

than the left. The pancreas was normal. A large fungated growth was found in the interior and posterior wall, occupying part of the lesser curve of the stomach, as well as the pyloric half. The pyloric orifice and greater curve were free, so that food could readily pass. The cardiac section of the stomach was not dilated, and its walls were not perceptibly thickened. Microscopic examinations of the growth showed small round nucleated and granular cells imbedded in connective tissue. No cancer-cells were found.

ST. THOMAS'S HOSPITAL.

SALIVARY CALCULI.

(Under the care of Mr. SYDNEY JONES.)

A GIRL, aged 20, had a swelling under cover of the right angle of the lower jaw. This swelling was fluctuating; and she described it as varying in size, enlarging much, and producing a sensation of painful distension, during mastication. On examination, a concretion was found beneath the right side of the apex of the tongue. The mucous membrane was divided, and two pieces of calculus were removed. Each piece was cylindrical, about the thickness of an ordinary slate-pencil: one piece was about three-fourths of an inch in length, with a pointed end towards the oral aperture; the other piece was one-third of an inch long. On examination by Dr. Bernay, the chemical constituents were found to be phosphate of lime and mucus.

A male, aged 50, was sent to Mr. Jones with mischief said to be ranula. On examining the mouth, on the right side of the frænum linguae a hard swelling was found. The mucous membrane having been divided, an oval calculus, about the size of an almond, was easily enucleated.

ST. BARTHOLOMEW'S HOSPITAL.

CASES ILLUSTRATING THE USE OF COTTON-WOOL AS A DRESSING.

(Under the care of Mr. CALLENDER.)

FOR the following report, we are indebted to Mr. B. Ferguson, the House-Surgeon.

CASE I.—J. D., aged 34, was a well-nourished, able-bodied man, a couch-frame maker by trade. Eight or nine years ago he used to work out of doors and carry heavy loads of wood on his shoulders. About this time he first noticed a small lump on the left shoulder, which very slowly increased, and on admission was about the size of a medium orange. He had suffered no inconvenience or pain from it until lately; since when, it had been the seat of frequent aching and darting pains, chiefly experienced on motion of the neighbouring arm. These pains were the cause of his desiring the removal of the tumour.

The tumour presented all the characters of a fatty one; and it was removed on January 20th by enucleation after a single incision. The edges were brought together by a single strip of strapping, and the wound covered by a double fold of lint soaked with carbolic acid (1 in 40); a similar fold of dry lint was superimposed, and above this a somewhat thick layer of cotton-wool; a bandage completed the dressing.

On the 21st, he had slept well during the past night, and his condition was in all ways satisfactory; the temperature 99; pulse 64; respiration 16. The wound, which was examined through the cloud thrown by an ether-spray apparatus charged with carbolic acid lotion (1 to 100), had united throughout its whole extent by first intention. Mr. Callender, however, directed the adhesions at the lower part to be separated, to obviate the possible confinement of discharge, and similar dressings were reapplied.

On the 23rd, there were no further signs of reaction than the slight rise of temperature to 99.4, and he was feeling comfortable and eating and sleeping well. On the 27th, water-dressing was substituted for carbolic oil, and on the 30th he was quite convalescent.

CASE II.—A. P., aged 16, was admitted on January 17th with a lacerated wound of the ball of the thumb, dividing the tendons of the extensores ossis metacarpi and primi internodii pollicis, also the superficialis volæ artery, the ends of which were twisted, and extending deeply through the muscles of the ball of the thumb and into the joint between the trapezium and the first phalanx. The wound was caused by a chopper. So slender was the connexion of the digit to the carpus, that Mr. Ferguson, who sutured the parts together, thought that probably Mr. Callender, who was expected shortly afterwards, would amputate. Mr. Callender, however, determined to defer this operation, at least for a time, in the hope that, under suitable dressings, union might take place. A treatment similar to that of the last case was accordingly adopted, and all was left untouched for four whole days. After the expiration of this time, during which no pain or inconvenience

was experienced, it was found, on uncovering the wounded part, that nearly the whole of the severed portions had united by first intention; and he is at present progressing rapidly towards recovery.

CASE III.—H. H., aged 62, was admitted with necrosis of the first phalanx of the middle finger of the right hand, consequent on an inflammation commencing in the joint between the first and second phalanges: a splinter of wood penetrating the joint was the first cause. The finger and the head of the metacarpal bone were removed by Mr. Ferguson on January 10th, the carbolic spray being used: the dressings were those before mentioned. The arteries, one excepted, were twisted, and nothing was touched for four days. On examination after this period, complete union by first intention was found to have taken place.

SELECTIONS FROM JOURNALS.

THERAPEUTICS.

ACCIDENTS FROM SANTONINE.—Dr. P. E. Andaul describes (*Bulletin de Thérapeutique*, Jan. 30, 1872) a case in which an infant two years of age, after an ordinary dose of santonine (7 centigrammes) administered by its mother, was seized with prostration, convulsions, cramps, and icterus, followed on the third day by salivation and ulceration of the gums. He was asked whether the santonine may have been adulterated. Borac acid is mentioned by Keveil as an adulteration, and occasionally strychnine.

EPIDERMIC GRAFTS.—M. Reverdin, in a careful histological study of the growth of skin-grafts, which he has the merit of having introduced into practice as a therapeutical method, described at the meeting of the Académie des Sciences on November 22nd the observations which had led him to conclude—1. That the adhesion of the grafts is produced in the first instance by the epidermic, and only secondarily by the dermis; 2. That the epidermis acts by contact (cataplastic action—Gubler) in determining the contiguous embryonic surfaces to transform themselves with it into epidermis.

THE BATH IN SMALL-POX.—In some notes on the treatment of small-pox in the *Dublin Journal of Medical Science* for January, Dr. Stokes, Regius Professor of Physic in the University of Dublin, lays great stress upon the use of the warm bath. He says: "We cannot doubt that the mortality in small-pox hospitals would be greatly diminished by the use of the bath." He describes a case in which the pustulation was almost universally confluent; the purulent matter highly purulent; the hæmorrhagic state developed; the body one universal ulcerous sore, and the blackness of the worst purpura developed; the odour of an intensely pungent and offensive character, which seemed to pass through the bystander like a sword. "Stimulants alone, freely and constantly employed, seemed to preserve the patient alive. The pulse was rapid, weak, and intermitting; and for several days we despaired of his life. At this juncture I happened to describe the case to my colleague, Mr. Smyly, who suggested the trial of the warm bath, with the view of relieving the terrible suffering. A bath in which he could recline was speedily procured; and, pillows being adjusted in it, we lifted the sufferer in, and placed him in the recumbent position. The effect was instantaneous and marvellous. The delirium ceased as if by magic; it was the delirium of pain, and the patient exclaimed, 'Thank God! thank God! I am in Heaven! I am in Heaven! Why didn't you do this before?' The fever immediately and completely disappeared, so that, on entering the ward, no one could suppose that there was a case of small-pox in it. He was kept at least seven hours in the bath, during which time brandy was freely administered, and omitted only when he showed symptoms of its disagreeing with the brain. He was then removed to bed. The surface was clean, and in many places the sores looked healthy and white. The bath was repeated next day, after which he fell, for the first time, into a tranquil slumber. From this time his recovery was progressive, delayed only by the formation of abscesses and the great soreness of the feet. That this gentleman's life would have been sacrificed but for the timely use of the bath, few who have had any experience in prognosis can reasonably doubt. He was in the condition of a patient every portion of whose skin had been burnt and ulcerated. This case and its singular result, in addition to the experience of Hebra, justifies the recommendation of the use of the bath. No danger attends its employment; and, in asthenic cases, stimulants can be freely used. In the Vienna Hospital, patients have been kept continuously in the bath for one hundred hours with good effect."

handsome salary, whose duties are to visit the hospitals twice or thrice weekly.

That rather sleepy body of savants, the Manchester and Salford Sanitary Association, has been galvanised into a state of convulsive activity by the filthy state of the Irwell; and because their own corporations turn a deaf ear alike to their warning prophecies and to their blandishments, the members have resolved to petition Parliament to interfere with respect to the pollution of rivers generally, and the Irwell in particular.

A recent calamity at Preston will increase the general desire that some thorough plan for the purification of rivers should be initiated. It appears that, on Friday last, the whole of the persons employed in the winding-room of Messrs. Woods and Hampson of this town were suddenly taken so ill as to be compelled to cease work. Typhoid symptoms rapidly ensued, and already four deaths have occurred, and many more sufferers are reported to be in a hopeless condition. It appears that a drain, which was the origin of the evil, emptied itself into a water-course which flows into the Ribble; but a "freshet" in the river having occurred, the sewage was backed up the drain and prevented from escaping, hence the evil.

The amalgamation of the Royal Manchester School of Medicine with Owen's College may now be said to be completed, and the plans for the new medical class-rooms accepted by the trustees: it is not too much to say that they are very complete, and indeed liberal in design.

As you, sir, have already observed, the circular of invitation sent out to the medical non-members of the British Medical Association in Lancashire and Cheshire has been most satisfactorily answered, Manchester alone sends upwards of twenty new applications for membership, and fresh ones are coming in every day.

There has been some increase of small-pox in Manchester of late, and Mr. Abel Heywood, Jun., one of the Manchester Board of Guardians, very appropriately introduced the vaccination statistics of the past year at the last meeting of the board. It appeared from these statistics, which were full and valuable, but too long to quote in a letter, that during the last twelve months 236 cases had been treated in the workhouse hospital. Of this number 157 had been vaccinated; 68 were unvaccinated; and 11 uncertain. The total mortality had been 31; there had been 7 deaths in vaccinated persons, or 4½ per cent.; and 24 deaths in the unvaccinated, or 35½ per cent. of those attacked had succumbed to the disease.

ASSOCIATION INTELLIGENCE.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: PATHOLOGICAL AND CLINICAL SECTION.

The next meeting of the Section will be held on Friday, February 23rd, at the Midland Institute, Birmingham. The Chair will be taken at 3 P.M. precisely.

BALTHAZAR W. FOSTER, M.D., } *Honorary Secretaries.*
T. VINCENT JACKSON,
Birmingham, February 14th, 1871.

NORTH WALES BRANCH.

THE intermediate general meeting of this Branch will be held at the Wynnstay Arms Hotel, Wrexham, on Tuesday, February 27th, at One o'clock P.M., under the presidency of J. R. JENKINS, M.D., Ruthin.

Mr. Griffith and Dr. Williams will kindly provide luncheon at 12.30 P.M. at the above Hotel, before business is proceeded with.

The dinner will take place at 4 o'clock at the same Hotel. Tickets, 5s. 6d. each, exclusive of wine.

The annual subscription of One Guinea to the Parent Association, and of Half-a-crown to the Branch, became due on the 1st of January, and members are requested to forward them with as little delay as possible to the Treasurer, Dr. G. Turner Jones, Denbigh.

Gentlemen who have papers or cases to communicate, and who purpose dining, will oblige by sending early notice of the same to the undersigned.

D. KENT JONES, *Honorary Secretary.*
Beaumaris, January 5th, 1872.

METROPOLITAN COUNTIES BRANCH.

AN Ordinary Meeting of this Branch will be held at the House of the Society of Arts, John Street, Adelphi, on Tuesday, March 5th, at 8 P.M., when the following papers will be read and discussed.

1. The Provident System of Medical Relief in a *National* Point of View. By D. Dalrymple, Esq., M.P.

2. The Provident System of Medical Relief in a *Medical* Point of View. By J. Ford Anderson, M.D.

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

75, Grosvenor Street, W., February 15th, 1872.

METROPOLITAN COUNTIES BRANCH: ORDINARY MEETING.

AN ordinary meeting of this Branch was held at 32A, George Street, Hanover Square, on Wednesday, January 31st; J. RUSSELL REYNOLDS, M.D., F.R.S., President, in the Chair.

Jurisdiction of Matrons.—Mr. ERNEST HART moved, and Mr. LORD seconded—"That the practice of empannelling an unskilled jury of matrons in cases in which pregnancy is pleaded in bar of execution, is not calculated to afford exact or reliable conclusions for the purposes of justice; that the test of 'quickening' which the law now applies in cases in which such plea is raised, is not, according to the actual state of medical science, a sufficient or exact test of pregnancy; and that in the opinion of this Branch it is desirable that the law should be altered so as to bring it into accordance with the present state of knowledge."

After some remarks from Dr. Gibbon and Dr. Rogers, the resolution was carried *nem con.*

Dr. Barnes, Dr. Braxton Hicks, and Mr. Hart, were recommended by the President as a Committee to draw up a statement to be forwarded with a copy of the resolution to the Secretary of State for the Home Department.

Sanitary Organisation.—Mr. E. HART read a paper on this subject; taking, as the text of his address, the statement of the Joint Committee of the British Medical and Social Science Associations published at page 161 of last week's JOURNAL.

Dr. JOSEPH ROGERS insisted on the importance on having a central board with a real existence. The Poor-law Board had had many presidents, and had been filled with parliamentary officials unacquainted with the work. The condition of this Board was similar to that of the Admiralty. In Ireland, the Poor-law Board consisted of the same members now as twenty years ago; and it was held up as a pattern throughout the country. Fit and proper persons were selected, and were retained in their posts.

Dr. A. P. STEWART referred to the great importance of the subject under discussion. There was a remarkable amount of hesitation in uniting departments of importance under a central board. At present, various functions which ought to be exercised by such a board were divided among different departments of the Government; among these, for instance, was the inspection of factories and of mines. Some time ago, Mr. Michael, Mr. Clode, and himself had drawn up a series of queries relating to sanitary organisation; they were not circulated, but if they had been, more information might have been got through them than had been obtained by the Royal Sanitary Commission. The argument in favour of consolidation of duties would have been brought out. With regard to the inspection of mines and factories, the duty was discharged by persons in no way qualified; and it was remarkable that Mr. Baker, himself a member of the profession, was opposed to taking the inspectorship of factories out of the present hands. All that was done at present, was to certify that persons were fit for admission to factories. This inspection of factories ought to be one of the duties of the principal medical officers of health. Unification was an important object; but, if the recommendations of the Royal Sanitary Commission were carried into effect, there would be double authorities in many districts, and in some districts two bodies exercising the same function. Confusion would thus be perpetuated; especially if the most pernicious system of small drainage-districts were adopted, which would lead to works being carried out in limited localities which would interfere with operations over a larger area. Small districts were now being multiplied, and would probably form obstacles to a plan of local government. The question of area determined the character of the health officer; with a small area, a small man only could be expected. To be able to afford a competent salary, there ought to be a population in a health district of 100,000 or 200,000. With regard to the appointment of Poor-law medical officers as principal officers of health, it would be a fatal gift to them, involving risk to their private practice, and placing them in a position in which, from their relations with the guardians, they had no power. The appointment would be like a Pandora's box to them. There should be a hundred or more men with salaries of £1,000 a year, specially trained for their duties, exercising sanitary supervision over large populations; and the Poor-law medical officers should act as deputy officers of health. The principal medical officers of health would be able to train those under them

to accurate observation; and this would lead to an improved registration of sickness and a generally improved state of sanitary state operations. He thought that the expense to the country would be very moderate; but the information obtained on this point by the Royal Commission was very imperfect. He hoped that the Association would give its support in fighting out the battle with the Sanitary Commission.

Dr. WYNN WILLIAMS said that compulsory power should be given to medical officers of health to remove persons lodging in houses when suffering from contagious diseases. He thought that no houses should be allowed to be built without a stamped certificate from an officer of health. As an instance of the necessity for medical officers of health, he mentioned that it was proposed to carry the drainage of Llanberis in North Wales into a lake, the water of which was used for drinking.

Dr. GIBBON thought that much might be done in the way of improvement by retaining the present boards, and amending their constitution. He regretted that Mr. Hart had not touched on the amendments required in the Coroner's Court.

Mr. HART having replied, the meeting adjourned.

REPORTS OF SOCIETIES.

CLINICAL SOCIETY OF LONDON.

FRIDAY, JANUARY 26TH, 1872.

SIR WM. W. GULL, Bart., M.D., F.R.S., President, in the Chair.

THE PRESIDENT delivered an address, an abstract of which was published at page 119 of the JOURNAL for February 3rd.

Popliteal Aneurism.—Mr. COOPER FORSTER read a paper on two cases of popliteal aneurism, the treatment of which, though not novel, was calculated to elicit the opinion of the Society on a most important point of surgical practice. The first case was that of a labourer, aged 35, sent to the author by Dr. Poole, of St. Paul's Cray. He was an intemperate man, with good general health. Ten days before admission into the hospital, he had pain in his left knee, followed in a few days by swelling. He came under notice with all the signs of popliteal aneurism. The treatment, which throughout was by means of instrumental pressure and flexion, extended over fifty-five days. In the first instance, pressure was applied by a dead weight on the artery in the groin, and by a screw-tourniquet without chloroform. A Reid's compressor was subsequently used in place of the weight. The femoral current was by this means entirely arrested for some hours each time; but this failed to produce the desired effect, and chloroform was afterwards administered, while the pressure was kept up for periods which varied in duration from nine hours and a half to four hours. The sac gradually became smaller and harder, but pulsation had not finally ceased till December 23rd. The man left the hospital well on January 3rd. The second case was that of a gentleman, aged 34, strong and hearty, given to athletic exercise, who felt pain in the calf of the right leg five months before he first came under notice; and two months later, he had pain and pulsation in the popliteal space. Two months more elapsed, during which time he walked about and took no notice of his leg, and then he consulted a surgeon, who applied instrumental pressure to the sac itself. This gave excruciating pain, and no improvement resulted. When the author saw him, the popliteal space contained an aneurism of the size of a small orange, in which pulsation was very strong, and not arrested by flexing the leg to the utmost. Much swelling of the leg, moreover, existed, with excoriation of skin, the result of the previous treatment. The treatment was by pressure—instrumental for the first three days, by means of weights in the groin and a tourniquet in the middle of the thigh; this produced no effect. Digital pressure was then resorted to, three of the patient's friends compressing the femoral alternately for periods of ten minutes, the author of the paper sitting with his hand on the tumour to guard against the return of pulsation. The aneurism was cured by this means in three hours and a half. Mr. Forster thought that, to ensure success, the great point to be attended to was that the current of blood through the sac should be completely arrested, and this in opposition to the view first held by Bellingham. Another question also arose as to when pressure, if adopted, should be discontinued in favour of ligature, and as to when it was inadvisable in the first instance. The author, from a review of his whole experience in this disease, questioned whether pressure would not always be successful if tried with patience, and carried out with care. And for his part, he expressed the opinion that the disadvantages, even where chloroform was necessitated for long periods, were so insignificant, and the *primâ facie* physiological arguments so strong in its favour, that he did not hesitate invariably to try it, and as

yet he had done so always with success.—Mr. ERNEST HART said that the first object of the surgeon was completely to control the circulation. The prevailing doctrine that aneurism should be treated so as to obtain spontaneous cure by successive layers of lymph had no real foundation. Surgeons should, he thought, discard the idea of the deposition of layers of lymph. It was in the effort to avoid pain caused by the complete stoppage of the blood that the Irish surgeons tried to cure by the small current. There was now no reason why we should not aim at complete obstruction, aided, as we now are, by chloroform. There were now numerous cases of cure from complete stoppage of the circulation, thirty-four cases in which flexion had been successful, and in two of these all other methods failed.—Mr. CAMPBELL DE MORGAN said that cases treated by pressure varied, some aneurisms remaining uncured for months, even in cases in which digital pressure was applied for hours and hours together. He alluded to one case in which, after pressure was removed, the tumour existed much as before, and related a second case in which digital pressure was applied, but afterwards when the man died no layers of fibrine were deposited and no outlet to the sac could be found. Some cases, no doubt, occurred in which pressure failed.—The discussion was adjourned until February 9th, on the motion of Mr. HULKE, seconded by Mr. BARWELL.

FRIDAY, FEBRUARY 9TH, 1872.

E. H. GREENHOW, M.D., F.R.S., Treasurer, in the Chair.

Treatment of Popliteal Aneurism.—The discussion on Mr. COOPER FORSTER's paper on the Treatment of Popliteal Aneurism was resumed by Mr. BARWELL. In the middle of May 1870, Mr. Barwell, and Mr. Cadge of Norwich, together with Dr. Beverly, treated a gentleman, aged 38, for a right popliteal aneurism due to violent exertion. Dr. Carte's apparatus was applied, and the screws carefully adjusted. No lowering diet or remedies were given; neither opium nor chloroform was administered. Chloral acted well the first time; but on a second trial so uncomfortably, that the patient declined to take it again. The patient was possessed of remarkable patience and fortitude. Nevertheless he described to Mr. Barwell that on the morning of the fifth day he felt that he could go on no longer; the artery throbbed violently and rapidly, the screws jumped with each beat, and he himself felt dispirited and exhausted, when the artery quite suddenly gave up the fight, and he felt quite comfortable and at ease. The cure thus effected in five days was confirmed by a fortnight's rest. The author drew attention to three points. 1. This cure was followed for three months by pain; and, although the patient could in the same winter (1870-71) both dance and skate, yet walking at that time provoked pain. In one of the cases detailed at the last meeting by Mr. Forster, severe pain existed six years after the cure. This pain, Mr. Barwell believed, was a constant sequel, and yet no writer had mentioned it. 2. In reference to the choice between rapid and gradual cure by compression, he agreed with Mr. Hart that an aneurism cured in three hours and a half, in three-quarters of an hour, and, *à fortiori*, in twenty minutes, must, as far as danger from gangrene was concerned, be in the same position as one cured by ligature; hence, in an old enfeebled constitution, the choice of method must be influenced by this consideration. 3. The peculiar exacerbation of pain and throbbing just before the cure of the aneurism gave occasion to compare this case with certain published ones of spontaneous cure, as well as with some results of pressure-treatment.—Mr. MAUNDER observed that the danger of gangrene under the rapid method was very slight. He believed that metropolitan surgeons were not in the habit of tying the femoral artery for popliteal aneurism until pressure had been tried. The statement of Mr. Forster that he had never required to ligature the femoral for popliteal aneurism, was more or less valuable according to the number of cases he had treated.—Mr. LAWSON related particulars of a case in which, after three quarters of an hour's pressure, the patient, who was under chloroform, became faint and exhausted, and four hours afterwards the tumour-pulsation ceased entirely and remained in this condition.—Mr. HULKE thought that Mr. Lawson's case was a mixed one, as compression had been tried three weeks before, by which collateral circulation may have been established. It seemed to him not so safe to have a loose black clot as a tough fibrinated one. He alluded to one case in which, after rapid cure, suppuration of the sac took place and ended fatally, and other two in which recovery took place after amputation of the limb.—Mr. ARNOTT referred to the auxiliary means open to the surgeon, of diminishing the heart's action by drugs.—Mr. JOHN CROFT expressed the opinion that the circulation in some, at least, of these cases was not completely arrested. He related a case cured in forty-eight hours, in which the clot was laminated and partly spongy, through which, however, a small passage ran.—Mr. HULKE asked if Mr. Forster, or any other gentleman present, had any personal experience of the treatment

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, February 8th, 1872.

Dobie, Stanley Locker, Irthington, Carlisle
Jackson, Francis Edward, Chertsey, Surrey
Stoney, Percy Butler, St. Bartholomew's Hospital

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

Dalton, Charles Bernard, Guy's Hospital
Morton, Albert Samuel, London Hospital
Walker, William Newman, University College

ARMY MEDICAL SERVICE.—List of medical candidates of Her Majesty's British Army who were successful at the competitive examinations held at London in August 1871, and at Netley in February 1872, after having passed through a course at the Army Medical School, Netley.

Order of merit and names.	Studied at	No. of marks.
1. Cottle, E. W.	Oxford and London	5118
2. Ash, R. V.	London and Aberdeen	4625
3. Connolly, P. S.	Dublin	4510
4. Dwyer, C. E.	Dublin	4447
5. Rogers, J. G.	Dublin	4445
6. Fasken, W. A. D.	London	3993
7. Connolly, B. B.	London	3927
8. Edge, J. D.	Dublin	3866
9. Barrow, F. E.	London	3837
10. Blood, R.	Galway and Dublin	3797
11. Barrow, H. J. W.	London	3793
12. Bridges, W. P.	London	3695
13. Drury, R.	Galway and Dublin	3694
14. Grant, W. C.	Dublin	3654

MEDICAL VACANCIES.

The following vacancies are announced:—

AMMAN IRONWORKS, Llanelly—Surgeon.
ARDNAMURCHAN, Argyleshire—Parochial Medical Officer: £80 per annum, house, etc.
BANBRIDGE UNION, co. Down—Medical Officer to the Workhouse and Fever Hospital: £100 per annum.
BIRKENHEAD BOROUGH HOSPITAL—Assistant House-Surgeon: £40 per annum, board and lodging.
BLOOMSBURY DISPENSARY, Great Russell St.—Resident Medical Officer.
CASTLEBAR UNION, co. Mayo—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the North Division No. 2 of the Castlebar Dispensary District: £110 per annum, and fees.
CASTLECOMER UNION, co. Kilkenny—Medical Officer to the Workhouse; £100 per annum.
CASTLEDERG UNION, co. Tyrone—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Drumquin Dispensary District: £40 per annum, and fees.
CHELMSFORD—Medical Officer of Health: £25 per annum.
DONEGAL UNION—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Pettigo Dispensary District: £50 per annum, and fees.
DUNSHAUGLIN UNION, co. Meath—Medical Officer for the Workhouse: £80 per annum.
ENNISCORTHY DISTRICT LUNATIC ASYLUM, co. Wexford—Visiting and Consulting Physician.
INVERKIP, Renfrewshire—Resident Medical Practitioner: £100 first year, and most likely £115 a year as Parochial Medical Officer.
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, apartments, board, and washing.
KING'S COLLEGE HOSPITAL—Assistant-Physician for the Diseases of Women and Children.
LIVERPOOL DISPENSARIES—Two Honorary Medical Officers: one for the North and one for the South Dispensary.
OMAGH UNION, co. Tyrone—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Drumquin Dispensary District: £100 per ann., and fees.
PAISLEY INFIRMARY—House-Surgeon.
PETERBOROUGH UNION—Medical Officer for the Castor District.
QUEEN ADELAIDE DISPENSARY, Bethnal Green Road—Surgeon.
QUEEN'S HOSPITAL, Birmingham—Resident Physician and Medical Tutor: £100 per annum, board, etc.
ROYAL SEA-BATHING INFIRMARY, Margate—Resident Surgeon: £100 per annum, board and lodging.
ST. MARYLEBONE GENERAL DISPENSARY, Welbeck Street—Surgeon.
SALOP AND MONTGOMERY COUNTIES LUNATIC ASYLUM, Bicton—Medical Superintendent: £400 per ann., unfurnished apartments, coal, and gas.
SETTLE UNION, Yorkshire—Medical Officer for the Workhouse.
VICTORIA HOSPITAL FOR CHILDREN, Chelsea—Assistant-Surgeon.
WALLASEY DISPENSARY—House-Surgeon: £100 per annum, with furnished residence, coals, and gas.
WESTERN OPHTHALMIC HOSPITAL, Marylebone Road—Surgeon.
WEST HAM UNION, Essex—Medical Officer for the Stratford District: £80 per annum, and extra fees.
WEST KENT GENERAL HOSPITAL, Maidstone—Physician.
WESTMINSTER GENERAL DISPENSARY, Gerrard Street—Surgeon; Resident Medical Officer: £100 per annum, furnished apartments and attendance.

WESTON-SUPER-MARE HOSPITAL AND DISPENSARY—House-Surgeon: £60 per annum, board, lodging, and washing.

WEST WARD UNION, Westmorland—Medical Officer and Public Vaccinator for the Shap District: £25 per annum, and extra fees.

MEDICAL APPOINTMENTS.

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

LYLE, Thomas, M.B. (Assistant Medical Officer of the Borough Lunatic Asylum, Newcastle-upon-Tyne), appointed Assistant Medical Officer to the Cheshire County Asylum, near Macclesfield, *vice* T. R. King, M.D., resigned.
PITT, F. D., Esq., appointed Resident Obstetrical Officer to Charing Cross Hospital, *vice* A. W. Orwin, Esq., resigned.
VINES, Henry J. K., L.R.C.P. Ed., appointed Public Vaccinator for the Littlehampton District: Surgeon to the London, Brighton, and South Coast Railway; Surgeon to the Odd Fellows and Foresters, Littlehampton; and Medical Referee to the Prudential Assurance Society.

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.

DEATHS.

DALTON.—On February 2nd, at Bournemouth, aged 60, Ann, wife of *William Dalton, M.R.C.P., late of Cheltenham.
FENTEM.—On February 8th, at Eyam, Derbyshire, Ann, wife of *Thomas Fentem, Esq., Surgeon.
QUEKETT.—On February 6th, at Delamere Crescent, Westbourne Square, aged 55, Isabella Mary Anne, widow of the late John Quekett, Esq., F.R.S., Professor of Histology in the Royal College of Surgeons.

The South Shields Board of Guardians have voted £100 to Dr. Thompson, and £75 to Dr. Denham, for their extra services during the prevalence of small-pox in the town and district.

TESTIMONIALS.—Mr. John Pratt, of Durham, has been presented, at a public meeting, with a gold watch and appendages, and a purse of money, in recognition of his services to the poor during the late outbreak of small-pox. Mr. C. R. Rowe, of Wimborne, has been presented by the local branch of the United Patriots' National Benefit Society, with a silver inkstand and a silver pencil-and-pen-holder.

We are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Liverpool Albion, Feb. 10th; The Accrington Times, Feb. 10th; The Dublin General Advertiser, Feb. 10th; The Lincolnshire Chronicle, Feb. 9th; The Lincoln Gazette, Feb. 10th; The North British Advertiser, Feb. 10th; The Belfast Evening Telegraph, Feb. 8th; The Standard, Feb. 10th; The Daily Review, Feb. 3rd; The Edinburgh Courant, Feb. 3rd; The East London Observer and Tower Hamlets Chronicle, Feb. 10th; etc.

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

Dr. Murchison, London; The Rev. Dr. Haughton, Dublin; Mr. Campbell De Morgan, London; Mr. Barwell, London; Mr. Henry Morris, London; The Secretary of the Clinical Society; Mrs. Heckford, London; Dr. H. Charlton Bastian, London; Dr. Marcet, Nice; Dr. Shapter, Exeter; Dr. Rawdon, Liverpool; Dr. P. Nicol, Bradford; Mr. F. D. Pitt, London; Mr. Sedgwick, London; Dr. Malins, Cradley; Mr. J. E. Burton, Liverpool; Dr. A. Smart, Edinburgh; M.R.C.S., York; Mr. E. Nettleship, London; Dr. Moxon, London; Dr. J. Hughlings Jackson, London; Sir Lawrence Peel; Mr. H. C. Lawrence, London; Dr. L. Shapter, Edinburgh; Dr. Finlayson, Glasgow; Dr. Fyffe, Netley; The Secretary of the Manchester Medical Society; Mr. Dyte, London; Dr. Lauder Lindsay, Perth; Dr. Kennedy, Canisbay; Dr. Drummond, Oldham; Dr. Stanley Haynes, Salisbury; Dr. Jagielski, London; Dr. Greenhill, Hastings; Mr. Dale, Scarborough; Dr. Peart, North Shields; Mr. Rymer, Croydon; Mr. Hodgson, Brighton; Mr. Gascoyen, London; Dr. Ogle, Derby; Dr. Joubert, Paris; The Secretary of the Royal Medical and Chirurgical Society; Mr. Barrett, Grimstone; Dr. Barnes, Carlisle; Mr. Nicholson, Hull; Dr. Mulvany, Dundalk; Dr. Egan, Dublin; Mr. G. S. Jones, Bath; Mr. R. Harrison, Liverpool; Dr. Bodington, Sutton Coldfield; Dr. Hoffmeister, Cowes; Mr. Joseph Bell, Edinburgh; Our Dublin Correspondent; Dr. James Morton, Glasgow; Mr. Farr, Andover; Dr. J. W. Langmore, London; Mr. Crosby Leonard, Bristol; Dr. Grimshaw, Dublin; Mr. Chubb, Torpoint; Mr. Holland, London; Mr. Oakley Coles, London; Dr. Radford, Manchester; Mr. Gamgee, Birmingham; Mr. Newnham, Wolverhampton; Mr. Corrance, M.P., London; Dr. Sisk, Fermoy; Dr. Shettle, Reading; Mr. J. E. Collingwood, Grantham; Dr. Simms, London; Mr. Wanklyn, London; Dr. Coats, Glasgow; Dr. Fairless, Bothwell; W. A. A.; Our Manchester Correspondent; Dr. J. Ligertwood, Methlick; Dr. Samelson, Manchester; Our Liverpool Correspondent; Mr. T. Carr Jackson, London; Mr. Bossey, London; The Registrar-General of England; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; Mr. T. M. Stone, London; The Registrar of the Medical Society of London; Mr. Hulke, London; Dr. Gowers, London; The Director-General of the Army Medical Department; Dr. Wolfe, Glasgow; Dr. Dobell, London; Dr. Mac Cormac, Belfast; Dr. Corfield, London; Dr. Elliott, Hull; Mr. C. S. Jeaffreson, Newcastle-upon-Tyne; Dr. Edis, London; Dr. John Fox, Greenock; Dr. Gee, London; Dr. Duncan, Dundee; etc.

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. Mr. Victor de Méric, "Casts and Drawings on a Case of Congenitally Deformed Hands and Feet"; Dr. C. Bell Taylor, "Observations on the Contagious Diseases Acts, with an Analysis of the Statistical Results as deduced from all the Parliamentary Papers which have been issued on the subject from the commencement of the present time."

TUESDAY.—Pathological Society of London, 8 P.M. The following specimens will be exhibited:—Dr. C. T. Williams: Malformation of the Chest, a living subject. 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. Mr. W. Adams: Depressed Fracture of the Skull in a Child, with Injury to the Brain. Mr. W. Adams: Circumscribed Abscess in the Inner Condyle of the Femur opening spontaneously. Mr. Gay: The Head and Neck of a Femur excised for long standing Disease of the Joint. Dr. Pye Smith, for Dr. Shepherd: Malformed Head of a Child. Mr. Durham: Hydatid Tumour of the Thigh. Dr. C. T. Williams: Ulceration of the Vermiform Appendix, causing Local Peritonitis. Mr. Waren Tay: Tumour of the Arm: Congenital Hypertrophy. Mr. Warrington Howard: Fibrous Tumour of the Testicle. Mr. Andrew Clark: Disseminated Melanosis. Mr. Thomas Smith: Axillary Aneurism, for which the Subclavian Artery had been ligatured.

FRIDAY.—Clinical Society of London, 8.30 P.M. Mr. Bryant, "On Two Cases of Recto-vesical Fistula treated by Colotomy"; Mr. Warrington Howard, "On Cases of Distension of the Antrum"; Dr. H. Weber, "On a Case of Hyperpyrexia in Rheumatic Fever treated by Cool Baths and Affusions"; Dr. George Johnson, "Case of Syphilitic Paralysis of Third Nerve cured by full doses of Mercury after failure of large doses of Iodide of Potassium."

EXPECTED OPERATIONS AT THE HOSPITALS.

GREAT NORTHERN HOSPITAL, Wednesday, February 21st, 2 P.M. Lithotomy, by Mr. T. Carr Jackson.

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.

WE thank Mr. J. Hope Finlay, Edinburgh, for his kind courtesy.

DR. FERGUS (Glasgow).—Wood-blocks would be welcome; but for the **BRITISH MEDICAL JOURNAL** lithographic stones are unavailable, the cost of separately working several thousand copies being too great.

LACERATION OF IRIS(?).

SIR.—The case reported in the last number of this JOURNAL, by Dr. Haynes, as "Laceration of Iris(?) caused by crying," may, I think, be more satisfactorily explained, on the supposition that the child was the subject of congenital coloboma iridis, which had not previously attracted attention.

Clifton, February 12, 1872.

CROSBY LEONARD.

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

MR. T. E. OWEN (Totnes) shall receive a private letter immediately, furnishing the information desired.

INQUIRER (Ballymoney).—A man with a crop of pustules of small-pox ought not and cannot legally go about, and cannot be disinfected. The most effectual way of disinfecting clothing is by intense dry heat, and the readiest by a solution of carbolic acid or chloralum; or, with more delicate clothing, by the use of Hering's alcoholic solution of sulphurous acid.

DR. HENRY MAC CORMAC (Belfast) complains that Sir Thomas Watson has repeated, in his great work on the *Practice of Medicine*, "the incorrect averment of the absence of tubercle in Iceland."

MR. NASON (Stratford-on-Avon).—Information as to sick-nursing may be found in—1. Reports of Miss Nightingale's Fund, of Mrs. Wardrope, St. Thomas's Hospital; 2. A very valuable Report, privately printed on behalf of the Medical Staff of the Newcastle-on-Tyne General Infirmary; 3. The Reports of various Diocesan Nursing Societies, one of which can, we think, be obtained from Dr. William Ogle, Derby. Other information might be obtained from Mr. Wilkinson, Secretary to St. Mary's Hospital, London. See also Miss Nightingale's book. Miss Twining, Queen Square, Bloomsbury, might furnish our correspondent with the information which he desires. A good account of existing organisation and requirements in respect to sick-nursing might be compiled with advantage.

SUPERANNUATION TO POOR LAW MEDICAL OFFICERS.

SIR.—My opinion is that Boards of Guardians will never grant superannuation to Poor law Medical Officers under the present form of the law; and unless some special clause can be introduced into Mr. Corrance's Bill to make it a right for all Poor-law Medical Officers to receive a pension after eighteen or twenty-one years, servitude, we cannot hope for any benefit or encouragement. I am, etc.,

A MEMBER OF THE POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

February 3, 1872.

S. L.—The notice to be given by an assistant to his employer depends, of course, entirely upon the terms of engagement and the mode of payment.—See Baxter Langley's *Via Medica*.

WE adhere to our interpretation of the facts to which Mr. Holland refers.

DR. SIMMS writes to us to state that he has declined joining a deputation to Mr. Bruce for the repeal of the Contagious Diseases Act, on the ground that he approves of their application to the army and navy stations, while he disapproves of their being applied to the civil population generally.

DR. DALE (Southampton).—It is particularly requested that communications relating to advertisements may be addressed to Mr. Powke, the General Manager, or to Mr. Heathcote, the Clerk at the Journal Office—and not to the Editor.

The letters of Dr. Morton, Dr. Radford, Mr. Holland, and Dr. Laffan, the communications of Dr. Bastian and others, are unavoidably postponed till next week.

THE ROYAL SOCIETY AND MR. CROOKES, F.R.S.—Dr. Crisp complains that Dr. Carpenter, at the conclusion of a recent lecture, stated that two papers by Mr. Crookes on Psychic Force had been rejected at the Royal Society, one having been unanimously rejected the night before his lecture; and then he proceeded to test one of Mr. Crookes' experiments described in this unpublished communication, and to show the fallacious inferences that Mr. Crookes had drawn from it. He considers that a great breach of trust is involved in these disclosures, and protests against "the unfairness of selecting one experiment out of many for the purpose of crushing an adversary; and he might add the cowardice, after such attacks, of refusing all discussion."

THE ADELAIDE DISPENSARY.—Dr. Welsh was very well grounded in his protest against a Visitor of the Adelaide Dispensary taking the mischievous and unwarrantable course described. It is to be regretted that he resigned; for we do not doubt that the Committee would have taken the same view as himself, and have censured their too officious member. But "les absents ont toujours tort" is a proverb worth remembering, and resignation is not usually the most efficient course to pursue in such cases.

UNILATERAL SWEATING.—Dr. Lietch (Keswick) writes:—You mention a case of unilateral sweating in the last number of the JOURNAL. I knew a case forty years ago—a medical student at Edinburgh, who for two years or more had this curious malady. I have often seen him take off his hat, and have observed the left side of it quite wet, while the other side was dry. He used to perspire down the left side to below the shoulder-blade. The action of the skin scarcely passed the median line either on the breast or back. The late Dr. Abercromby and Dr. Alison were spoken to about it. A few cases had been known, one or two of which resulted in (or at least were followed by) paralysis, and one or two by disease of the heart and death. In the case to which I refer, the sweating gradually went off. The patient is living still. I have never seen another case. You speak of cold affusion, etc., in fever. When I was young and energetic, I used to employ Dr. Currie's plan largely, especially in scarlet fever. I remember a great epidemic of scarlet fever in a large colliery village in Northumberland in 1834, when I got the people to use the cold affusion very generally, and, as I was convinced, with the greatest benefit. Whenever the heat was pungent and delirium was present, it was surprising to see the little patients grow calm, their pulses soft, some moisture come out on the skin, while they usually went to sleep. But in private practice I found so many opposed to what seemed heroic measures, that I could seldom get the plan tried, though in favourable cases I would still use it.

BOOKS, ETC., RECEIVED.

Transactions of the Odontological Society of Great Britain. London: 1872.
The Principles and Practice of Dentistry: including Anatomy, Physiology, Pathology, Therapeutics, Dental Surgery, and Mechanism. By Chapin A. Harris, M.D., D.D.S. Tenth Edition. Revised and Edited by Philip H. Austin, M.D. With Four Hundred and Nine Illustrations. Philadelphia: 1871.
St. Thomas's Hospital Reports. New Series. Edited by Dr. Bristowe, Dr. Stone, and Mr. Croft. Vol. ii. London: 1872.