

aged 50, from whom he had removed the entire parotid, without injuring the facial nerve or the external carotid artery. (*Gaz. Méd. de Paris*, Jan. 5th, 1861, p. 9.)

ENDERMIC USE OF ANIMAL FAT IN TYPHOID FEVER. Dr. P. De Lacy Baker extols the endermic application of animal fat, in the treatment of typhoid fever. He conceives that it acts: 1. By keeping in its normal activity the eliminating functions of the skin; and 2. By its absorption into the system, supplying materials for combustion, and so preventing that destruction of tissues, which otherwise would of necessity result, in the course of continued fever, from sufficient nourishment not being taken by the mouth to supply the constant waste going on in the animal economy. (*American Journal of Med. Science*, Oct., 1860, p. 574.)

It may be mentioned, that the inunction of oily substances into the skin, was several years since recommended in Germany as a mode of treating scarlet fever.

TREATMENT OF DELIRIUM TREMENS BY LARGE DOSES OF THE TINCTURE OF DIGITALIS. Two cases of this plan of treatment are recorded in the *American Medical Times* for December 1st. In one, 3ij of the official tincture were given every three hours, from ten o'clock a.m., till half-past twelve at night. From the administration of the second dose, until the patient went to sleep at half-past twelve, he was quiet and docile; at this time he fell asleep and remained so till eleven next day, when he awoke quite well. In the second case two drachms were given, followed by a similar dose in two hours more, when the patient fell asleep. The chief effects noticed were diminution in number of the pulse, increase in volume, profuse diuresis, skin cool without clamminess; delirium, at first busy and boisterous, became less busy but not muttering. (*London Medical Review*.)

Association Intelligence.

METROPOLITAN COUNTIES BRANCH: GENERAL MEETING.

A GENERAL Meeting of the above Branch was held at 37, Soho Square, on Wednesday, January 30, at 4 P.M.; JOHN BIRKETT, Esq., President, in the Chair.

Special Hospitals. The subject of special hospitals, for the consideration of which the meeting had been principally called, was brought forward; and, after a discussion, which was shared in by Dr. Stewart, Mr. Webb, Dr. J. Seaton, Mr. H. Thompson, Dr. Camps, Dr. Richardson, Dr. E. Smith, Mr. W. Adams, Dr. S. Gibbon, and Mr. W. Martin, the following resolution, proposed by Dr. RICHARDSON and seconded by Dr. CAMPS, was carried:—

“That a liberal scheme in the organisation of general hospitals is the primary consideration in Hospital Reform; while the system of special hospitals is a secondary consideration, and often the result of necessity.”

SHROPSHIRE SCIENTIFIC BRANCH.

THE First Meeting of this Branch was held at the Lion Hotel, Shrewsbury, on January 25th: H. JOHNSON, M.D., President, in the Chair.

The programme consisted of a morning meeting to transact the business; a dinner at five o'clock; and an adjournment to a conversazione, at the Museum, at eight o'clock. To the latter a number of scientific gentlemen were invited.

At the morning meeting, an able address was delivered by the President; and some excellent papers read,

one by Dr. Newman, formerly house-surgeon to our Infirmary.

The conversazione was held in the Museum and the rooms of the School of Practical Art, which were brilliantly lighted up with gas for the occasion. The walls were covered with Government casts and models, which were arranged by Mr. Bowen, who also supplied a magnificent collection of valuable etchings and engravings.

Reports of Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, JANUARY 22ND, 1861.

F. C. SKEY, Esq., F.R.S., President, in the Chair.

ON THE RESTORATION OF SUSPENDED ANIMATION IN PERSONS APPARENTLY DROWNED. BY J. S. CHRISTIAN, M.R.C.P. Two societies—the Royal Humane Society and the National Life-Boat Institution—issue instructions, which are widely circulated, as to the best mode of restoring suspended animation in persons apparently drowned. These rules differ not only in detail, but in principle;

1. As to the mode of performing artificial respiration.
2. As to the propriety of using the warm bath.

On each of these matters, the author stated his desire to elicit an expression of opinion from the Fellows of the society, after laying before them some considerable experience acquired during twelve years as medical officer to the Royal Humane Society in Hyde Park.

The number of cases of submersion for twelve years was 443. Of these, 181 were rescued and recovered without treatment; 105 were brought to, and recovered by treatment at Receiving House; and 97 were brought dead, or the treatment was unsuccessful. The number of cases of submersion for the last four years was 140. Of these, 68 were rescued and recovered without treatment; 38 were brought to Receiving House and recovered; and 34 were brought dead, or were not restored. Fifteen of these cases were treated by the Marshall Hall Method, and three recoveries followed; the rest were treated by the rules mentioned below.

As to the mode of performing artificial respiration, the method recommended by the Life-Boat Institution is what Dr. Marshall Hall called his “Ready Method”, while that now used by the Royal Humane Society is the method of Dr. Silvester. On Dr. Marshall Hall bringing his method under the notice of the Royal Humane Society, the committee adopted means immediately to give it a fair trial. Copies of his Instructions were sent to all their medical officers, numbering one hundred and twenty, and the boats of the society on the Serpentine had a platform made to each, on which to manipulate directly the body was taken from the water, and the boatmen were instructed and practised in the performance of the operations as he directs. After giving the method a full trial in about fifteen cases, the very intelligent superintendent, the boatmen, and the author, became so satisfied of its inefficiency to restore animation, and of the difficulty of properly carrying out the manipulations, that he felt himself justified in representing those facts to the committee, and in adopting the plan recommended by Dr. Silvester, which he believed in every way to be superior, more manageable, less likely to injure the patient, will fill the chest with and expel air from it more fully, and will not force the contents of the stomach upwards, and in the way of respiration.

The following are the directions for treating the asphyxiated at the Receiving House, Hyde Park:—

“Wipe the mouth and nostrils directly the body is taken from the water.

of putting an end to this quiet but effectual means of infanticide.

Upwards of a year ago the subject was brought before the notice of the weekly Board of the British Lying-in Hospital, by Mrs. Baines, a lady well known as having done much in directing public attention to the subject of infantile hygienics, and the Board were requested to cease to countenance the practice of allowing wet-nurses to be hired from the hospital indiscriminately. I felt it my duty, as one of the medical staff of the hospital in question to support the application thus made, and on Sept. 8th, 1859, the Board came to a determination on the question, expressed as follows:—

“The Board, considering that it is advisable to refrain, as far as possible, from encouraging the employment of wet-nurses, except in peculiar cases, *Resolved*—Any person desirous of engaging a wet-nurse at, or by means of this hospital, must produce a certificate from their medical attendant stating that, for the safety of the mother or child, it is absolutely necessary that a wet-nurse be engaged.”

Further steps were taken to secure the carrying of this resolution into effect, by keeping a register of applications, and inspection of the same by the Board from time to time.

At the risk of offending the prejudices of some of their supporters, the weekly Board of the British Lying-in Hospital deemed it right to come to this conclusion on the subject, and there can be little doubt that if other similar institutions could be induced to follow a like course, and the profession at large were only to do their duty, the public would soon be led to regard the matter in its proper light. It is hardly to be conceived that after being made aware of the disastrous results which, in very many cases, accrue to the unfortunate child of the wet-nurse, many ladies would, unless under very exceptional circumstances, countenance a practice so utterly opposed to all sense of justice, so entirely selfish, and so revolting to humanity, as the bribing of a needy woman to part with that on which the health, frequently the life, of her own child depends.

I am, etc., GRAILY HEWITT.

36, Berkeley Square, Jan. 23, 1861.

WET-NURSING.

LETTER FROM H. TERRY, ESQ.

SIR,—I have read your leading article this week, on the subject of wet-nursing, with the warmest feelings of concurrence and approbation; and I am very much pleased to see you, at this early period of your labours as editor, coming forward with integrity of purpose and intrepidity to attack what I consider one of the most pernicious habits and evils of the present day. You ask your brother-associates to express their opinions on this subject; and as mine, through a long course of years, has always been a very strong one, I am induced to accept your invitation, and send you a short letter.

I consider that, as a system, wet-nursing is most objectionable, and, in all but a very few exceptional cases, morally as well as medically unjustifiable; yet it is adopted in the highest society, and sanctioned, I fear, by the highest medical authority. I feel that a very heavy weight of responsibility rests on our profession in this matter, implying something like a sacrifice of judgment on the shrine of fashion and convenience. I can hardly bring my mind to believe that, in the great majority of cases where wet-nursing is had recourse to, the medical attendant really thinks it essential to the good of his patient that it should be so. We are generally able, I think, to associate the period of nursing with the mother's finest health; and we can often appreciate the advantage her system derives from nine months rest from the state of pregnancy. I have, indeed, a very de-

cided opinion that the unnatural check and suppression of so great a function as the secretion of milk cannot be in all cases adopted with impunity; but rather that, in many cases, a latent tendency to disease, if not originated, is brought into activity by weaning; and I am not sure that the very great prevalence of uterine and mammary disease now known to exist is not, in some degree, attributable to the increase of this interference with one of Nature's most established laws.

Here is a means we have, if we concur in these sentiments, fully adequate to do away the evil complained of. The very slightest suggestion of the possibility of disease being produced by weaning would, I believe, in almost every instance, induce the mother to nurse her child; and how great in every respect would be her recompense and reward!

I will say but little on the moral evils attendant upon the employment of a wet-nurse. But how can I calculate the amount of them? How can I appreciate the consequences which may ensue from taking away the mother from her child, and the wife from her husband; and, *I add emphatically*, at this particular period of her recovery from long indisposition? The more than probable relation which exists between wet-nursing and child-murder is indeed a grave question; and I do earnestly hope that, as you suggest, some member of the Obstetrical Society will, at no distant period, urge a debate on the general subject.

In a recent address at Liverpool, on “Public Health,” Lord Shaftesbury stated that not fewer than sixty thousand still-born children are produced in this country every year; and he added, “This is a portentous fact, which demands a most solemn investigation.” I think that in every case of still-born child, where there has not been in attendance some competent and trustworthy practitioner, either male or female, a coroner's inquest should be held.

I am, etc., H. TERRY, F.R.C.S.,

Surgeon Extraordinary (late thirty-three years Surgeon) to the Northampton General Infirmary, etc.

Northampton, January 24th, 1861.

Medical News.

ROYAL COLLEGE OF SURGEONS. The following gentlemen were admitted members on January 20th:—

Cooper, Alfred, Bernard Street, Russell Square
Davidson, Christopher M., Hobart Town
Dawson, John, Limerick
Ellis, Thomas S., Eastington, Upton-on-Severn
Gilbert, Robert H. T., Kensington
Kough, James O'Brien, Shrewsbury
Long, Charles F., Barham, Kent
Mercer, John T., Leicester
Patten, Charles A., Ealing
Simmons, Benjamin, Henley-on-Thames
Stillwell, James, Norton Folgate
Symons, John, Exeter
Tweeddale, Thomas, Upper Mill, Saddleworth
Wise, William C., Plumstead, Kent

At the same meeting of the Court—

Meiklejohn, John W. S. (M.D. Edin. 1851), of Greenwich Hospital, passed his examination as Naval Surgeon.

APPOINTMENTS.

ROYAL ARMY. The following appointments have been made:—

BIEWS, J. H., Esq., from 49th Foot, to be Staff-Surgeon, *vice* Sanders.
BRADY, T. C., Esq., Staff-Assistant-Surgeon, to be Staff-Surgeon, *vice* Moline, deceased.
DEAKIN, J. F., M.D., Assistant-Surgeon, from 70th Foot, to be Staff-Assistant-Surgeon, *vice* Waters.
GREER, A. J., Esq., Assistant-Surgeon, from 21st Foot, to be Staff-Surgeon, *vice* Bone.
LOYD, S. M'V., Staff-Surgeon, from half-pay, to be Staff-Surgeon, *vice* Hofmann, deceased.
SANDERS, H. S., Esq., Staff-Surgeon, to be Surgeon 49th Foot, *vice* Bews.

SCOTT, J. A., Esq., Staff-Assistant-Surgeon, to be Assistant-Surgeon 70th Foot, *vice* Deakin.

WATERS, R. M.D., Staff-Assistant-Surgeon, to be Assistant-Surgeon 21st Foot, *vice* Greer, promoted on the Staff.

ROYAL NAVY. The following appointments have been made:—

DEARS, William, Esq., Surgeon, to the *Princess Royal*.

FITZGERALD, James F., Esq., Acting Assistant-Surgeon, to the *Princess Royal*.

MACLAURIE, Henry N., Esq., Assistant-Surgeon, to the *Princess Royal*.

VOLUNTEER CORPS. The following appointments have been made (A.V.—Artillery Volunteers; R.V.—Rifle Volunteers):—

ELIN, George, M.D., to be Surgeon 2nd Administrative Battalion Hertfordshire R.V.

THORNBURN, John, M.D., to be Surgeon 4th Manchester R.V.

TUCKER, E. E., Esq., to be Assistant-Surgeon 2nd Monmouthshire R.V.

To be Honorary Assistant-Surgeons:—

COTTERELL, T. S., Esq., 10th Company Leicestershire R.V.

ROBERTSON, John, Esq., 16th Perthshire R.V.

ROOKE, T. M., M.D., 13th Gloucestershire R.V.

WILSON, James, Esq., 5th Banffshire A.V.

WILSON, J. W., Esq., 17th Derbyshire R.V.

DEATHS.

BALY, William, M.D., F.R.S., of Queen Anne Street, Cavendish Square, from an accident on the South Western Railway, on January 28.

DORD, On January 26, at Orchard, Ayrshire. Isabella Pringle, wife of James Hoyd, Esq., formerly Superintending Surgeon, Presidency Division, Indian Navy, Bombay.

BROWNE, Wm. S., Esq., Surgeon, Camberwell, aged 35, on Jan. 29.

FREER, John B., M.D., of New Brentford, aged 79, on January 18.

BOWE, George R., M.D., at 33, Cavendish Square, aged 69, on January 25.

***STEDMAN, James, Esq.,** of Guildford, aged 73, on January 25.

PROSTITUTION IN NAPLES. Since the 1st of January, prostitution has been taken under official superintendence in Naples. A public dispensary has been opened for the cure of venereal diseases in men; and a special hospital opened for the treatment of prostitutes.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN IN LONDON AND ITS VICINITY. This society has just received from Edward Unwin Berry, Esq., residuary legatee and almoner of the charitable distribution of the estate of the late Richard Hall, Esq., of 64, Sloane Street, a donation of £50.

TRIALS FOR ILLEGAL PRACTICE. The tribunal of Provins, France, has condemned a somnambulist for having illegally practised medicine, to a fine of fourteen times ten francs, for having fourteen times infringed upon the rights of medicine; to pay the expenses of the process; and to pay two hundred francs damages to the local society of the doctors of the arrondissement of Provins, which had acted as prosecutors.

BORACIC ACID IN SEA WATER. Dr. John Veatch states, that he has found appreciable quantities of boracic acid, in the form of borate of soda, in the sea water on the coast of California; he found it first in Santa Barbara, and subsequently at various points from San Diego to the Straits of Fuca; the quantity diminished towards the north, being barely perceptible in specimens of water brought from beyond Oregon.

ROYAL COLLEGE OF SURGEONS. The annual course of lectures will be commenced on Tuesday, the 5th inst., by Professor Savory, who will deliver twelve lectures on the Physiology of Food; to be followed by Professor Quekett, who will deliver the same number on the Organs of Digestion; Professor Hilton will conclude the course by giving six lectures in continuation of the subject of the Influence of Rest in the Treatment of Surgical Diseases and Accidents.

BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE. The next meeting of this Association is to be

held at Manchester on Wednesday, the 4th of September, under the presidency of Mr. William Fairbairn, F.R.S., President of the Literary and Philosophical Society of Manchester. Among the gentlemen who have consented to act as Vice-Presidents are Lord Stanley, M.P., Sir Sir Philip de Malpas Grey Egerton, Bart., Sir Benjamin Heywood, Bart., Mr. Aspinall Turner, M.P., Mr. Bazley, J.P., and the Bishop of Manchester.

AN OFFER TO THE HOSPITALS. A Mr. Bond, a gentleman connected with the turf in England, has written to the stewards of the Jockey Club, suggesting the setting aside of ten per cent. of the stakes of the Derby, Oaks, and St. Leger, and other races, to be divided amongst six of the principal London hospitals. He generously promises to add a thousand guineas to the first year's percentage, in case the suggestion should be carried out. The percentage on the Derby and Oaks alone would amount to £900 a year.

THE MEDICAL SCHOOLS. It appears that 1,237 students have registered their attendance this session at the metropolitan schools, being an increase over the number of last session by 132; a corresponding increase has not only taken place in the provincial schools, but also in Scotland and Ireland. There is no doubt that the increase in the medical schools in the United Kingdom is owing to a desire on the part of the students to escape the new regulations of the examining boards, which come into operation with the present year.

PHYSICAL EFFECTS OF ARSENIC. Schmidt and Stürzwage have made experiments on birds and animals, from which they draw the conclusion that arsenious acid introduced into the organism occasions a considerable diminution in the secretion of matter, which explains a fact well known to horse dealers, that horses fatten after the administration of small doses of arsenious acid. That quantity of fat, and of albumen, which corresponds to the depression in the secretion of carbonic acid and urea remains in the body; and if the animal receives adequate nourishment its weight increases.

WEEKLY RETURN OF DEATHS IN LONDON. Notwithstanding the late mildness of the weather, the effects of the cold that preceded it are still legible in large characters in the registers of mortality. The number of deaths in London for the week is 1,783, that of the previous week being 1,926. The 1,783 deaths show an excess of 453 over the estimated number. The deaths from diseases of the respiratory organs, exclusive of phthisis, were 702 in the preceding week, and 545 last week. Half of the deaths from bronchitis occurred at sixty years of age and upwards. The deaths from whooping-cough rose last week to 108.

MEDICAL APPOINTMENTS VACANT. Physician the Western General Dispensary, Marylebone-road; physician to the West Kent Infirmary, Maidstone; house surgeon and secretary to the Denbighshire Infirmary and General Dispensary, Denbigh; resident house surgeon to the Brighton and Hove Lying-in Institution; resident surgeon and dispenser to the Free Dispensary, Henry-street, Portland-town; junior house surgeon to the Northern Hospital Liverpool; assistant surgeon to the Eye Infirmary of University College, London; assistant apothecary to the Leeds Public Dispensary.

SCRAPS FROM AMERICA. Dr. W. W. Baxley, of Baltimore, at one time connected with the Medical College of Ohio, is about to remove to San Francisco.—Dr. E. S. Cooper, San Francisco, reports the successful removal of an ovarian tumour, weighing eighteen pounds.—Dr. W. H. Mussey reported to the Academy of Medicine, Cincinnati, a case of death in connexion with the administration of sulphuric ether.—Dr. W. Marsden relates (*Brit. Med. Jour.*) the case of a gentleman, residing in Quebec, who was induced to apply for treatment of a cancerous disease of the rectum at the "Magnetic and

Healing Institute, No. 36, Bond Street, New York." The patient died in due course of time, when all the diseased structures were carefully removed at the autopsy, and in the bottle forwarded with the body to the friends, and which purported to contain the specimen, other material was substituted.—Dr. R. B. Bontecou, of Troy, N. Y., performed tracheotomy in a case of diphtheria, the patient living five days after. (*American Med. Times.*)

CRIMES OF VIOLENCE. From judicial statistics lately published on the authority of Mr. Redgrave, it appears that the number of murders, manslaughters, and other violent crimes committed during the last thirty years, divided into three periods of ten years, were 5,731, 7,556, and 8,369; and, if classed under two periods of fifteen years each, 9,506 and 12,150. Arson is a crime almost as detestable as murder; it often causes a terrible destruction of life as well as property. The thirty years divided into two periods show an increase of from 1,340 cases to 2,285; and it may be incidentally said that forgery has increased from 1,516 cases to 2,689, and coining and uttering from 5,603 cases to 8,701, within the same period of thirty years. These results are by no means encouraging, bearing in mind our often alleged progress in morality and civilisation, and bearing in mind, also, the great and undeniable increase in national prosperity. In addition to the figures already given, the statistics show that the commitments for rape, on the abolition of capital punishments in 1841, at once attained a higher rate, and have since been without important change. The increase, however, in the latter period of fifteen years, has been 28.5 per cent.

THE MEDICAL COUNCIL. In the Court of Queen's Bench, on Thursday week, Mr. Lush obtained a rule calling upon the Branch Medical Council for England to show cause why they should not pay the cost incurred in obtaining a rule against them for a *mandamus*. Mr. Goulden was in practice before August 1st, 1815, and he claimed to have his name entered on the register under the 18th section of the Medical Act, the 20th and 21st Vict., c. 90, which enacted "that any person who was actually practising medicine in England before August 1st, 1815, shall, on the payment of a fee to be fixed by the general council, be entitled to be registered on producing to the registrar of the Branch Medical Council for England, Scotland, or Ireland, a declaration according to the form in schedule B to this act, signed by him, and upon transmitting to such registrar information of his name and address, and endorsing such declaration as aforesaid." The point raised by the defendants was, that the applicant was not of age when he commenced to practise in 1814. The council declined to show cause against the rule, and it was made absolute for a *mandamus*, which at their request was not sued out, and his name was put upon the register.

'INSECTS IN SORES. Dr. Atkinson, Inspector General of Hospitals, writes as follows, on the mode of removing insects from wounds, etc. A little calomel strewed over the part, or blown into the wound from the end of a quill, will immediately rid the patient of them. In the year 1840, during the epidemic yellow fever, a corporal of the 82nd Regiment, during his attack of fever, had a sac of them in front of the right ear, and every application, such as turpentine, tobacco-juice, etc., failed to have any effect upon them. On leaving the hospital at Stoney Hill, I met a very old European woman, who told me that calomel would empty the sac in a few minutes; I returned and tried it, and in less than ten minutes the sac was empty, and had no recurrence of them. In 1848, after the battle of Boom Plaats, over the Orange River, at the Cape of Good Hope, two of the wounded officers, who were shot through the elbow-joint—one a captain in the Cape Mounted Rifles, the other a lieutenant in the 91st Regiment—had maggots; the calomel was blown into the wounds, and in less than ten

minutes they were all crawling over the bed, and were swept away, and there was no return of them. I have written this account, as I am not aware that the efficacy of calomel in this affection is generally known."

TREATMENT OF RINGWORM. From time immemorial it has been customary to employ various local irritants for the cure of ringworm. Ink is the favourite application of mothers, and is a scientific and frequently successful remedy. At the Hospital for Skin-Diseases, Mr. Startin always blisters the patches with the vesicating fluid. A single blistering is usually sufficient for patches on the skin, but those on the scalp often require two or more. Many surgeons employ nitrate of silver in solid stick. M. Bazin insists strongly on epilation as a means of cure, and there can be no doubt that it is an extremely important one. By removal of the affected and adjacent hairs, we can reduce a ringworm patch on the scalp to the same condition as one of the general surface, thus rendering it much more accessible to the influence of parasitocides. Of the latter it probably does not matter much which we select. The creasote ointment is a very good one, so also is the application of strong acetic acid. The great point in treatment is to keep clearly in mind that the destruction of a vegetable parasite is the object aimed at. It is needless to point out how strongly the fact that ringworm is curable by local means supports the opinions held in this report as to its purely local pathology. (*Mr. Hutchinson.*)

QUACKS. The famous quack, Andrew Borde, who gave his name to all future mountebanks, "Merry Andrew", was a practitioner duly licensed, and only, perhaps, a little less regular than his professional contemporaries. The principal oculist to Queen Anne, Sir W. Reade, was a quack, who had originally been a botching tailor; and his colleague and *confrère* in the favour of the same queen, Roger Grant, another quack, had been originally a cobbler and tinker, and an Anabaptist preacher. The "water cure," now assumed to be the discovery of the Bohemian peasant, Priessnitz, was put forward, however, in 1723, by a Rev. J. Hancocke, D.D., rector of St. Margaret's, Lothbury, and prebendary of Canterbury, as an original discovery by himself; though Pliny, the naturalist, describes it as being in his day the fashionable remedy in Rome. One of the great quacks of the seventeenth century was a man named Louthborough, who, with his wife, professed to cure blindness and every other disease by the mere touch; always, of course, "under God," as they expressed it. They affected to cure gratis; but the tickets, by which alone admission could be obtained to their residence at Hammersmith, were furtively sold at extraordinarily high prices. The bubble in their case eventually burst; but not before the impostors had made a fortune. A famous French quack, Villars, sold a nostrum compounded of Seine river water and nitre, at 5 fr. per phial, and amassed a heap of money. His nostrum, at least, was harmless. Two quack brothers, named Taylor, farriers at Whitworth, in Yorkshire, were so highly regarded as to be called to London to meet the illustrious John Hunter and other physicians in consultation on the case of a person of high rank; and what was more extraordinary still, these ignorant and rude empirics affected to treat all the other doctors, Hunter alone excepted, with profound contempt.

UNIVERSITY OF ST. ANDREW'S: EXAMINATION PAPERS, DECEMBER 1860.

FIRST EXAMINATION. First Part. *To be translated into English.* Proximum est, ut de iis dicam, qui partes aliquas corporis imbecillas habent. Cui caput infirmum est, si bene concoxerit, leniter perficere id mane manibus suis debet; numquam id, si fieri potest, veste velare; ad eum tonderi; utileque lunam vitare, maxi-

meque ante ipsum lunæ solisque concursus; sed nusquam post cibum progredi. Si cui capilli sunt eos quotidie pectere; multum ambulare, sed, si licet, neque sub tecto, neque in sole; utique autem vitare solis ardorem, maximeque post cibum et vinum; potius ungi, quam lavari: nunquam ad flammam ungi, interdum ad prunam. Si in balneum venit, sub veste primum paulum in tepidario insudare, ibi ungi, tum transire in calidarium; ubi sudarit, in solium non descendere, sed multa calida aqua per caput se totum perfundere, tum tepida, deinde frigida; diutiusque ea caput, quam cæteras partes perfundere; deinde id aliquamdiu perficere: novissime detergere et ungere. Give the origin or primary meaning of the following words: Artery, Azote, Diastole, Lethargy, Masseter, Paralysis, Sinapism, Strangury, Trochanter, Zygoma. *Second Part. Chemistry.* 1. What do you understand by specific gravity? Describe the methods of ascertaining the specific gravities of solids, liquids and gases. 2. Give the process for the preparation of phosphorus; describe it; and enumerate the parts of the human body in which it is found in combination. 3. Write, in formulæ, the composition of the following substances:—red precipitate, borax, prussiate of potass, cream of tartar, oxalic acid; and state how the last two are obtained.

SECOND EXAMINATION. Anatomy and Physiology. 1. Describe the ligaments connecting the first two cervical vertebrae with each other and with the occipital bone; and the muscles passing from each of these bones to the other two. 2. Describe the Cæliac axis and its branches. 3. Describe the position and boundaries of the lateral ventricles of the brain. What is known either from experiments on living animals, or from clinical observations, regarding the functions of the different parts of the brain? 4. Is the circulation of the blood in the capillaries influenced by any other agency than the contractile power of the heart and arterial system? What is known regarding the rate of movement of the blood in the arteries, capillaries, and veins; and regarding the force with which the blood is propelled from the left ventricle?

THIRD EXAMINATION. First Part. Materia Medica. 1. What are the principal arguments in favour of and in opposition to general blood-letting in acute inflammatory affections? 2. In what morbid conditions should wine and spirits be administered medicinally? What are the best indications for their administration in cases of fever? 3. State what you know regarding the therapeutic uses of electricity in its various forms. 4. How is oil of turpentine obtained? What is its action on the animal economy (1) in small doses, (2) in comparatively large doses, and (3) when applied externally? What are its chief uses in medicine? Write a Latin prescription, without using symbols or abbreviations, for a draught suitable for a case in which you would use it. *Second Part.* N.B. In answering the practical questions, the Examiners require every candidate to specify the mode of treatment which he is in the habit of adopting, and the doses of medicines which he prescribes. *Practice of Medicine.* 1. State the principal facts, so far as you know them, which show that impure drinking-water may cause disease. What diseases have been stated to be so produced, and what are the means to be adopted when epidemic disease is due to such a cause? 2. What are the remaining characters of a urinary sediment which is thrown down in a highly acid urine, in the form of colourless crystals soluble in the mineral acids? What forms of disease are frequently associated with this deposit? and what are the remedies to be employed? 3. Describe simple acute laryngitis, mention the diseases with which it is apt to be confounded, and give a short statement of the treatment. 4. Give the physical signs of pericardial fluid effusion, so as to distinguish this affection from others producing dull percussion of the præcordial region. 5. A man accustomed

to active exercise, and pretty free living, is induced to apply for medical advice by finding that he is unable to walk rapidly or far without painful breathlessness, and a sensation of sinking, to which vomiting is often super-added. He has also a little cough, and has once or twice expectorated blood. On auscultation, a murmur is discovered with the second sound of the heart at mid-sternum, and over the base. The pulse is soft, but full and bounding; the murmur is audible in the carotids; the heart's impulse is increased. What is the disease? Remark upon its probable causes and on the prognosis. 6. A child of two years old becomes fretful, shivers, and is feverish, pulse being 120 to 130. For twenty-four hours there is painful sickness, and the epigastrium is tender. During the next twenty-four hours there are one or two violent convulsions. On the third day all the symptoms are greatly relieved, and there is a crop of disseminated red acuminate papules on the skin. What is the disease, and what will be its probable course from this period?

FOURTH EXAMINATION. First Part. Surgery. Describe the various methods of arresting hæmorrhage, arterial and venous. 2. Describe the principal kinds of ulcer, and the treatment of each. 3. Describe the symptoms and treatment of rupture of the bladder and urethra. 4. A patient has a deep abscess pointing at the groin. What probably would be the other symptoms, and the prognosis and treatment? *Second Part. Midwifery.* 1. Describe the phenomena of the second stage of labour in an occipito-posterior position. 2. What signs of pregnancy are available in the end of the third month of utero-gestation? 3. On the *post mortem* examination of a woman dying during menstruation, what is observed? 4. After a fortnight of undefined illness, A. B., aged 6 years, complains of headache, is often sick and vomits, has constipated bowels, is somnolent, but the sleep is disturbed. What is probably the disease, and what its probable progress? 5. During a labour difficult in the second stage, sudden abdominal fixed pain comes on, there is great collapse, the labour-pains cease, vomiting of dark-coloured fluid matter begins, and on a vaginal examination the presenting head is found to have somewhat retired while a little hæmorrhage at the same time flows. What is the nature of the case, and its probable progress?

OPERATION DAYS AT THE HOSPITALS.

MONDAY..... Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.
TUESDAY.... Guy's, 1½ P.M.—Westminster, 2 P.M.
WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—Royal Orthopaedic, 2 P.M.
THURSDAY.... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1:30 P.M.—Great Northern, 2 P.M.
FRIDAY..... Westminster Ophthalmic, 1:30 P.M.
SATURDAY.... St. Thomas's, 1 P.M.—St. Bartholomew's, 1:30 P.M.—King's College, 1:30 P.M.—Charing Cross, 2 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Entomological, 8 P.M.—Epidemiological, 8 P.M.—Odontological, 8 P.M.—Medical, 8:30 P.M.—Clinical Discussion.
TUESDAY. Pathological, 8 P.M.—Photographical (Anniversary).
WEDNESDAY. Society of Arts.—Geological.—Pharmaceutical, 8:30 P.M.—Ethnological.—Obstetrical, 8 P.M.: Dr. Tyler Smith, "On Ovariectomy, with Cases; Dr. Madge, "On a Case of Peritriene Hæmatocoele."
THURSDAY. Zoological, 4 P.M.—Royal.—Antiquarian.—Linnean, 8 P.M.—Chemical, 8 P.M.—Harvelan, 8 P.M.: Dr. Pollock, "On what we know of Phthisis, regarding its Cure."
FRIDAY. Astronomical (Anniversary).—Royal Institution.—Western Medical and Surgical, 8 P.M.
SATURDAY. Asiatic.

TO CORRESPONDENTS.

* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

INFLAMMATION AND BLISTERS.—SIR: Mr. Simon, in an article on Inflammation, just published, says, in a note:—"Dr. Greenhow informs the writer that it happened to him once, in making the *post mortem* examination of a patient, to whose abdomen a blister had been applied, to find on the inner surface of the abdominal wall a *red patch* (probably of some injected muscular substance seen through the peritoneum), corresponding to the area of blistered skin." I read of a similar observation to this, in the case of the pleura, many years ago, and have often attempted to find the source where I got the fact. I take this opportunity of asking the question of your readers, and should feel much obliged by an answer. As far as I remember, the physician (I think) who relates the fact, speaks of a patch of inflamed pleura exactly equal in area to a blister applied externally on the skin, and also mentions the fact, to warn the student against the use of blisters in acute inflammations. Yours, etc.,
PATHOLOGIST.

E. L. A.—Some curious individual, who signs himself E. L. A. "claims almost as a right", that we should insert his opinions of a Reverend Impostor, who is at present very busy robbing the public, torturing the ignorant, and filling his own pockets, and doing this all for the benefit of humanity in general! This E. L. A. can surely be contented to admire this great benefactor of his species in quiet, without troubling men of knowledge with his unreasoning expressions of admiration for the object of his eulogistics.

G. ARATOR.—The *Australian Medical Journal* is published quarterly at Melbourne; the *Indian Lancet* at Lahore. Each of these contains a large amount of local intelligence.

CHLOROFORM IN MIDWIFERY.—SIR: In one of the zig-zag *feuilletons* of the French medical journals, *L'Union Médicale*, of last month, a solemn surgeon states it as a fact that, a female patient of his about to have chloroform recently, in Paris, the operating surgeon left word that a *garçon* should be procured to administer the anæsthetic, and a "piston apparatus", so much in vogue in London medical journals about a year ago as infallible as chlorodyne, should be borrowed at a shop of a *pharmacien*. The French are nothing if not dramatic and shadowy; so several pages are taken up with a spasmodic description of the lady to be operated on coming to consult him (the *feuilletonist*) whether there is any danger in chloroform: he tells her the danger is exactly like that of a woman or a man going up in a balloon, once the cords are cut. As she is going away, she accidentally shows him a *cornet-à-piston* which she has procured, and thinks this will answer for the administration of the chloroform; at least, the chemist's assistant did not know of anything better, and had sent it. This seemed to puzzle our *feuilleton* friend as much as the "barbara clarent darii", etc., in the syllogistic logic of Mill, disquieted long ago Molière's hero (adopted by Dr. Latham in one of our new year's medical quarterlies); but the story is a good one, as having actually occurred, and one is irresistibly urged to inquire how far beyond this chemist's assistant some of our more grave theoretic pen-and-ink public instructors in London have got, at least in the uses of chloroform in midwifery practice.

It was stated by the latter, in a recent debate at the Obstetrical Society, a short abstract of which appeared in the *BRITISH MEDICAL JOURNAL*, that chloroform is not desirable or useful in cases of "version", or turning, or convulsions. It did not appear, however, that Professor Simpson has no doubt whatever of its immense value in all such cases; that all the practical accoucheurs in England are clear on these points; and that Dr. McClintock, of the largest lying-in hospital in Europe (Dublin), stated that he now never proceeds to "turn", in a case requiring it, without taking care to have chloroform first administered. The old routine theoretic opposition to chloroform in one section of the medical press in London is doing immense mischief; the actual facts are care-

fully suppressed. Our only hope is in your excellent and independent *Journal* allowing a fair discussion of this important subject, and thus prevent *cornet-à-piston* mistakes.

I am, etc.,

C. K.

Sackville Street, Jan. 12, 1861.

DR. KEILL.—SIR: I am obliged by the interesting answers given by your correspondents, to my query concerning Dr. Keill. One curious incidental fact comes out of those answers, which is well worthy of an explanation. It is this: How comes it that a physician living in the midland district of England publishes a work at Amsterdam? Must we suppose that in those days medical publishers were unknown individuals in the large metropolis?

Yours, etc., NORTHAMPTONENSIS.

UNIVERSITIES v. COLLEGES.—SIR: Your remarks in the *BRITISH MEDICAL JOURNAL* of this day on the subject of the M.D. question versus Colleges-of-Physicians-Doctors, read to me as though you thought the King and Queen's College of Physicians in Ireland imagined the general question between Universities and Colleges of Physicians settled by the law opinions they have obtained. I am greatly mistaken if you will not find on examination that they claim a *sole* and *special* power, among Colleges of Physicians, of granting the title of "Doctor of Physic" by virtue of a *special* clause in their own Charter, not found in that of any other College of Physicians. Yours, etc., T. P.

[What we desired to express was this: that the fact of one College of Physicians actually possessing and having asserted the legal right of granting the Doctorate to its Licentiates, would, in combination with the fact of the now very generally assumed right of taking it by Licentiates of other Colleges—strengthen, and add a kind of implicit sanction to, the practice, however out of order it may be.—EDITOR.]

In reference to this subject, another correspondent writes:—"The power to confer the title of M.D., vested, as you contend, solely in the Universities, was derived from the same source as was the privilege accorded to the King and Queen's College of Physicians in Ireland, i.e., from royal charters and Acts of Parliament. As a Licentiate of the College, I beg to remark that the power to grant the degree of M.D. has always been claimed by the President and Fellows."

MEDICO-CHEMICUS.—We are decidedly of opinion that the office of public analyst should be held by medical men. The Act provides that this officer shall be possessed of "competent medical, chemical, and microscopical knowledge." Now, although there is no direct mention of a legally qualified practitioner, yet the meaning of the Act is to us plain enough: and we are borne out in our opinion by the fact that hitherto (as we believe) all the appointments of analysts made under the Adulteration Act have been conferred on medical men who possess a competent share of chemical and microscopical knowledge.

ONE OF THE REJECTED.—A correspondent, signing himself "One of the Rejected", demands the insertion of an anonymous letter of his, in which he accuses a Scotch University of "dishonesty", "barefaced robbery", and gross corruption. His letter is libellous. Unless we insert the libel, he says he will retire from the Association. All we can say, in answer to the threat, is this:—That if the gentleman will write a temperate account of his alleged grievances against the aforesaid University, and will authenticate the same with his name, his letter shall be inserted. As we have already told him, we believe that no one more than he himself would eventually regret the publication of such a letter as that which he sent us some weeks ago.

COMMUNICATIONS have been received from:—Dr. P. H. WILKINS; Dr. B. W. RICHARDSON; Mr. PRICE; Dr. JAS. RUSSELL; Mr. T. M. STONE; Mr. R. GRIFFIN; Dr. CHAMBERS; Dr. BEALE; Mr. G. A. DARTNELL; Dr. PRIESTLEY; Dr. WEST; Mr. HUTCHINSON; Dr. INMAN; Mr. DAYMAN; Mr. ROPER; ONE OF THE REJECTED; and Dr. FALSHAW.

BOOKS RECEIVED.

1. How to Work with the Microscope. Illustrated edition. By *Lionel Beale, M.B., F.R.S. London: Churchill. 1860.
2. Practical Observations on Diseases of the Joints, involving Anchylosis; and on the Treatment for the Restoration of Motion. By *Bernard E. Brodhurst, F.R.C.S. Third edition. London: Churchill. 1860.