterwards found to be arsenic acid. As the flame was still insufficient, L. removed the cover of the vessel containing the zinc and acid; and at once both he and his companion perceived a nauseating alliaceous odour. Still they did not suspect anything, and went on with their work. In a few minutes, the master of the commercial house to which the manufactory belonged, called away L. on business; C. remained alone attending to his work. L. appeared so ill that he was asked what was the matter; he replied that his breakfast had disagreed with him, and almost immediately he vomited abundantly. Tea and *chartreuse* were given him, and he was put to bed. In the meantime, C. went on with his work; as the hydrogen apparatus worked badly, he uncovered it twice, but only perceived the odour already described. In a few minutes he felt ill, and went out of the laboratory and vomited; on his attempting to pass urine, blood flowed. The other workmen on hearing from him what had occurred, and having also learned the indisposition of L., came to the conclusion that they had been poisoned. C. was wrapped up and quickly taken to Lyons, where twenty-five grammes of hydrated magnesia were given him. In an hour, Dr. Valette saw him. The sclerotics were yellow; and the face had a choleraic aspect. The surface was cold; the pulse 90. The patient had constantly repeated painful attacks of vomiting; two alvine evacuations had taken place since the commencement of the symptoms. The abdomen was not tender on pressure. The mind was quite clear; the patient complained of pains in the arms and legs. A vapour-bath was given, and produced abundant perspiration. Next day, the state was much the same; but the pains in the limbs had left him. The vomiting continued nearly as before. Two spoonfuls only of blackish sanguinolent urine were passed during the day. A mixture of magnesia and sulphate of iron was given (to form hydrated oxide of iron); and another vapour-bath was administered with the same effect as before. On testing the urine with Marsh's apparatus, some very doubtful traces of arsenic appeared. After this, the patient recovered gradually, with the exception of a return of gastric disturbance on Jan. 17th, which, however, had ceased the next day. On January 25th, he was discharged cured, feeling only a little weakness in the limbs; and a month afterwards his only complaint was that his appetite had become so inordinate that he required three times as much food as formerly.—After attending to C., Dr. Valette saw the other patient, L., at the manufactory. He presented the same symptoms as C., but perhaps a little less intensely. Some hydrated magnesia had been given to him, but had been vomited. A vapour-bath did not produce sweating; the patient said that it had always been impossible to make him perspire. During the night he was very restless and thirsty. Hydrated peroxide of iron was prescribed; he refused to take it, and preferred tea to all other drinks. On the 13th, the vomiting continued, but there was not much suffering. The abdomen was supple and painless. There had been one loose stool; but for twenty-four hours not a drop of urine had passed. The vapour-bath was again tried, without effect. The history for some days records great prostration, gradual cessation and subsequent reappearance of the vomiting, occasional diarrhoea, the passage of small but varying quantities of dark red urine, the greatest amount being about four ounces, much thirst, and absence of pain. On January 21st, there appeared on the abdomen, thighs, and loins, an eruption of very slightly raised papules, somewhat like measles. On the 27th, the patient complained only of hiccup and vomiting; the urine was more abundant, and clear. On the 30th, it is noted that the eruption was still present; the vomiting continued; there had been

three sanguinolent loose stools; the pulse was 80 to 85, regular, but weak. On February 1st, bleeding from the nose took place—an exudation of blood rather than epistaxis; the gums, hitherto pale, became charged with blood; the mucous membrane of the mouth exuded a little blood, which accumulated in small dark clots having a rather nauseous odour. The pulse was normal, but small; the heart and lungs appeared healthy; the mind was unaffected, and the patient did not suffer except from depression. Quinine, rhatany, and iron, were given, but could not be retained; the application of morphia to a blistered surface on the epigastrium produced no effect. Next day, the exudation of blood continued, and took place in addition from the glans penis and prepuce. The urine was abundant and clear. Inhalation of oxygen was now tried for some days without producing improvement, except that the exudation of blood seemed to diminish slightly. On Feb. 9th, some dark blood was vomited; and the patient fainted twice in the morning. He was extremely weak; the radial pulse could not be felt. The intellect was entire; in proof of this, Dr. Valette says that the patient complained only of great weakness, and told him that “he had tried to take the lactate of iron which was ordered, in order to renew the blood-corpuscles; but that he had not taken the quinine lest the iron should be decomposed.” Half an hour afterwards, he died without the least agony, while raising a spoonful of ptilan to his lips.

COLOUR-TESTS AS AIDS TO DIAGNOSIS.—Dr. John Day brought before the Medical Society of Victoria, on October 6th, some new and very delicate tests, by which the presence of blood, pus, mucus, and saliva, may be readily detected. Each test, though possessing its own distinctive character, oxidises and changes the colour of guaiacum resin. The delicacy and reliability of the test for blood have already been fully recognised by Professor Taylor, in *Guy's Hospital Reports*, 3rd series, vols. xiii and xv. The guaiacum process for the detection of blood is an application of the discovery of the late Professor Schönbein, who found that peroxide of hydrogen (which he considered a compound of water and antozone) is rapidly decomposed in the presence of blood, its antozone being converted into ozone by mere contact with the corpuscle. To prove this he used tincture of guaiacum, the precipitated resin of which is indifferent to antozone, but is possessed of a strong affinity for ozone, with which it combines, and is changed from its normal colour to a bright blue. The peroxide of hydrogen is so prone to decomposition, that it cannot be preserved without the aid of hydrochloric acid; but the blueing of guaiacum resin by the action of ozone is checked by the presence of free acids. Dr. Day went on to state that he discovered that antozonides of a very stable character, strictly resembling peroxide of hydrogen in all their reactions, were easy to make, and were, in fact, spontaneously formed in a variety of medicinal substances by long keeping. In undergoing this change, they acquire altogether new therapeutic and physiological properties. Certain drugs have a special tendency to absorb oxygen in this form, and to become antozonised. Ether, oil of turpentine, the oils of lavender, lemon, juniper, eucalyptus, and amber, may be specially mentioned. This change takes place most rapidly in combination with alcohol. The antozone may be readily demonstrated by first adding a drop or two of any of them to a few drops of tincture of guaiacum. No change of colour results. On adding the smallest quantity of blood, a beautiful blue tint is produced. Finally, Dr. Day found that Robbins's ozonised (or antozonised) ether was the best substance to use for the detection of blood; and, as many other substances blue the guaiacum resin, it is necessary to apply the guaiacum first to the suspected blood-stain, and if the blue be produced without the (ant)ozonised ether, we may suspect that it is not blood, or that some other substance is present to react on the guaiacum. Dr. Day overcame the difficulty of seeing the reactions in blood-stains on dark cloth, etc., by taking off the impressions upon white blotting paper. (See Dr. Taylor's paper, *Guy's Hospital Reports*, vol. xiii, p. 432.) The tincture of guaiacum need not be strong, but should be freshly prepared, and in a perfectly unoxidised condition. It should be kept in the dark. The test for pus is made by exposing a saturated alcoholic solution of guaiacum to the air, until it has absorbed enough oxygen to give it the property of turning green when placed in contact with iodide of potassium. The fresh tincture of guaiacum used for the blood-test does not turn green in this way. On moistening with water a paper on which was a small quantity of pus more than nine weeks old, and treating it with the oxidised tincture of guaiacum, a clear blue colour was produced. Dry pus must always be moistened with water. Dr. Day suggests that pus may chemically polarise the oxygen in the tincture, and convert it into ozone and antozone. He says that very old tincture of guaiacum is unfit for use in any of the colour-tests. The test for mucus consists in the application, first, of oxidised tincture of guaiacum, which by itself undergoes no change in the presence of mucus, and then in the appli-

cation of carbolic acid or creasote, which quickly changes the colour to a bright blue. Neither singly affects guaiacum thus. A cloth saturated with menstrual discharge, which always contains mucus, and the napkin of a patient recently confined, were subjected to this test. The test for saliva is similar to that for mucus, with the exception that the blue reaction of the tincture of guaiacum and the alcoholic solution of carbolic acid is highly intensified by the addition of ozonic ether, or any other antozonised fluid. Saliva acts in this way after the ptyaline has been removed. Saliva on blotting-paper, fourteen days old, was exhibited, and tested. Dr. Day urged the importance of the blood-test in medico-legal investigations; of the others, in the examination of urine, and of fluids from parts where deep-seated suppuration is suspected; and the interest of these researches as regards the views of Cohnheim and those of Dr. Jos. G. Richardson, on the identity of the white corpuscles of the blood with the salivary, pus, and mucus corpuscles.—*Australian Medical Journal*, Nov. 1869.

REVIEWS AND NOTICES.

ON THE LAW WHICH REGULATES THE RELATIVE MAGNITUDE OF THE AREAS OF THE FOUR ORIFICES OF THE HEART. By HERBERT DAVIES, M.D., F.R.C.P. (from the *Proceedings of the Royal Society*.) London: 1870.

WE hasten to call our readers' attention to the very valuable communication on the Areas of the Four Orifices of the Heart just presented by Dr. DAVIES to the Royal Society. All will admire the beautiful simplicity of the laws worked out, and it is certain that they will have very important bearings on future investigations. The wonder is, that no one has said it all before. We cannot speak too highly of the clearness with which the author expresses his views.

Previous observers have contented themselves with recording the circumferences of the various cardiac openings, without working out the figures into any definite shape. The present writer, however, by comparing *areas* instead of *circumferences*, arrives at very important results. Taking the measurements by Peacock, Reid, and Bizot, of the circumferences, the areas can be calculated by mathematical formulæ, and, roughly stated, are as follows.

Tricuspid,	1½ square inches.
Pulmonic,	1 ”
Mitral,	1½ ”
Aortic,	¾ ”

On comparing the *ratios* of these areas, we find:

$$\begin{aligned}\frac{\text{Area of tricuspid}}{\text{Area of mitral}} &= \frac{1.78}{1.27} = 1.4 \text{ nearly.} \\ \frac{\text{Area of pulmonic}}{\text{Area of aortic}} &= \frac{1}{.78} = 1.3 \text{ nearly.}\end{aligned}$$

Put in another way, this means that the area of the tricuspid bears nearly the same relation to the area of the mitral which the area of the pulmonic does to that of the aortic orifice. Were the tricuspid, for example, twice the size of the mitral orifice in area, the pulmonic would be twice the size of the aortic orifice in area. If Dr. Reid's measurements be taken (the above being Dr. Peacock's), the law is more conclusively proved. Dr. Davies has examined the hearts of various of the lower animals himself, and finds that a similar relation exists in them. If the areas of any three of the openings be known, that of the fourth can be calculated. The area of the tricuspid being nearly 1.3 times that of the mitral, if the area of either of these be known, the other can be calculated. The same holds true of the pulmonic and aortic orifices. This becomes important in cases of disease. The author takes an instance of mitral constriction from Dr. Walshe's book: and can now estimate the exact proportion of the constriction. The tricuspid (normal) was found to be *seven* times as large as the mitral, instead of 1.3 times as large as occurs normally. The area of the tricuspid was 1.9 square inches; this, divided by 1.3, gives 1.45 square inches, which is the calculated normal mitral. The area was really .28 square inch, and 1.45 minus .28 = 1.17 square inches, which represents the absolute diminution in area.

The author then discusses the reasons for the proportions indicated. We cannot follow him in the various steps of the argument. We must note, on the way, however, Dr. Davies' strong leaning to the view lately advocated, that the time of ventricular contraction is much shorter than is generally believed.

The ventricles, contracting with *unequal forces*, have to propel *equal quantities* of blood in *equal and the same time to unequal distances*, and to overcome *unequal resistances*. There must, therefore, be an exact graduation of the areas of the aortic and pulmonic orifices to the

Au menuet brilliaient Rufus d'Ephèse,
Averrhoës, Capuron et Portal;
Roux, dans un coin, discourant à son aise,
Avec Chaussier fumait le caporal.

The racy repertory of the "Æsculapean Club" of Edinburgh (which has been printed in fragments from time to time) contains songs similarly fashioned to that of Dr. Corlieu. It is evident, therefore, that in Paris and Edinburgh occasional lyrical ebullitions of nonsense promote good fellowship among men of science.

GLASGOW.

[FROM OUR OWN CORRESPONDENT.]

Relapsing-Fever in Glasgow.—The Royal Infirmary: Tenure of Office: Hour of Visit.—Annual Report of the Infirmary.—The Old and the New University.

WE understand that, as was to be anticipated, relapsing fever has made its appearance in Glasgow, several cases having been observed in the Fever Hospital by Dr. Russell. There is reason for congratulation that, by a recent addition to the Fever Hospital and the temporary adaptation of a new building at the Infirmary for fever-wards, there is considerable extra accommodation to meet the disease.

We understand that the Directors of the Infirmary have already held two meetings, to consider the propositions of Dr. J. G. Fleming, which were noticed in a former communication. In the matter of the appointments, they have assented to the principle of Dr. Fleming's proposal, though they have not agreed with him in the manner of carrying it out. Dr. Fleming objected to the present system, which required that after a medical man had been eight years in office he must retire for a year. To remedy this, he proposed yearly elections, and that the physicians and surgeons should be eligible for an unlimited number of annual elections. The Directors have abolished the year of ineligibility, but have resolved that the appointments shall be for five years, and that each medical officer shall be eligible for an indefinite number of such periods. They have resolved, also, to raise the staff of medical officers to five surgeons and five physicians, instead of four of each as it is at present. In addition to this number there will also be, as at present, a fever-physician. In respect to clinical lectures, they have agreed to leave this in the hands of the physicians and surgeons themselves; so that on appointment to the hospital the medical man may either confine himself to bedside work, or deliver clinical lectures in addition. We cannot but think that this is an improvement on the present system, which insists on every visiting medical officer lecturing whether he considers himself qualified or not. A very slight modification has been made in the hour of visit; Dr. Fleming proposed that two o'clock should be the hour in future, his chief argument for this being that, by the present arrangement, patients were disturbed while enjoying their refreshing morning sleep, in order to have the ward prepared for the visit at half-past eight. The Directors have refused to change the hour of visit to the afternoon, but have agreed to make it half an hour later, namely, at nine o'clock.

The annual report of the Infirmary for the year 1869 has been recently issued. The institution appears to continue in a satisfactory state as to funds and general management, about £5,600 being carried to the stock account this year. Looked at from a medical point of view, the most remarkable fact is the very large increase in the number of patients treated during 1869 as compared with the three previous years. In 1868, for instance, the numbers treated were 744 fewer than in 1869. The cause of this very great increase during last year is the large excess of fever-cases admitted during the year; for, if we deduct the number of fever-patients from the total of cases treated during 1868 and 1869 respectively, we find that the medical and surgical cases in the former year are even slightly in excess of those in the latter. In relation to statistics, we would respectfully suggest to those whom it may concern that a more satisfactory method of nomenclature might be adopted in making up the statistics of the hospital. We have long columns of diseases, arranged in a most antiquated style, and some of them with names which are so general as to include a goodly number of affections.

The last winter session at what we may now call the Old University, was brought to a close on the 6th instant; and the Professors are now busy with the degree examinations. The old buildings will, we understand, be evacuated at the end of July next, that is, after the close of the summer session, which will still be held at the old buildings. There will necessarily be some awkwardness in the arrangements for medical students, in respect to hospital teaching, during the first session, or till the new hospital is built, for the Infirmary is about two miles distant from the new University.

ASSOCIATION INTELLIGENCE.

COMMITTEE OF COUNCIL: NOTICE OF MEETING.

A MEETING of the Committee of Council will be held at the Queen's Hotel, Birmingham, on Thursday, the 5th day of May, 1870, at 3 o'clock P.M. *precisely.*

T. WATKIN WILLIAMS, F.R.C.S., *General Secretary.*
13, Newhall Street, Birmingham, April 20th, 1870.

METROPOLITAN COUNTIES BRANCH.

AN ORDINARY MEETING of the Branch will be held at the rooms of the Medical Society of London on Friday, April 29th, at 8 P.M., when Dr. J. FORD ANDERSON will read a paper on "Provident Dispensaries: their Object and Practical Working."

A. P. STEWART, M.D. } *Honorary Secretaries.*
ALEXANDER HENRY, M.D. }

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

THE next meeting of the above Branch is appointed to be held at the Union House, Dartford, on Tuesday, April 26th, at 4.30 P.M.

Dinner will be provided at the Bull Hotel at 6 P.M.

FREDERICK JAMES BROWN, M.D., *Hon. Secretary.*
Rochester, April 12th, 1870.

METROPOLITAN COUNTIES BRANCH: SPECIAL MEETING.

A SPECIAL meeting of this Branch, to consider the present aspect of Medical Reform, was held at the office of the Royal Medical Benevolent College, 37, Soho Square, on Thursday, April 21, at 4 P.M.

Dr. GEORGE JOHNSON, President of the Branch, occupied the chair. The following resolutions were adopted.

1. Proposed by Dr. SIBSON, and seconded by Mr. HENRY LEE—"That this Branch of the British Medical Association strongly approves of those parts of the Government Bill which concern the establishment of single Examining Boards in each of the three kingdoms, and the enlargement of the powers of the Medical Council in reference to the compulsory formation of such Boards, and the supervision of the curriculum of students and of the details of examinations. The Branch, however, believes that those parts of the Bill that relate to the formation of an Examining Board are capable of considerable improvement; especially that part of it which gives power to the Privy Council to modify the resolutions of the Medical Council."

2. Proposed by Dr. CHADWICK (President of the British Medical Association), and seconded by Dr. GEORGE WEBSTER—

"That this Branch is, however, of opinion that it is unwise to confer additional powers on the Medical Council, without at the same time taking measures to improve the method of electing its members and of securing a wider representation of the profession; and it greatly regrets the omission from the proposed Bill of all provision for this object. That this Branch is of opinion that provision should be made in the Bill for the direct representation of the profession in the Medical Council, in the proportion of not less than one-fourth of the total number of members of Council, to be elected by the registered members of the profession in such way as may be found most convenient; and the Branch is prepared to oppose this or any other Bill that does not contain such provision."

3. Proposed by Mr. ROGERS-HARRISON, and seconded by Mr. RIVINGTON—"That this Branch is also of opinion that the fees for examination at the three national Boards proposed to be established should be uniform; and that every means possible should be taken for making the examinations uniform also."

4. Proposed by Dr. GEORGE HARLEY, and seconded by Dr. G. WEBSTER—"That a Committee be appointed to examine into and watch the progress of the Medical Acts Amendment Bill, and of any other Bills introduced into Parliament affecting the medical profession; to communicate with the Committee of Council of the Parent Association, and with the other Branches; and to report to this Branch on all questions having regard to the political and social interests of the profession."

"That the Committee consist of the Council of the Branch, with power to add to their number."

in the same manner as by the Senate of the London University and the Queen's University in Ireland? Let men, distinguished in different branches of professional study, be appointed for a definite period at a fixed stipend, independent of the number of candidates passed. A diploma granted on passing the conjoint examining board should entitle to practise and direct registration. The proposed peripatetic collection of the diplomas of the separate colleges previously to registration, is an unfortunate effort at pleasing all parties.

Of all the moot questions of medical reform, that of hospital relief admits the most satisfactory solution. The present agitation already commenced by the profession, will, it is to be hoped, arouse the earnest attention of the public, who are equally concerned in the proper distribution of hospital relief. What means can be taken that hospital aid shall be given to those only who are entitled to it? What universal control exists to which an additional power may be entrusted? We may premise, with tolerable certainty, that no scheme can be devised that will not create extra trouble for some of the individuals concerned. Private enterprise and charity are so much more prominent in this country than Government control, that almost insuperable difficulties exist under the former circumstances, which the national patronage could easily overcome. Let it be compulsory on the landlords of all houses let at a rental of £10 per annum, to give, on demand of any of his tenants, a printed form of hospital relief, with the name and address filled in. No erased form should be accepted. In the case of lodgers paying not more than, say five shillings per week, one of the above-named forms filled up and the lodger's name written across the back by the minister of the parish or the landlord, would suffice to establish a fair criterion of the applicant's claim to relief. If the local directory specially marked all houses occupied at a rental of £10 and under, a useful reference check would exist for the benefit of the hospital authorities. Here, I may suggest the propriety of carrying out the objects for which the "Contagious Diseases' Act" was introduced, by the provision of special wards, male and female, in every hospital in the kingdom, for patients with venereal affections, in proportion to the demand, and supported either by Government or local rates. Into these wards all applicants could be admitted without further trouble, on evidence of their condition. To the introduction of a "Contagious Diseases' Act" extended to the entire civil population of Great Britain, I must strongly protest. It is unjust and unreliable in its tendencies, and ill-calculated for the existing condition of society.

The present attitude of the Government and the profession, so favourable for a thorough settlement of topics vital to the progress of future medicine, is my apology for the length of this communication, which I offer in continuation of the subject-heading of Mr. Rivington's admirable letter in your issue of April 2nd.

I am, etc.,

F. M. PIERCE, M.D.

Higher Broughton, April 1870.

THE PROPAGATION OF ENTERIC FEVER.

SIR,—Your issue of March 26th contains an interesting paper by Dr. Clifford Allbutt, in which the author lays down the rule, that enteric fever can only be produced when the specific poison, whose chief place of development is the infected human bowel, is introduced into the system of the patient; and, in support of this view, he gives the histories of several outbreaks which have come under his own notice, and in which he has been able to trace the source of the specific infection. He also calls attention to the severe epidemic which occurred at Terling in Essex, in the winter of 1867-1868, and adds that in that place the people had for years drunk water charged with sewage matter with impunity, until a young girl "commenced the specific process", her dejections being washed by heavy rains into the wells: then, and then only, did the epidemic spread.

My reason for addressing you is to call attention to the inaccuracies contained in this last statement. In the first place, it must at least be doubtful whether the young woman in question did import the disease, for her attack of enteric fever did not commence until the expiration of one entire month after her return from Somersetshire (a remarkably long period of incubation); and there was also a total absence of any evidence to show that the disease had prevailed in the locality from which she came. But even granting that she did bring the disease with her into Terling, it is quite impossible that the contamination of the well-water by means of her dejections could have given rise to the general outbreak which followed. This young woman's residence was situated outside the village, in an isolated spot, 180 yards from any residence, and at least 200 yards from any well. Her bowel-discharges were thrown into a privy which overhung and discharged its contents into the rivulet Ter; hence this stream alone could have conveyed the poison in the manner described by Dr. Clifford Allbutt. But, unfortu-

nately, the river, instead of flowing from this spot towards the village, flows away from it, and the backward passage of any poison which it contained was prevented by a waterfall. Again, the village of Terling is scattered over an area of several miles; and the wells, which are very numerous, are in many instances situated at a distance of nearly a mile from the stream. Soakage into them from it becomes hence practically impossible, and the more so because they are almost, without exception, situated on a higher level than the stream.

I have always felt that the history of this epidemic, instead of supporting the views of those who believe that the bowel-discharges of patients are the sole means of disseminating enteric fever, rather tends to prove that the disease may occasionally have a spontaneous origin. The clear connection, too, which was traced between the use of the well-contents, after a sudden rise in the subsoil-water, and the disease, as described in my account of the outbreak in the Tenth Report of the Medical Officer of the Privy Council, strongly opposes the view that the poison could in this instance have acted through the medium of the atmosphere.

I feel myself justified in concluding, first, that it is very doubtful whether the first case of enteric fever in Terling was an imported one; and second, that it is impossible that the alvine dejections from this patient could have been "washed into the well", and hence have caused the epidemic.

I am, etc.,

R. THORNE THORNE.

Seymour Street, Portman Square W., March 1870.

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF CAMBRIDGE.

NATURAL SCIENCE SCHOLARSHIPS.—A. Livenside, of the Royal School of Mines, and H. N. Martin, of University College, London, have been elected to Scholarships for Natural Science at Christ's College.

OBITUARY.

SAMUEL JOHN JEAFFRESON, M.D., F.R.C.P.

WE much regret to hear of the death, at the comparatively early age of 59, of Dr. S. J. Jeaffreson, formerly a President, and lately one of the Vice-Presidents, of the British Medical Association. Dr. Jeaffreson's death took place at Cannes, in France, on the 2nd inst. About five years ago, it was discovered that he suffered from diabetes; care, however, and regular diet improved him so much that he was able to do his professional work with his old energy. Last year, the disease returned. He became much broken down in health, and began to complain of dyspnoea and to shew signs of weakened circulation. Sir Thomas Watson, whom he consulted, found that he had dilatation of the aorta. He went to Cannes for the benefit of the climate at the commencement of the year. A few weeks after his arrival, anasarca set in; and paralysis appeared the day before his death.

Dr. Jeaffreson was a Doctor in Medicine of the University of Cambridge, and a Fellow of the Royal College of Physicians of London. He was physician to the Warneford Hospital at Leamington, in which place he had a large consulting practice.

The early part of Dr. Jeaffreson's career was arduous and anxious, especially as he had a large family. Of his eight children, two sons are now in the medical profession. He was a kind father, and an accomplished physician, not only in his own profession, but in all that related to modern improvements in literature or science.

JONATHAN COUCH, F.L.S.

JONATHAN COUCH was born in Cornwall, in 1788; he was educated in his native county, and articulated to a medical man at Looe, but completed his articles at Liskeard. He entered at the combined hospitals of St. Thomas's and Guy's, and when he had finished his London career returned to his native village, where his parents were living in comfortable circumstances. He remained at this village, Polperro, for the rest of his life, working steadily at natural history, and especially at ichthyology, and it is with the latter subject that his name has become especially connected. From his accurate and extensive knowledge of fishes, he gave most important aid to Bewick and, subsequently, to Yarrell, in their works on British Fishes; and his own book on the same subject is well known. He published several other books on cognate subjects, and very numerous papers in various scientific journals. Mr. Couch was, however, not only an ichthyologist in the scientific

sense, for he took great interest in the economic questions connected with fisheries. He was a good linguist, and even knew Hebrew and Syriac, and he devoted considerable time to antiquities. He was a man in whom simple tastes were combined with persistent industry and very accurate powers of observation; and he was one of few in whom these qualities were not spoiled by his easy circumstances.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on April 19th:—

Allwood, John Philip, Stafford (Guy's)
 Blenkarne, William L'Heureux, Ladbroke Road (Guy's)
 Blyth, Alexander Wynter, Tollington Park North (King's College)
 Chabot, Herbert, Camberwell (Guy's)
 Cooper, Arthur, Stamford Street (Guy's)
 Drake, Arthur John, Kingsclere, near Newbury (St. Thomas's)
 Eager, Thomas Cowley, Ripley, Surrey (Westminster)
 Herman, George Ernest, Chatham (London)
 Kitching, Walter, York (London)
 Lattey, Arthur, Cambridge Place, W. (St. Mary's)
 Lloyd, Albert Eytton, St. Asaph (Leeds School)
 Manby, Alan Reeve, East Rudham (Guy's)
 Marshall, Lewis Walter, Bristol (Bristol School)
 Mayo, Alfred Charles, Coleford, Gloucestershire (King's College)
 Morris, John, Lewes, Sussex (Guy's)
 Morris, John Edward, Gosberton, Lincolnshire (St. Thomas's)
 Parson, Francis John, Old Cambridge Terrace, Clapham Road (St. Thomas's)
 Rix, William Knibb, Thrandeston Scote, Norfolk (Charing Cross)
 Robinson, Richard Swanne, Gray's Inn Road (St. Bartholomew's)
 Soutter, Mansfield Collier, Boundary Road, N.W. (King's College)
 Sutcliffe, John, Ashton-under-Lyne (St. Thomas's)
 Tosswill, Lewis Henry, Exeter (St. Bartholomew's)
 Walker, Samuel, York (Guy's)
 Wicks, Frederick, Cherryhinton, Cambridgeshire (Guy's)

Admitted members on April 20th:—

Berry, Walter, Wisbeach, Cambridgeshire (King's College)
 Brierley, James Brassey, Churton Heath, Cheshire (Edinburgh School)
 Cartwright, James Henry, Oakley Street, Chelsea (St. George's & St. Thomas's)
 Crocker, James, Wetherby, Yorkshire (Leeds School)
 Dickman, Henry, Kandy, Ceylon (Calcutta School)
 Fear, William, Clifton, Bristol (King's College)
 Fitzgerald, Conrad, Bristol (Bristol School)
 Lorraine, William James, Wakefield (Leeds School)
 Murphy, Shirley Forster, Amptill Square, N.W. (Guy's)
 Nicholson, Thomas Dickinson, Liverpool (Edinburgh School)
 Patchett, William Ashton, Mottram, Cheshire (Manchester School)
 Stoney, Percy Butler, Lonsdale Square, N. (St. Bartholomew's)
 Waddy, Henry Edward, Gloucester (Guy's)
 Willmore, Frederick William, West Bromwich (Birmingham School)

Six candidates having failed to acquit themselves to the satisfaction of the Court of Examiners, were referred to their hospital studies for the usual period. For the primary or anatomical and physiological examinations, commencing this day, there are again upwards of one hundred candidates.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, April 14th, 1870.

Beach, Fletcher, Bridport, Dorset
 Cox, William, Dorchester, Wallingford
 Crocker, James, Wetherby, Yorkshire
 Frost, Richard Russell, Launceston
 James, James Bowen, Middlesex Hospital
 Lewis, Henry Harman Dendy, Somerset Street, N.W.
 Lucas, Thomas Pennington, St. Neot's
 Patchett, William Ashton, Mottram, near Manchester
 Vickers, Charles William, Huddersfield
 Westbrook, Charles, Sheffield
 Westcott, William Wynn, Martock, Somerset

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

Biggs, George Moses, University College
 Newberry, William John, St. Bartholomew's Hospital
 Williams, Benjamin Harvey, Guy's Hospital

MEDICAL VACANCIES.

THE following vacancies are declared:—

BALLINASLOE UNION, co. Galway—Medical Officer for the Kiltormer Dispensary District, 20th; Medical Officer for the Killaan Dispensary District, May 9th.
BRENTFORD UNION, Middlesex—Medical Officer for District No. 8.
EARLSWOOD ASYLUM FOR IDIOTS—Assistant Medical Officer: applications, 28th.
CORK SOUTH CHARITABLE INFIRMARY and COUNTY HOSPITAL—Medical Officer for the Intern Department; Surgeon for the Extern Department: applications, May 12th; election, 13th.
CRAIGNISH, Argyleshire—Parochial Medical Officer.
DUDLEY DISPENSARY—Visiting Surgeon: applications, 26th; election, 27th.]

GLASGOW OPHTHALMIC INSTITUTION—Two Assistant Surgeons: applications, 25th.

GLENELG and KNOYDART, Districts of, in the Parish of Glenelg, Invernessshire—Medical Officer: applications, May 14th.

GUESTLING, PETT, and FAIRLIGHT, Sussex—Medical Attendant for the families of poor labouring men in parishes of, under the Bradshaw Charity: duties, May 1st.

HUNGERFORD UNION, Berkshire—Medical Officer and Public Vaccinator for No. 4 or Lambourn District: applications, April 26th; election, May 4th.

HUNTINGDON COUNTY HOSPITAL—House-Surgeon.

KELLS UNION, co. Meath—Medical Officer for the Kells Dispensary District: May 26th.

LEAMINGTON and SOUTH WARWICKSHIRE HOSPITAL—Physician: applications, May 13th.

LEXDEN and WINSTREE UNION, Essex—Medical Officer for District No. 8. **LONDON, BRIGHTON, and SOUTH COAST RAILWAY PROVIDENT SOCIETY**—Surgeon for the Brighton District.

LONDON FEVER HOSPITAL—Assistant Physician: applications, May 9th; election, 13th.

MIDDLEBIE, Dumfriesshire—Medical Officer: applications, May 1st.

NORTHERN INFIRMARY, Inverness—House-Surgeon and Apothecary: applications, May 20th.

NORTH RIDING OF YORKSHIRE INFIRMARY, Middlesbrough-on-Tees—Two Honorary Surgeons: applications, May 13th.

OUGHTERARD UNION, co. Galway—Medical Officer for the Clonbron Dispensary District, 26th.

PARSONSTOWN UNION, King's County—Medical Officer for the Kennitty Dispensary District: applications, 25th; election, 26th.

RETFORD (Nottinghamshire) GENERAL DISPENSARY—House-Surgeon and Apothecary: applications, May 1st; election, early in May; duties, end of June.

ST. PANCRAS and NORTHERN DISPENSARY, Euston Road—Physician: applications, 30th.

SUDBURY UNION, Suffolk—Medical Officer for District No. 6.

UNIVERSITY COLLEGE—Resident Medical Officer: applications, 26th inst.

WALLS and SANDSTING, Shetland, Parishes of—Medical Officer.

WARNEFORD, LEAMINGTON, and SOUTH WARWICKSHIRE HOSPITAL, Leamington—Physician: applications, May 3rd; election, 13th.

WEOBLEY UNION, Herefordshire—Medical Officer and Public Vaccinator for the Dilwyn District: 25th.

MEDICAL APPOINTMENTS.

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

*ALFORD, S. S., Esq., and *GERVIS, F. H., Esq., appointed Joint Medical Officers to the Orphan Working School, Haverstock Hill, *vice* H. C. Harris, Esq., deceased.
 BOYER, J. J., M.D., appointed Resident Clinical Assistant to the Bethlem Royal Lunatic Asylum.

BIRTHS.

BRACEY.—On March 31st, the wife of *Arthur Bracey, Esq., Surgeon, Birmingham of a son.

LODGE.—On April 12th, at St. Asaph, the wife of *Llewelyn Lodge, Esq., Physician and Surgeon, of a son.

WALES.—On April 17th, at Downham, the wife of *T. G. Wales, Esq., Surgeon, of a daughter.

DEATHS.

ATHILL.—On April 18th, at Dublin, the wife of Lombe Athill, M.D.

FENN, Thomas H., Esq., Surgeon, at Nayland, Colchester, aged 54, on April 13th.

*JEAFFRESON, Samuel J., M.D., of Leamington, at Cannes, aged 59, on April 2nd.

EASTBOURNE CONVALESCENT HOSPITAL.—The Wandering Minstrels will give a concert in aid of this Hospital, at the Guards Institute, on Thursday, May 5th.

TESTIMONIAL.—Dr. William Bruce has been presented with a silver tea-service, a claret jug, and a dining-room time-piece, on the occasion of his leaving Crimond for Dingwall.

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

Dr. Cotton, London; Mr. L. Lodge, St. Asaph; Mr. H. Taylor, Guildford; Justitia; Mr. S. S. Alford, London; Mr. T. Spencer, London; The Secretary of the Ethnological Society; Anxious; Mr. T. G. Wales, Downham, Norfolk; Mr. W. A. Bracey, Birmingham; Mr. Broadbent, Durham; Mr. C. J. Wright, Leeds; Mr. G. Nayler, London; Dr. C. M. Campbell, Staunton; Mr. C. S. Jeaffreson, Newcastle-upon-Tyne; Mr. S. Farrant, Taunton; Dr. Phillips, London; Dr. J. Ford Anderson, London, etc.

LETTERS, &c. (with enclosures) from:—

Dr. J. D. Heaton, Leeds; Dr. James Russell, Birmingham; Dr. G. M. Humphry, Cambridge; Dr. George Johnson, London; The House-Surgeon of St. Bartholomew's Hospital; Dr. Paul, London; Dr. Broadbent, London; The Registrar of the Royal College of Physicians; Dr. D. Campbell Black, Glasgow; Mr. H. Silverlock, London; M.D.; Dr. J. B. Ward, Hatton; Dr. W. Smith, Preston; 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. F. H. Gervis, London; The Secretary of the Royal Medical and Chirurgical Society; Dr. A. S. Myrtle, Harrogate; Mr. J. A. McBride, Cirencester; Dr. J. S. Hughes, Dublin; Dr. G. F. Elliot, Hull; Mr. G. May, jun., Reading; Dr. J. Edmunds, London; Dr. Wynter, London; Dr. J. J. Boyer, London; Dr. W. S. Savory, London; Dr. E. L. Fenn, Nayland, Suffolk; Mr. T. Watkin Williams, Birmingham; Dr. A. Bennett, Edinburgh; Dr. Ellis, London; Dr. A. P. Stewart, London, etc.

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. Mr. William Adams will bring forward the case of a person in whom a Subcutaneous Division of the Neck of the Thigh-bone within the Capsular Ligament was successfully performed for Extreme Deformity, with Bony Ankylosis of the Hip-joint; Dr. Andrew Clark will relate some cases of Basic Pneumonia arising out of Bronchitis in the aged; Dr. Thudichum, "On the Chemical Theory of Disease, with special reference to the Fungo-genetic Hypothesis." At the conclusion of his paper, Dr. Thudichum will demonstrate the newly discovered Normal Free Acid of the Urine—Kryptophanic Acid.

TUESDAY.—Ethnological Society of London, 8 P.M. Mr. E. B. Tylor, "On the Philosophy of Religion among the Lower Races of Mankind"; Dr. Donovan, "On the Brain in the Study of Ethnology."—Royal Medical and Chirurgical Society, 8.30 P.M. Adjourned Discussion on Mr. Gant's paper on "Excision of Joints"; Dr. Broadbent will describe a New Sphygmograph; etc.

WEDNESDAY.—Hunterian Society, 8 P.M.

THURSDAY.—Harveian Society of London, 8 P.M.

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.

WE regret that the crowded state of our columns puts it out of our power to continue the controversy between Dr. Wynn Williams and Dr. Routh, and that we must decline to insert the long letter sent us this week.

DR. SMITH (Preston).—We think you have just cause of complaint. As the medical officer of the district, you had certainly, in courtesy, if not in right, a claim to be employed. We do not understand from your letter whether the magistrate signed the certificate himself or not.

DR. DALE (Plymouth).—We could not insert your letter as an advertisement, excepting in our advertisement columns. Under no circumstances can any arrangements be made involving a departure from this rule.

MR. MOORE (Preston).—We are obliged by your letter; but there is really no object in inserting it, as it does not add anything material to our information. The statements referred simply to facts, and were not, in the most remote degree, intended to imply criticism.

MR. FARRANT (Taunton) has forwarded to us copies of letters, which, as medical officer to the Workhouse, he has addressed to the Guardians, in complaint as to the inadequacy of his salary. It appears that he receives 2s. 6d. a day, and has to make daily visits and supply medicines. Many of the cases, he says, are exceptionally expensive in the way of drugs, being examples of chronic and severe disease. No one can doubt that his remonstrance is most reasonable, and we wish him success in it.

MR. NAVLER.—We shall be glad to receive your papers, and shall probably give them early insertion.

WEST LONDON HOSPITAL.—Dr. Alfred Wiltshire has been appointed Junior Physician, not Junior Assistant-Physician, as mentioned last week.

ST. PANCRAS BOARD OF GUARDIANS.—Dr. Edmunds has favoured us with an explanation as to his non-election on the St. Pancras Board. We can assure him that we do not care in the least as to the *modus*, whilst we may admit that we are very much interested in the fact. Believing that our readers are of the same opinion, we must decline to occupy our space in the manner requested.

VACCINE LYMPH.

SIR,—I should be much obliged to any of your correspondents who would inform me where I can procure some vaccine lymph from the heifer.

April 1870.

I am, etc.,

T. S.

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.

MR. SPENCER.—Your letter is deferred till next week, partly on account of its length. We cannot promise its insertion.

DR. ELLIS AND THE ST. PANCRAS GUARDIANS.—The following has been forwarded to us for publication.

12, Hunter Street, Brunswick Square, W.C., April 21, 1870.

The charges recently brought by the guardians of St. Pancras against Dr. Ellis, the medical officer of the Workhouse, and investigated by Mr. Montague Bere, Q.C., and Dr. Seaton, on the part of the Poor-law Board, although satisfactorily disproved, have entailed upon Dr. Ellis an outlay of £190 for the law costs of his defence.

It is felt that Dr. Ellis, having been put upon his trial, and thus mulcted, by the official representatives of the ratepayers of St. Pancras, may be entitled to seek reimbursement for these heavy expenses.

It is felt also that he was in some sense a representative of the medical profession; inasmuch as any other union medical officer is liable to be subjected to similar treatment.

Under these circumstances a Committee has been formed, consisting partly of ratepayers in the parish and others, and partly of medical practitioners, for the purpose of raising a fund by which Dr. Ellis's costs may be defrayed.

The Committee at present consists of the following gentlemen; and I am requested to ask if you will allow your name to be added thereto.—W. E. Allen, Esq., Stock Exchange; R. Brudenell Carter, F.R.C.S., Surgeon to the Royal South London Ophthalmic Hospital; W. O'Connor, M.D., Physician to the Royal Free Hospital; W. A. Crump, Esq., 10, Philpot Lane, E.C.; Roger Eykyn, Esq., M.P., 13, Upper Grosvenor Street, W.; John Godfrey, M.D., 33, Finsbury Square; R. W. W. Griffin, M.D., Southampton; C. J. F. Lord, Esq., Hampstead; Edgar Sheppard, M.D., Colney Hatch Asylum; Samuel Solly, Esq., F.R.S., Senior Surgeon to St. Thomas's Hospital.

By Order of the Committee, J. E. KERSHAW, Hon. Secretary.

Subscriptions Received.—John Godfrey, M.D., £5 5; W. A. Crump, Esq., £5 5; W. F. M., £2 2; W. E. Allen, Esq., £1 1.

Subscriptions have also been received from—James John Smart, M.D., Bethnal Green; T. Dickinson, M.D., Chelsea; C. F. Maunders, Esq., Surgeon, London Hospital; R. W. W. Griffin, M.D., Southampton; George Stilwell, Esq., George Borlase Hicks, M.D., Old Street Road, E.C.; Edgar Sheppard, M.D., Colney Hatch Asylum.

THE LATE DR. W. F. GIBSON.

SIR,—Already I have repudiated, as "a silly falsification," the words upon which Mr. Morgan continues to ruminate. I have reproduced what I did say, and I have referred him to an authentic report which appeared in the *Times*, a journal to whose reports he greatly defers. I can do no more for Mr. Morgan; but your other readers, on referring to the *litera scripta* as they stand at pages 254, 354, and 402 of your JOURNAL, will at once see—Mr. W. F. Morgan notwithstanding—that I have not made the "mistake" he alleges; that I have not "admitted my error"; and that I have never "told a different story."

4, Fitzroy Square, W., April 18th, 1870. I am, etc., JAMES EDMUNDS.

* * * The correspondence on this subject must here cease.—ED. B. M. J.

THE COLLEGE OF SURGEONS IN IRELAND.

SIR,—The Council of this College has been informed that a statement, originating with Sir John Gray, upon the occasion of his moving in the House of Commons the second reading of his "Medical Acts' Amendment Bill," has gained very wide circulation, to the effect that one of the candidates for the licence of this College recently displayed a very lamentable amount of ignorance with respect to an important surgical operation (that of trephining). I am directed to express the very great regret of this Council that the fact was not also as publicly stated by the learned gentleman (who, having been present on the occasion, was well aware of the result) that the candidate in question, upon account of this very ignorance, was most properly rejected by the Court of Examiners of this College. As bearing upon this subject, and at the present moment, when medical reform occupies so prominent a position in the minds, not only of the profession, but of the public also, it may be interesting to add that, during the past three years, but 290 gentlemen have succeeded in gaining the licence of this College, whilst during the same period 141 have been rejected; and, with respect to our preliminary examination (that in arts), it may be stated that within the past two years 310 gentlemen have obtained their certificates, whilst 55 have been rejected. These figures, speaking for themselves, require no further comment, save that it is a fact, for obvious reasons, very much to be deplored, that some of those candidates who failed in passing our professional examinations have, without loss of time or further preparation, succeeded in qualifying themselves elsewhere.

I am, etc., J. STANNUS HUGHES, M.D., F.R.C.S.I., Secretary of Council.

Royal College of Surgeons in Ireland, Dublin, April 12th, 1870.

ROYAL COLLEGE OF SURGEONS.—The following were the questions in anatomy and physiology submitted to the 109 candidates who underwent their examinations recently at the College. 1. Describe the arch of the aorta, and its relations to contiguous structures. Name the vessels which arise from it, and describe their course as far as the upper opening of the chest. State the principal irregularities which occasionally occur in the origin and course of these vessels. 2. Describe the structure of the placenta, and the mode of its attachment to the uterus. Describe the circulation of blood through the placenta between the mother and the foetus. 3. Describe the shape and structure of the trachea, bronchial tubes, and air-cells. 4. How is the heat of the foetus maintained *in utero*? and how is it produced and maintained after birth? 5. Describe the position, shape, and attachments of the deltoid muscle. Name the different structures which are exposed on reflecting the deltoid from its attachments to the scapula and clavicle. 6. State the origin and insertion of the internal pterygoid muscles, and their precise action in mastication.—Candidates were required to answer at least four out of the six questions.

WE are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Indian Medical Gazette, March 2nd; The New York Medical Gazette, April 2nd; The Parochial Critic, April 20th; The New York Medical Record, April 7th; The Boston Medical and Surgical Journal, April 2nd; The Madras Mail, Feb. 8th; The Gardeners' Chronicle, April 16th; The Shield, April 18th, etc.