

sive induration about the perinæum, and apparently with considerable advantage. The fistulæ had also been cauterised with potassa cum calce, but the fistula showed no disposition to close. Mr. NUNN applied actual cautery by the galvanic apparatus, having first passed a silver catheter into the bladder, and, having ascertained the direction of the fistulæ, the incandescent wire was plunged into them. Mr. Nunn stated that just within the anus there was a small round eminence, which led him to suspect that possibly there either did exist, or had existed, a communication with the gut, but that he was unable with the probe to trace it.

ST. THOMAS'S HOSPITAL.

ACUTE OTITIS AND NECROSIS OF HUMERUS.

(Under the care of Mr. SYDNEY JONES.)

E. M., aged 6, was admitted on January 20th, 1871. She was reported to have hurt her arm by a fall nine days previously. The whole upper arm was red, swollen, hot, and very painful. The swelling was hard and brawny, especially near the deltoid insertion. On the 23rd, an incision was made, evacuating a quantity of pus. On March 3rd, a cylindrical sequestrum was removed, involving the upper third of the shaft of the humerus. The epiphysis was not affected. The formation of new bone in the periosteum had progressed only to a very slight extent; and the arm was, after the operation, quite loose and considerably shortened. The arm was extended on an angular splint, with two additional side-splints. On March 21st, new bone was forming rapidly. The arm was becoming firm, and was of good length. On April 13th, the bone was quite firm. The discharge was slight. The limb was of good length. On April 20th, the wound was quite closed; and the child was discharged well on April 25th.

CASHEL INFIRMARY.

LOCAL BLEEDING IN THE DILATED RIGHT VENTRICLE OF CHRONIC BRONCHITIS.

(Under the care of Dr. LAFFAN.)

It is so much the fashion in these days to view debility as the one enemy to be combatted in every disease, and many of us, unknown to ourselves, are so much the disciples of Todd, that we are sometimes apt to overlook the indications for the opposite line of treatment, even where the benefit to be derived seems most clear. A note of a case which is suggestive of the benefits likely to be derived in selected instances from depletion may, therefore, merit insertion.

I have found two principal modes in which chronic bronchitis ends in death. The first is by coma, from the gradual degradation of the blood-current; the second, by syncope from an overloaded right heart. It seems to me that we may in some cases hope to counteract the effects of the overloading by means of local bleeding, and so lessen suffering and occasionally prolong life. I was led to entertain this view by the analogy presented by the results of similar treatment in the engorged right ventricle of typhus fever. A case in illustration presented itself in the wards of the Cashel Hospital a few weeks since. The patient, a woman aged 60, had suffered from frequent attacks of bronchitis for the last five or six years. She presented, on admission, all the local signs of chronic bronchitis and dilated right heart. The face was intensely cyanosed; the jugulars were greatly dilated; and the respiration was frequent and gasping. There was one pathological appearance present which, I believe, has not been hitherto noticed in connexion with this disease. This was one universal state of visible arterial pulsation. The entire visible arterial tree appeared unnaturally tortuous, and presented innumerable wavy centres of pulsation; the beat of each was synchronous with that of the heart. This sign, first noticed by Sir D. Corrigan, has been usually considered to belong exclusively to aortic patency. I think it was in this case due to hypertrophy of the arterial coats, caused by the increased work thrown on them in propelling the blood through the veins. Suitable expectorants were given, and iron and digitalis administered, with a view to strengthen the failing cardiac organ; while local means calculated to determine to the surface were also used. Subsequently belladonna was given as a cardiac stimulant. Mere temporary good was derived from these measures. The patient's sufferings increasing every day, I determined to try bleeding from the right jugular vein. This was done on January 6th. Permanent benefit was not to be expected; but so much benefit was derived from the bleeding as to lead me to think that small and frequent bleedings, tried in selected cases of dilatation of the right heart, will be found the means of affording much relief and of occasionally prolonging life.

SELECTIONS FROM JOURNALS.

SURGERY.

RENEWAL OF A JOINT AFTER RESECTION.—Dr. V. Czerny describes in the *Archiv für Klin. Chir.* (Band xiii) an interesting case of reproduction of the elbow-joint after resection. The subject was a weakly girl aged 13, whose elbow had become ankylosed in a faulty position after inflammation. On account of this, and of the presence of caries which was extending on the ulna, resection was performed. The piece of bone removed was $1\frac{1}{2}$ inches long in front, and $2\frac{1}{2}$ inches behind; the articular portions of the humerus and of the bones of the forearm were thus taken away. The child recovered, with power of moving the elbow between the angles of 60 and 113 degrees; rotation, however, was impossible. The external appearance of the limb was normal. Two and a half years after the operation, the child died from pneumonia supervening on suppuration of the knee-joint. On examination, the muscles surrounding the joint were found to possess normal attachments. Between the triceps and radius, a piece of bone eight lines long was found, forming the analogue of the olecranon. At the end of the humerus, two distinct condyles had been developed, having between them a concave surface, which articulated with two facets in the upper end of the radius and ulna. The articular surfaces were covered with cartilage; and there was a synovial membrane.

DISEASE OF THE JAW FROM PHOSPHORUS.—In a discussion on the subject at a recent meeting of the Berlin Medical Society, Herr von Langenbeck remarked that, thanks to sanitary regulations, necrosis of the jaws from the fumes of phosphorus had almost become a matter of history. Referring to twenty-three cases that had been brought forward by Dr. Wegner as having been noticed by him since 1848, he said that in all of them general symptoms of phosphorus-poisoning were present long before the local disease manifested itself. The patients had cardi-algia, loss of appetite, and eructation of gases which had a smell of phosphorus. There were also dizziness, faintness, and a cachectic appearance. The first symptoms in the jaw consist of tearing pains; the teeth are mostly normal—a fact opposed to the generally spread opinion that the disease commenced in carious teeth. The pain is followed by suppuration of the gums and loosening of the teeth. There is swelling, with denudation to a greater or less extent of the bone. Herr von Langenbeck objected to the term necrosis. The condition found in such cases is periostitis, and bony deposit takes place to a greater or less extent, sometimes enclosing the jaw as in a sheath. There is no exfoliation, and surgical operation is necessary for the removal of the jaw. This osteo-periostitis is not characteristic of phosphorus-poisoning; it may also arise from rheumatism.—*Berliner Klin. Wochenschr.*, Jan. 8th, 1872.

INTERMITTENT EFFUSION IN THE KNEE-JOINT.—Dr. W. Löwenthal relates in the *Berliner Klin. Wochenschr.* (No. 48, 1871) the case of a woman aged 36, in other respects healthy, who was for six months subject to a periodical swelling of the right elbow-joint. The swelling developed itself on each occasion in the course of a few days, and then entirely disappeared, to return after an interval of three or four weeks. The application of a blister effected a cure. This occurred seven years ago; and the patient remained free until four and a half years since, when similar periodical enlargements of the left knee set in. At first the attacks occurred every third or fourth week (without any relation to the menstrual periods); but during the last year the swelling appeared at intervals of twelve days, lasting five or six days on each occasion. During the attacks, the knee was not painful, though its motions were impeded. The intermittent attacks of swelling were suspended during pregnancy. During their occurrence, the only other symptom of which the patient complained was palpitation. She had also exophthalmus on both sides; and Dr. Löwenthal regards the swelling as connected with some disturbance of the vaso-motor nerves, without, however, being able to explain the course which it takes. With reference to this case, Dr. Bruns of Tübingen records, in the *Berlin. Klin. Wochenschr.* for January 1st, the case of a woman aged 28, a domestic servant, who was admitted into hospital in 1853. For eight years she had been subject to periodical swellings of the knee-joint, coming on regularly every twelfth day. At first the left knee was attacked; there were swelling and tenderness, but no redness or heat of the super-jacent skin; and the attacks were attended with general febrile symptoms. The ordinary duration of the swelling was six days—the patient being thus left free for five days. After some years, the febrile symptoms ceased to appear; the tenderness also disappeared, so that the

only symptom left was the swelling. In the course of time, also, both knees became similarly affected. Various remedies, both internal and external, had been used with little or no effect. The patient remained in the Tübingen Hospital from August 1853 to February 1854. Bandaging had no effect in preventing the swelling, nor in reducing it when present. Quinine was given in doses increasing from 9 to 30 grains daily for six weeks. Under its use, the swelling diminished somewhat, its duration was shortened to four days, and the intervals were prolonged to seven days; but the disorder remained. At length, Fowler's arsenical solution, in daily doses of six drops, gradually increased to twenty drops, was given in combination with tincture of quinioidine. After taking this for four or five weeks, the patient was discharged greatly relieved; and in a few weeks the periodical attacks had ceased. A slight recurrence took place about a year and a half afterwards, when the same treatment was again successfully employed.

BRITISH MEDICAL ASSOCIATION: SUBSCRIPTIONS FOR 1872.

SUBSCRIPTIONS to the Association for 1872 became due on January 1st. Members of Branches are requested to pay the same to their respective Secretaries. Members of the Association not belonging to Branches are requested to forward their remittances to Mr. FRANCIS FOWKE, General Secretary, 37, Great Queen Street, London, W.C.

BRITISH MEDICAL JOURNAL.

SATURDAY, FEBRUARY 3RD, 1872.

THE LEGAL TEST OF INSANITY.

PERHAPS the most profitable result of the recent discussions on the trial, sentence, and respite of criminal lunatics would be, that it should lead to reconsideration of the legal tests, which have so often and so notably failed. The fact that, in the case of Christiana Edmunds, Baron Martin expressed to the Home Secretary the opinion that justice required an extrajudicial examination of the state of the prisoner's mind, indicates clearly enough his sense of the insufficiency of the legal test; for he charged the jury so distinctly as to leave them no alternative but to decide that, whether insane or not, her insanity was not of the kind which the rule of law admits as conferring an immunity from punishment. The greater part of the abuse that has been liberally showered upon the Home Secretary and upon the judge, for setting aside the verdict, is obviously based upon ignorance of the actual state of the law, and of the admitted inadequacy of the test which it provides. It is, of course, much easier to indulge in facile denunciation than to analyse the somewhat complicated facts which underlie the surface of such a case. But there need not be any great difficulty in appreciating the leading points of the case; and a great deal may be gained by considering how it is that it has so frequently been the duty of ministers holding the office of Mr. Bruce to reverse the judgment of the law, in order to do justice to the prisoner; and that they have done so not only with the assent, but at the wish, of the judges who have pronounced the sentence. This is, of course, a very different course from that which is followed in setting in motion the prerogative of the Crown to exercise its high function of mercy. When a prisoner, whose counsel has pleaded insanity in answer to a criminal charge, is convicted and sentenced, the judge concurring in the verdict, the law has pronounced that the prisoner is not insane in the degree which prevents him from being amenable to the punishment proper to his crime. The subsequent intimation by the judge that a further examination is necessary, after the most solemn judicial proceeding is closed, is a declaration of a defect in the proceeding, and of a weakness in the law. The reference by the Home Secretary of a question which has been decided by a sworn jury and a high judicial dignitary, to the revising judgment of two unofficial and informally appointed physicians of no greater special knowledge than those whose opinions have already been given upon oath before the court which has tried the case, is a pro-

ceeding apparently illogical, obviously injurious to the authority of legal decisions in all such cases, and contrary to ordinary judicial precedents. It is contrary to the instincts, the prejudices, and the dignity of the judicial character, to recommend such a course. Nevertheless, Mr. Baron Martin is not the first or only judge who has felt it his duty to urge it; nor is Christiana Edmunds the first convict whose sentence has been equitably annulled after the verdict pronouncing her worthy of death has been legally delivered and approved. It is an idle assumption that the popular demand for a revision of the sentence in this or in other such cases is a mere outcome of sentimentality, or of a weak desire to lessen the responsibility of criminals or lighten the weight of just punishment. Very few people have any mind to be killed by assassins who shall be privileged to ride off on a false plea of mental derangement. The instincts of abhorrence of crime, the impulse to punish, and the motives to prevent it, all range themselves at once against the criminal. It is not without an effort of reason that we can appreciate the propriety of accepting the plea of insanity in any case in bar of punishment for crime. When we have brought ourselves, by slow and painful process of reasoning based upon accumulated evidence, to the conclusion that the interests of society itself demand that an irresponsible person shall not be punished, however horrible and heinous his offence, there remains in every mind the firmest conviction that the proof of irresponsibility should be stringently tested, and that it should be required to be sound and beyond doubt.

If, however, the test which is presented be notoriously imperfect, it is not surprising that its results should be questioned, and that from time to time it should be necessary to supplement them. Now this ought not to be, but it is, the case with the legal test of insanity, when that plea is raised in criminal cases. On that subject the doctors are perfectly unanimous. Not only the "mad doctors", as they are sometimes mis-called by way of prejudicing their character and position, but all physicians who have had any time to think or occasion and authority to speak or write on the subject, concur in condemning the legal definition of insanity, in respect to criminal responsibility, as opposed to the facts of science and the rules of equity; and in this the most eminent modern legal authorities are at one with them. According to the old definition of Lord Coke, "to protect a man from legal responsibility, there must be a total deprivation of memory and understanding." The present interpretation of the law was defined by the well known answers of the judges to the questions propounded to them by the House of Lords in 1843. It declares a person to be punishable, according to the nature of his crime, if he knew, at the time of committing his crime, that he was acting contrary to the law of the land. Thus the issue which must be put before the jury in a criminal case is, whether the accused has a sufficient degree of reason to know that he was doing wrong. This omits the consideration of the form of insanity in which the power to distinguish right from wrong exists, but in which the power to choose the better and reject the worse—the power of self-control—is destroyed. The last published legal text-book on the jurisprudence of insanity, by Mr. Balfour Browne, admits that "the definition of what shall be regarded as insanity in criminal cases is eminently unsatisfactory." Mr. Justice Mellor has expressed a similar opinion from the Bench. Mr. Justice Byles, in laying down the rule of law in the case of Watson, observed that it was considered by many eminent legal authorities to be very unsatisfactory, but could only be altered by Act of Parliament; and, indeed, he expressed approval of the condemnation of the rule by one of the medical witnesses in a recently published text-book, as one which implies "an absolute ignorance of the subject". It is, indeed, quite clear that, to constitute responsibility, not only is the knowledge of right and wrong necessary, but the faculty of choosing between them; this is the twofold test urged by Mittermaier, and it involves a truth admitted by the universal consent of those who have any acquaintance with insane persons, and of most recent jurists, while it accords with the practical common-sense conclusion of the community. In this, as in many other matters, the results of scientific

differ materially from those just quoted, have some real significance; and as I am unable to find out, from any data accessible to me, their origin or authority, I await with much interest the verification of so signal a triumph for medicine—so noble a reward for the patience, zeal, and intelligence that have been brought to bear upon its advancement.

I am, etc., CHARLES ELAM, M.D.

75, Harley Street, January 20th, 1872.

THE USE AND ABUSE OF HOSPITALS.

SIR,—I consider that scarcely any language I could use would be sufficiently forcible to express the full measure of the mischief done by gratuitous medical advice, both publicly and in private. I believe that the mischief is quite as great in provincial towns as in London, though in the former case it attracts less notice and remark. The mischief is even more widely spread than those whose attention is at present aroused to it think or know. 1. There is the mischief (a grave one) to the patients themselves—mischief physical, moral, and in money's worth. 2. There is mischief to the charitable and benevolent public. 3. There is mischief to every section of the medical profession.

In such a case, a record of *facts* is more useful in abating the abuse than any amount of abstract writing or speaking. I mention three prominent cases that have come under my own notice: I could easily multiply them tenfold.

1. A rich wine-merchant, living at the rate of at least £2,000 a year, told my father, as a hint worth knowing, that, "when he wanted advice, he slipped on his cellarman's coat and apron, went to the hospital in the next street, slipped a shilling in the porter's hand, asked to see Dr. —, obtained his prescription, and sent one of his errand-boys with a bottle to wait for the medicine."

2. Twelve years ago, when I was a dresser to Mr. Partridge, a woman, gaudily and expensively dressed, came with her infant *carried by her nurse*, and requested to see the surgeon. I had the courage to refuse her, for obvious reasons. She threatened to report me; and, if I remember rightly, she kept her promise, but with futile results.

3. A few months ago, a well-to-do master-builder, deeply in my debt, came to pay me, and announced with triumph that he never need employ me again; for that for a guinea he or his family could receive medicine and attendance (as either in- or out-patients of the Cheltenham Hospital) for two months at a time. I am in a position to affirm that in this town it is the practice of men in a similar position to commit the same social fraud. I am, etc.,

Cheltenham, January 1872.

ALFRED FLEISCHMANN.

PHYSICIANS AND HYSTERIA.

SIR,—I agree with Dr. Handfield Jones that this discussion should end, as it appears from his reply that he fully investigates, in his private practice, those serious cases of uterine disease which he is debarred from studying at St. Mary's by that rule of London hospitals that hands over all such cases to the physician-accoucheur. Dr. H. Jones has thus done what in my paper I suggested that hospital men should do more frequently: he has made himself as well acquainted with uterine as with neural pathology, and is, therefore, eminently qualified to decide on all that relates to hysteria. This does not, however, in the least impugn the correctness of my statement that, when we obstetric men meet in consultation other leading men, they disclaim all accurate knowledge of uterine pathology. I am content to leave it for the reader of Dr. H. Jones's work to decide whether I have not accurately represented and fairly criticised his views on hysteria. I very much doubt whether it be of much avail to continue the discussion that I opened in my paper, until uterine pathology has been more generally cultivated by the profession. It is a question whether that rule of hospital etiquette should be maintained, that places all uterine cases under the charge of the obstetric physician; for very few hospital men will ever devote much attention in private practice to diseases which they are not allowed to study in their hospital patients.

I am, etc., E. J. TILT.

Grosvenor Street, January 1872.

PRESENTATION.—Dr. Joseph Wickham, of Penrith, has been presented with a handsome time-piece, bearing an appropriate inscription, by the members of the Ancient Order of Druids in that town.

A PORTRAIT OF MR. D. W. CROMPTON, late Surgeon, and now Consulting-Surgeon, to the General Hospital, Birmingham, has been presented by his friends to the hospital. The weekly Board, on behalf of the Governors, have accepted the gift with thanks, and, in accordance with the wish of the donors, have had it placed in the board-room.

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF OXFORD.

NATURAL SCIENCE.—The Board of Studies have issued the following regulations. 1. Candidates who offer themselves in the Final Honour Examination for examination in Biology will be expected to show an acquaintance, firstly, with General and Comparative Anatomy; secondly, with Human and Comparative Physiology, inclusive of Physiological Chemistry; and thirdly, with the General Philosophy of the subject. 2. In these subjects the candidates will be examined both by paper-work and practically; and will be required to give evidence of being competent not merely to verify and describe specimens already prepared for naked-eye or microscopic demonstration as the case may be, but also to prepare such or similar specimens themselves.

THE POOR-LAW MEDICAL SERVICE OF GREAT BRITAIN.

DR. GEORGE WELDON's salary as Medical Officer of the Gorey Dispensary District, Gorey Union, co. Wexford, has been raised from £100 to £120 per annum.

MEDICAL RELIEF.

MR. F. S. CORRANCE, M.P., writes to us as follows.

Public attention is at this time fully aroused both to the unsatisfactory state of a large proportion of our industrial population, and (as related to it, at the pole of its extremest misery) the administration of charity and pauper-relief in sickness and in health. It is not wonderful to find that men of ability and perseverance come forward to point out very different sources of evil, and remedies equally various to check or cure it. Thus we hear of improvidence, ill-administered charity, inadequate wages, and pauperising poor-relief. To these, each seems disposed to administer in his own way, and rather inclined to regard his neighbour as an empiric. What I would venture to ask is this: Is there really any just cause that such antagonism should exist? Only, I think, in respect to any undue pretensions; and it is just in proportion to the exhibition of such characteristics, that we may without injustice assign each individual or society its place.

In the present instance there is too much of this. Provident schemes, which (according to their sanguine authors) are capable of a development of which they have shown no signs as yet, if only they shall receive the paternal recognition of the State—charitable organisations which are to supersede all existing institutions, and the Poor-law itself; trades unions to enhance the rate of wages, even against the possible laws of production; Poor-laws of Draconian severity, or mildly utopian and imbecile: each of these seeks to monopolise the whole field of action to the exclusion of the rest.

Let me cite one instance of this. At a recent meeting held in London, it was boldly put forward that through Provident Medical Societies, universally distributed, all such wants throughout the country could be supplied to the poorest class. I use the term *boldly*, because, in the first place, there seems to me to be almost an audacious assumption of possibilities of which no proof is furnished. And the means for the universal distribution is only hinted at, for reasons perhaps obvious. Now, I am far from doubting the efficacy of provident institutions; and I believe that we may confidently look to their more general extension; but it is equally obvious that, upon anything like an independent footing, the elements for success upon an extended scale do not yet exist among us. Medical clubs there are, no doubt; and among almost all our leading friendly societies, the value of the preventive service is estimated at its full worth, in this respect forming an instructive contrast with the treatment of those who come upon rates. But the state of the former is usually precarious, terminating with the life of a few enthusiastic individuals, or of a member of the profession who nobly devotes himself to an ill-required task.

A correspondent has furnished, in your present number, some interesting data upon this head; and to this I will venture to add a further illustration, which seems to me equally conclusive in assigning the limit to the possible efficacy of such voluntary action.

Among the many tentative efforts made in this direction, none perhaps have been more successful than those set on foot in the towns of Derby and Coventry. Now, let us see what has been the history of these institutions, and to what they owe their success.

genial in his general intercourse with all classes, and never failed to secure respect, esteem, or affection from all with whom he came into contact. Struck down in the midst of his professional duties by a severe attack of inflammation of the lungs, he succumbed to its violence, after five days' illness, on Saturday morning, December 23, 1871.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At the ordinary quarterly meeting of the College, on Thursday, January 25th, the following gentlemen, having passed the required examinations, were admitted members.

Berkart, Isidor B., M.D. Wurzburg, 33, Harley Street
Ralfé, Charles Henry, M.B. Cambridge, 26, Queen Anne Street
Vanderstraaten, Julian Louis, M.D. St. Andrew's, Civil Medical Service, Ceylon

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 January 25th.

Bethell, Alfred, Pilton, Somerset (King's College)
Cartwright, Henry Gordon, Burton-on-Trent (Guy's)
Cawley, Thomas, Great Yarmouth (Guy's)
Fordham, John William, Stepney (London)
Foster, William James, Birmingham (Birmingham School)
Griffith, Richard Glyn, Bangor, North Wales (King's College)
Moore, Arthur Jackson, Debenham, Suffolk (London)
Murdoch, Donald, Rotherhithe (Guy's)
Oldman, Charles Edmund, Cambridge (Guy's)
Popham, Francis William Home, Gawler, South Australia (University College)
Rendall, William, Maiden Newton, Dorset (Guy's)
Skaife, Frederic, Easingwold, Yorkshire (St. Bartholomew's)
Stokes, Henry Haldane, Tralee, co. Kerry (St. Bartholomew's and Dublin)
Ward, Walter Alfred, Notting Hill (St. Bartholomew's)

The following gentlemen passed on January 26th.

Bland, George, Gerrard Street, Islington (St. Bartholomew's)
Hamilton, Alexander Macleod S., Ballymoney, co. Antrim (St. Bartholomew's)
Magrath, John, Forest Row, Sussex (University College)
Matcham, Alfred, Lowestoft (Guy's)
Palmer, Ambrose Myrie, Clapham (St. Thomas's)
Pitt, Isaac, Willenhall (Birmingham School)
Ross, William Grahame, London, Ontario, Montreal (Canadian School)
Russell, Ebenezer Geer, Pool, Cornwall (Guy's)
Steele, Edward Harry, Dorchester (Guy's)
Wade, Reginald, Cross, Somerset (St. Bartholomew's)
Wallace, Thomas, Cardiff (Belfast School)
Weatherhead, John Fraser, Holloway (St. Bartholomew's)
Williams, Alfred Henry, Brixton (Aberdeen and St. Thomas's)

Of the ninety-two candidates examined, thirteen passed in Surgery, and, when qualified in Medicine, will be admitted members of the College; and twenty-one were referred to their professional studies for the usual period of six months, including one candidate examined under the old regulations, who was detected copying.

Arts Examinations.—At the recent Preliminary Examination in Arts, etc., conducted by a staff from the College of Preceptors, for the diplomas of Fellowship and Membership of the Royal College of Surgeons, 289 candidates presented themselves, of which number 195 passed. For the Fellowship.

Messrs. J. Adams, C. C. Beddoes, J. J. F. Barnes, W. H. Bennett, P. H. Benson, C. de L. Brock, W. H. Besant, G. R. Bonsall, H. C. Burton, R. Carter, A. S. Eccles, G. C. Evans, R. Edwards, H. E. Friend, J. F. Dixon, A. W. Galloway, F. M. Granger, P. de H. Haig, W. S. A. Griffith, W. C. Hansell, A. C. Brock, F. J. Hawken, G. G. Hodgson, A. C. James, A. F. Hawkins, W. B. Johnson, M. M. Hill, W. C. L'Anson, A. G. Lacy, H. Munro, H. A. A. Nicholls, C. W. Owen, J. W. C. Merriman, J. Mackenzie, F. T. Paul, H. W. Moore, E. J. M. Phillips, R. C. Revell, H. P. Payne, J. H. Ross, T. Richards, G. D. Thane, A. A. Page, H. A. Speed, W. Tarrant, E. Tredinick, J. Mc D. Tudge, A. P. Russell, A. A. Thomas, O. Vincent, W. C. Ward, W. L. Webber, H. F. Weiss, G. E. Wherry, E. W. Whitlock, W. H. Cripps, W. C. James, A. H. Young, H. G. Shaw, E. P. Apthorp, W. J. Candler, and C. P. B. Clubbe.

The following gentlemen passed for the Membership.

Messrs. C. J. Addison, E. W. Alden, A. R. Anderson, W. Armstrong, J. A. Baber, A. J. Bailey, W. T. Askey, J. E. Andrew, D. S. E. Bain, H. J. D. Astley, J. H. J. Baillie, W. E. L. Batty, W. M. Ball, H. J. L. Bennett, M. L. Bell, G. H. Barton, W. Blaikie, T. F. J. Blaker, J. G. Blackman, G. V. Burd, R. Bruce, St. J. C. Bennett, L. B. Calcott, S. Caffyn, J. L. Poynder, H. Castle, W. F. Chadwick, F. W. Cleveland, W. A. Christie, G. E. Coleman, P. Cooper, W. H. Clarke, J. W. Collington, C. R. Crane, C. C. Cripps, H. P. Dunn, A. C. Parker, H. B. S. Curll, A. K. Dresser, E. D. Farmer, F. Fisher, E. S. Eve, L. W. Fox, H. G. Gascoigne, E. H. Field, W. E. Godfrey, W. P. Feltham, S. C. Harris, R. Heald, A. Harding, J. C. L. Hains, J. G. Harries, R. A. H. Hart, R. S. Hawkes, J. H. Houghton, E. Hicks, H. G. Hicks, F. A. Jeans, H. O. P. Jones, W. D. Jefferson, E. Judkins, H. R. Kelham, P. S. Kendall, A. Kidd, E. T. Lewin, D. G. Lewis, J. S. Lush, T. T. Logan, H. M. W. Macdonald, W. A. Marsh, C. E. D. Maile, C. R. S. Mason, W. S. Merriman, C. F. Middleton, G. R. Moore, W. Morgan, W. H. Neilson, S. W. Nockolds, G. R. Pasker, L. Potts, H. Pullon, E. T. Prior

A. J. Popert, F. J. Pound, W. J. W. Proffitt, A. Rees, A. G. E. Raitt, R. T. Richardson, W. S. Roberts, J. Ritchie, E. M. Rodwell, J. B. Rusher, C. A. Stalkeld, C. W. Sharples, M. A. Smale, E. G. C. Snell, D. H. Thomas, J. Spofforth, C. A. Stackpoole, F. C. Treadgold, P. Tarleton, H. T. B. Tribe, J. A. Vesey, R. L. Stokes, E. J. Thompson, W. P. Turner, C. C. Jones, W. A. S. Walsh, E. W. Walter, P. E. Wallis, G. S. Ward, C. W. Whistler, W. P. Whitcombe, H. Wickham, A. T. Winn, R. G. F. Willows, J. F. Woods, J. K. Womersley, J. L. Wild, H. A. K. Wright, W. T. Wilson, P. M. Wood, G. J. Taylor, J. Telford, W. A. Lewis, S. W. Vessey, C. A. S. Ling, T. F. W. Richardson, L. E. Florigny, F. W. Cleveland, J. D. Evans, J. Heelas, D. A. Coles.

The next examination will be held at Midsummer.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, January 25th, 1872.

Clague, John, Isle of Man
Hawthorn, William Thomas, Uttoxeter

The following gentleman also on the same day passed his first professional examination.

Spurgin, William Henry, Guy's Hospital

As an Assistant in compounding and dispensing medicines.

Harry, Seth, Holsworthy

At the Preliminary Examination in Arts, held at the Hall of the Society, on the 26th and 27th of January, 1872, 56 candidates presented themselves; of whom 19 were rejected, and the following 37 passed, and received certificates of proficiency in general education; viz., in the First Class, in the order of merit.

1. John Mauley; 2. Frederick De Caux; 3. Henry Thomas Batchelor; 4. James Francis Henry Bottrell and Ernest William Livesey; 6. Alfred George Bernard, Charles William Gay, and Joseph Hampson; 9. James Harris Lilley.

In the Second Class, in alphabetical order.

F. C. Anderson, Frederick Baldwin, Harold W. Banfield, Alfred St. Clair Buxton, John Hague Clegg, Harold Davenport, Hubert M. Floyer, Herbert Arthur Glynn, John Thomas Gordelier, William Gibbs Gordelier, Alfred Pierce Green, William John Haines, Hudson Hairsine, Alfred Headland, David Arthur Hughes, James D. W. L. Hustler, E. Fortescue Ingram, Frederick George Munns, Harold Lewis Palmer, Douglas Clifford Pease, Frederick Hamilton Peck, Henry Peskett, Philip William Simpson, Herbert W. Thomson, Alice Vickery, Wm. Walker, Francis D. W. Wheaton, and Alfred T. Tucker Wise.

MEDICAL VACANCIES.

The following vacancies are announced:—

BLOOMSBURY DISPENSARY, Great Russell St.—Resident Medical Officer.
CHESTERTON UNION, Cambridgeshire—Medical Officer for District No. 4.
DONEGAL UNION—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Pettigo Dispensary District: £50 per annum, and fees.
DORSET COUNTY HOSPITAL, Dorchester—Physician.
EAST STONEHOUSE, Devon—Medical Officer and Public Vaccinator for the Parish and the Workhouse: £55 per annum, and extra fees.
ENNISCORTHY DISTRICT LUNATIC ASYLUM, co. Wexford—Visiting and Consulting Physician.
GLASGOW LOCK HOSPITAL—Medical Officer.
HOSPITAL FOR WOMEN, Soho Square—House Physician.
IRVINESTOWN UNION, co. Fermanagh—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Clonelly Dispensary District: £50 per annum, and fees.
KENT AND CANTERBURY HOSPITAL—Assistant House Surgeon and Dispenser: £50 per annum, residence, board, and washing.
MALE LOCK HOSPITAL, Dean Street—Non-resident Dispenser.
MANCHESTER TOWNSHIP—Senior Resident Surgeon at Workhouse Hospital, New Bridge Street: £300 per annum, furnished apartments, fire, lighting, washing, and attendance.
MEATH INFIRMARY, Cavan—Apothecary: £52 per annum, furnished apartments, coal, and lighting.
MIDDLESEX HOSPITAL—Physician; Assistant-Physician; Resident Obstetric Assistant.
MILE END OLD TOWN—Medical Officer and Public Vaccinator for the North District and the Workhouse and Schools: £200 per ann., and vaccination fees.
NEWCASTLE-UPON-TYNE HOSPITAL FOR DISEASES OF CHILDREN—Surgeon.
NAAS UNION, co. Kildare—Medical Officer and Public Vaccinator for the Clane and Timahoe North Dispensary District: £100 per annum, and fees.
NORTHERN HOSPITAL, Liverpool—Two Physicians.
NORTH WALES COUNTIES LUNATIC ASYLUM, Denbigh—Assistant Medical Officer: £100 per annum, rooms, board, and washing.
NOTTINGHAM DISPENSARY—Resident Surgeon, and Assistant Resident Surgeon: £140 and £120 per annum, furnished apartments, coal, and gas.
PETERBOROUGH UNION—Medical Officer for the Castor District.
PLYMOUTH ROYAL EYE INFIRMARY—Physician.
ROYAL DISPENSARY, Edinburgh—Physician and Medical Secretary.
ROYAL HOSPITAL FOR SICK CHILDREN, Edinburgh—Extra Physician.
ROYAL SEA-BATHING INFIRMARY, Margate—Resident Surgeon: £100 per annum.
ST. GEORGE'S HOSPITAL—Assistant-Physician.
ST. MARYLEBONE GENERAL DISPENSARY, Welbeck Street—Surgeon.
SALOP and MONTGOMERY LUNATIC ASYLUM, Bicton—Medical Superintendent.
SCARBOROUGH UNION—Medical Officer for the Sherburn District.
SOUTHAMPTONSHIRE REFORMATORY, Eling—Medical Officer.
UXBRIDGE UNION, Middlesex—Medical Officer for the Workhouse and Infirmary.

WESTMINSTER GENERAL DISPENSARY, Gerrard Street—Resident Medical Officer.
WEST WARD UNION, Westmorland—Medical Officer and Public Vaccinator for the District of Shap.

MEDICAL APPOINTMENTS.

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

- *AUELING, James H. M.D., appointed Physician to the Chelsea Hospital for Women.
*BARNES, Robert, M.D., appointed Consulting Physician to the Chelsea Hospital for Women.
*CHAMBERS, Thomas, M.R.C.P., appointed Physician to the Chelsea Hospital for Women.
CHAMBERS, M. W., Esq., appointed Honorary Secretary to the Chelsea Hospital for Women.
*CURLING, T. B., Esq., F.R.S., appointed Consulting Surgeon to the Chelsea Hospital for Women.
SWEENIE, W. Frederick, M.B., appointed Medical Officer and Public Vaccinator to the Killea Dispensary District of the Londonderry Union, *vice* John Harvey, M.D., resigned.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths, is 3s. 6d., which should be forwarded in stamps with the communication.

BIRTHS.

- HARDEN.—On January 17th, at St. Mawes, Cornwall, the wife of *Henry Harden, Esq., Surgeon, of a daughter.
HARMER.—On January 19th, at Hawkhurst, the wife of *W. Milsted Harmer, M.R.C.P.E., of a daughter.
MACDONALD.—On January 27th, at Markinch, Fife, the wife of *George Macdonald, L.R.C.P.Ed., of a daughter.
PEART.—At North Shields, on January 20th, the wife of *R. S. Peart, M.D., of a daughter.
RASCH.—On January 28th, at South Street, Finsbury, the wife of *Adolph Rasch, M.D., of a daughter.
SMITH.—On January 29th, at William Street, Regent's Park, the wife of *Walter Smith, L.R.C.P., of a son, stillborn.
WOOD.—On January 11th, at Earlsdon, Birmingham, the wife of *Horatio Wood, Esq., Surgeon, of a son.

DEATHS.

- DAY, George Edward, M.D., F.R.S., late Chandos Professor of Medicine in the University of St. Andrew's, at Andersey, Torquay, aged 56, on January 31st.—Friends will please accept this intimation.
EVANS.—On January 16th, aged 36, Louisa Catherine, wife of *Charles Jewel Evans, Esq., Surgeon, of Northampton.
FERGUSON, John, M.D., at Barrow-in-Furness, Lancashire, on January 19th.
WOOD, John, Esq., Surgeon, at North Dalton, Yorkshire, aged 77, on December 21st, 1871.

HER MAJESTY THE QUEEN has lately forwarded a number of liberal presents of game, for the use of the patients in the hospitals of London.

COUNTY LIBERALITY.—A meeting of the friends and supporters of the North Staffordshire Infirmary was held last week, for the purpose of promoting the raising of the "Accumulating Fund" (which now amounted to about £14,000 consols, and which was originated by the late Mr. Tomlinson, to accumulate until it reached £1,000 a year) to such an amount as would make the interest immediately available for paying off the debt and supplying the deficiency of income. The result of the meeting was that Mrs. Stanier subscribed £1,000; Mr. F. Bishop, The Rev. Walter Sneyd, Mr. Robert Heath, and Mr. J. Meakin, £500 each; Mr. F. Stanier Broade, £250; The National Provincial Bank of England, Newcastle, £105; fourteen gentlemen, £100 each; and some smaller amounts, making altogether about £5,000, out of £10,000 which it was considered was necessary for the purpose in view.

BEQUESTS, DONATIONS, ETC.—Miss Fellows, of Leamington, has bequeathed (in addition to many others to non-medical charities) £1000 to the General Hospital, Birmingham; £1000 to the South Staffordshire Hospital, Wolverhampton; £1000 to the Eye Infirmary, Birmingham; £1000 to the Dudley Dispensary; and £500 to the Warneford Hospital, Leamington.—Miss Rushton, of Edgbaston, has bequeathed £2500 each to the General Hospital, and the Queen's Hospital, Birmingham.—The Annual Report of the Children's Infirmary, Liverpool, shews the receipt of £464 under the will of Mr. Dunlop; £270 under that of Mr. S. L. Willett; £150 under that of Mrs. Anne Price; £103 under that of Mr. A. Jones; and £100 from "A Friend" (per Mr. C. Inman).—The Honourable Ella Portman has placed £350 Consols in the names of the Trustees of the Yeatman Hospital, Sherborne, as a memento of her late sister, the Honourable Louisa Portman.—Mr. Daniel Cave has given £200 to the Royal Infirmary, Bristol.—The Brighton Hospital for Sick Children has received £120 from Dr. Taaffe, the proceeds of the recent ball in aid of its funds.—Mr. Wm. Cosens has bequeathed £300 each to the Devon and Exeter Hospital; the Eye Infirmary, Exeter; and the Exeter Dispensary.

OPERATION DAYS AT THE HOSPITALS.

- MONDAY Metropolitan Free, 2 P.M.—St. Mark's, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.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.—Royal Westminster Ophthalmic, 1.30 P.M.
WEDNESDAY... St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.30 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.—King's College, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.
THURSDAY.... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.
FRIDAY Royal Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.—Royal South London Ophthalmic Hospital, 2 P.M.
SATURDAY.... 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.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 9.30 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

- MONDAY.—Medical Society of London, 8 P.M. Third Lettsomian Lecture, by Dr. Habershon: "The Bile and the Bile Ducts."
TUESDAY.—Pathological Society of London, 8 P.M. The following specimens will be exhibited:—Mr. Christopher Heath: Fibro-cystic Tumour of the Lower Jaw. Dr. King: Aneurism of the Aorta perforated by a Fractured Rib, and associated with Embolism of the Middle Cerebral Artery. Dr. Thorowgood: Biliary Calculus. Mr. Jabez Hogg: Madura Foot. Dr. Moxon: Subacute Yellow Atrophy of the Liver. Dr. Moxon: Expansion and Softening of small Grey Tubercle. Dr. Nunneley: Congenital Occlusion of the Hepatic Ducts. Dr. Greenhow: Embolism and Softening of the Left Anterior Cerebral Lobe: Aphasia.
WEDNESDAY.—Obstetrical Society of London, 8 P.M. Dr. Phillips, "On Retroflexion of the Uterus as a frequent cause of Abortion"; Dr. Bantock, "On the Use of the Sponge-tent in Menorrhagia"; and other papers.—Royal Microscopical Society, 8 P.M. Anniversary Meeting.
FRIDAY.—Clinical Society of London, 8.30 P.M. Adjourned discussion on Mr. Cooper Forster's paper "On the Treatment of Popliteal Aneurism": Mr. Hulke, "On the Therapeutic Value of Condurango as a reputed Cure for Cancer"; Mr. De Morgan, "A Supplemental Paper on the same subject"; Mr. Bryant, "Two Cases of Recto-vesical Fistula successfully treated by Colotomy."

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 halfpenny stamps for the amount.
WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.
FOR replies to questions concerning Poor-law medical questions, see Poor-law Medical Department, under charge of Mr. Benson Baker, London, and Dr. Maunsell, Dublin.
CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

- MR. B. HUNT (Birmingham).—We fear we cannot make any definite promise.
MR. VIGURS (Ladock).—Dr. Graily Hewitt's work on the subject, published by Longman and Co., will probably be the best that we can recommend for the purpose.
DR. HILL (Hooton).—1. The *Medical Register* is the only legal authority. 2. There is no public prosecutor for the assumption of false titles.
DR. LAIDLAW (Kirkintilloch).—Duly received and considered. Such communications have so often been published and discussed, and their bearing is so well understood, that it only remains to insist on every available opportunity of pressing for an amendment of the fortieth section of the Medical Act. Considerations of space make it impossible to publish more than a selection from the communications received.
M.D., D. J. G., R.N. (Devonport).—Under the plan suggested, of allowing every registered member of the profession to become a member of the Association on simple application, persons would be admitted whose professional fellowship would be objectionable at the meetings—homeopaths, advertisers, and others. It is no doubt desirable to diminish as much as possible the trouble of hunting about for signatures, especially in localities where some difficulty may exist from sparseness of members, as in Scotland and some parts of England and Ireland; but some personal guarantee, such as is retained in the Liverpool and Birmingham canvases, is necessary.