

the time has not in one sense passed away, and in another not yet come, for original monographs on the surgery of the rectum.

Too much cannot be said in praise of Dr. H. SCHELLEN's admirable explanation of *Spectral Analysis*, translated by the Misses Lassell, and edited by Dr. Huggins, F.R.S. (Longmans). As a popular treatise on a new and most interesting branch of scientific investigation, it has all the merits of clearness and fulness and very well balanced adjustment of parts. It is beautifully illustrated with chromo-lithographs.

SELECTIONS FROM JOURNALS.

SURGERY.

INTERNAL INTESTINAL OBSTRUCTION: OPERATION: RECOVERY.—Dr. Giosué Marcacci of Siena relates, in *Lo Sperimentale* for March 1872, the case of a young man aged 25, who had inguinal hernia on both sides. On October 16th, 1871, after eating a hearty meal, he was seized with symptoms of strangulation, and was admitted into hospital. The symptoms for two days alternately relaxed and returned; and throughout the hernial protrusions were found to be reducible. There was some tumefaction in the right iliac region. The symptoms having returned with increased intensity, Dr. Marcacci, on the 18th, made an incision over the hernia on the right side, and found it to consist of epiploon, forming an infundibulum. On passing his finger up this, he encountered at its upper end a loop of intestine. He then enlarged the incision along the crural arch, and found the intestine tightly strangulated by a hard fibrous band continuous with the epiploon: this band was carefully divided, when the intestine at once became free. The strangulated intestine was red and somewhat swollen, but its texture was healthy. The patient left the hospital cured at the end of a month.

SPINA BIFIDA CURED BY REPEATED TAPPING AND PRESSURE.—At the meeting of the Lisbon Society of Medical Sciences on February 17th, Dr. Camara Cabral communicated a case of congenital spina bifida which he had successfully treated. The patient was a child aged twenty-five days, which was brought into the St. Joseph Hospital on November 21st. It had in the lumbosacral region a swelling 40 centimeters in circumference, 17 in vertical and 10 in transverse diameter, and 6 in depth. It fluctuated, was transparent like a hydrocele, and appeared to contain not only fluid but some solid body. Pressure on it did not produce any convulsions, nor were there any paralysis or other symptoms denoting lesion of the spinal cord. It was therefore concluded that the tumour consisted exclusively of a hernia of the meninges, filled with fluid. On the 29th, it was tapped with a Dieulafoy's trocar, and 400 grammes of a transparent yellow fluid, containing an abundance of albumen, were removed. Compression was applied by means of adhesive plaster. No symptoms followed the operation, beyond some vomiting and loss of appetite. Some days later, the tumour having again enlarged, 250 grammes of liquid were removed; and on December 14th, 425 grammes. The defect, which was found to be in the situation of the fourth and fifth lumbar vertebrae, was gradually diminishing. On a fourth and a fifth occasion, puncture was performed at intervals of some days; the quantities evacuated being respectively 175 and 125 grammes, and the fluid being more highly albuminous than before. After the last two operations, there was some meningitis, which yielded to ordinary remedies. The child made a good recovery, and was exhibited at the meeting at which the case was described.—*O Correio Medico de Lisboa*, March 1st, 1872.

FLUID COLLECTIONS IN THE TYMPANIC CAVITY.—Dr. Eugene Weber describes in the *Monatschr. für Ohrenheilkunde* (1871) the secretions which accumulate in the cavity of the tympanum, and makes some observations on their treatment. An increase of the normal secretion of the cavity may occur as the result of hyperæmia of its lining membrane; sometimes the result of chemical or traumatic irritation, but generally of a passive character. It may be favoured by disturbances of the nervous system, by general plethora, or by disease of neighbouring or important organs, as the brain, heart, or lungs. There may also be accumulation of pus or of serum; the latter being mostly of acute origin, the result of certain irritations which lead to the effusion of fluid containing albumen and saline matters. The diagnosis of the nature of the effusion in the cavity can only be accurately made by introducing a catheter through the Eustachian canal, and making a microscopic examination of the fluid removed. With regard to the treatment, Dr. Weber says that, in cases of moderate excess of secretion connected with ordinary catarrh, the latter must be first treated; and in many cases this will be sufficient. When the fluid

accumulated as the result of some transitory process is in greater quantity, the quickest and most certain means of cure is paracentesis of the membrana tympani, followed by the air and water douche. If the exudation or secretion masses cannot be removed in this way, Dr. Weber recommends that douches of air or of dilute watery solutions of soap or soda should be employed. These are to be introduced through an Eustachian catheter having an opening in the side. The instrument, when introduced, should be moved from side to side of the cavity. To prevent the inflammation of the membrana tympani and the lining membrane of the tympanum which frequently follows paracentesis and the use of the air-douche, Dr. Weber advises that the ear should be closed against the entrance of air immediately after the operation, that the patient should be kept at rest and on a regulated diet, and that leeches should be applied in front of the tragus. He says also that the internal use of oil of turpentine is of service in preventing such inflammation.

REPORTS AND ANALYSES

AND

DESCRIPTIONS OF NEW INVENTIONS

IN MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

IMPROVED METHOD FOR THE MICROSCOPIC EXAMINATION OF URINE, Etc.

WHATEVER can diminish his labour and save his time must be welcome to the busy practitioner. The ordinary method of examining urinary deposits microscopically entails a considerable expenditure of both; and the process has generally to be repeated several times in order to discover all the characters of the deposit. By the use of the simple contrivance of a "submersion tube", first described by Dr. Dudgeon, in vol. xi of the *Quarterly Journal of Microscopical Science*, this labour is greatly diminished, and a large quantity of the urine can at the same time be examined at one operation. The submersion tube is simply a brass tube closed at the end by a thin plate of glass, which is screwed on to the objective, so that the latter may be dipped into the fluid under examination, which is contained in a glass tank or trough placed upon the stage of the microscope. The urinary deposit is, in most cases, quickly thrown down upon the bottom of the trough, and thus the examination of a large quantity of urinary deposit is at one time made quite practicable. The advantage of such a plan as this will be apparent in many cases; as, for example, in the urine of patients suffering from contracted granular kidney, with few renal casts.

The only points to be attended to in the construction of the submersion tube are, that the length the tube projects beyond the object-glass shall be less than the focal distance of the latter, and that the thin glass plate shall be cemented to the brass tube in a perfectly water-tight manner. As the fluid in the trough must be kept horizontal, the microscope of the ordinary construction must, of course, be used perpendicularly, so that if we wish to be seated while making our examination, the microscope should commonly stand on a low table, or a common wooden chair. Objectives of various powers, fitted with a submersion tube, are very useful for examining minute aquatic, vegetable, and animal organisms in a considerable quantity of fluid. They are especially adapted for watching the development of the ova of fishes, amphibia, and molluscs, for examining the circulation in the transparent membranes of fishes, and for all other purposes when it is necessary that the object under examination should be immersed in a considerable quantity of fluid. The examination of vomited matters, neglected as a rule by practitioners, will be, in some instances, also greatly facilitated by Dr. Dudgeon's submersion-tube.

Mr. Adie, of Pall Mall, or any other optician, can make a submersion tube to fit on to an objective of any power up to a quarter of an inch, and perhaps even to objectives of higher powers, though, for ordinary purposes, it is not necessary to go beyond the quarter-inch objective. It is scarcely necessary to remove the submersion tube when examining objects in the ordinary way between two plates of glass, for the thin glass plate that closes the end of the tube does not appreciably affect the distinctness of definition of the object seen through it. The glass trough should be made of pieces of plate glass cemented together with marine glue. For examining urine it need not be more than two inches square and one inch deep. We are of opinion, from a careful trial with the submersion-tube, that its advantages are such as to encourage and simplify the use of the microscope in the wards and in private practice.

where two cicatrices were visible, to 9.8 per cent.; and where three, at the rate of 7.0 per cent. In a history of the small-pox epidemic in Liverpool, Dr. Trench has clearly traced its origin to the importation of the disease in the persons of two sailors, natives of Galicia, where small-pox was raging at the time they embarked as passengers by a Spanish steamer from Corunna. Immediately on their arrival in Liverpool, they shipped as seamen on board a Spanish barque, where they sickened, and were removed to the Hospital, all within ten days from their departure from Galicia. They both died in the Hospital from a severe and virulent form of variola. This was in August 1870, up to which period, since the 1st of January, there had not been a single death from small-pox in the town. These two deaths were apparently the commencement of an epidemic which, during its course, numbered 2,093 fatal cases, commencing first in the immediate neighbourhood of the Hospital, and subsequently extending to almost every district of the town. On the subject of mortuaries, Dr. Trench gives most interesting and important information. He quotes the 27th section of the Public Health Act 1866, which empowers the nuisance authority to "provide a mortuary for the reception of bodies, dead of infectious disease, which are detained in any room in which persons live or sleep, etc."; and proceeds to show the all-importance of this legal power in his experience during the small-pox epidemic, by numerous instances in which, where families live in single room habitations, the living were obliged to be, by night and day, in the presence of the dead from this loathsome disease. He adds: "No language can be too strong to depict the horror of such a condition, its demoralising effect on the relatives of the deceased, and its intense danger to them and to the community. * * * Wakes were held over the dead in the overcrowded room; drunken persons lay down at night on the same bed with the corpse, and rose unwashed in the morning to mingle with the general population." All these evils have been intensified and perpetuated by the degrading practice of Irish wakes, still unfortunately prevalent in some districts of Liverpool. The establishment of mortuaries by the Town Council, and their having put in operation the provisions of the Act, has, as Dr. Trench's report shows, already inaugurated a better state of things; and a large and handsome mortuary has just been opened under the auspices of the Roman Catholic Bishop, with all the pomp and ceremonial of that Church; and as the bishop and his clergy are using all their personal influence with their people to abandon the pernicious custom of waking the dead, and in all cases of necessity to avail themselves of the mortuary, "we may indulge a confident expectation that the reform of a wild and brutalising custom, such as is the wake of the dead, is not far distant."

ASSOCIATION INTELLIGENCE.

SOUTH-EASTERN BRANCH: EAST SURREY DISTRICT MEDICAL MEETINGS.

THE next meeting of the above Society will be held at the Crystal Palace Hotel, Norwood, on Thursday, March 28th. The Chair will be taken at 4 P.M. by Mr. SIDNEY TURNER. Dinner at 6 P.M.

Papers, etc., are promised by Dr. Aveling, Dr. Hollis, Mr. J. S. Johnson, and Dr. Galton.

HENRY T. LANCHESTER, M.D., *Honorary Secretary*.
Croydon, March 12th, 1872.

SOUTH WALES AND MONMOUTHSHIRE BRANCH.

THE next meeting of this Branch will be held at the Masonic Hall, Neath, on Thursday, April 4th, at 1.30 P.M.

Dinner at the Castle Hotel at 5 P.M. Tickets 5s. 6d. each.

Members desirous of reading papers or notes of cases are requested to communicate the titles to one of the secretaries as early as possible.

Members of the Branch may introduce members of the profession to the meeting and dinner. All persons intending to join the latter, are requested to communicate to A. Davies, Swansea, on or before March 30th, so that arrangements may be made and tickets reserved.

A. DAVIES, Swansea,
A. SHEEN, M.D., Cardiff, } *Local Secretaries*.

THE PARLIAMENTARY BILLS COMMITTEE OF THE BRITISH MEDICAL ASSOCIATION.

AT a meeting of the Parliamentary Bills Committee of the British Medical Association—Mr. ERNEST HART in the Chair—the Chairman having explained the effect of certain provisions of the Public Health Bill, it was moved by Dr. DESMOND (Liverpool), seconded by Dr.

HOLMAN (Reigate), and, after discussion, resolved: "That this Committee, while it desires to afford support to the many excellent provisions of the Public Health Bill, regrets that it does not provide

"1st. For a complete consolidation of the sanitary departments of central administration.

"2nd. For the establishment of adequately large and simplified areas of local administration, and the consolidation of all functions within such areas.

"3rd. For a suitable intermediate authority of a locally representative character, and of a high class, such as a county board.

"4th. For the appointment in each principal administrative area of a medical officer of health, highly qualified, required to devote his whole time to his public duties, and removable only by the authority of the central board."

It was moved by Mr. CURGENVEN, seconded by Mr. LORD, and resolved: "That copies of the above resolution be transmitted to the Branches, with a request that they will use their influence to procure for it the support of the local members of Parliament, and that they will address petitions to Parliament in favour of such amendments to the Bill."

It was moved by Dr. PAUL, seconded by Mr. BENSON BAKER, and resolved: "That the honorary secretaries be requested to communicate with the State Medicine Committee, and to ask for copies of resolutions and any other documents on the subject to forward without delay to the Branches."

The Infant Life Protection Bill having been next considered, it was moved by Mr. RIVINGTON, seconded by Dr. PAUL, and resolved: "That this Committee approves of the provisions of the Infant Life Protection Bill, and authorises the Chairman to sign a petition to both houses of Parliament in favour of the Bill. Also, that this Committee urges the substitution of the words *one* for the word *two* in line 10, Clause 1, and in line 4, Clause B."

The Contagious Diseases Bill having been next considered, it was moved by Mr. LORD, seconded by Mr. RIVINGTON, and resolved: "That this Committee petition both houses of Parliament in favour of the continuance of the Contagious Diseases Acts, and against the Bill for their repeal, introduced by Mr. Bruce, as not providing an adequate remedy."

BATH AND BRISTOL BRANCH: ORDINARY MEETING.

THE Fourth Ordinary Meeting of the Session was held at the College Green Hotel, Bristol, on Thursday, February 29th, at 7 P.M.; CROSBY LEONARD, Esq., President, in the Chair. There were present fifty-seven members and ten visitors.

New Members.—The following gentlemen were balloted for and elected as members of the Association and of the Branch:—H. Ormerod, Esq. (Westbury), M.R.C.S.E., L.S.A.; D. Lyall, M.D., H.M.S. *Dedalus*; F. Parsons, Esq.; W. B. Pepler, Esq. (Market Lavington); W. Hodges, Esq.

Intestinal Obstruction.—Mr. GREEN read an interesting paper on the Use of the O'Beirne Tube in Cases of Intestinal Obstruction. As Dr. Martyn's paper, read at the last meeting in Bath, was on Intestinal Obstruction, the two were discussed together. Mr. Leonard, Drs. J. G. Swayne and Marshall, and Messrs. W. M. Clark, Coe, Tibbits, Board, Prichard, Stockwell, H. Swayne, Bleeck, Anstey, S. Smith, and Stone, took part in the discussion; and ultimately it was proposed and carried—"That a subcommittee be appointed to make experiments on the dead subject with the O'Beirne Tube, and to report at the next meeting."

NORTH WALES BRANCH: INTERMEDIATE GENERAL MEETING.

THE Intermediate General Meeting of this Branch was held on Tuesday, February 27th, at the Wynnstay Arms Hotel, Wrexham. A letter was read from the President, Dr. J. R. JENKINS (Ruthin), regretting his inability to attend, owing to some urgent engagements; whereupon Mr. T. T. GRIFFITH, of Wrexham, was unanimously voted to the chair. Other letters were also received from members under similar circumstances. There were eighteen members present, and one visitor, Mr. S. Wood, of Shrewsbury. The members partook of luncheon hospitably provided by Mr. Griffith and Dr. Edward Williams.

New Members.—The following gentlemen, who had previously through the Secretary been canvassed and enrolled, were admitted members of the British Medical Association and of this Branch: Owen Richards, M.D., Bala; Richard Owen Jones, Esq., Bala; Roger Hughes, Esq., Bala; J. Llewelyn Williams, M.B., Wrexham; John Pughe, Esq., Aberdovey; Humphry Lloyd Williams, Esq., Dolgelley;

William Price, Esq., Marchwiell, near Wrexham; Owen Thomas Evans, Esq., Brymbo, near Wrexham; and Lawton Roberts, M.D., Ruabon.

Secretary's Accounts.—The Secretary's accounts were examined, from which it appeared that the expenses incurred by him (Mr. Kent Jones) from July 31st last amounted to £2 : 19 : 7½.

Papers and Cases.—The following were read.

1. Therapeutic Use of Oil of Amber. By T. T. Griffith, Esq., Wrexham. He said that he thought that good might arise from these social meetings by the relation of the effects of remedies which had from their results commended themselves to our confidence. With this view, he ventured to bring under the notice of the meeting an almost obsolete medicine, viz., the oil of amber.

2. Scarlet Fever in Mother and Child: Recovery. By L. L. Lodge, Esq., St. Asaph. This was a very remarkable case, where the mother, at the time of labour, was suffering from scarlet fever, and the child was born with that disease fully developed over the whole body. Desquamation in the child went through its course, and both it and the mother made good recoveries. Dr. Turnour (Denbigh) also saw these cases on the third day after the woman's confinement.

3. Perforation of Vermiform Appendix by two Foreign Bodies about the size of a Bean, supposed to be hardened Cholesterine. By T. Eytton Jones, Esq., Wrexham.

4. Cases of Uterine Hæmorrhage in Abortion, as well as at the full term of Utero-gestation, illustrating the beneficial use of the Perchloride of Iron solution applied as a direct styptic to the bleeding vessels, as recommended by Dr. Barnes when the usual means, ergot, pressure, and cold, failed to produce contraction. By Edward Williams, M.D., Wrexham. The solution of perchloride of iron in the proportion of four ounces to twelve ounces of water was freely injected with a Higginson's syringe and long tube to the fundus of the uterus, procuring immediate corrugation of the lining membrane of the uterus, and converting the blood within the organ into a curd-like substance, with absolute sealing of the open mouths of the bleeding vessels, and contraction of the walls of the uterus. In abortion, the saturation of the womb with the same solution was equally efficacious.

5. Extensive Fractures of the Upper and Lower Extremities. By A. E. Turnour, M.D., Denbigh.

6. Compound Fracture of the Leg. By T. Eytton Jones, Esq., Wrexham. This accident occurred to Mr. Jones himself a few months ago, by the horse running away and throwing him off his carriage.

7. Compound Comminuted Fractures of both Legs in a child aged 5 months: Double Amputation: Recovery. By R. C. Roberts, Esq., Ruabon. The little patient met with the accident by falling under a railway-carriage. He was immediately removed to the Ruabon Cottage Hospital, and amputation of one leg was at once performed under chloroform. After two hours, the child was again placed under chloroform and the other leg amputated. The patient had not one bad symptom, and rapidly recovered.

8. Cases of Exanthemata illustrative of the Germ-Theory. By S. Wood, Esq., Shrewsbury.

Next Council Meeting.—At the invitation of Mr. Griffith (Wrexham), the members of the Council of the North Wales Branch agreed to meet at his house, when the proper time arrived for discussing Mr. Stansfeld's Public Health Bill.

Dinner.—After the business was brought to a close, the members adjourned to dinner, and a very pleasant evening was spent.

METROPOLITAN COUNTIES BRANCH: ORDINARY MEETING.

An ordinary meeting of this Branch was held at the House of the Society of Arts, John Street, Adelphi, on Tuesday, March 5th, at 8 P.M.; J. RUSSELL REYNOLDS, M.D., F.R.S., President, in the Chair. In addition to members of the Branch, several visitors were present; including the Hon. and Rev. S. Best, Colonel Alcock, Mr. Alsager Hay Hill, Mr. E. Jenkins, Mr. Bosanquet, Mr. E. W. Holland, Dr. Thorp (Cheltenham), Dr. Maurice Davis, etc.

Provident Dispensaries.—Mr. DONALD DALRYMPLE, M.P., read a paper on the Provident System from a National Point of View (see page 284 of JOURNAL for March 16th).

Dr. FORD ANDERSON read a paper on the Provident System from a Medical Point of View (see page 285).

The PRESIDENT expressed the thanks of the meeting to Mr. Dalrymple and Dr. Ford Anderson for their papers.

Dr. JOSEPH ROGERS was much interested in Mr. Dalrymple's address. He was not going to make any observations in an antagonistic or captious spirit; but he must observe that, up to the present time, provident dispensaries had made very little way. Various schemes for the relief of the poor through the provident system had been devised

at different times, but had failed. He feared that this provident system might take many members of Parliament off the proper direction of Poor-law relief. Why did provident dispensaries not succeed? There were two causes: first, the want of efficient Poor-law medical relief; and secondly, abuse of out-door hospital relief. He feared that without state interference the provident system could never be carried out to an adequate extent. There was, however, a good deal in Dr. Acland's suggestion of affiliation between Poor-law relief and provident relief. He hoped that the meeting would not lose sight of the importance of an extension of the dispensary system for the poor.

The Hon. and Rev. S. BEST thought that more good could be done by the combined action of country parsons and medical men, than by taking one view or the other. To do good, the poor must be taught providence with regard to other things besides medical attendance. Medical attendance was one of the points, but not the only point; and it could hardly be expected that the poor could be prevailed on to provide for mere medical attendance, which they could almost claim as a right from the Poor-law. The members both of the clerical and medical professions saw the poor man in conditions where they must help him. A most perfect system of parochial relief might be laid down; but cases would occur where necessity had no law. But the great question was, how to prepare the poor for these emergencies, and, to bring them to a condition in which they should be independent of a resort to the rule of necessity. He did not think that by any mere plan of provident dispensaries the gap in the social system could be filled up. Why did the poor man distrust clubs? Had he not seen many clubs fail during the last fifty years, and throw the members in their old age on the parish? The clubs must be reformed from their very basis. Here and there were excellent county societies; as that in Wiltshire (with 6,000 subscribers) and in Hampshire (with 5,000); but what was wanted was a system which would not merely reach selected lives, but would take in all lives. He had had much experience in provident societies, and had devoted his attention to medical attendance. He very soon found a radical fault at the base. A few years ago, a medical man could be engaged to attend patients at 2s. 6d. a head; and he (Mr. Best) was astonished that any one accepted such terms, and thought that he could not be surprised that the poor took advantage of him. To meet the difficulty arising from a medical man declining to attend the member of a club coming from a distance, he (Mr. Best) had introduced a system of attendance by ticket, so that the member might get attendance wherever he might be. The medical man attending him would receive part of his payment from the club to which the man belonged. The object to be carried out was, to reconcile the rights of the medical man with the power of the poor to pay him.

Mr. LORD had paid much attention to the medical relief of the poor, and to gratuitous service. The remarks made by the Rev. Mr. Best applied to villagers, who received paltry payment, but not to mechanics in larger towns, who earned from 15s. to 40s. a week regularly, and yet made no provision for sickness.

Mr. ALSAGER HAY HILL was convinced that almost all classes had the opportunity of making some provision for sickness. In some cases, the inhabitants of agricultural districts made larger provision than artisans and manufacturers. In the western counties, it was the exception for a female servant not to belong to a female aid society. It was not a class question, nor one dependent on the amount of money; but it was very important to consider how far we had gone in providing gratuitous aid. Almost all the papers taken by the working class contained quack advertisements, indicating that the poor paid for a large quantity of abominable trash. He viewed with apprehension any extension of the granting of gratuitous relief, because of the want of discretion shown. If Poor-law dispensaries were established, he feared that they would only be the basis of a system of provident dispensaries. He believed that the provident system could be substituted for the free system of relief. We must not go on applying anæsthetics and cotton-wool, but must use decisive surgical remedies; and he hoped that any great system of gratuitous relief would not be applied too rashly. If the provident system were made cheap and self-supporting, he believed it would succeed.

Mr. HECKSTALL SMITH had practised in a rural district for forty years; and he agreed very much with those who said that there must be a large class who could not provide for themselves through provident dispensaries. He thought that the state of the rural population was improving; there were better wages, less drunkenness, and a greater disposition to provident habits. The provident system must be gradually introduced into rural districts.

Mr. JENKINS said that, from what he had heard, it seemed to him that there was a difficulty arising from the moral condition of the people. It was very well to talk of organisation; but it was also necessary to

bring influence to bear on the poor. He had observed a certain want of dignity among medical men, and a rivalry of which the poor took enormous advantages. Some barriers ought to be erected against the too free use of medical advice in a gratuitous way. At the bar, there was a high system of etiquette—the fee must be high, or none. In the medical profession, one was often called in to do a work of necessity; still a higher tone of etiquette would shut out much of the influx for gratuitous advice. He did not think that a voluntary system would succeed unless based on morality in the people. He objected to the government assuming paternal functions; but it might indicate plans which would lead to providence on the part of the poor. A plan of relief for the poor might be combined with the provident system.

Mr. HOWARD said that a medical man had often to bid low on account of the gratuitous advice at hospitals. He would wish to see medical men accommodate their fees to the power of the working classes, so that they could be provident. The plan of provident dispensaries was low terms and no credit; but in ordinary practice much credit was allowed, while there was no system of provision.

Mr. BENSON BAKER said that, while members of the profession were called to attend men with no money, members of the legal profession were not. In Ireland, the system of the pound fee or nothing did not work well. The test of the condition of an applicant for a relief ticket was his inability to pay a pound fee. He either got a ticket, or went to a druggist, or else gave a medical man a pound, and was seen four, five, or even six times. He would not like to see such a system in force in this country.

Dr. STEWART thought that it would be well if provident dispensaries could be combined with some larger system for the promotion of provident habits. But the difficulty was very great; and provident dispensaries were a most efficient introduction to more provident habits. The late Mr. Smith of Southam had told him that the provident dispensary was generally the way to the savings' bank; and, on the other hand, the free dispensary was the first step down the incline to the workhouse. When life was at stake, the medical man was in a different position from the lawyer. Law was a luxury; but all must have help in disease, and the medical man was often put in a most cruel position when called on to help, knowing that he would get nothing. He thought that much good would be done if a line could be drawn between the pauper and the non-pauper, and he believed that an advance had been made in this direction, thanks to the labours of the Charity Organisation Society.

Mr. DALRYMPLE having replied, the meeting adjourned.

CORRESPONDENCE.

MEDICAL ETHICS.

SIR,—While fully approving of the principle that you advocate in your article of March 16th on medical ethics, you will perhaps permit us to submit that your comments are inappropriate to the case in question. The facts generally are incorrectly stated—unconsciously, we have no doubt—but one statement is too important to be left without explicit contradiction; namely, that the action in this matter was limited to one member of the staff only. On the contrary, the course advocated by you of consulting colleagues was adopted on this and previous occasions; and representations had been made at various times to the gentleman alluded to, by more than one of his colleagues, as to the unsatisfactory manner in which he performed his duties.

Had this been the only instance in which this gentleman's hospital conduct had been called in question, no action would have been taken.

We are, etc.,

TWO SURGEONS OF "A METROPOLITAN HOSPITAL."

ROYAL ORTHOPÆDIC HOSPITAL.

SIR,—In the account of the meeting of the Governors of the Royal Orthopædic Hospital which has appeared in your columns, it is stated that I advised the Committee as to certain sanitary measures called for by an outbreak of scarlatina in the hospital, the surgeons of the hospital having declined responsibility in the matter.

The statement is inaccurate, and conveys an erroneous impression. I was first asked by Mr. Adams, as a friend, to see a patient of his suffering from a severe attack of scarlatina. I did so to oblige him, and not at the request of the Committee; and I had repeated consultations with Mr. Adams on the case. Subsequently, at the request of Mr. Adams, and in consultation with him at my house, I drew up some instructions for the guidance of the Committee. And, thirdly, on the written request of Mr. Tamplin, I gave advice as to the readmission into the

Orthopædic Hospital of a child who had recently been discharged from the Fever Hospital. I have had no other dealings with the Orthopædic Hospital.

I may add that nothing would have induced me to interfere with the medical affairs of the Orthopædic Hospital, except at the request of, and in consultation with, its medical officers, or even then had they declined all responsibility in the matter on which they sought my advice.

I am, etc., C. MURCHISON, M.D.

79, Wimpole Street, London, W., March 19th, 1872.

* * * The statement to which Dr. Murchison refers is contained in an abstract of the Report of the Committee of Management of the Hospital. It is not ours, therefore, but that of the Committee. Lower down in the same column (page 300), is Mr. Adams's refutation of the assertion; and Dr. Murchison's letter, while, as we have shown, it is unnecessary for the correction of a supposed error, supports that refutation in a most conclusive manner.

THE MINES REGULATION BILL.

SIR,—Permit me to call the attention of the Joint Committee of the British Medical and Social Science Associations on State Medicine to a very important subject connected with the Mines Regulation Bill, now before the Legislature. It is well known that the hazardous character of all mining operations is much enhanced in the case of coal-mines by the evolution of certain gases, which, in combination with atmospheric air, form most dangerous and powerful explosive compounds. These are rendered doubly hazardous by the admixture of these gases being extremely liable to spontaneous and instant combustion and explosion, irrespectively of, and in addition to, the risk of accidental ignition that may arise from the ignorance or negligence of the colliers.

It is also equally well known that an enormous amount of small coal, coal-dust, and the *débris* of earthy matter in which the coal is embedded, is allowed to remain in almost every vacant spot in the limited and confined cavities and avenues of the coal-mines, filling up all space except what is absolutely necessary for the transit of the large coal to the surface, thus materially diminishing the area left for ventilation. It may appear incredible, but this is the condition of many of the coal-mines in this country.

By every rule of common sense, one would imagine that it would be largely to the interest of all the parties concerned in coal-mining operations to remove this vast amount of dangerous material, at any cost, and bring it to the surface as soon as possible. It would be profitable to do so, one would think, for it may be made useful and become saleable; while, by affording more ample room for working and raising larger and more saleable coal, and by giving the miners a better atmosphere to breathe and more elbow-room to work in, they would doubtless be in a condition to materially increase their amount of profitable work, and provide for their own health and safety at the same time. As a commercial arrangement there has been nothing to prevent this at any time; and if this commercial view were the only issue to decide upon, the public and the legislature could do no other than leave the coal-proprietors to settle their trade regulations in their own way. But, in a sanitary point of view, how does the case look? The enormous loss of life, as well as the great destruction of property and the waste of fuel, so necessary to the community in every form in which it can be used, has at length so aroused public attention that no Government can any longer permit these frightful social evils to be perpetrated, by the absence of a controlling power that shall possess full legal authority to compel the removal of all small coal and other *débris* capable of absorbing dangerous gases from coal-mines. The pits should be cleared out weekly, under a system of inspection that should be real and effective, and at the same time responsible. It is a perfect farce to let so important a duty remain any longer in the hands of those who are so palpably unable to deal with it. The present system of inspection is quite inadequate to the occasion. A score or so of trustworthy miners, at a couple of pounds a week wages, changeable and continually moving from one locality to another, might, without any prejudice or predilection, inspect every coal-mine in the kingdom, and report upon its condition at short intervals, either to one of the superior inspectors now in existence, and through them to a higher authority, at a cost quite infinitesimal. I do not, however, presume to suggest any detailed plan; I merely offer for the consideration of the Joint Committee a subject well-deserving their attention, while a public act for regulating mines is being enacted.

I am, etc.,

JAMES BIRD.

Seymour Street, W., March 12th, 1872.

* * * We think our correspondent's suggestion deserving of attention, and commend it to the notice of the Parliamentary Bills Committee of the Association.

MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.—Thursday, March 21st.

NOTICES OF QUESTIONS.—The following notices were given for Thursday.

Militia Surgeons.—Sir Edmund Lacon: To ask the Secretary of State for War, whether, under the new regulations the militia surgeons not being allowed to examine recruits, to give medical attendance to the permanent staff, or to attend the preliminary drill of the recruits, from which sources the principal part of their pay has hitherto been derived, and as many of the surgeons have partially or wholly abandoned private practice to enable them to perform their militia duties, in what way does he propose to remunerate them.

Juries of Matrons.—Mr. Donald Dalrymple: To ask the Secretary of State for the Home Department whether his attention has been called to the case of Rachel Busby, who was sentenced to death at the last Summer Assizes at Oxford, and was declared by a jury of matrons not to be in a condition requiring execution to be stayed; whether she has since given birth to a child in the Oxford County Gaol; and whether, on account of the frequent instances of mistakes made, he does not think it would be desirable to amend the law relating to the plea of pregnancy in bar of execution by having professional experts to examine into such cases.

Medical Reform.—Dr. Lush: To ask the Vice-President of the Council if it is his intention, during the present Session, to introduce a Bill for the Amendment of the Medical Act, 1858.

Public Health Bill.—Mr. Corrance: To ask the President of the Local Government Board whether it is his intention to take the second reading of the Public Health Bill previous to Easter.

NOTICE OF MOTION.—*Stimulants in Workhouses.*—Sir Harcourt Johnstone has given notice of a motion for a return of the following particulars as regards each union or parish in England and Wales, viz.: the total quantity and cost of ale, wine, and spirits consumed by in-door and out-door paupers during the year ended Michaelmas 1871; the number of workhouse officers who were allowed ale, wine, or spirits, and the quantity and cost of those articles consumed by them during the year ended Michaelmas 1871; total number of paupers on workhouse and district medical officers' books in the last week of the Michaelmas (1871) half year; the number of paupers on workhouse and medical officers' books in last week of the Michaelmas (1871) half year who were then allowed ale, wine, or spirits; the number of paupers on workhouse or district medical officers' books in last week of the Michaelmas (1871) half year who had been allowed continuously during the preceding twelve weeks; and the classes of in-door paupers (if any) who are allowed ale or other alcoholic drinks as part of their ordinary diet.

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF CAMBRIDGE.

ANATOMY AND PHYSIOLOGY.—Professor Humphry has given notice that the courses of Anatomy and Physiology required by the University, and by the Royal College of Surgeons of England, may now be completed in Cambridge. For this, attendance during two winter sessions, each extending from the beginning of October to the end of March with a short interval at Christmas, and one summer session, is necessary. The lectures on Anatomy and the dissections will therefore in future commence quite early in October, and be continued to the end of March; and there will be a class of Practical Histology in July and August.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, March 14th, 1872.

Cartwright, Henry Gordon, Burton-on-Trent
Cave, Alfred, Barking, Essex
Clyma, Handsford Hosking, Truro, Cornwall
Floyer, Blaise Bernard, Floore, Northamptonshire
Julius, Stanley Alexander, Mortlake
Stone, Charles Henry Augustus, Poole, Dorset
Swan, William George, St. George's Road, Southwark

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

Burton, John Randall, Guy's Hospital
Pink, Thomas, Guy's Hospital
Swan, Richard Jocelyn, Dublin

MEDICAL VACANCIES.

THE following vacancies are announced:—

ARDNAMURCHAN, Argyleshire—Parochial Medical Officer: £80 per annum, house, etc.
BECKETT DISPENSARY and HOSPITAL, Barnsley—House-Surgeon and Secretary: £130 per annum, furnished apartments, gas, coals, and attendance.
BIRMINGHAM GENERAL DISPENSARY—Resident Surgeon: £100 per annum, increasing to £125, residence, coal, gas, and attendance.
BRAMLEY UNION, Yorkshire—Medical Officer to the new Workhouse at Armley: £25 per annum, and extra fees.
CAMBERWELL PROVIDENT DISPENSARY—Medical Officer.
CARMARTHENSIRE INFIRMARY, Carmarthen—House-Surgeon: £100 per annum, lodging, coal, candles, and the privilege of taking two apprentices.
COW-POCK INSTITUTION, Dublin—Secretary.
DROITWICH LUNATIC ASYLUM—Visiting Physician.
EAST WARD UNION—Medical Officer for Brough District: £16:10 per annum, exclusive of extra and Vaccination Fees.
ECHT, Aberdeenshire, Parish of—Medical Officer.
EDDRACHILLIS and DURNES, Sutherlandshire—Parochial Medical Officer: £140 per annum, £10 to provide medicine, house, and garden.
KING and QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND—Treasurer.
GLANFORD BRIGG UNION, Lincolnshire—Medical Officer for the Messingham District: £38 per annum.
LEEDS UNION—Medical Officer and Public Vaccinator for District No. 6.
MANCHESTER (Township of)—Resident Assistant Medical Officer: £150 per annum, furnished apartments, fire, light, washing, and attendance.
MEATH INFIRMARY, Cavan—Apothecary, Secretary, and Registrar: £52 per annum, furnished apartments, coal, and lighting.
NEWTON ABBOT UNION—Medical Officer and Public Vaccinator for District No. 11: £31 per annum, and extra fees.
NORTH DUBLIN UNION—Medical Officer for the Coolock and Drumcondra Dispensary District: £125 per annum, and fees.
NOTTINGHAM GENERAL HOSPITAL—Surgeon.
OUGHTERARD UNION, co. Galway—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for Division No. 1 of the Clonbur Dispensary District: £100 per annum, and fees.
RIPON DISPENSARY and HOUSE OF RECOVERY—Resident House-Surgeon and Dispenser: £100 per annum, furnished apartments, attendance, coal, and candles.
ROTHERHAM, Yorkshire—Certifying Factory Surgeon.
ROTHERHAM HOSPITAL and DISPENSARY—Resident House-Surgeon: £150 per annum, board and furnished apartments.
ROTHERHAM UNION—Medical Officer for the Swinton District: £40 per annum.
ROYAL DRAMATIC and EQUESTRIAN SICK FUND—Surgeon.
ROYAL ORTHOPÆDIC HOSPITAL, Oxford Street—Two Surgeons and Two Assistant Surgeons.
ROYAL SOCIETY OF MUSICIANS—Surgeon.
ROYAL SURREY COUNTY HOSPITAL, Guildford—Assistant Honorary Medical Officer.
ROW, Dumbartonshire—Parochial Medical Officer: £40 per annum.
ST. MARYLEBONE GENERAL DISPENSARY, Welbeck Street—Surgeon.
SALISBURY INFIRMARY—House-Surgeon.
SEAMEN'S HOSPITAL, Greenwich—House-Surgeon.
SUDBURY UNION, Suffolk—Medical Officer for District No. 1: £55 per annum, and extra fees.
WALSINGHAM UNION, Norfolk—Medical Officer and Public Vaccinator for the Raynham District: £38 per annum, and extra fees.
WELLINGTON DISPENSARY, Salop—Surgeon.
WEST CUMBERLAND—Medical Officer to two Iron Companies: £500 per annum, and ros. 6d. for each midwifery case.
WEST RIDING OF YORKSHIRE LUNATIC ASYLUM, Wakefield—Deputy Medical Superintendent.
WEST SUSSEX, EAST HANTS, and CHICHESTER INFIRMARY and DISPENSARY—House-Surgeon and Secretary: £80 per annum, board, lodging, and washing.
WORCESTER COUNTY PRISON—Honorary Physician.
WORCESTER OPHTHALMIC HOSPITAL—Physician.

MEDICAL APPOINTMENTS.

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

BOREHAM, W. T., L.R.C.P., appointed Medical Officer to the Long Bredy District of the Dorchester Union, *vice* T. Parker, M.D., resigned.
HEPBURN, Robert, jun., Esq., appointed Dental House-Surgeon to the Dental Hospital of London, *vice* Mordaunt Stevens, Esq., 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.

DEATHS.

CLIFFORD, J., Esq., late of Windsor, at High Wycombe, aged 57, on March 17th.
*THOMPSON, Joseph, Esq., Surgeon, at Nottingham, on March 19th.
WEBB, John W., Esq., Surgeon, of Headingley, Leeds, on March 4th.

TESTIMONIAL.—Mr. Henry Laxton has been presented with a testimonial of the value of £90, consisting of a handsome dining-room clock with ornaments, *en suite*, and a silver inkstand, as a mark of regard and esteem, on resigning as Surgeon to the Ebbw Vale Iron Works, after twenty-five years' service.

OPERATION DAYS AT THE HOSPITALS.

MONDAYMetropolitan Free, 2 P.M.—St. Mark's, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.

TUESDAYGuy'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.

FRIDAYRoyal 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. Dr. Crisp, "Three Cases of Sudden Death"; Mr. Coulson, "On Lithotomy after Lithotripsy."

TUESDAY.—Royal Medical and Chirurgical Society, 8.30 P.M. Dr. Graily Hewitt, "On the acquired Deformities of the Uterus, their importance, effects, and results; with a Statistical Account of Observations on the subject at University College Hospital, from 1865 to 1869."

THURSDAY.—Harveian Society of London, 8 P.M. Mr. F. J. Gant, "On Impacted Fracture of the neck of the Femur: its Diagnosis and Treatment."

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.

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.

COMMUNICATIONS respecting editorial matters should be addressed to the Editor; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the General Manager, at the Office, 37, Great Queen Street, W.C.

MEDICAL ETIQUETTE.—The correspondence forwarded to us by Mr. Hime (Sheffield), and the communication from M.B., M.A. (Norwich), are under consideration.

MR. SOELBERG WELLS will excuse us for observing that we are not accustomed to extract our information from the sources to which he directs our attention.

MR. SLEMAN (Gunnislake, Tavistock) asks for references to cases of gangrene of the uterus.

MR. SLEMAN.—The *Medical Register* for 1872 is not yet published. It is in course of printing.

VACCINATION.—T. G. T. asks where he can obtain vaccine lymph from a heifer.

THE communications of Mr. Charles Roberts, Mr. R. C. Hunter, and a Poor-law Medical Officer (Ledbury), shall be laid before the Parliamentary Bills Committee.

MR. BUSH.—Deschanel's *Natural Philosophy* is pronounced the best by the Examiner.

A CONSTANT SUBSCRIBER asks the best means of treating incipient whitlow, so as to get rid of it at once; and what applications the dentists use for the immediate relief from the pain of toothache, which seems certainly instantaneous.

MR. BARING (68, Baring Street, New North Road) wishes to know where good wax anatomical models can be procured in London.

A CORONER'S INQUIRY.

WE have before us the report of an inquest on a case at Wrexham, which will demand further attention. We observe that the medical coroner received evidence from an unregistered practitioner, and made observations very strongly in his favour, and of an offensive character to a medical witness, without requiring a statement of the medical qualifications (if any) of his *protégé*. This was in itself a manifest dereliction of duty. In every court, a medical witness is bound to state his legal qualifications, and the coroner was bound to call for such a statement. If this unregistered practitioner possess any legal diploma in medicine or surgery, it will be desirable that it should be stated; if not, it is desirable that the facts should be known to the public, who are entitled to a full knowledge in any case, for their own information and protection.

NOTICES of Births, Marriages, Deaths, and Appointments, intended for insertion in the JOURNAL, should arrive at the Office not later than 10 A.M. on Thursday.

NUMEROUS letters and papers are postponed for want of space.

VACCINATION BY VESICATION.

SIR,—Your correspondent, Dr. Buzard, in suggesting vaccination by vesication with ammonia, is evidently unaware that the plan is by no means a new one. In the recently published volume of the *Obstetrical Transactions*, he will find an instrument figured for the purpose of more readily performing the operation; and in the discussion which followed its exhibition, Dr. Playfair said that he had been in the habit of employing this plan for several years. I am, etc., F. O. S.

DR. MARKHEIM.—The number of the JOURNAL in question is out of print.

THE WEST MIDDLESEX WATER COMPANY.

SIR,—In reply to your concise and somewhat cynical criticism of my report on the quality of the West Middlesex Company's Water, in which you complain of my analysis being very scant, will you permit me to say that, inasmuch as that report was addressed to a body of gentlemen, many of whom can hardly be supposed to possess any very extensive chemical knowledge, I consider it would have been altogether out of place had I gone into the very minute chemical analysis which you seem to think necessary.

With regard to the ammonia, I must take leave to adhere to the correctness of my results. The samples of water which I examined, did not show so much as the thousandth part of a grain in a gallon, and for that reason I think it can hardly be objected that in a report addressed to a non-scientific body I should put down the ammonia as "none"; but let me here say that I have seen Dr. Letheby's analyses of the same water for several months past, and in many of them I find that he represents the quantity of ammonia as "ooo."

You complain that for anything which is contained in my report, the water of the West Middlesex Company examined by me might have been such stuff as the notorious Southwark and Vauxhall Company furnish; but had you published that report, your numerous readers would have seen that, after the most careful microscopical examinations, I had found this water to be entirely free from living organisms, and that it was also invariably clear and nearly colourless; whereas the water of the Company you name was reported to contain living and moving organisms, and to have been frequently turbid.

Of the relative merits of Dr. Frankland's and Mr. Wanklyn's method of analysing our London water, I do not presume to be a judge; nor do I think it matters much, as far as the public health is concerned, which is the more reliable: what especially concerns me is, that the large parish with which I am officially connected should be amply supplied with comparatively pure (perfectly pure is not to be had) and wholesome water; and, after the careful investigations that I have made, I can have no hesitation in saying that it is.

I trust to your well known impartiality for the insertion of this letter in your next JOURNAL. I am, etc., J. WHITMORE, M.D.,

Medical Officer of Health for St. Marylebone.
Court House, St. Marylebone, W., March 11th, 1872.

*** We do not think and did not say that an elaborate analysis was necessary, but one which gave real results. The amount of ammonia present as such, no doubt appears in Dr. Whitmore's statement; the amount of ammonia obtainable from the organic matter in the water is not stated; and yet this is what it is really important to know. We know the facts very well, and have stated what is the degree of purity of the Middlesex water. Dr. Whitmore's vestry will, no doubt, appreciate his opinion of the limited nature of their intelligence, but his scepticism on that score ought not to prevent him from employing adequate methods and presenting statements which will satisfy the intelligence of those who can appreciate the meaning of them.

WE are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Liverpool Weekly Albion, March 16th; The Western Times, Dec. 1st, 1871; The Birmingham Morning News, March 20th; The Southport Independent, March 20th; The Wrexham Guardian, March 16th; The Surrey Advertiser and County Times, March 16th; The Wolverhampton Chronicle, March 13th; The North British Advertiser, March 16th; The Exeter and Plymouth Gazette, March 16th; The Scarborough Gazette, March 14th; The Birmingham Daily Gazette, March 18th and 19th; etc.

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

Dr. P. W. Latham, Cambridge; Mr. William Stokes, Dublin; Dr. H. Charlton Bastian, London; Dr. Heaton, Leeds; Dr. Desmond, Liverpool; Mr. T. H. Bartleet, Birmingham; Mr. T. Holmes, London; Dr. Rumsey, Cheltenham; An Associate; Mr. James Bird, London; Dr. A. Samelson, Manchester; Mr. James Stewart, Nantwich; Mr. Samuel Rains, Manchester; Mr. W. W. Stabb, Torquay; Mr. E. C. Board, Bristol; Dr. George Johnson, London; A Governor of the London Hospital; Dr. F. J. Brown, Rochester; Mr. J. Chappell, London; Our Liverpool Correspondent; Dr. James Morton, Glasgow; Mr. Fairlie Clarke, London; Mr. Creed, Dublin; Mr. Pratt, London; Mr. Lewtas, Liverpool; Our Dublin Correspondent; Mr. Nourse, Brighton; Dr. Mackenzie, Sidmouth; The Secretary of the Royal Medical and Chirurgical Society; Dr. M. J. Sturges, Beckenham; Dr. B. W. Foster, Birmingham; Mr. G. Lawson, London; Dr. J. Hughlings Jackson, London; Dr. Hermann Weber, London; Mr. Henry Morris, London; Dr. T. Farquhar, Aberdeen; Mr. Isaac Knowles, Wellington; Dr. T. Smith, Glasgow; Dr. Braxton Hicks, London; Mr. Slemán, Gunnislake, Tavistock; Mr. Maunders, London; Mr. Couper, London; Dr. H. Barnes, Carlisle; Dr. Sawyer, Birmingham; Mr. R. H. B. Nicholson, Hull; Dr. Philipson, Newcastle-on-Tyne; Dr. Batty Tuke, Cupar Fife; Mr. Bradley, Manchester; Dr. Gardner, Box; Surgeon-Major Fyfe, Netley; Dr. Elder, Nottingham; The Rev. Dr. Haughton, Dublin; Mr. Thurstfield, Bridgnorth; Mr. T. M. Evans, Hull; Mr. H. Terry, jun., Northampton; Mr. Summerhayes, Norwich; etc.