

convulsion. She was ordered a mixture containing fifteen drops of the tincture of the perchloride of iron and half a drachm of nitric ether, to be taken every four hours; and was advised to call in medical assistance on the earliest indication of labour, or on any further indication of convulsions. At three o'clock on the morning of the 15th, she was seen by Mr. Tait, and was found to be in labour; but it was evident that pregnancy had not gone so far as she believed, and that it had scarcely, if at all, entered the sixth month. The urine was only slightly albuminous; but, as a matter of precaution, she was kept under the influence of chloroform for about two hours. Throughout the 16th, 17th, and 18th, uterine action seemed in abeyance; but on the 19th she was delivered of a foetus far gone in decomposition, and apparently of the fifth month. Her labour was superintended by Dr. Poncia, who reports that there were no indications of eclampsia, and that she has recovered well.

It is rare that puerperal uræmia gives any indications of its presence so early as the fifth month, especially in a multipara. In this instance it caused, as usual, the death of the foetus; and its presence was discovered almost by accident. Had the disease not been recognised and treated, the patient would, in all probability, have incurred serious risk of her life. The value of the combination of the tincture of steel and nitric ether was strongly insisted on by Sir James Simpson, who termed it a renal purgative; and the benefit from its administration in this case was most decided.

NEWCASTLE-UPON-TYNE INFIRMARY.

A CASE OF LEUCOCYTHÆMIA.*

(Under the care of Dr. G. H. PHILIPSON, Physician to the Infirmary.)

JAMES W., aged 29, was admitted into the Infirmary, under Dr. Philipson's care, on January 18th, 1872. He stated that he had not been well for five months, that he had been unable to follow his employment for seventeen weeks, that his illness had commenced with pain in the left side of the abdomen, shooting through to the back, and that he had been gradually becoming thinner and weaker. He had been a well-sinker for twelve months, having been employed in Northumberland; and had been previously engaged as an agricultural labourer, having lived in Norfolk, where he had enjoyed uninterrupted good health. He complained of great weakness, nausea—which was at times accompanied with vomiting, disinclination for food, irregularity of the bowels, and general abdominal uneasiness. His complexion was sallow; the conjunctivæ, lips, and tongue were pale; the pulse slow and feeble; the muscles flabby; and the skin dry and loose. He had never suffered from hæmatemesis or other hæmorrhage. Upon examination, the left hypochondriac and left iliac regions were found to be occupied by a hard tumour, which extended fully two inches to the right of the umbilicus, upwards as high as the sixth interspace, and downwards within an inch of Poupart's ligament. To the hand, the tumour was smooth, and appeared near the surface, being uncovered by intestine; its anterior border was notched, both above and below the umbilicus, while the fingers could be passed behind the posterior border. The tumour was distinctly lowered during a deep inspiration. There was no evidence of fluid in the peritoneum, or sign of other dropsy. The heart's impulse was visible about an inch and a half within the left nipple, and slightly above the nipple line. No *bruit* was heard over the murmur, or at the base of the heart, or over the commencement of the aorta or pulmonary artery.

Upon microscopical examination of the blood, the white corpuscles were found to be greatly increased in number, and, mass for mass, appeared equal to the red. Many of the white corpuscles were large and oval, and seemed to be filled with granular matter. The red corpuscles were tolerably natural, arranged in rouleaux, with intermediate spaces, which were more or less crowded with the white corpuscles. A gentle laxative, an effervescing mixture, milk, beef-tea and wine, were prescribed.

January 26th. It was noted that the vomiting had abated, but that the debility had increased, and that there was a tendency to wandering.

February 2nd. Over the left side of the face a faint erysipelatous rash was visible. The same evening he became delirious, and died at 1 A.M. on the 3rd.

The friends would not permit a *post mortem* examination.

From the microscopical examination of the blood, and the physical signs, the case was regarded as one of leucocythæmia, associated with chronic enlargement of the spleen. The absence in the previous history of ague or other malarious disease, of any serious acute affection or

chronic exhausting disease, is of interest. The absence of any hæmic murmur is in support of the hypothesis, that such murmurs are not generated by white cell blood, but by a watery condition of the blood, produced by excessive or repeated hæmorrhages.

SELECTIONS FROM JOURNALS.

THERAPEUTICS.

SUBCUTANEOUS INJECTION OF ERGOTIN IN VARIX.—Having observed the records of good results following the subcutaneous injection of ergotin in cases of aneurism in the hands of von Langenbeck, Schneider, and Dutoit, Dr. Paul Vogt of Greifswald was led to try the remedy in varix of the lower limb. The first patient on whom the experiment was made was a man aged 60, who had suffered for several years from extensive varices of the leg. A solution of 2 grammes of ergotin was made in 7.5 grammes each of spirit of wine and glycerine; and a quantity containing 12 centigrammes of ergotin was injected at the proximal end of a varix more than two inches long and as thick as a little finger, lying over the tibia. The injection was repeated every second day. In eight days the varix could not be seen; and in six weeks no trace was left. During the treatment, the patient went about as usual. Another varix of the size of a hazel-nut, lying on the outer side of the calf, was treated in a similar manner, with the same result. At the point where the injection was made, there was some hard circumscribed infiltration, which gradually disappeared. Several other patients in the Greifswald Hospital, some of them with very large varices, have been treated with the subcutaneous injection of ergotin, with a surprisingly good result. Dr. Vogt believes that the ergotin causes contraction of the muscular coat of the arteries, so that the flow of blood into the dilated vessels is hindered; that it also produces contraction in the veins; and that the local infiltration following the injection may have some effect by the compression which it exercises.—*Berliner Klin. Wochenschr.*, March 4th, 1872.

INJECTION OF TINCTURE OF IODINE AND OF ALCOHOL IN BRONCHOCELE.—Dr. Karl Schwalbe (*Virchow's Archiv*, Band 54) speaks of injection of tincture of iodine and of alcohol in the treatment of thyroid tumours. Those in which it succeeds best are the soft and cystic enlargements; in hard fibrous tumours no result is obtained; and in vascular swellings there is danger of the production of embolism, unless the vessels have been partially contracted and the tumour diminished by the internal use of iodine and by electrolysis. If blood escape in a stream on the introduction of a cannula, the injection must not be made; in any other case, it may be done with safety. About ten or twenty drops are injected as nearly as possible in the middle line of the neck over the tumour, by means of a syringe fitted with a cannula having a short point. If no blood flow on the introduction of the cannula, the fluid is forced in; and before removing the instrument, the operator waits for a short time in order that the injection may not again flow out. The operation is sometimes followed by transient pain in the course of the nervus auricularis magnus, cough, gastric oppression, vomiting, and in weak subjects by fainting. One woman, who was subject to epilepsy, was seized with symptoms of hemiplegia soon after the injection, and died in convulsions. Schwalbe prefers alcohol for the injection, a drachm of iodide of potassium being at the same time taken daily. The injection may be repeated at weekly intervals. No confinement is required during the treatment; the average duration of which is two or three months.—*Wiener Medizin. Wochenschr.*, March 16th, 1872.

CLINICAL RECORDS.

EPILEPTIC CONVULSIONS AFTER LOCAL INJURY.—A case, interesting in its relations to Dr. Brown-Séquard's researches on the artificial production of the epileptic state by lesion of portions of the nervous system, is related by Dr. Billroth of Vienna in the last number of the *Archiv für Klinische Chirurgie*. The patient was Herr F. von M., a Hungarian gentleman, aged 25, employed in the Government offices in Pesth. With the exception of short illnesses from measles, small-pox, rheumatism with pericarditis, and intermittent fever, from all which he had recovered, his health had been good; and, at the time when he received the injury, he was in perfect health. On February 16th, 1869, he fell from a ladder, his right buttock striking first the edge of a table and then the floor; he lay stunned for some minutes. Next day, while walking, he noticed that the right foot be-

* Communicated to the Northumberland and Durham Medical Society.

came involuntarily extended, so that he could only put the toes to the ground. He had also at this time double orchitis, from which, however, he soon recovered. His brother, a medical man, who was called to him, believed, from the symptoms, that there was fissure of the pelvis, with contusion and irritation of the sciatic nerve; and a plaster of Paris bandage was applied over the pelvis and lower limb, and was removed on April 8th (the fifty-first day). The thigh, which at first had been rotated outwards, was now turned more inwards and somewhat adducted and bent at the hip-joint; active movement of the limb was impossible. The anterior surface of the limb was quite anæsthetic, the posterior highly hyperæsthetic. The electro-muscular contractility and sensibility were markedly increased. On April 9th, it was found that muscular twitchings of the whole limb were excited, not only by the application of electricity, but by pressure over any part of the course of the sciatic nerve. On the 24th, convulsive movements of the right leg returned, and continued for sixteen hours. The patient lost consciousness; there was spasm of the respiratory muscles for about five minutes; on their ceasing, the patient recovered. A week afterwards, the paroxysms had returned each day, at rather regular intervals, and with increased intensity. The movements now commenced in the muscles supplied by the right sciatic nerve; then they extended to those supplied by the crural nerve; the muscles of the left leg and of the body were also affected. Spasms of the respiratory muscles followed, sometimes lasting half an hour, and accompanied for a few seconds by cessation of the heart's beat. Next followed spasmodic contraction of the muscles of the face and neck, with trismus; the attack left a feeling of exhaustion, from which the patient soon recovered. Up to April 28th, the attacks were attended with loss of consciousness. The treatment consisted of mercurial inunction, quinine, and injections of morphia and of atropia; but produced scarcely any alleviation of the symptoms. On May 18th, the patient was brought to Vienna, and seen by Dr. Billroth, who examined him. The following is his account of the phenomena which he observed. "While I was occupied in making a minute examination by palpation of the region of the right tuber ischii, the patient's right leg began to be extended, without any increase of pain. The patient was immediately laid on his back; and then the following scene commenced, and lasted two or three minutes. The right leg was stiffly extended; then commenced a series of rapid flexions and extensions at the right hip- and knee-joints, which soon also occurred synchronously in the left lower limb. Violent opisthotonos now set in, followed by bending of the body forward, so that the patient threw himself from the sofa, and had to be again placed on it; this was repeated several times. The arms now began to be flexed and extended; the patient gave himself violent blows on the chest with his fist. . . . Next came violent spasms of the abdominal muscles, and repeated deep but imperfect inspirations. . . . Then followed convulsions of the face, grimaces, strabismus, trismus, and finally some convulsive movements of the whole body. While the latter symptoms were present, the patient was etherised, as he had said that towards the end of the attacks he had severe pain. The patient now lay with his face reddened, answered questions, but felt much exhausted; this state, however, did not last long. I went into the neighbouring room to consult with Dr. von Hauschka and the patient's brother, and was absent about ten minutes; on my return, I found him lying quietly on the sofa, smoking a cigarette." The patient and his friends were anxious that an operation should be performed; but Dr. Billroth advised delay and the use of internal remedies. Bromide of potassium was accordingly given, and baths at a temperature varying from 77 deg. F. to 82 deg. F. were used. The convulsions continued, but less frequently; they often occurred while the patient was in the bath, and towards the end of June were attended with loss of consciousness for two hours. On July 5th, chloroform having been given (the administration of which was attended with the cessation of twitching of the affected limb, which had set in), Dr. Billroth made an incision eight inches long over the course of the great sciatic nerve, and carefully examined the nerve with his finger, but found nothing abnormal; not the least sign of disease of the nerve, nor any trace of fracture of the tuber ischii. During these manipulations, no convulsions occurred. The wound was closed, and healed slowly. After the operation, there was a marked diminution of the convulsive attacks; and on the twentieth day there was a paroxysm of short duration—the last which occurred for a year. When Dr. Billroth saw the patient in Pesth in November, his right knee was bent, so that he was obliged to have a crutch. In July 1870, a year after the operation, he had become able to use the right limb in walking. In February 1871, the convulsions and loss of consciousness returned; and Dr. Lumnitzer of Pesth, believing that they were connected with diseased matrix of the nail of the right great toe (from which the patient suffered), removed the nail and its matrix on March 29th. From this time, there was no return of the convulsions.

BRITISH MEDICAL ASSOCIATION: SUBSCRIPTIONS FOR 1872.

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

BRITISH MEDICAL JOURNAL.

SATURDAY, APRIL 27TH, 1872.

THE PROSPECTS OF THE PUBLIC HEALTH BILL.

It is understood that the Public Health Bill will be vigorously carried forward by the Government when opportunity serves, and that it is among the four principal measures to which it will devote all its energy this session. There are two very threatening forms of opposition; that which springs from the Local Taxation party, who will hardly, however, unless otherwise encouraged, venture to try ultimate conclusions on this occasion; and that of the opponents of the water-clauses. This opposition has been met by friendly conference; and the means, which we recently pointed out, of remedying the absurdities of the 33rd clause, by adopting a standard of the resulting conditions of river-water instead of the permissible filthiness of the polluting discharge, will probably be adopted, with modifications, by the Government and by the manufacturing party. We may warn water-drinkers that, as they do not seem to be represented by any party in the House of Commons, their interests are likely to be sacrificed to those of the water companies; and no standard of purity for *drinking water* is likely to be provided. The amendments of the British Medical Association relating to the imperfect administrative authorities and areas, are of so extensive a character that, if pushed with all the great political power of the Association, they would undoubtedly incline the balance, and insure so long a debate and so much obstruction as would prevent the passage of the Bill. This responsibility the Association is unwilling to assume; for there are but too many examples of fatal procrastination for several years following the loss of a favourable opportunity for carrying a great social reform. Their scheme has met with the hearty approval of those whose opinion may most be desired; and it is possible that the Government, who regard it with reluctance to change front rather than with disfavour, may borrow something from it. It will not be pushed to the detriment of the Government measure, but will be placed on the paper this week, for consideration by publicists and legislators, who have, with honourable exceptions, manifested a laudable desire to do something, but the utmost distaste for the technical labour of endeavouring to ascertain what is best to be done.

Mr. Corrance has put upon the notice paper an important series of amendments, having for their object changes and additions of a character to call for medical support. The first amendment provides for the absorption of small boroughs within a larger authority. The next constitutes an authority conterminous with the county, with power to form committees for all the purposes of the Act. The third amendment does away with the distinction between urban and rural authorities. The next provides for the payment of officers of health. Clause 17 provides for the division of the sanitary rate between owners and occupiers. A further amendment limits the medical relief given under this Act to persons suffering from epidemic or contagious disease. Power is also given to recover at law for medical relief given to others than paupers. A series of additional clauses will be moved, to carry out the dispensary system and to provide safeguards against abuses; and to provide for the employment of the existing officers in connexion with these dispensaries, or their compensation in case of supersession. The schedule constitutes as the rural sanitary authorities, counties or divisions of counties, with the exception of towns at present under

SPECIAL CORRESPONDENCE.

LIVERPOOL.

[FROM OUR OWN CORRESPONDENT.]

Education of Midwives.—Poisoning by Carbolic Acid.—Cystic Disease of Kidney.—Calculus.—New Hospital at Bootle: Lord Derby's Address.

At a recent meeting of the Medical Institution, the following motion was submitted by Mr. Frederick Lowndes—"That the meeting approves of the scheme for the examination of midwives recommended by the Obstetrical Society of London, and strongly advocates its adoption, with such modification in detail as local circumstances may require, believing that an uniform and higher standard of qualification will improve the position and usefulness of midwives, and secure for them the confidence of the profession and the public." An interesting discussion followed; the attendance of members, especially those of the obstetric class, being unusually large. The resolution was carried unanimously, with the exception of one dissident, whose objection was on a technical point rather than on the general merits of the question. It will doubtless be regarded as satisfactory and encouraging to those interested in this important movement, to find that the profession in the second largest town in the kingdom have endorsed the proposition, and shown their readiness to second the efforts of their London brethren; and it may reasonably be anticipated that the profession in other large towns will follow suit, and that, supported and aided by the united action of the profession generally, the originators of the plan will be enabled to carry it to a successful issue, and thus effect a much needed reform in a matter the importance of which, in its social as well as its medical bearings, can scarcely be over-estimated.

In the Pathological Section, Dr. Gee showed the stomach of a young man who had taken by mistake carbolic acid in its crude state. On admission to the workhouse-hospital, at 10 P.M. (the stomach-pump having been previously used), he was quite unconscious, cold, and extremely livid; the tongue was drawn back; the pupils were much contracted. During the night he somewhat improved under treatment, but relapsed towards morning, and died rather suddenly, about 5 A.M., never having regained consciousness. Some acid was found in the stomach after death. That organ was much inflamed and denuded of its epithelium, which looked like a thin layer of gruel spread over the mucous membrane. The other viscera, especially the brain, smelt strongly of carbolic acid.

Dr. Davidson exhibited a specimen of cystic degeneration of the kidney, from a patient who died suddenly in the Northern Hospital from aortic regurgitation, complicated with pneumonia and fatty disease of the liver. Both kidneys were filled with cysts, some of the minutest possible size, others as large as walnuts. The urine was scanty, of specific gravity 1010, depositing numerous granular casts and blood-corpuses. The kidneys were also congested, and contained an excess of intertubular tissue. Under the microscope, the cysts were found to be formed by dilatations, not of individual tubes, but of several together. The patient had bronzed skin; one suprarenal capsule was dilated into a bag lined with yellow tubercles, while the other contained softened tubercles.

Dr. Campbell showed a calculus, removed by lithotomy by Mr. Nash, at the Northern Hospital, from a boy aged 16. The patient was very small for his years. The stone being large (weighing 630 grains) and the parts very small, the operation was necessarily much prolonged. He suffered much from the effects of chloroform; and it was nearly five hours before he recovered consciousness. He did well for two days, when he was seized with a severe attack of surgical fever, his life being despaired of: he however recovered, and by the twenty-ninth day was discharged cured. The stone consisted of urates internally and phosphates externally.

A new hospital recently erected in the adjacent borough of Bootle, which is continuous with the northern district of Liverpool, was opened on the 10th April by the Earl of Derby, who granted the site and laid the foundation-stone. It is a small but commodious building, at present calculated to contain thirty beds only, but readily capable of extension, as may be required. The arrangements for out-door patients are complete and well arranged. In his speech on the ceremony of declaring the hospital open, Lord Derby, as usual, gave utterance to words appropriate to the occasion, conveying advice and precepts which may find useful application far beyond the limits of the locality and the people to whom they were addressed. He advised the inhabitants of Bootle not to content themselves with providing a hospital for effecting cures, but to study the best means of preventing disease. He

referred to the preventability of most of the ills to which humanity is liable; and endorsed the opinion recently expressed by Mr. Disraeli at Manchester, who, speaking on all the great questions of the day, declared that the sanitary question was at the bottom of all national well-being and greatness. "Thirty years ago—perhaps even a dozen years ago—language of that kind from a political leader," said his lordship, "would have been thought eccentric and paradoxical; now it is accepted as a fair expression of the feelings and wants of the time. This remarkable change," he went on to say—"paying a graceful and well-merited compliment to our profession—"is due in the main to the collective labour of many individuals; personally, for the most part, obscure, but who have worked in a spirit of unselfish devotion to a great and useful public cause. It is to the honour of the medical profession that workers of that kind have never been rare among its members; and that, while on the one hand no class of society has so freely given its time and care for the relief of the suffering poor, so, on the other hand, no set of men have so habitually looked beyond the mere temporary relief of existing evils, or so strenuously asserted the doctrine—some people would add, against their own selfish interests—that prevention is better than cure." After some excellent advice as to the necessity of educating the masses on sanitary measures, the noble lord concluded by giving the managers of the hospital timely warning against two dangers which have imperilled the usefulness of similar charities; namely, gratuitous aid to persons who can afford to pay for assistance, and favouritism in the appointment of medical officers. The remedy for the first evil is care and honesty in the distribution of letters of admission. With regard to the other, which he thought the greater of the two, he took this high ground. "It is," he said, "to put it plainly, a matter of life and death. Whoever votes for A, instead of B, knowing or believing A to be the less competent of the two, is morally responsible for whatever injury to life or health may ensue; and it is not the slightest diminution of that responsibility that he has been flattered or talked over into giving his vote, or, as very often happens, that he has given it, without inquiry, to the first person who asked for it." We commend these noble sentiments of a nobleman to the serious attention of all whom they may concern. They deserve to be written in letters of gold.

ASSOCIATION INTELLIGENCE.

ABERDEEN, BANFF, AND KINCARDINE BRANCH.

AN ordinary general meeting of the above Branch will be held in the Music Hall Buildings, Aberdeen, on Wednesday, May 1st, at 8 P.M. Papers are promised by several members.

ALEX. OGSTON, M.D., *Honorary Secretary.*

Aberdeen, April 22nd, 1872.

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.

ABERDEEN, BANFF, AND KINCARDINE BRANCH:
ORDINARY MEETING.

AN ordinary general meeting was held in the Music Hall Buildings, Aberdeen, on April 10th; Dr. BURR (Aberdeen) in the chair. Eighteen members were present.

The minutes of last meeting were read and approved.

Meetings.—The Secretary announced that the Council had fixed the June meeting for Saturday, June 1st, at Inverurie, and the annual meeting for July 6th, at Aberdeen. A committee of three was appointed, consisting of Drs. Dyce Davidson and Findlay, and the Secretary, to arrange for an exhibition of surgical and medical instruments and curiosities at the annual meeting.

Notice of Motion.—Notice was given, by Dr. INGLIS and Dr. DYCE BROWN, of the following motion for next meeting: "That persons of scientific attainments and connected with the profession be, on condition of their subscribing to the BRITISH MEDICAL JOURNAL, admitted as associate members of the Branch in the same manner as ordinary members, and have the same privileges as ordinary members, except that they shall be ineligible for holding office."

Papers.—I. Dr. ANGUS FRASER read a case of Hydropneumothorax, accompanied with Ruptured Spleen and Fractured Ribs, as well as other injuries, in which the air could be traced following the altered positions of the body, although a *post mortem* examination, after the patient had survived for a month, showed no visible injury to the lung.—Dr. M'ROBBIE had seen the case, and verified the existence of air in the pleura, on the day following the injury.

2. Dr. DYCE DAVIDSON read a paper on Hutchinson's so-called Syphilitic Cornetitis with Malformed Teeth and Deafness, tracing out minutely the pathological changes in the eye and ear at the various stages of the disease. He expressed his dissent from the commonly received opinion of its syphilitic nature, ascribing it to debilitating influences, such as syphilis and scrofula, or to both combined. The paper was illustrated by the presence of four patients suffering from the disease, and elicited a good deal of discussion.

Mr. Craufurd's Poor-law Bill.—Dr. WIGHT read a paper on Mr. Craufurd's Bill for amending the Poor-law Acts, so far as the part relating to medical relief. He especially referred to Section 28: "The parochial board of every parish shall appoint a fit person or persons to be the medical officer or officers of the poor in such parish, who shall be paid a suitable salary, the amount of which shall be fixed with due regard to the population and extent of the parish, and to the number of paupers, and such salary shall be exclusive of the cost of medicines;" and to Section 29: "The parochial board shall forthwith report to the Board of Supervision the name and address of every medical officer appointed by them, and the amount of salary to be given to him, and no such medical officer shall be removed from office except with the approval of the Board of Supervision." Dr. Wight pointed his remarks by citing cases of unjust dealings with parochial medical officers in the counties of Aberdeen and Kincardine, and moved that the Branch petition Parliament in favour of these sections, copies of the petition to be sent to the members of Parliament for the counties and the city and University of Aberdeen. This was unanimously agreed to, and the President was authorised to sign the petition for the Branch.

After votes of thanks, the meeting was dissolved.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: PATHOLOGICAL AND CLINICAL SECTION.

THE sixth meeting of the session was held on Friday, March 22nd; J. HYDE HOUGHTON, Esq., in the chair.

1. *Excision of Tongue.*—Mr. FURNEAUX JORDAN showed a woman from the Queen's Hospital, whose tongue he had removed by a method somewhat different, and he believed better, than those hitherto adopted. Complete access was gained to the tongue by incising the cheek. Two *écraseurs* were passed through a single channel under the tongue. One divided the tongue in front of the larynx; the other separated the tongue from the floor of the mouth.—Mr. Jordan showed the parts removed by the operations of excision of the tongue and excision of the lip.

2. *Partial Excision of Lower Jaw.*—Mr. WEST brought forward a portion of the lower jaw removed for necrosis from a man aged 45. The condyle, coronoid process, ascending ramus, and the whole of the left side of the lower jaw from the second bicuspid tooth, were taken away by a single incision, commencing opposite the temporo-maxillary articulation, and ending opposite the angle of the mouth, very little blood being lost during the operation. No abscesses and no sinuses had accompanied the necrosis, and the disease appeared to have come on six months previously, after a diphtheritic attack. The teeth had no signs of caries about them.

3. *Removal of Astragalus.*—Mr. HOUGHTON exhibited an astragalus which he removed from a lad 17 or 18 years old, on account of a compound dislocation of the ankle-joint about eighteen years since. The boy made an excellent recovery, and was presented to the Medical Society at Birmingham in 1855. He reverted to the case now to show the remarkable restoration which had since taken place. The new joint had become so perfect, that the man became a champion "toe-and-heel" dancer amongst the miners.*

4. *Cerebral Tumour.*—Mr. W. THOMAS showed a tumour from the brain of a patient who had died with symptoms of apoplexy. The patient was fifty-eight years of age; during the last two years of her life she had been subject to occasional slight fits. The fatal attack began thirty-six hours before death, the principal symptoms being paralysis of the left side of the body, stertor, and unconsciousness. The vessels of

the brain were all in a state of calcareous degeneration, and the fourth ventricle was filled with clot; the brain-substance was everywhere firm and healthy-looking. The tumour was pyriform, the large end being directed forward. It extended from the middle of the under surface of the right anterior cerebral lobe to the anterior border of the pons Varolii, and had compressed the right optic tract and crus cerebri; it was situated between the membranes and the brain-substance, the prolongation of the former over it forming a kind of capsule. On section, it showed a brown, mottled, granular surface, of a soft sebaceous consistence, and, under the microscope, was found to consist of oil-globules, granular matter, epithelial cells, and well-formed hairs. From these appearances, he considered it to be a degenerated dermoid cyst, and congenital. It did not appear to have been instrumental in causing death.

5. *Intussusception.*—Mr. E. RICKARDS showed a specimen of intussusception of the small intestine (ileum into ileum). The intestine was divided along its unattached border, and was seen to be constituted of three layers glued together by lymph, but easily separable. The inner layer was quite gangrenous; the middle was apparently past recovery; while the outer was much congested. Though the alimentary canal was theoretically pervious, in the intussuscepted part the inflammatory swelling had prevented ingesta from passing. The upper ring of the invaginated portion was ulcerated, and at one point had allowed faeces to extravasate. The specimen was removed from the body of a young woman aged 17, who had been admitted into the General Hospital for severe pemphigus, from which she was making a good recovery when the intestinal symptoms manifested themselves. The case was under the care of Dr. B. Foster, and was the second instance of intussusception in an adult which had occurred in his practice at the General Hospital during the past twelve months.

SOUTH WALES AND MONMOUTHSHIRE BRANCH.

THE Ordinary meeting of this Branch was held at the Masonic Hall, Neath, at 1.30 P.M., on April 4th; GEORGE PADLEY, Esq., President, in the chair. About twenty-two members were present.

New Members.—The following gentlemen were elected members of the Association and Branch:—J. W. MORRISON, Esq., Pembroke; J. W. MULLIGAN, M.D., Abersychan; J. R. JAMES, Esq., Cwmavon; E. H. EVANS, Esq., and J. J. BUIST, M.D., Cardiff; D. T. EDWARDS, Esq., Taffswell; J. W. PHILLIPS, Esq., Cowbridge; J. LLEWELLYN, Esq., Caerphilly; E. B. EVANS, Esq., and H. T. H. CHAPMAN, Esq., Swansea.

Papers.—Mr. T. J. DYKE (Merthyr) read a paper on those Sections of the Public Health Bills, introduced into the House of Commons by the Government and Sir C. Adderley, which affect the Medical Profession.—[This paper was published in the JOURNAL of April 13th.]

2. Mr. T. D. GRIFFITHS (Swansea) read a paper on the Pathology, Causes, and Treatment of Malpositions of the Uterus.

3. Dr. YELLOWLEES (Bridgend) exhibited Pathological Specimens of Ribs, illustrating a Change in Bones very frequent in Insane People, and having an important bearing on the frequency of fractured ribs in asylums. The two specimens were taken from cases of long standing brain-disease, and the amount of softening and friability was very remarkable. (It was suggested that the specimens should be sent to Mr. Ernest Hart for presentation at the Pathological Society.)

Annual Meeting.—It was decided that the annual meeting should be held at Merthyr on Wednesday, July 10th.

Petition on Public Health Bill.—The form of petition, recommended at page 322 of the JOURNAL, was adopted and signed by all present.

Dinner.—This took place at the Castle Hotel at 5 P.M.; and a very pleasant meeting was brought to a close at about half-past seven.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.

THE forty-third meeting was held at the Harp Hotel, Dover, on Thursday, March 21st, at 3 o'clock; J. WALTER, Esq., of Dover, in the Chair.

The following communications were read.

Iron in Erysipelas.—Dr. MARSHALL (Dover) read a paper on the administration of iron in the treatment of acute idiopathic erysipelas. Two cases of acute erysipelas of the face had come under his notice during the past year, in both of which the tincture of perchloride of iron was given with most beneficial effect. He insisted upon the importance of giving a purgative at the commencement of the treatment, so as to be able to continue the iron for two or three consecutive days without intermission. No other medicine was given, except five minims of spirit of chloroform with each dose (twenty minims) of the

* The colliers' "toe-and-heel" dance is thus performed. The performer stands on one spot, from which he does not move; and the perfection of the dance consists in the rapidity and precision with which he can beat time (to music) with the toe and heel of both feet on the floor.

tincture of iron, in an ounce of water, every three hours, for the purpose of rendering the tincture of iron more palatable. Dr. Marshall believed that the iron was as much a specific in acute idiopathic erysipelas as quinine in ague. It was less useful and reliable in traumatic erysipelas. In the above mentioned cases, the only external application was unscented starch-powder, applied to the skin after bathing the affected parts with warm water.

Hæmatemesis.—Dr. BOWLES related eight cases of hæmatemesis. Five were in momentary danger of death from the suddenness and amount of the loss; one could not be considered dangerous; and two died. Of the deaths, one was from encephaloid cancer of the cardiac end of the stomach, and one from a simple non-inflamed ulcer connected with cirrhosis of the liver. In the former case, the hæmorrhage was arrested by tincture of iron; in the latter, death occurred before any treatment could be adopted. The five dangerous cases were very much alike in character; *i. e.*, they were found apparently dying, after a sudden and very large loss of blood. A drachm of tincture of sesquichloride of iron in an ounce of water was poured into the throat immediately after the stomach was emptied. If vomiting occurred after this, only firm black coagula were ejected; and the dose was repeated immediately, and continued at short intervals as long as was considered necessary. These patients all recovered perfectly. Dr. Bowles was strongly of opinion that the prompt administration of the rather concentrated iron mixture was the means of preventing them from bleeding to death.

Cephalotribe.—Dr. BRAXTON HICKS exhibited his cephalotribe, with illustrations of its power, and remarks on its use as a substitute for the crochet and craniotomy-forceps.

Dinner.—The members and visitors, to the number of eighteen, afterwards dined together.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH : ORDINARY MEETING.

THE seventh general meeting for the present session was held at the Midland Institute, Birmingham, on April 18th; Present—OLIVER PEMBERTON, Esq., President, in the Chair, and seventy-six members and visitors.

Alterations of Rules.—It was resolved, on the motion of the PRESIDENT,

“That in Rule 3, line 4, the words, ‘two Secretaries’ be substituted for ‘a Secretary,’ and that the word ‘Secretaries’ be substituted for ‘Secretary’ in all the other rules in which it occurs;” also “that Dr. Foster, one of the Secretaries to the Pathological and Clinical Section, be elected Co-Secretary of the Branch.”

It was proposed by Dr. FOWLER BODINGTON, and resolved—

“That Rule 1 be altered by omitting the words, ‘one black ball in six to exclude,’ and substituting for them the following, ‘three black balls shall be necessary for the rejection of any candidate; if more than eighteen members vote, one black ball in six shall be necessary for such rejection.’”

Officers and Council.—According to the new rules of the Branch, various gentlemen were nominated for election to the offices of the Branch, as members of the Branch Council, and as representatives of the Branch in the General Council of the Association, for the Session 1872-73.

A Council Meeting was held after the general meeting, at which arrangements were made to hold the annual meeting and dinner on Tuesday, June 18th.

New Members.—The following gentlemen were elected members of the Association: Mr. D. S. Moore, Walsall; Mr. Thos. Raith, Walsall; Mr. Alfred Jones, Gornal; Mr. D. Ball, Newcastle-under-Lyne; Mr. Walter Acton, Newcastle-under-Lyne; Mr. Samuel Tilt, Smethwick; Mr. James Brown, Tipton; Mr. Barton, Nechells, Birmingham; Mr. Harvey, Lozells, Birmingham; Mr. Hugh Kerr, Cradley Heath.

BATH AND BRISTOL BRANCH : ORDINARY MEETING.

THE fifth ordinary meeting of the session was held at the York House, Bath, on Thursday evening, April 11th; CROSBY LEONARD, Esq., President, in the Chair. There were also present forty members and three visitors.

New Members.—The following gentlemen were elected members of the Association and of the Branch. Deputy Inspector-General C. T. S. Kevern, R.N.; Messrs. Powne, Maclean, and Fernie, of Swindon; Mr. Newstead, of Clifton; Mr. A. Smith, of Bristol; and Dr. John Reynolds, of Redland. One new member was proposed.

The Public Health Act.—The PRESIDENT drew attention to the efforts that the Parliamentary Bills Committee of the British Medical Association are making to procure amendments of the Public Health Act of 1872, and proposed that the petition to the House of Commons suggested by the Parliamentary Committee should be adopted by this Branch. The petition was signed by every member present, and the Secretaries have succeeded in obtaining a large number of signatures in their respective districts.

Intestinal Obstruction.—The discussion on Mr. GREEN’s paper on the O’Beirne tube was then resumed, and Mr. Tibbitts gave the result of some experiments on the dead subject, showing the difficulty of introducing the tube beyond the sigmoid flexure. Mr. Green summed up in reply.

Contributions.—Dr. HENSLEY exhibited a patient from the Mineral Water Hospital suffering from Muscular Atrophy. Remarks were made by Dr. Falconer and Dr. Thompson.—Dr. E. L. Fox read a paper on Some Unusual Conditions of Liver, accompanied by Jaundice. Mr. Green made some observations.—Mr. C. STEELE read notes of an interesting Case of Spasm, which led to discussion by Drs. Fox and Thompson and the President.

CORRESPONDENCE.

THE LONDON HOSPITAL.

SIR,—Permit me to correct an erroneous impression which has arisen from some observations of mine in your columns last week. In stating that Mr. Maunder was personally unfriendly to me, and “professionally and pecuniarily interested” in my dismissal, I did not intend to assert that these were his actual motives for action. I do not pretend to decide what his motives were; but it was necessary that these circumstances should be mentioned, in order that it might be more clearly perceived that he was totally disqualified for the part which he assumed. Even if it be admitted that he conscientiously believed in his own estimate of his surgical capacity, the existence of circumstances calculated to produce a bias of the strongest kind called for the most scrupulous examination of adverse evidence, and the utmost care in the mode of giving expression to his honest convictions.

For my own part, while I deeply regret the necessity which has arisen for the publication of details, and the risk thus run of some temporary injury to the hospital and school, I feel persuaded that the permanent prosperity of both depends upon securing unanimity of feeling and action in the staff, and that such unanimity can only be obtained by the entire abolition of that system of impregnating lay authorities with individual views of persons and things, to which the present posture of affairs must be attributed.—I am, etc.,

WALTER RIVINGTON.

April 24, 1872.

THE ROYAL ORTHOPÆDIC HOSPITAL.

SIR,—In Mr. Brodhurst’s letter, published in your JOURNAL on the 13th of April, it is stated that, “Prior to most of the annual and special courts, an active canvass for new Governors has taken place”. Now, sir, I beg to state that I have been connected with the Royal Orthopædic Hospital from its foundation, thirty-four years since, and I am not aware that such a practice has ever been followed. It is to be regretted that Mr. Brodhurst himself voted on the occasion of the Annual Court, in favour of the report of the Committee containing a censure upon Mr. Adams and myself, and which compelled us to tender our resignations.—I am, etc.,

R. W. TAMPLIN.

33, Old Burlington Street, W., April 23, 1872.

SIR,—“Oh, that mine enemy would write a book,” I believe to be a wise saying. Were I, in reality, Mr. Brodhurst’s enemy, I might well exclaim, “Thank goodness, he has published a letter!” As he mentions me by name, I need make no apology for requesting you to insert my reply. His first statement is inaccurate. I never was in a small minority on the Committee of Management. I resigned the chairmanship for a reason quite unconnected with the case of the surgeons; and a deputation, headed by a relative of Mr. Brodhurst, requested me to reconsider my determination. To Mr. Brodhurst’s second statement a stronger word should be applied. He says that, “Prior to most of the Courts of the Royal Orthopædic Hospital, an active canvass for new governors has taken place.” I have inspected the last subscription-book of the hospital, from its commencement in September 1859, a period of nearly thirteen years, and I do not find the slightest indication of any active canvass, or of any canvass what-

simplicity; no plumes decorated the hearse, no mourning-coaches procession joined in the funeral, and no hatbands nor scarfs were worn by the mourners. The body was followed by a long train of private carriages, belonging to leading members of the profession and to the friends of the deceased, containing the chief mourners and others desirous of paying the last tribute of respect. A large concourse of people assembled at the cemetery to witness the obsequies; the medical profession was largely represented; and not a few grateful patients in the humbler walks of life were present to shed a tear over the grave of him whose skill had relieved their suffering, and whose kindness of heart had won their affectionate remembrance.

MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.—Monday, April 22nd.

PUBLIC HEALTH BILL.—In reply to Sir Massey Lopes, Mr. Stansfeld said he was not yet prepared to give any information with reference to the extent and the manner in which the Government proposed to give effect to the recommendation of the Sanitary Commission, that "localities should receive assistance from the State;" but he was quite prepared to repeat the promise made on a former occasion that the Government would take the earliest opportunity of stating their intentions in Committee upon the Sanitary Bill.

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 23rd; and, when eligible, will be admitted to the pass examination.

Messrs. Charles J. Davey, William E. Dring, G. H. W. Thomas, James McCammon, and C. J. C. Mitchell (Students of Guy's Hospital); Benjamin R. Baker, William B. Waller, and Beresford R. Bullen (St. Thomas's); Benjamin Crawshaw and Samuel Wreford (London); Frederick J. Brennand and Theodore Cassan (King's College); William M. Beaumont and John A. Fothergill (Middlesex); Austin E. Williams and Robert Bradley (Liverpool School); Herbert H. Thomas (University College); John Fryer (Leeds School); Wm. M. James (Edinburgh School); Andrew Arnold (Newcastle School); Henry M. Maggs (Charing Cross); Edmund Knowles (St. Mary's); and Ernest O. Bark (Bristol School).

The following gentlemen passed on April 24th.

Messrs. Alfred Lingard, James Black, Sidney A. Bernays, James Startin, Walter Pocock, Sydney L. Smith, and Charles M. Jones (St. Thomas's); Gerald C. A. Moir, Herbert E. Williams, and James J. Gawith (St. Mary's); Samuel J. Hutchinson, Awdry Peck and Thomas K. Rogers (University College); Henry G. Dyer, William A. Carline, and Philip Birch (King's College); Henry Jackson and Frank M. Williams (Middlesex); Alfred M. Cash and John Dixon (Edinburgh School); Charles E. Winckworth (Guy's); James R. Postance (Liverpool School); and Charles E. Smith (Manchester School).

The following gentlemen passed on April 25th.

Messrs. Edward Whitworth, Herbert N. Smith, William J. Tyson, David F. Walker, and Otho R. Travers (Guy's); Thomas Highton, W. Craven Rockliffe, B. A. Cantab, Abraham S. Bury, and John W. Clarkson (St. Thomas's); Michael L. Jarrett, Alexander Ward, and R. Grainger Hebb, B. A. Cantab. (King's College); Arthur Clarke, and Horatio P. Symonds (University College); Norman C. Maclean, and William W. Hardwicke (St. Mary's); Henry M. Lechler (Aberdeen); John F. Herring (Edinburgh School); Colin G. Campbell (Dublin School); William Spiers (Glasgow School); William A. Ross (Westminster); and George H. Hart (Birmingham School).

Thirty-eight candidates out of the one hundred and six examined, having failed to acquit themselves to the satisfaction of the Court of Examiners, were referred to their anatomical and physiological studies for three months.

MEDICAL VACANCIES.

THE following vacancies are announced:—

ADDENBROOKE'S HOSPITAL, Cambridge—House-Surgeon.
ATHERSTONE UNION, Warwickshire—Medical Officer for the Polesworth District: £60 per annum.
BARONY PARISH, Glasgow—Medical Officer for District No. 3: £55 per annum.
BELPER UNION, Derbyshire—Medical Officer for the Smalley District: £27:10 per annum.
CARLOW UNION—Medical Officer to the Carlow Fever Hospital: £100 per annum.
CARMARTHENSIRE INFIRMARY, Carmarthen—Two Physicians.
CELBRIDGE UNION, co. Kildare—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Celbridge Dispensary District: £100 per annum, and fees.
CONGLETON UNION, Cheshire—Medical Officer for the Congleton District: £90 per annum.
DUNDEE ROYAL INFIRMARY—Joint House-Surgeon: £50 per annum (to commence), board, lodging, and washing.
EAST DISPENSARY, Liverpool—Assistant Dispenser.
ECHT, Aberdeenshire, Parish of—Medical Officer.
EDDRACHILLIS and DURNES, Sutherlandshire—Parochial Medical Officer: £140 per annum, £10 to provide medicine, house, and garden.

EVIE, Orkne—Medical Practitioner: £200 per annum.
GREAT NO THERN HOSPITAL—Ophthalmic Surgeon.
GUILDFORD UNION, Surrey—Medical Officer and Public Vaccinator for the Woking District: £80 per annum, and fees.
HACKNEY UNION—Medical Officer for District No. 7: £80 per ann., and fees.
HAMADRYAD HOSPITAL SHIP, Cardiff—Resident Assistant Medical Officer: £75 per annum, coal, gas, attendance, and furnished cabin.
HUDDERSFIELD UNION, Yorkshire—Medical Officer for the Lindley District: £20 per annum.—Medical Officer for the Woodhouse District: £12 per annum.
LIVERPOOL EYE AND EAR INFIRMARY—Surgeon.
LIVERPOOL POLICE SICK FUND—Medical Officer for the South Division.
LONDON AND NORTH-WESTERN RAILWAY COMPANY—Consulting-Surgeon for the Northern Division.
MAGHERAFELT UNION, co. Londonderry—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Maghera Dispensary District: £100 per annum, and fees.
MIDDLESEX LUNATIC ASYLUM, Hanwell—Medical Superintendent of the Male Department: £600 per annum, furnished house (rates and taxes free), coal, gas, milk, and vegetables.
NEWCASTLE-UPON-TYNE UNION—Medical Officer for District No. 6: £50 per annum.
NEWENT UNION, Gloucestershire—Medical Officer for the Dymock District: £55 per annum.—Medical Officer for the Workhouse: £15 per annum.—Medical Officer for the Newent District: £115 per annum.
MERE UNION, Wilts—Medical Officer for District No. 2: £105 per annum.
NEWTON ABBOT UNION, Devon—A District Medical Officer (a revision and consolidation of districts is under consideration).
OXFORD UNIVERSITY—Waynflete Professor of Chemistry: £600 per annum.
RATHKEALE UNION, co. Limerick—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Askeaton Dispensary District: £100 per annum, and fees.
RICHMOND INFIRMARY, Richmond, Surrey—Medical Attendant for Out-patients. Secretary.
ROTHERHAM HOSPITAL AND DISPENSARY—Assistant House-Surgeon: small salary, board, attendance, and furnished apartments.
ROYAL DRAMATIC, EQUESTRIAN, & MUSICAL SICK FUND—Surgeon.
ROYAL KENT DISPENSARY, Greenwich—Physician.—Surgeon for the Lee District.
SALOP AND MONTGOMERY COUNTIES AND WENLOCK BOROUGH LUNATIC ASYLUM—Assistant Medical Officer: £80 per annum, board, and lodging.
SKIRLAUGH UNION, Yorkshire—Medical Officer and Public Vaccinator for the Aldborough District: £32 per annum, and extra fees.
SLEAT, Skye—Parochial Medical Officer.
STAFFORDSHIRE GENERAL INFIRMARY, Stafford—Surgeon.
STOKESLEY UNION, Yorkshire—Medical Officer for the Hutton District: £25 per annum.
UNIVERSITY COLLEGE HOSPITAL—Resident Medical Officer.
WALSINGHAM UNION, Norfolk—Medical Officer and Public Vaccinator for the Raynham District: £38 per annum, and extra fees.
WANDSWORTH AND CLAPHAM UNION—Medical Officer for the Eastern District of the Parish of Battersea: £50 per annum, and fees.
WESTBOURNE PROVIDENT DISPENSARY and MATERNITY, Queen's Road, Bayswater—Honorary Dental Surgeon.
WEST BROMWICH DISTRICT HOSPITAL—House-Surgeon: £80 per annum, board and residence.
YOUGHAL UNION, co. Cork—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Ardmore Dispensary District: £100 per annum, and fees.

MEDICAL APPOINTMENTS.

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

LOYD, William, M.B., appointed House-Surgeon to the Carmarthenshire Infirmary, *vice* C. A. Brigstocke, Esq., resigned.
***MORTON, John, M.B.**, appointed Honorary Medical Officer to the Royal Surrey County Hospital, *vice* J. R. Stedman, M.D., resigned.
SCORESBY-JACKSON, Thomas, M.B., appointed House-Surgeon to the West Sussex General Infirmary, *vice* E. W. Barton, 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.

BIRTH.

MERRIMAN.—On April 19th, at 45, Kensington Square, the wife of *John Jones Merriman, Esq., of a daughter.

DEATHS.

***BICKERTON, Thomas, Esq.**, Surgeon, at Mount Pleasant, Liverpool, aged 45, on April 13th.
GRAHAM, Fitzgibbon Lockwood, L.K.Q.C.P., at Landscape, Celbridge, co. Kildare aged 39, on April 13th.
TOFTS, Henry, M.D., at Woking, aged 34, on April 6th.
WATSON, R. M., Esq., Surgeon, J.P., at Stoke, Devonport, aged 70, on April 16th.

THE NATIONAL ORTHOPÆDIC HOSPITAL.—The annual dinner of the above institution took place at the London Tavern on the 17th inst.—the Marquis of Lorne, President, in the chair. In proposing the toast of the evening, the noble chairman gave a short sketch of orthopædic surgery from the first operation at Frankfort by Stromeyer in February 1831, and its subsequent introduction into this country in 1837 by Dr. Little. Subscriptions amounting to £500 were announced. The band of the Grenadier Guards, under the direction of Mr. Dan Godfrey, was in attendance; and the evening passed off very pleasantly.

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.—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.

FRIDAYRoyal 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, 0.30 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 0.30 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8 P.M. (Last Ordinary Meeting of the Ninety-ninth Session.) Dr. Sansom, "Some new American Preparations derived from Petroleum"; Dr. Semple, "Specimen and Case of Disease of Right Portion of Heart"; Dr. Chapman, "On the Treatment of Diabetes"; Mr. Thomas Bryant (President), "On Skin-grafting."

WEDNESDAY.—Obstetrical Society of London, 8 P.M. Dr. Newman, "On a Case of Delivery *per vias naturales*, in which the Cæsarean Section had formerly been performed"; Dr. Squarey, "On the Cases of Three Sisters in whom the Uterus and Ovaries were absent"; Dr. Braxton Hicks, "On the Structure of the Human Placenta"; and other papers.—Royal Microscopical Society, 8 P.M.

NOTICES TO CORRESPONDENTS.

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.

WE are much obliged to Dr. Thorowgood. He will see that we were already in possession of a manuscript on the subject.

DOCTORS BEWARE!—The following advertisement appears in the *Scotsman*.

"*Coachmen*.—The coachmen employed by the medical profession of Edinburgh are requested to attend a meeting in Mr. Oliphant's school, 169, Rose Street, on Thursday night, May 2nd, at 8 o'clock, to take into consideration the present state of Sunday labour.—T. H. W., Secretary."

F.—Dr. Gee's work on Auscultation and Percussion, published by James Walton, Gower Street, London.

PROFESSIONAL DIFFERENCES.—We read with pain a correspondence of a very angry and personal character in the *Central Somerset Gazette*, between Drs. Luce and Edwards, on a professional difference which has occurred between them. Such a difference, if it could not be settled amicably, should have been referred to professional arbitration. A correspondence of this kind in the public papers cannot but be distressing to their well wishers, and to those who desire to see the profession maintain a high and respected social position.

THE PHOTOGRAPHIC SKIN CLINIQUE.—The Secretary of the British Hospital for Diseases of the Skin informs us that the mode of pushing the sale to which we lately referred has been confined to its introduction to members of the profession. Two correspondents have written to complain of the intrusion. It is a system of book-hawking which appears to be extremely unpalatable to the profession; and it has not hitherto been found necessary or thought proper, so far as we are aware, to resort to this method of procuring a sale for professional works.

DIALOGUS wishes for the address of the office of the London Dialectical Society.

MEDICAL CHARGES AGAINST AN ESTATE.

ENQUIRENS asks if the account for medical attendance is one of the first to be paid (by law) out of the deceased's estate? Can the widow of the deceased be compelled by law to pay the account for medical attendance out of the insurance money or other estate?

MR. ROBERT W. KEATE, who has just been appointed Governor-in-Chief of the West African Settlements, is a son of the late Mr. Robert Keate, Surgeon to St. George's Hospital, who was also President of the London College of Surgeons in 1830-31, and in 1839.

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.

J. W. W.—Will appear on the first opportunity.

PREMATURE SEXUAL DESIRE.

SIR,—In the JOURNAL of this day's date, is a letter signed G. H., detailing a case of premature sexual desire. I have now under observation a little boy aged 5 last August. He was born in India; and, his mother dying after a subsequent confinement, he was for two years in charge of an ayah. At the end of this time, he was sent to England to be brought up by a female relative. He is a fine, strong, active boy, but passionate, and occasionally so strange in manner as to suggest the question whether he is really sane; more especially as more than one member of his mother's family are now suffering from insanity. For more than two years he has given himself up to habits of masturbation; he is frequently caught at it after being put to bed and left alone for a short time; during the day-time, he practises it upon chairs, sofas, or upon the floor of an empty room. At first, there were ascarides; and he was treated for these parasites until no more could be discovered. I circumcised him (without chloroform). This was only of temporary benefit, whilst the recollection of pain was on his mind. I then had a broad belt made to buckle round the waist when he was placed in bed. On the front are two armlets, so placed as to confine the wrists and to prevent his reaching the genitals with his hands; behind is a long strap, one end of which is buckled to one side of the bedstead, and the other to the other. This allows only slight movement to either side, and will not admit of his attaining the prone position; but, as it would not be advisable to keep him for a long time lying on his back, I have ordered that the straps which fasten him to the bedstead shall always be unbuckled as soon as he is asleep, or when his nurse, who sleeps in the same room, goes to bed. This instrument of confinement, as it is not always used, but considered as a punishment for the offence, has had some good effect; but he cannot be broken of the practice when left alone in the day-time. I have now recommended that he shall be sent to a preparatory school for little boys, where he will mix with others of his own age, and probably have his mind diverted and learn more childish games.

The treatment has chiefly consisted of bromide of potassium, and counter-irritation at the back of the neck with tincture of iodine.

Bath, April 13th, 1872.

I am, etc.,

FREDERICK MASON.

DR. W. T. GREENE and **DR. PERCY BOULTON** speak highly of the effect of circumcision in cases in their experience similar to that described by G. H. Chloral hydrate at bed-time is also recommended.—Dr. Stratton, R.N., recommends a blister to the occiput; and, should this fail after two months, he thinks "it might be well to remove one of the testicles!" with the consent of the father or guardians.—M.D. recommends blistering the penis. This method of treatment for cases of masturbation he first heard recommended by Dr. Laycock; and it is one which might possibly improve the condition of G. H.'s unfortunate patient. The pain of the blister effectually prevents improper manipulations of the organ; and, while this lasts, other moral and physical means of cure should be energetically persevered in.

MEDICAL ETHICS.

SIR,—I should be glad of your opinion in the following matter. About Midsummer last, I migrated from the neighbourhood of London, and took a practice in this place, buying out the previous holder, and taking off everything. This gentleman, Mr. A., held various small appointments as medical officer to several provident societies connected with different religious bodies; and in the number of these was one, including numerous city missionaries, Bible-readers, etc., whom, together with their families, he had to attend, receiving so much *per annum* from the Society's funds. Mr. A. gave me every guarantee (so far as I could exact), or, at any rate, every assurance that he had made it all right with each and all of these societies; and so I have gone on attending them all up to the present time, with the exception that, soon after Christmas, when I was paid the half-yearly sum accruing from all the other societies, excepting the one I have mentioned (the City Mission), for the first time it occurred to me that I had not seen any of the city missionaries or their families for some time before Christmas, and that perhaps something was wrong. After making fruitless inquiries for some time (the old nominal secretary being ill, and his work being done by a deputy unknown to me), I at last was informed by the acting secretary that, notwithstanding, and in ignorance of the fact that I was in attendance, and had visited at their own homes the families of certain missionaries for some weeks after midsummer and subsequently to Mr. A.'s departure, and therefore that I was both virtually and legally in possession of the contract as held by my predecessor, some person (whom I cannot discover so far), at an ordinary committee meeting of the Society, when few were present, mentioned the fact that he had been asked by one of the city missionaries whom he was to apply to for medical assistance; and, as he did not know, he begged to propose Mr. B. in place of Mr. A. who had left the city. The proposition was carried; and, without any of the many subscribers (my friends) or myself being acquainted with the matter, Mr. B. was authorised to act as surgeon about Michaelmas last.

Can you tell me whether I have any legal remedy *either against my predecessor* for not having taken the proper steps to secure the appointment for me? *or against the Society* for appointing a surgeon in place of Mr. A., when the contract had not expired? Even if not recognised as his successor, I was at least a legal substitute till the expiration of the year. Again, has not the surgeon then appointed been guilty of a breach of medical etiquette in allowing himself to be brought forward as a candidate for an appointment which he must have known not to be vacant, but held in the regular way of transfer by a duly qualified brother practitioner? Cannot, and should I not, call upon the Committee to summon a special meeting to go into the facts of the matter; and if convinced that I was in actual and legal possession of the appointment at the time when Mr. B. was proposed, to quash this appointment as informal and illegal in every sense, besides being unjust? There is no question whatever of complaint made against me, but simply that the Committee were ignorant of the fact that I was, and had been, doing the work. Should I, and ought I, call upon Mr. B. to resign for the reasons stated?

I am, etc., M. B. M. A.

* * Our correspondent would do quite right in taking steps to have a special meeting summoned in order to investigate the facts of the case. He has evidently suffered an injury in respect to the Society to which he alludes; but whether that injury was intentionally inflicted or was the result of misadventure or ignorance on the part of anyone, is not quite clear at present, but would most probably be ascertained by the investigation. As to any further course to be taken, this would depend on the decision arrived at by the meeting.

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.

DEATH FROM CHLOROFORM.—Dr. Giles (Henley-on-Thames) writes:—The report of the death from chloroform which lately occurred in the Birmingham and Midland Eye Hospital, contained the following sentences. "Another violent struggle began, during which the pulse was felt to quicken, and then suddenly become imperceptible; at the same moment, the face changed from crimson to a livid purple." "By pausing momentarily in the artificial movements, it was found that true respiratory efforts did not cease to be made for a minute and a quarter to a minute and a half after the pulse had become imperceptible." Then, in the *post mortem* appearance, "The right cavities contained dark fluid blood; the left were empty." Now, I would beg to suggest, for the consideration of administrators of chloroform, that, under such a desperate state of things as this, the patient should be bled freely in the arm from a large orifice, and in as full a stream as possible; and as the respiration in this case was maintained, there might be the chance that, with relief to the right side of the heart, the imperceptible pulse might become perceptible, and, if so, perfectly independent respiration might be established, and the life saved. Such a trial could do little harm; and it is to be proved if any good could be derived.

ARTIFICIAL HEREDITARINESS.

SIR,—With reference to the well-authenticated and important observations of Dr. Brown-Séquard on the hereditary transmission of artificially acquired defects, which have been referred to in the *BRITISH MEDICAL JOURNAL* for Jan. 20 and Feb. 10, 1872, it may be useful to state that there is no scientific foundation for M. Bert's curious suggestion that guinea-pigs (the animals selected for experiment by Dr. Brown-Séquard) possess any "exceptional predisposition" to transient peculiarities which have been artificially induced. For, in addition to the case of sheep-dogs with docked tails, referred to by Stonehenge, which has been cited by your correspondent "Rusticus," there are many cases on record in which artificially acquired peculiarities or defects have been hereditarily transmitted by the human race. In the series of papers which I published some years since in the *British and Foreign Medico-Chirurgical Review* on the limitation of hereditary disease, some interesting examples of such transmission of acquired defects have been cited. Among them are a case observed by Blumenbach, in which a man, whose little finger of the *right hand* had been nearly demolished and set awry, had several sons, all of whom had the little fingers of the *right hand* crooked; a case observed by M. Geschreift at the Eye Institution in Brussels, of two brothers, microphthalmic on the *left side*, whose father had lost his *left eye* fifteen years before his marriage, in consequence of purulent ophthalmia, whilst serving in the army of Holland; a case observed by Mr. Wright at Dover, of a lady who was frightened by a ferret whilst in a state of pregnancy—the child when born had eyes precisely like that animal; every child after that had the same kind of eyes, and they all became blind, or nearly so, about the age of puberty. The following case, recorded by G. L. Durius, has been already cited (*British and Foreign Medico-Chirurgical Review*, April, 1863, p. 447) to illustrate Dr. Brown-Séquard's observations respecting the hereditary transmission of acquired epilepsy:—"A man, who was not born epileptic, shattered the dorsal vertebrae in falling from the top of an oak; the result of this accident was a spasmodic contraction of the limbs, which lasted for years, and was not perfectly cured when he married; his son, on attaining the age of puberty, became epileptic." There is, therefore, no need to assume, as M. Bert has done, that guinea-pigs possess an "exceptional predisposition" to artificial hereditariness.

The objection that was raised by M. Giraldès during the late discussion at the Société de Biologie, that the facts of transmission brought forward by Dr. Brown-Séquard were coincidences, will be best met by the distinguished physiological experimenter himself, who proposes to bring forward more decided proofs of the subject.

I am, etc.,

WILLIAM SEDGWICK.

12, Park Place, Upper Baker Street, March 1872.

* * * Mr. Sedgwick has collected some interesting though scattered cases; but has he considered the striking facts which suggest that his examples are exceptions, and perhaps only coincidences? For instance, the incessantly repeated practice of circumcision through many centuries amongst the Jews, an unmixed race, has not induced any modification of the length of the prepuce.

THE LONDON HOSPITAL.

SIR,—In your issue of the 6th instant, I noticed a letter written by the father of a student of the London Hospital, complaining of the manner in which the lectures on anatomy have been conducted in that school during the past session. Before publishing such a letter in a public journal, "Iratius" might have taken the trouble to ascertain the truth of the statements he was about to make; for such a communication, as it stands, is sufficient to destroy the reputation both of the lecturer on anatomy, and of the hospital as a school. "Iratius" states that "neither the heart, lungs, bones of the extremities, muscles (except of the abdomen), blood-vessels, nerves, nor ligaments (excepting those of the spine) have been demonstrated to first years' students." Having myself attended almost the whole of Mr. Rivington's course of lectures, I can state positively that, of the subjects enumerated, the heart, lungs, all the blood-vessels, nerves, and viscera found in the abdominal and pelvic regions, the sympathetic system, as well as the entire dissection of the perineum, have been most carefully and efficiently demonstrated by him to both first and second years' students. I need scarcely say that many other parts have been demonstrated besides those mentioned; but I will content myself at present with simply contradicting false statements, merely adding that, from conversations which I have recently held with other members of Mr. Rivington's class, I feel confident in asserting that the students generally are more than satisfied with the number of subjects included in his course of lectures, and the excellent manner in which they have been dealt with.

Possibly "Iratius" may have been testing his son's proficiency, and, finding that he has not acquired as much knowledge as he might have done, has endeavoured to attach the blame of it to the lecturer; but surely Mr. Rivington cannot be expected to supply either the necessary amount of attention or the intellectual capacity required to profit by his lectures.

As there can be no true grounds for complaint against Mr. Rivington as a lecturer, I cannot help thinking that this attack has originated in a personal feeling against him; and I do most earnestly hope that, should anything further be said on the matter, the students will come forward *en masse* to testify their respect for a gentleman who has been ever most attentive to their interests, both in his capacity as Lecturer on Anatomy and Surgeon to the Hospital.

Trusting you will do me the favour of inserting this in your next issue,

London Hospital, April 15th.

I am, etc., SAMUEL WREXFORD.

GUINEA-FOWL.—We do not think a guinea more than a reasonable fee for filling in a long insurance form certifying the death of the patient.

MR. JOHN COLEMAN wishes to know when the Andrews trial at Shrewsbury is to take place. We were not aware of any fresh pending trial.

J. H.—The person mentioned might be proceeded against under Section 40 of the Medical Act, for assuming a professional title to which he has no right. The Medical Council would most probably decline to prosecute, on the ground that it is not a part of their duty; but our correspondent should make inquiry of the Registrar on this point. In the event of their declining to act, the prosecution might be undertaken by a private individual, or by some such professional society as acted in the other case mentioned (which is very much to the purpose).

We are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Liverpool Weekly Albion, April 20th; The Scarborough Express and East Coast Advertiser, April 20th; The Lincoln Journal, April 9th and 16th; The Liverpool Daily Courier, April 18th; The North British Daily Mail, April 20th; The Aberdeen Journal, April 17th; The Middlesborough and Stockton Gazette and General Advertiser, April 18th; The Midland Counties Express, April 20th; The Melbourne Argus, Feb. 27th; The Glasgow Herald, April 23rd; The Retford, Worksop, Isle of Axholme, and Gainsborough News and General Advertiser for Lincolnshire and Nottinghamshire, April 20th;

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

Sir James Alderson, London; Sir James Paget, Bart., London; Dr. T. Clifford Allbutt, Leeds; Dr. J. S. Bristowe, London; Mr. R. J. Pye-Smith, London; Our Liverpool Correspondent; Dr. Macpherson, London; Mr. John Croft, London; Dr. Protheroe Smith, London; Dr. Forbes Winslow, London; Dr. P. W. Latham, Cambridge; Dr. Joseph Bell, Edinburgh; Dr. H. Charlton Bastian, London; The Registrar-General of England; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; Mr. T. M. Stone, London; The Registrar of the Medical Society of London; Dr. Hime, Sheffield; Dr. Coats, Glasgow; The Secretary of the Pathological Society; M. Demarquay, Paris; Mr. W. D. Bennett, West Bromwich; Dr. Wells, Reading; Dr. W. Tyndale Watson, Tottenham; Mr. John Coleman, London; Mr. J. E. Flower, Reading; Dr. Bryan, Northampton; Dr. McEwen, Chester; Mr. W. Bird, York; Mr. W. Harvey, Southsea; Dr. Corner, Poplar; Dr. Leared, London; Dr. Gairdner, Glasgow; Dr. Althaus, London; Mr. Spencer Wells, London; Messrs. Hasenstein and Vogler, Frankfurt; Dr. G. M. Beard, New York; Mr. Boyd, Newcastle-upon-Tyne; Dr. J. W. Walker, Spilsby; Mr. Joseph Mitchell, London; The Secretary of the Clinical Society; Dr. F. Pollard, London; Dr. Strange, Worcester; An Associate; Mr. W. W. Reeves, London; Mr. Berkeley Hill, London; The Secretary of the Obstetrical Society; Dr. Corfield, London; Mr. Fowler, Bath; Mr. Miall, Bradford; Mr. Symmons, Ledbury; Mr. Stewart, Nantwich; Mr. H. Terry, Northampton; Mr. Girdlestone, Rhyl; Dr. B. W. Foster, Birmingham; Mr. Bartleet, Birmingham; Mr. Chaffers, Keighley; Mr. Whittington, Prestwich; Mr. G. G. Gascoven, London; Dr. David Dyce Brown, Aberdeen; Dr. Broadbent, London; Mr. Thomas Cooke, London; Dr. Henry Thompson, London; Mr. W. Draper, York; Mr. Walter Rivington, London; Dr. Williams, Wrexham; Dr. Marcet, Nice; Mr. Read, London; Mr. Webber, London; Lord Abinger, London; Mr. D. Dalrymple, M.P., London; Mr. Corrance, M.P., London; Mr. Tamplin, London; Dr. H. Oregon, Sydney; Dr. Fraser, Edinburgh; Our Vienna Correspondent; Dr. Prosser James, London; etc.

BOOKS, &c., RECEIVED.

Fourth Report of the Operation of the Contagious Diseases Acts. London: Harrison and Son. 1872.
The Thirty-fourth Annual Report of the Suffolk Lunatic Asylum.
Darwinism refuted by researches in Psychology. By Antoine G. Carlier. London: Jarrold and Sons. 1872.
Association of Certifying Medical Officers of Great Britain and Ireland. Bristol: J. Arrowsmith. 1872.
Report of the Committee of the Convocation Province of York on Intemperance.
The Fifty-first Report of the Fever Hospital or the House of Recovery at Carlisle; with the List of Subscribers. Carlisle: 1872.
Statistical Report of the Surgical Registrar of St. Thomas's Hospital.
On the Cause of Death in Fever. By R. T. Hunt, M.R.C.S.E., Manchester.
Epidemic Connection of the Cholera of Madras and Bombay with the Cholera Epidemic of the Bengal Presidency. By James L. Bryden, M.D.
The Second Annual Report of the Invalids' Dinner-Table, or Institution for Feeding the Sick Poor. Cardiff: 1872.
Some account of Baptisia Tinctoria, the New Remedy for Typhoid Fever: with Cases. By William Bayes, M.D. London: 1872.
A Guide to the Examination of the Urine, designed chiefly for the use of Clinical Clerks and Students. By J. Wickham Legg, M.D. Third Edition. London: 1872.
Syphilis, its Nature and Treatment. With a Chapter on Gonorrhœa. By Charles Robert Drysdale, M.D. London: 1872.
Transactions of the National Association for the Promotion of Social Science. Leeds Meeting, 1871. Edited by Edwin Pears, LL.B. London: 1872.
Historical and Critical Sketch of the Various Methods of Treating Pedicle in Ovariectomy. By D. Lloyd Roberts, M.D., M.R.C.P. Lond.
The Thirtieth Annual Report of the Sussex County Lunatic Asylum, Hayward's Heath. Lewes: 1872.
Report of the York Lunatic Asylum for the year ending December 31st, 1871.
The Origin of Cancer considered with reference to the Treatment of the Disease. By Campbell De Morgan, F.R.S. London: J. and A. Churchill. 1872.
Scheme for obtaining a better Knowledge of the Endemic Skin-Diseases in India.
A Practical Treatise of the Diseases of Women. By T. Gaillard Thomas, M.D. Third Edition, enlarged and thoroughly revised. Philadelphia: 1872.