

always interfered with sanitation has been the multiplication of authorities and the want of consolidation and permissiveness of the law, and this Act perpetuates it.

Clause 3 enables the Board to appoint inspectors (to inspect whom?), auditors, clerks, messengers, and other officers, who shall be paid. These, no doubt, will be appointed and paid; and the bar and the nobility will be found in the highest places. They will have nothing to report of importance, for there will be no one to report to them. When an urban authority employs a health-officer, his first duty will be to report favourably, otherwise he will be pronounced to be incompetent and dismissed; and, similarly, woe betide the rural health-officer who reports against the interests of his Board of Guardians, in whom rests his appointment, payment, and hopes of superannuation. In the English bill it is compulsory with the urban authority to have a health-officer. They will not employ a Poor-law medical officer, of course, for it would not be in accordance with the eternal fitness of patronage. The health-officer cannot get information but through the Poor-law medical officer, who will not give it gratuitously. The urban authority will complain, and the local board will command; but the Poor-law medical officers will obstruct until they are paid for the extra duty. No doubt ours is a high and holy vocation; but it requires to be exalted in the eyes of the public by at least endeavouring to shew that our services are worthy of remuneration. It is optional with the rural authorities to employ health-officers. Because they have a medical staff, they may use them or not at their discretion. Under the Act of 1860, they may employ and pay their medical officers to inspect and report the state of the district; but we have had twelve years' experience of it, and we know that they will not. The Bill is worth nothing in the way of the advance of sanitation; it merely spoils a good board—our Poor-law Commissioners.

To effect sanitation, in my opinion, the requirements are these. There must be a central authority, and it will be necessary that that authority should embody the Poor-law authority. The medical element must be well represented, or it will be swamped. There must be certain law advisers, and there must be inspectors. These latter must be medical and engineers. These inspectors must not practise; and they must be well paid. Analysts will be required; they will be found in large cities, and can be paid by the job. The working sanitary staff must be the Poor-law medical officers in both England and Ireland. There is no one else to do it in most districts; no one else can do it effectually in all. It will be the most economical and the most compact system; for it will combine registration, vaccination, and the curative and preventive system. The Poor-law medical officers, to do their business in this department, must be out of the control of both urban and rural authorities, and directly under the central authority, and solely responsible to it; they must be paid by the State, and appointed by competitive examination or some other State method. To effect all this will, of course, require years; but in the end it will be found to be expedient, which is the word applicable to all measures where the mere health of the people is concerned.

#### THE BAKER BROWN FUND.

THIS fund is being raised on behalf of Mr. Isaac Baker Brown, who is paralysed, and in great pecuniary distress.

##### Third List of Subscribers.

Amount previously advertised	£	s.	d.		£	s.	d.
Mr. Victor de Méric ...	147	0	0	Mr. C. J. A. Walton...	2	2	0
Mr. Walter Coulson ...	5	0	0	Mr. J. W. Trotter, Cold-	1	1	0
Dr. Gaily Hewitt ...	2	2	0	stream Guards.....	1	1	0
Dr. George Johnson ...	1	0	0	Mr. H. Bullock, Isle-			
Dr. William O'Connor ...	1	1	0	worth .....	1	1	0
Dr. G. C. Dale .....	1	1	0	Mr. Thomas Hunt, Dor-			
Dr. Barr Meadows.....	1	1	0	set Square .....	1	1	0
Dr. Frederic Bird .....	2	2	0	Dr. Barratt .....	1	1	0
Dr. Hastings .....	1	0	0	Mr. Edward Newton...	2	2	0
Dr. Goodfellow .....	1	0	0	A. B. per Dr. Routh ...	2	2	0
Mr. John Harrison, Ches-				Dr. Walter Rickards...	2	2	0
ter.....	5	0	0	Dr. Cleveland.....	1	1	0
Mr. John Gay.....	1	1	0	Dr. Wharton Hood ...	1	1	0
Mr. Borlase Childs.....	1	1	0	Mr. Charles A. Aikin	2	2	0
Dr. Ramskill .....	2	2	0	A Lady, per ditto .....	1	1	0
Mr. Septimus Sibley ...	1	1	0	Mr. T. Heckstall Smith,			
Dr. Pavy .....	1	1	0	St. Mary Cray.....	2	2	0
Mr. John Wood .....	1	0	0				
Mr. Wm. Bowman.....	2	2	0				

The Honorary Treasurers are Dr. Forbes Winslow, 23, Cavendish Square, and Dr. Charles Cogswell, 47, York Terrace, Regent's Park, to whom subscriptions may be sent.

## ASSOCIATION INTELLIGENCE.

### MEETING OF COMMITTEE OF COUNCIL.

THE proceedings of the Committee of Council on Wednesday last, together with the financial statement for the year ending December 31st, 1871, will be published in next week's JOURNAL.

April 12th, 1872.

FRANCIS FOWKE, *General Secretary*.

### CUMBERLAND AND WESTMORLAND BRANCH.

THE spring meeting of the above Branch will be held at Penrith, on Wednesday, May 1st, 1872. *President*: R. ELLIOT, M.D.; *President-elect*: T. S. CLOUSTON, M.D.

Gentlemen intending to read papers or bring forward cases, are requested to communicate with the Secretary at their earliest convenience.

HENRY BARNES, M.D., *Honorary Secretary*.

Carlisle, April 1872.

### SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT.

THE first meeting for the present year was held at the Star Hotel, Lewes, on Friday, March 22nd, at three o'clock P.M., Mr. R. Turner in the Chair. There were nineteen members present and one visitor.

*Poor-Law Medical Officers' Superannuation*.—Mr. HENRY HOLMAN, of East Hoathley, called the attention of the meeting to the working of the Parochial Officers' Retirement Act; mentioning the fact that after forty years' service as a union medical officer, a pension was refused him, on the ground that his circumstances did not require one to be granted. This plea he considered to be beside the question. He considered that the provisions of the Act would be utterly futile as long as the decision as to granting pensions remained with the board of guardians. This opinion was shared by Mr. Wallis of Hartfield, Mr. Sanger of Alfriston, and other union medical officers present.—Dr. FUSSELL, as a guardian of the Brighton Union, called attention to an anomaly in an Act now passing through Parliament: viz., that in the case of a *municipal* officer retiring he was eligible to a pension after ten years, whereas twenty years were required in the case of a *parochial* officer. A hope was expressed that this subject would be brought before the Branch Council, and also introduced to the notice of borough and county members of parliament.

Dr. Fussell's paper on feigned diseases was deferred for want of time.

*Intestinal Concretion*.—Mr. WALLIS (Hartfield) exhibited an intestinal concretion passed after dangerous symptoms of obstruction had existed about five days. It was of very light weight and coated with phosphates; it was about the size of a pigeon's egg.

Mr. R. Turner, Surgeon to the Naval Prison, then conducted the members through its various departments.

*Dinner*.—Twenty-two members and visitors subsequently dined at the Star, under the presidency of Mr. R. Turner.

The next meeting will be held in the month of May at Eastbourne, Dr. Hayman in the Chair. An early notice of intended communications is requested by the Secretary.

### SOUTH EASTERN BRANCH: EAST SURREY DISTRICT.

A MEETING was held on Thursday, March 28th, at the Royal Crystal Palace Hotel. The chair was taken, at four P.M., by Mr. SIDNEY TURNER; and seventeen members and visitors attended.

*Next Meeting*.—It was arranged that the next meeting should be held at Reigate, in October.

*Papers, etc.*—I. Dr. AVELING exhibited and explained the mode of action of his Apparatus for Transfusion. He also narrated an extreme case of exhaustion from *post partum* hæmorrhage, in which he had recently used it successfully.

2. Dr. HOLLIS read a paper on the Treatment of Phthisis by the Iodides.

3. Dr. GALTON gave the histories of six cases of Typhoid Fever. From one which ended fatally from perforation, he exhibited a specimen of a portion of the ileum, with a diverticulum containing an ulcerated patch.

4. Mr. St. A. HAWKEN gave the history of a case of true Croup in Membranous Laryngitis, in a man aged sixty-five. Tracheotomy was resorted to with temporary benefit, but the case ended fatally five days later.—Dr. JEAFFRESON recorded a successful case of tracheotomy in diphtheria; and Dr. LANCHESTER a fatal case of tracheotomy in croup, both in children, which had recently occurred in their practices.

5. Mr. SIDNEY TURNER read a paper advocating the use of Galvanism locally applied to promote the Contraction of the Uterus in *Post-partum* Hemorrhage. The result he has found to be most satisfactory, and he considered this mode of treatment greatly to be preferred to injections into the uterus.

The Dinner took place at six P.M. Mr. Sidney Turner was in the chair, and fifteen gentlemen were present.

## REPORTS OF SOCIETIES.

### PATHOLOGICAL SOCIETY OF LONDON.

THURSDAY, MARCH 19TH, 1872.

JOHN HILTON, Esq., F.R.S., President, in the Chair.

*Vascular Membrane over Eyes.*—Mr. SEBASTIAN WILKINSON exhibited a child, both of whose eyes were covered with a congenital, thick, highly vascular membrane, which microscopically was found to be conjunctival. Removal of small portions had affected some relief.

*Pterygium.*—Mr. WILKINSON exhibited, in a man, an example of well-marked pterygium which had grown within fourteen days.

*Meningocele.*—Mr. JONATHAN HUTCHINSON brought forward a meningocele cyst, removed successfully from the back of the head of a child ten months old. In the tough pedicle was a small vein, apparently communicating with the cranial cavity; but this was afterwards found not to be the case. He removed the cyst under protest; and, although the child recovered, he still held the opinion that the removal of these tumours was attended with great danger.—Mr. J. W. HULKE alluded to two cases which bore out Mr. Hutchinson's opinion as to the danger of the operation.—Mr. THOMAS SMITH referred to the case of a child in which a ligature was applied, and in which death from meningitis followed.—The PRESIDENT referred to three cases in which a communication with the interior of the brain was found.—Mr. HULKE referred to a case of Billroth's, in which a second injection of iodine caused death.

*Chronic Rheumatic Arthritis.*—Mr. JONATHAN HUTCHINSON shewed numerous specimens of chronic rheumatic arthritis in which there was no outgrowth, but destruction of cartilage. There was extensive disease of the cartilage of the knee with purulent inflammation. In the ankle-joint there was no trace of inflammation, but the cartilage was everywhere thin. In several joints there was moderately firm ankylosis. There was no eburnation. The urine presented nothing peculiar. The specimens were taken from the right lower extremity of a man aged 46, who had had repeated and severe attacks of rheumatic gout in all his joints, from which he never completely recovered. His right knee, previously little affected, was rendered useless by inflammation, and was removed. He was an abstemious man, and had not been subjected to hardships. Both brothers suffered from the same affection. On the other hand, three sisters were free from rheumatism, except, perhaps, a few slight pains. Their father lived freely at first, but in later life abstemiously, and he suffered from no arthritic affection. Mr. Hutchinson shewed other specimens, presenting a similar condition, taken from the body of a man aged 61. The chief features present were absorption of cartilage beginning where the synovial membrane was attached, inflammation of the synovial membrane itself, and blood-staining. The specimens shewn differed in many points from those described by Mr. Adams of Dublin.—Mr. WILLIAM ADAMS remarked on the peculiarity of the specimens. Absence of suppuration and ankylosis had long been pointed out as peculiarities of chronic rheumatic arthritis; and the specimens presented no eburnation, and no enlargement of the ends of the bone. He met occasionally with cases in which ankylosis took place.—Mr. HUTCHINSON admitted the rarity of suppuration and ankylosis in such cases as those described by Mr. Adams of Dublin, but was satisfied of their occasional occurrence. In answer to Mr. Davy, he said that the vertebral column had not been examined.

*Hydatid Tumour of Thigh.*—Mr. DURHAM exhibited a portion of a hydatid tumour removed from the thigh of a woman aged 45. It was of six years' duration; and the patient said that "bladder-like things" had been discharged from the tumour for several years.

*Mammary Tumours.*—Mr. COOPER FORSTER exhibited two recent specimens of tumours of the breast, which he thought were malignant—one colloid and the other sarcoma. They were referred to the Morbid Growths Committee.

*Recurrent Mammary Tumour.*—Mr. SAUNDERS exhibited, for Mr. W. Anderson, a recurrent tumour of the breast, which had remained long quiescent prior to its second and last recurrence, and now presented the appearance of cancer. Referred to Committee.

*Tumour of Kidney.*—Dr. WHIPHAM brought forward a kidney presenting numerous tumours under the capsule, somewhat resembling lymphadenoma. They were at first believed to be only extravasations. The spleen, which weighed sixteen ounces, was not affected by these growths. The woman died of bronchitis.

*Hypertrophied Tongue.*—Mr. ARNOTT brought forward a specimen of congenital enlargement of the tongue from a child fourteen months old, who died of lobular pneumonia after portions had been removed by the *écraseur*. The present case presented the rarity of muscular hypertrophy, and shewed nævoid structure, interstitial proliferation, and increase in the lymphatics and lymph-spaces.

Mr. FAIRLIE CLARKE exhibited a portion of a tongue which he had successfully removed by the *écraseur* from a child five months old, suffering from congenital hypertrophy of the organ. The microscopical appearances, as found by Dr. Cayley and himself, were merely those of hypertrophy.

## CORRESPONDENCE.

### DISAPPEARING AORTIC REGURGITANT MURMUR.

SIR,—Will you allow me to state to your readers, with reference to my case of *disappearing* aortic regurgitant murmur recorded in your number of March 30 (p. 335), that a remarkably similar case in some respects in Dr. Walshe's book escaped my attention at the time, and has only been brought to my notice by a letter since received from Dr. Walshe himself. The case is at p. 386 of the third edition (1862) of the *Diseases of the Heart*, and is referred to in the text as "a yet more rare, and, as far as I know, undescribed condition . . . in which a regurgitant murmur wholly disappears at an orifice, giving place to an obstructive one." The parallelism between this rare case and mine consists in the fact, that in both of them aortic regurgitation appears to have undergone (physically speaking) a kind of quasi-cure through the progress of the disease to the worse in other respects—viz., by large plugs of fibrine deposited on the upper side of the valves, and obstructing the orifice, but greatly diminishing the amount of incompetency, so as practically to suppress a previously existing regurgitant murmur. The explanation given of the facts in Dr. Walshe's case (which was also seen by Sir Thomas Watson) is identical with that which, though with less confidence, I offered independently as a hypothetical solution of my own difficulty. "The mystery, we found, received an easy solution in the state of the aortic valves. The substance of these valves had been considerably destroyed—to such an extent as to admit of free reflux. But to the edges of the injured valves were attached masses of very soft fibrine, of such bulk as to block up the orifice of the vessel completely when looked at from above. Obviously this fibrinous plug, of relatively recent formation, must at once have prevented regurgitation, and opposed a formidable barrier to the direct current from the ventricle." (P. 387.)

The only apology I have to offer for having overlooked this most apposite case, while quoting from only a few pages further back in the work containing it, is, that I perhaps trusted too implicitly to the well known exactness of arrangement and fulness of cross-reference which so eminently distinguish all Dr. Walshe's writings. Not finding what was explanatory of my difficulties under the heading of "Aortic Regurgitation", it did not occur to me to pursue the search further on, under the much less likely heading of "Physical Diagnosis of Valvular Diseases in general". But I regret my omission the less, as it gives an opportunity of now thus confirming my own speculations, and perhaps of claiming for them some additional interest, in the view of their being so well supported by the opinion of Dr. Walshe in a case so curiously resembling mine. I am, etc., W. T. GAIRDNER.

Glasgow, April 6th, 1872.

### THE ROYAL ORTHOPÆDIC HOSPITAL.

SIR,—It is well known to all who have watched the history of the Royal Orthopædic Hospital, that for many years there has been going on a struggle between the general body of the Committee of the Hospital and the two surgeons, who have been supported by Lord Abinger and a small minority of the Committee. Prior to most of the annual and special courts, an active canvass for new governors has taken place—a practice which, it is well known, prevails in almost every institution in which there are pending existing questions. At the special court which was held at the conclusion of the annual court in March last, some of my friends determined to propose that there should be created an office of third surgeon, with the view that I should hold the appointment. For this proposition, which would not in any way affect

the positions of the two senior surgeons, they sought the support among their friends of additional as well as of old subscribers. Not unnaturally, they sent the names so obtained to me, with a request that I would see them properly placed on the Register. This I did, and it is all that I did; and that I acted in good faith, is sufficiently proved by the fact that I made no concealment about it, but gave to the Secretary, together with the names, my own cheque for the amount due from the subscribers, some of whom sent me the money previously, and others subsequently, to my paying it.

This is, I believe, all I need say in vindication of my conduct as a member of the profession. I cannot ask you to judge between me and Lord Abinger, who has on more than one occasion openly expressed the ill-will he has long borne towards me. Nor is it necessary for me to enter into the question between the Committee and the two surgeons: that question has now been twice decided against the surgeons, and on this last occasion in spite of the most strenuous efforts of Lord Abinger and his friends.

It is to be hoped that the charity may now at length be permitted to continue to perform its beneficial functions, undisturbed by further professional quarrels and personal disputes.

I am, etc., B. E. BRODHURST.  
20, Grosvenor Street, W., April 9th, 1872.

## MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.—Friday, April 5th.

**PUBLIC HEALTH BILL.**—Mr. Stansfeld moved the second reading of the Bill.—Mr. J. Fielden, who had given notice of his intention to move its rejection, said that he should reserve his opposition for Committee.—Dr. Playfair supported the general principles of the Bill, and offered some suggestions for the improvement of its details, especially insisting on the desirability of enlarging the areas and raising the qualifications for the health-officers.—Sir H. Selwin-Ibbetson generally supported the Bill, but objected to the local authorities proposed for the rural districts.—The discussion was continued by Mr. Whitwell, who deprecated striving after too high a standard in regard to the pollution of rivers; and by Mr. Dimsdale, who criticised the measure under three heads—the improvement of labourers cottages, the pollution of rivers, and the rural boards.—After Mr. Muntz, Dr. Lush, and Mr. Corrance had addressed the House, Sir C. B. Adderley remarked that to create new bodies would have consumed time, while the subject would not wait; and that by taking advantage of these bodies and their staffs there would be a considerable saving. He reiterated his regret that consolidation had been postponed, but praised the Government Bill, which he said would complete and give vitality to our present system, and would not cost the ratepayers a shilling which would not be remunerative. Sir T. Acland, Mr. G. Hardy, and Mr. W. H. Smith concurred in the principle of the measure.—In reply, Mr. Stansfeld explained his reasons for choosing the union as an area and the guardians as the local authority, and defended the clauses of the Bill relating to the pollution of rivers. With regard to the medical officers, he said it was his intention that the Act should be started with a competent staff, and he meant to propose a vote to Parliament for the purpose. As to the suggestion for a digest of sanitary law, he announced that he had one already in hand.—Mr. Stansfeld's Bill was then read a second time.

The second reading of Sir C. B. Adderley's Public Health and Local Government Bill was also agreed to.

## MEDICAL NEWS.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—The following gentlemen passed their primary examinations in anatomy and physiology at a meeting of the Court of Examiners on April 9th; and, when eligible, will be admitted to the pass examination.

Messrs. Lewis Davies, John Griffiths, John W. Davies, Alfred Hooper, Leonard Rudd, Edmund O. Day, and John W. Mason (Students of Guy's Hospital); Charles J. Manning, Dhanjisha Navroji Parakh, Andrew S. Morton, W. J. C. Swift, Henry Eales, Bernard M. S. Roth, and Henry R. Crocker (University College); William Baly, Denis W. D. Comins, Samuel Benton, Alfred J. H. Helby, and Henry Bott (St. Bartholomew's); John D. Henwood, George Brown, and Henry Leeds (Charing Cross); Gerald S. Harper and Frederick W. Friend (St. George's); George F. Rossiter (St. Thomas's); William B. Willans (King's College); and John Barlow (Glasgow).

The following gentlemen passed on April 10th.

Messrs. Richard Jelley, Thomas E. Maclean, John W. G. Sellon, John Hopkins, and Winckworth T. Smith (University College); Leonard J. Wilding, Edward

O. Reynolds, and Arthur B. Crowther (Guy's); Alfred P. Woodforde, Philip N. Hall, and William Squire (St. Bartholomew's); Manoel Martinho Gonçalves, and Frederick Tyrrell (St. Mary's); John H. Alden, and William F. F. Boase (London); William Bickford and Henry W. Verdon (St. Thomas's); William Jackson and Timothy C. Denby (Leeds School); Lewis J. Newnham (Charing Cross); Edward P. Vines (King's College); William E. Cree (Middlesex); and George J. Briggs (Hull School).

**APOTHECARIES' HALL.**—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, April 4th, 1872.

Brumwell, James Parker, Kendal, Westmorland  
Donaldson, Henry, Cambridge Road, Hammersmith  
Evans, Thomas, Trinity Square, Borough  
Pitts, Robert Zaccheus, Higham, Norfolk  
Scott, John Walter, Torpoint, Cornwall  
Wright, John Frederick, Seymour Street, W.  
Wright, Francis James, Preston, Lancashire

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

Jennings, William Oscar, Guy's Hospital

## MEDICAL VACANCIES.

**THE following vacancies are announced:—**

**APPLECROSS**, Ross-shire—Resident Doctor: £160 per annum, exclusive of private practice and additional fees.  
**BIRMINGHAM GENERAL DISPENSARY**—Resident Surgeon: £100 per annum, increasing to £125, residence, coal, gas, and attendance.  
**BOARD OF NATIONAL EDUCATION IN IRELAND**—Medical Officer.  
**CARLISLE FEVER HOSPITAL**—Physician.  
**DALEMELLINGTON**, Ayrshire—Parochial Medical Officer: £50 per annum.  
**DUNDEE ROYAL INFIRMARY**—Joint House-Surgeon: £50 per annum (to commence), board, lodging, and washing.  
**ECHT**, Aberdeenshire, Parish of—Medical Officer.  
**EDDRACHILLIS and DURNES**, Sutherlandshire—Parochial Medical Officer: £140 per annum, £10 to provide medicine, house, and garden.  
**EVIE**, Orkney—Medical Practitioner: £200 per annum.  
**GORT UNION**, co. Galway—Apothecary to the Workhouse. Apothecary to the Gort Dispensary: £30 per annum each.  
**GOVAN**, Lanarkshire—Medical Officer for the Partick District: £50 per annum.  
**KENSINGTON**, Parish of St. Mary Abbott's—Medical Officer for the Workhouse and new Infirmary: £250 per annum, residence, coal, gas, and washing. Dispenser: £75 per annum.  
**KING'S COLLEGE**, London—Demonstrator of Practical Physiology.  
**KING and QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND**—Treasurer.  
**LEITH HOSPITAL**—Assistant House-Surgeon: £60 per annum.  
**MAGHERAFELT UNION**, co. Londonderry—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Maghera Dispensary District: £100 per annum, and fees.  
**MALTON UNION**, Yorkshire—Medical Officer for the Leavening District: £40 per annum.  
**MIDDLESEX LUNATIC ASYLUM**, Hanwell—Medical Superintendent of the Male Department: £600 per annum, furnished house (rates and taxes free), coal, gas, milk, and vegetables.  
**NAAS UNION**, co. Kildare—Medical Officer for the Kilcullen Dispensary District: £100 per annum, and fees.  
**NEWPORT UNION**, co. Mayo—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Achill Dispensary District: £100 per ann., and fees.  
**PRESTON AMALGAMATED FRIENDLY SOCIETIES PROVIDENT DISPENSARY**—Qualified Assistant.  
**ROYAL ALBERT HOSPITAL**, Devonport—Resident Medical Officer: £250 per annum, apartments, board, and washing.  
**ROYAL EDINBURGH HOSPITAL FOR SICK CHILDREN**—Assistant to the extra Physicians: £52:10 per annum.  
**ROYAL SURREY COUNTY HOSPITAL**, Guildford—Assistant Honorary Medical Officer.  
**STAFFORDSHIRE GENERAL INFIRMARY**, Stafford—House-Surgeon and Secretary: £100 per annum, board, washing, etc.  
**WALSINGHAM UNION**, Norfolk—Medical Officer and Public Vaccinator for the Raynham District: £38 per annum, and extra fees.  
**WATERMEN and LIGHTERMAN'S ASYLUM**, Penge—Medical Officer.

## 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.

**EASTES.**—On April 3rd, at Folkestone, aged 2 years and 4 months, Frank, the elder son of George Eastes, Esq., of Albion Place, London.  
**HAMMOND**, Arthur, Esq., Surgeon, at Melbourne Terrace, Penge, aged 65, on March 26th.  
**HARTHILL**, William, M.D., at Edinburgh, on March 24th.  
**\*KNOTT**, W. P., Esq., Surgeon, of Bugbrooke, Northamptonshire, aged 30, at Thame, on March 25th.  
**WALLACE**, Thomas, Esq., Surgeon, at Navan, on March 31st.

**MR. LAWSON TAIT** has been elected a corresponding member of the Gynaecological Society of Boston.

**ROYAL ASYLUM OF ST. ANNE'S.**—At a special meeting of the Council of this Corporation, on the 5th instant, Dr. Frodsham, on retiring from the office of Honorary Medical Examiner, was presented with a handsome silver centre-piece engraved with a suitable inscription.

# 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.—West London, 3 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, 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.

TUESDAY.—Pathological Society of London, 8 P.M. The following specimens will be exhibited: Dr. Thorowgood: Stricture of the Esophagus. Dr. Langdon Down: Abscess of the Liver, with Ulceration of the Colon. Dr. Bristowe: Effusion of Blood into the Corpus Striatum, and Gangrene of the Lower Extremities owing to Obstruction of the Aorta by a Clot. Dr. Bristowe: Carcinoma of the Descending Colon causing Fatal Obstruction. Dr. Payne: Intracardiac Tumours. Dr. Moxon: Lymphoid Cancer of the Small Intestine. Dr. Kelly: Heart with Vegetations on the Valves from a Case of Acute Chorea associated with Embolism. Mr. Durham: Intussusception of the Rectum. Mr. Croft: Osteo-sarcoma of the Lower End of the Femur.

# 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.

COMMUNICATIONS concerning subscriptions, addresses, and other business matters, must be addressed to the Manager, and not to the Editor.

## A METROPOLITAN HOSPITAL.

WE have received no communication from Mr. Maunder or Mr. Couper, in reply to the direct denial by Dr. Palfrey, of the statement that they had consulted the professional staff of the London Hospital before Mr. Maunder made his assault upon the reputation of his colleague. That denial has, on the other hand, been confirmed to us from other sources.

J. H.—It is quite legal for any one, whether qualified or unqualified, to give evidence that a person was in the street while suffering from small-pox. His evidence, however, must be taken for what it is worth; and, if unqualified, he has no right to a fee as a professional witness. The practice of employing unqualified persons as assistants to registered practitioners, is highly reprehensible.

## PREMATURE SEXUAL DESIRE.

SIR,—I have now under my care a case of premature sexual desire, which I believe is unique. The child is only six years of age, and he has manifested the same desire since he was four. At that age, being an orphan, he was placed under the charge of a lady who had several other pupils. For a time, he slept with this lady; but she was obliged, by his constant masturbation, to put him into another bed. At four and a half, he was discovered attempting sexual intercourse with his sister, a child aged two years, for which purpose he left his own bedroom at midnight. The genital organs are well formed; but, excepting that there is complete erection, there is no peculiarity indicating the child's desires. As might be expected, there is a largely developed cerebellum. He sleeps but little; and the haggard face and sunken eye bear testimony to the passion to which the child is such a slave. His hands are tied at night in a leathern case; but he lies awake, in the prone position, keeping up a constant irritation of the sexual organs.

The treatment has consisted of bromide of potassium for some time; a plain, unstimulating diet; cold bathing, and mechanical restraint to some extent. Anthelmintics have also been administered, but without any result. These means have proved of little avail; and I would be glad if any of your readers would suggest any other means of cure or mechanical appliance.

April 18-2.

G. H.

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

WHY ARE CASES OF JOINT-DISEASE INvariably WORSE DURING THE WARM MOIST DAYS OF WINTER?

SIR,—This question, recently propounded by the Editor of the BRITISH MEDICAL JOURNAL, at the termination of some remarks on Mr. Wood's experience at King's College Hospital with reference to joint-affections, may have some light thrown on it by the following considerations. The rustic is informed by his sensations, and the dweller in towns by his barometer and hygrometer, concerning the coming weather. The former is of opinion that toothache, cornache, and pains of the joints; and the latter, that a decrease in the pressure, an excess of humidity, and an increase of the temperature of the air, are precursors of foul weather. Meteorologists all know that the warm and moist equatorial current is generally accompanied in winter by a decrease of barometric pressure. How cleverly did the great Jenner embody in a few lines of verse, "On the Signs of Rain", the effects of these atmospheric changes:

"Hark! how the chairs and tables crack,  
Old Betty's joints are on the rack."

The aching of corns is as readily accounted for as the cracking of chairs and tables; for both are evidently the result of the increase of the amount of moisture in the air. The great alterations in size which epithelial and ligneous structures undergo by the addition or subtraction of moisture are well known; what are the changes in the body when it is exposed to low barometric pressure? Richardson, Hewson, and others tell us that there is a tendency to exudation of fluid from wounded surfaces, a feebleness in the healing of wounds, a susceptibility to disturbance in the body generally, and a proneness to the production of secondary fever by the absorption of discharges which have undergone some decomposition. The outcome of these facts has been the establishment of the law, that no important surgical operation should be performed when the barometer is low, or when it is steadily falling. The principal effect, however, of diminished pressure of the atmosphere is distension of the capillaries. We all recognise as one of the exciting causes of apoplectic seizures a rapid diminution of atmospheric pressure, producing a sudden capillary engorgement. An exacerbation of the symptoms in cases of joint-disease may be due, perhaps, to the same meteorological change acting in a manner which may be thus explained. In the solid inelastic articular expansions of the bones, which are surrounded by firm inextensible textures forming the joints, the minute nerves, shown by Kölliker and others to permeate the cancellous and compact structures in company with vessels, are pressed by these vessels when enlarged against the unyielding walls of the channels through which they pass. Although the nerves of bones do not generally afford healthy individuals any conscious sensations; yet, in diseases of the joints, the bones, when congested, or the seat of inflammation, become painful. Tissues, not supplied with rigid canals like bone, yield to pressure during any temporary increase in the size of the minute vessels. In such tissues, vascular distension from a diminution of the pressure of the air is unaccompanied by pain, because the nerves accompanying the vessels are uninterfered with. Low barometric pressure and an excess of humidity of the air offer conditions most unfavourable for the removal of heat by evaporation and radiation from a congested or an inflamed joint. Teeth, which have a nutrient system very similar to that possessed by bone, become painful when the pressure of the air is suddenly lessened for the same reason. The nerves of the tooth being in a morbid condition from caries, are temporarily irritated by the capillary enlargement. How is it that joints which are not diseased ache when the barometer is low? I am not aware that this occurs in the young and healthy. Experience teaches us that old rheumatic people often complain of this symptom. Such persons, whose joints are not in a perfectly healthy state, are generally worse during damp weather, in consequence, I presume, of imperfect elimination by the skin, and of the lowering of the vitality of parts (whereby the action of a morbid condition is favoured)—changes undoubtedly induced by the meteorological conditions, the effects of which we have been considering. It would be interesting to ascertain whether, in cases of joint-disease, there is any increase in the temperature of the joints during the warm and moist days of winter, when the barometer is falling and the patients seem worse.

It is remarkable that Mr. Wood should have recently made the observation which forms the subject of these remarks; for the pressure of the air has of late been less in London than has been noted for nearly thirty years. Indeed, it is stated, on the authority of the editor of the *Meteorological Magazine*, that only on two occasions during the present century has the barometer been so low as on January 24th, 1872. The question as to the reason why warm and moist weather has prevailed during the past winter, to the exclusion of that which is more reasonable, cannot now be discussed; for if brevity is the "soul of wit", it is unquestionably the soul of wisdom.

I am, etc., CORNELIUS B. FOX, M.D., F.M.S.

Scarborough, March 1872.

## QUESTION IN OBSTETRICS.

ALPHA writes:—Some time ago, I had a case of triplets, in which the third child was born enclosed in the membranes (the membranes being still unruptured). No movements on the part of the child were perceived until the membranes were ruptured; after which, the usual symptoms of life were at once manifested. Now, sir, in a case like the above, or similarly, in a case of Cæsarean section, the abdominal parietes being laid open, the uterus being cut up to the necessary extent, and the membranes being, fortunately, left unruptured, will you kindly state whether any movement has ever been seen to be made by the child, and, if so, kindly refer me to any authority who may incidentally mention such a fact. Failing any such evidence or authority, may I ask whether you think it likely that any movement can be made by the child under such circumstances and previous to the admission of the usual primary stimulus "air".

## THE PHOTOGRAPHIC SKIN CLINIQUE.

WE lately had occasion to speak very favourably of the plate issued with the first number; we cannot speak with equal favour of the following circular, which is not suited for the publication of a respectable medical work, and is of evil precedent.

"British Hospital for Diseases of the Skin, 56, Great Marlborough Street, W., March 26th, 1872.

"Sir,—I beg to submit for your inspection a copy of the first number of the *Photographic Clinique*. It will be called for to-morrow morning. Should you desire to subscribe for it, kindly fill up the enclosed form.

"I am, sir, obediently yours,

"GEO. H. PLOWRIGHT, p.p. D. R. D., Secretary."

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.

MEDICAL ETIQUETTE: DR. DE BARTOLOMÉ AND DR. HIME.

DR. DE BARTOLOMÉ (Sheffield) is dissatisfied with our comments upon the correspondence which had occurred between Dr. Hime and himself; and at his request we publish the whole correspondence from copies furnished by him.

1. *Dr. Hime to Dr. de Bartolomé.*

217, Glossop Road, March 8th.  
Dear Dr. de Bartolomé,—When paying a professional visit at Wadsley Vicarage yesterday, Mr. Morton repeated to me a conversation of yours with Mrs. Morton, alleged to have taken place during a recent visit of hers to you, which I cannot but think has been misunderstood, and which I am therefore unwilling to accept as authentic until I have heard an explanation from yourself. It was to the effect that you had criticised my treatment of Miss Cassan, given advice as to what should be done for her, and condemned further "coddling" (to use the exact expression repeated to me) of my patient. I told Mr. Morton I would at once communicate with you. I need make no comment as to how utterly unjustifiable such a proceeding would be, and would be much pleased to hear from yourself on the subject. Believe me, faithfully yours, THOS. WHITESIDE HIME.  
M. de Bartolomé, Esq., M.D.

2. *Dr. de Bartolomé to Dr. Hime.*

Sheffield, March 7th, 1872.  
Dear Dr. Hime,—Your favour dated March 8th, but received to-day, March 7th, very much surprises me; and I am happy to say it is the first of its kind I ever received. In it, you give me a statement made to you by the Rev. Mr. Morton, "to the effect that I had criticised your treatment of Miss Cassan, given advice as to what should be done for her, and condemned further coddling of your patient"; and you add that you think I have been "misunderstood." I am sorry to use strong language where a lady is concerned; but I must say there is more than a misunderstanding in the matter. I never did speak of your treatment—past, present, or future; and the only word of truth in the whole "statement" is "coddling," which I did use. I said, *what I had said in your presence*, that I advised the use of a horsehair mattress, and the sofa, or the inclined plane; for I felt convinced that there was nothing so injurious as coddling in such cases; but I deny most distinctly and unequivocally that I ever spoke of, or alluded to, your treatment or views. Mrs. Morton came to my house on the 2nd instant, to ask me to examine her chest, which I did, after I had ascertained that she was not under treatment; but I was particularly careful to keep to her case, and only spoke as above stated when forced to say something in answer to Mrs. Morton's questions, who I suspected, at the time, did not come exactly, as she said, to consult me upon her case. If this is not satisfactory to you, I shall be happy to confront, in your presence and in presence of a friend of mine, all concerned, whenever you require it.—I am, dear Dr. Hime, yours truly, M. MARTIN DE BARTOLOMÉ.  
Dr. Hime.

3. *Dr. Hime to Dr. de Bartolomé.*

217, Glossop Road, March 8th.  
Dear Dr. de Bartolomé,—I beg to acknowledge the receipt of your reply to my letter, and regret to find that, though you say your conversation about my patient was more than misunderstood, at the same time you prove substantially the accuracy of what was repeated to me. You say that, in reply to Mrs. Morton, you "advised the use of a horsehair mattress, and the sofa," etc. Surely this gratuitous advice about a patient of mine, given in your house and in my absence, was unwarranted. You add that you never "spoke or alluded to" my "treatment or views." If you mean by this that the advice you gave was your *private* opinion "as distinguished from mine," I think it rather aggravates matters than otherwise. At the termination of our consultation at Wadsley Vicarage, your *professional* interest in, and connection with my patient there ended entirely. Consultations would soon become rare curiosities if it should become customary for the consulting physician to give gratuitous advice, at his own house, to all anxious friends who flocked to him with inquiries about his colleague's patients; and this in addition to the advice given in consultation. The opinion pronounced as the result of a consultation is not usually regarded as that of the physician merely, or of any one of the persons who consulted together, but rather as the conclusion arrived at by all concerned. Certainly when Mrs. Morton came into the room to learn the result of our consultation, she was told we considered certain treatment, etc., necessary, not that you did. I cannot, therefore, consider that you were at liberty to state your *private* opinion to Mrs. Morton as to my patient. You say you did not allude to mine, and yet you repeat the advice you did give. Mr. Morton stated that you spoke as to the removal of Miss Cassan down stairs, a point certainly not touched on in consultation. You admit that you condemned "coddling." I cannot comprehend how you could condemn that or any other practice unless it was either in operation or you feared it might be resorted to. In either case, can you justify your criticism on the treatment of my patient in my absence? It is evident the case of my patient was the subject of discussion between you and Mrs. Morton, which I think hardly defensible at all; but the result of that conference had been that the opinion you gave has been quoted to me as a guide in my treatment. And so much did I feel the interference, that I at once requested Mr. Morton to get another medical attendant for Miss Cassan; and I only assented to continue as such at the earnest request of Mr. Morton, and his representation of how much distress it would cause that lady should I cease to attend. At the time of Mrs. Morton's visit, you say you "suspected" she "did not come exactly, as she said, to consult me about her own case." You were, therefore, not accidentally betrayed into expressing your opinion. You "suspected" her motive in coming; and there can be no doubt what your course should have been, any more than there is in my mind as to what it has been. I am at a loss to know how you can at all justify your discussing the case of my patient; and seeing that the result of your discussion has been so unpleasant for me, that, in fact, I do not know whether I can continue to attend the case, even though requested to do so, I think I am entitled to an expression of regret for what should never have occurred. I am, faithfully yours, THOMAS WHITESIDE HIME.  
M. de Bartolomé, Esq., M.D.

4. *Dr. de Bartolomé to Dr. Hime.*

Sheffield, March 9th, 1872.  
Sir,—I beg to acknowledge the receipt of your second letter, dated March 8th, and to decline further correspondence. I am, sir, your obedient servant,  
Dr. Hime. M. M. DE BÉ.

5. *Dr. Hime to Dr. de Bartolomé.*

217, Glossop Road, Sheffield, March 18th.  
Sir,—I have received your final reply to my note relating to your breach of professional etiquette in discussing the case of my patient, and offering or giving advice without my knowledge. As you decline to correspond on the subject, I shall forward the correspondence to the editor of the medical paper whose decision I am willing to abide by, and to Mr. Morton.  
Your obedient servant, THOS. WHITESIDE HIME.

6. *The Rev. F. C. Morton to Dr. de Bartolomé.*

Wadsley Vicarage, Sheffield, March 21st.  
Dear Sir,—Having received a most uncalled-for letter from Dr. Hime, whom I have now dismissed from this house, I think it right to state to you that Mrs. Morton was alarmed about herself when she called upon you, and that on the opinion you would give of her case depended her promise to be present at her nephew's funeral on the day but one after her visit to you; and as to myself, I never told Dr. Hime that you criticised his treatment; I merely said that, in reply to Mrs. Morton's question, who went to consult you about herself, you expressed an opinion that Miss Cassan might be brought down stairs, as her's was not a case for coddling. I could not rest till I had given you this explanation.  
Dr. M. de Bartolomé. And I remain, yours very faithfully, F. C. MORTON.

\*A meeting of members of the Association resident in Sheffield has been summoned, to take into consideration the comments which we felt it our duty to make last week upon the correspondence, submitted to us, between Dr. de Bartolomé and Dr. Hime. At the time of going to press, we have not received the report of the meeting; and meantime we request our readers to reserve their judgment.

PARAPLEGIA.

SIR,—A case of paraplegia commenced in the following manner. After siesta, the patient nearly fell, without any assignable cause. The next morning, on getting out of bed, he nearly fell again, and felt a slight weakness in his right leg; but this disappeared during the day. On the third morning, the weakness was more marked; and, although better as the day advanced, did not disappear. On the fourth morning, the paralysis was still more marked, notably increasing each morning, but improving during the day, and being least at night. On the fifth day, the sphincters of the bladder and rectum became paralysed. About the tenth day, the left leg began to be affected. About the fourteenth, the patient lost the power of standing. After the action of an aperient, there was always a notable increase in the paralysis. In such a case as this, what is the probable pathological cause? and what the proper treatment? Would any of our associates, who have had experience of such cases, kindly advise a brother practitioner what to do in this case?  
I am, etc.,  
LIVERPOOL, April 2nd, 1872. AN ASSOCIATE.

CONSCIENCE-MONEY.—The General Secretary begs to acknowledge the receipt, from an anonymous correspondent in Dublin, of £2 : 2, for arrears of subscription for 1868-1869.

AN INQUIRER will find that any well-informed surgeon can recommend him an apparatus for the purpose. He would be liable to serious error in selecting one for himself.

MR. I. F. EVANS (Sheffield).—The volume, which will include Professor Haughton's six Lectures on Least Force in Nature, is not yet, we believe, published; although a large part of the material is prepared for the press.

RIDGE'S GLOSSOLOGY.—Mr. J. N. Jakins, of Osnaburgh Street, wishes to know where the last edition of Dr. Ridge's *Glossology* can be obtained.

WE are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Liverpool Weekly Albion, April 6th; The Lincoln Gazette, April 6th; The North British Daily Mail, April 6th; The Eastern Morning News, April 4th; The Southport Visitor, March 29th; The North British Advertiser, April 6th; The Retford, Worksop, Isle of Axholme and Gainsborough News and General Advertiser for Lincolnshire and Nottinghamshire, April 6th; The Melbourne Argus, Feb. 13th; etc.

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

Sir James Paget, Bart., London; Dr. J. S. Bristowe, London; Dr. P. W. Latham, Cambridge; Dr. Mapother, Dublin; Mr. T. H. Bartleet, Birmingham; Dr. Alfred Sheen, Cardiff; Mr. T. J. Dyke, Merthyr Tydfil; Dr. R. Grieve, London; Our Edinburgh Correspondent; Mr. F. Le Gros Clark, London; The Secretary of the Pathological Society; M.D.; Dr. C. Handfield Jones, London; Dr. J. Braxton Hicks, London; Dr. H. Charlton Bastian, London; Dr. F. J. Brown, Rochester; Dr. J. W. Moore, Dublin; Dr. Joseph Bell, Edinburgh; Dr. W. T. Gairdner, Glasgow; Mr. J. P. Purvis, Greenwich; F.R.C.S.; Dr. Henry Barnes, Carlisle; 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; Dr. Rumsey, Cheltenham; Mr. Wanklyn, London; Mr. Wood, Shrewsbury; Dr. Arlidge, Newcastle-under-Lyme; Mr. J. Hughes, Middlewich; Dr. Foster, Birmingham; Dr. Campbell Black, Glasgow; Dr. W. H. Lambart, Liverpool; Mr. E. A. Hardwick, London; Mr. Hodgson, Brighton; A Member; Dr. Holman, Reigate; Mr. Pryce Morris, Halesworth; Mr. Eytton Jones, Wrexham; Mr. Waller, Norwich; Dr. Protheroe Smith, London; The Secretary of the Clinical Society; Dr. Eastwood, Darlington; Mr. C. D. H. Drury, Harleston; Dr. Philipson, Newcastle-upon-Tyne; Mr. Lawson Tait, Birmingham; Dr. Bateman, Whitchurch; Mr. Brodhurst, London; Mr. S. S. D. Wells, Malta; Dr. Marshall, Windsor; Mr. C. S. Webber, London; Dr. Mac-lachlan, Dalmellington; Mr. G. S. Symmons, Ledbury; Mr. James Boyd, Newcastle-upon-Tyne; Dr. Aveling, London; Dr. R. Fowler, London; Mr. R. Pye-Smith, Guy's Hospital; Mr. Favell, Sheffield; Mr. E. D. Marriott, Gateshead; Mr. Berkeley Hill, London; Mr. Lawson, London; Dr. Williamson, South Shields; Mr. Crease, South Shields; Dr. Creighton, Paris; Mr. George Longbotham, Leeds; Captain Burgess, London; etc.