

miner of his own medical practitioner should always be allowed by the employer or mine agent in all mines, and no surgeon should be thrust on the miners against their own consent, as these patients always pay their monthly money, or "pence", as it is generally called, in Cornwall. Many miners pay private medical men of their own choice, besides having their monthly pence kept out from their wages. I state this after nearly fifty years' observation.

## ASSOCIATION INTELLIGENCE.

### ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION, 1872.

NOTICE is hereby given, that the Annual Meeting for 1872 will be held at Birmingham, on the 6th, 7th, 8th, and 9th days of August next.

May 23rd, 1872. FRANCIS FOWKE, *General Secretary*.

### COMMITTEE OF COUNCIL: NOTICE OF MEETING.

NOTICE is hereby given, that a meeting of the Committee of Council will be held at the Queen's Hotel, Birmingham, on Saturday, the 8th day of June next, at Three o'clock in the afternoon.

FRANCIS FOWKE, *General Secretary*.  
37, Great Queen Street, W.C., May 23rd, 1872.

### YORKSHIRE BRANCH.

THE annual meeting of this Branch will be held at the Medical School, Leeds, on Wednesday, May 29th, at 2 o'clock; C. G. WHEELHOUSE, Esq., President, in the Chair.

The members will dine at the Great Northern Hotel, at 5.30 P.M. Tickets, exclusive of wine, 6s. 6d. each.

Gentlemen who wish to make communications to the meeting, are requested to inform me at their earliest convenience.

W. PROCTER, M.D., *Honorary Secretary*.  
York, May 20th, 1872.

### EAST YORK AND NORTH LINCOLN BRANCH.

THE annual meeting of this Branch will be held at the Hull Infirmary, on Wednesday, May 29th, 1872.

The title of any paper intended to be read, must be forwarded to me on or before the 20th instant.

ROBERT H. B. NICHOLSON, *Honorary Secretary*.  
21, Albion Street, Hull, May 2nd, 1872.

### METROPOLITAN COUNTIES BRANCH.

AN Ordinary Meeting of this Branch will be held at the House of the Society of Arts, John Street, Adelphi, on Wednesday, June 5th, at 8 P.M., when Dr. RUSSELL REYNOLDS, F.R.S., President of the Branch, will read a paper on "The Scientific Value of the Legal Tests of Insanity".

A. P. STEWART, M.D. } *Honorary Secretaries*.  
ALEXANDER HENRY, M.D. }  
75, Grosvenor Street, W., May 23rd, 1872.

### BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

THE annual meeting will be held at Birmingham, on Tuesday, June 18th, when T. EBBAGE, Esq., President of the Branch, will give an address.

The annual dinner will be held after the meeting, for the convenience of country members, at 5 P.M. precisely. Dinner tickets, 7s. 6d. each.

T. H. BARTLEET, *Honorary Secretary*.  
Birmingham, May 23rd, 1872.

### NORTHERN BRANCH.

THE annual meeting of the above Branch will be held at Stockton-on-Tees, on Thursday, June 20th; CHARLES TROTTER, Esq., F.R.C.S., President, in the Chair.

Gentlemen desirous of reading papers or bringing forward cases, are requested to communicate with the Secretary without any delay, in order that notice may be given in the circular announcing the meeting.

G. H. PHILIPSON, M.D., *Honorary Secretary*.  
Newcastle-upon-Tyne, May 18th, 1872.

### SOUTH EASTERN BRANCH: EAST SUSSEX DISTRICT.

A MEETING of the members of the above district was held on Friday, May 17, at the Burlington Hotel, Eastbourne; Dr. C. C. HAYMAN in the chair. Fourteen members were present, and five visitors.

*Feigned Diseases.*—Dr. FUSSELL (Brighton) read a paper on cases of feigned diseases. He alluded to a celebrated case which occurred many years ago at the Brighton Hospital, where the so-called dry white gangrene of the skin was simulated by the application of strong hydrochloric acid. The imposture was detected.—The account was corroborated by Mr. HODGSON, who was resident house-surgeon at the time.—Several of the members mentioned cases of imposture that had fallen under their observation.

*Disposal of Sewage.*—Mr. COLGATE (Eastbourne) read a paper on this subject. He strongly advocated the use of the dry earth system; mentioning the fact that since its adoption at the Eastbourne Workhouse, three years ago, no case of typhoid fever or infectious sore-throat had occurred, although typhoid fever had been prevalent in the old town.—Mr. HAYMAN and Mr. GRAVELLY (Newick) confirmed Mr. Colgate's good opinion of Moule's dry earth closet.

*Convalescent Hospital.*—The members and their friends then visited the All Saints Convalescent Hospital, being conducted through its various departments by Mr. Whitefield, the assistant medical officer. Everyone was struck with the truly magnificent appearance of the lofty and handsome wards, the large amount of cubic space to each bed, and the general details of the whole establishment, which is excellently conducted under the superintendence of the All Saints Sisterhood.

*Dinner* subsequently took place at the Burlington; Dr. Hayman in the chair. Twenty sat down. Three of the visitors—Dr. Webb, of Lower Belgrave Street; Dr. Billing, of Hailsham; and Dr. Marsdin, of Old Town, Eastbourne—were nominated as members of the South Eastern Branch.

The Next Meeting will be held at Tunbridge Wells in September.

### BIRMINGHAM AND MIDLAND COUNTIES BRANCH: PATHOLOGICAL AND CLINICAL SECTION.

THE seventh meeting of the session was held on Friday, April 26th; FURNEAUX JORDAN, Esq. (Treasurer), in the chair.

*The Secretary.*—Dr. BALTHAZAR FOSTER tendered his resignation as one of the Honorary Secretaries of the Section, in consequence of his election as one of the Secretaries of the Branch.

It was resolved, on the motion of the CHAIRMAN, seconded by Dr. RUSSELL:—"That Dr. Foster's resignation be received with regret, and that the heartiest thanks of the Section be given to Dr. Foster for his services as Honorary Secretary to the Section from its foundation."

*Scirrhus Stricture of Cardia.*—Dr. RUSSELL showed a specimen.

*Ovarian Tumour.*—Mr. RICKARDS showed a tumour which Mr. Alfred Baker had removed by ovariectomy. The tumour was partly solid and partly cystic. The latter part before being tapped was of the size of an adult head, and contained semifluid sebaceous matter. In the solid part were embedded a mass of hair of the size of a hen's egg, numerous teeth, skin, fat, cartilage, bone, and gland-tissue. The patient, from her own account, was 33 years of age, unmarried; the catamenia were regular. She first noticed the tumour nine years ago, when it was of the size of an orange. Mr. Baker removed the tumour, which was adherent in parts, and applied a cat-gut ligature to the pedicle. The patient is now convalescent.

*Ossseous Deposit in Eye.*—Mr. ARTHUR BRACEY showed a specimen of bone found within a disorganised eye which he had excised. The deposit took the form of a cup, and occupied the whole of the inner surface of the choroid. Mr. Bracey stated that authors described similar formations as true bone.

*Rhinoplasty.*—Mr. BARTLEET exhibited a patient from the General Hospital, on whom he had performed a rhinoplastic operation. The girl had entirely lost her nose from an injury in childhood. The nose was formed from the forehead, and a slight modification of the ordinary operation was performed. The result was a firm and slightly feature.

*Diphtheritic Croup.*—Dr. SAWYER exhibited a specimen. The membrane, which was remarkably firm, lined the larynx and trachea, and extended into the bronchi as far as the eye could follow them.

*Obstetric Contributions.*—Mr. LAWSON TAIT read the notes of a Fatal Case of Puerperal Mania, and showed some microscopic specimens from a case of Vaginismus.

*Aortic Aneurism.*—Dr. CARTER showed an aneurism of the ascending

aorta from a patient under the care of Dr. Millington. Before death the symptoms were fairly typical of aneurism of that vessel, and it was accordingly diagnosed correctly. Pulsation was evident at the sternal end of the second right intercostal space. At the necropsy, a compound saccular aneurism was seen on the anterior surface of the ascending aorta, about an inch and a half in diameter, with two secondary sacculæ, each about the size of a nut. The most prominent and thinnest point of the sac-wall corresponded with a depression at the seat of the pulsation before mentioned. The sac was constricted at its neck. The proper coats of the artery could only be traced for a short distance into the walls of the sac, which were greatly thickened by firm layers of fibrine deposited from the blood. The aorta and all the arteries examined were more or less the seat of true atheroma.

*Calculi in Ureters.*—Dr. CARTER showed impacted calculi in both ureters. The symptoms of stone dated over three years. From time to time, during this period, the patient had retention of urine, with passage of small calculous fragments (phosphatic). On Feb. 22, lateral lithotomy was successfully performed by Mr. Newnham, Surgeon to the General Hospital, Wolverhampton, and a stone (mulberry) weighing 486 grains was removed. On the fifth day after the operation, urine was passed through the urethra, and without a bad symptom. Soon afterwards pain was complained of in the right hypochondrium and lumbar region. This increased; the temperature and pulse rose; and all the symptoms of local peritonitis were exhibited. The peritonitis became general. Less urine was passed, and the boy (aged sixteen years) sank on April 8th. The necropsy revealed an empty contracted bladder. The ureters were each greatly dilated; and, in each, a soft phosphatic calculus was impacted. The kidneys were much enlarged. On section, nearly all traces of renal substance proper were lost; the cortical substance alone remaining. Connected with the pelvis of the kidney, which was greatly dilated, were large abscess-like cavities, each containing a soft phosphatic calculus. The other organs were healthy.

## REPORTS OF SOCIETIES.

### CLINICAL SOCIETY OF LONDON.

FRIDAY, MAY 10TH, 1872.

SIR WILLIAM GULL, Bart., M.D., F.R.S., in the Chair.

*Paralysis of Taste and Smell.*—Dr. BURNLEY YEO read a paper on a case of paralysis of the senses of taste and smell following concussion of the Brain. The patient, a man aged 50, came to King's College Hospital on January 11th, having four months before been thrown out of a cart. He was admitted into St. Thomas's Hospital in a semi-conscious state, under the care of Mr. Croft. A slight contusion was discovered on the back of the head, but there was no fractured bone. He vomited, was delirious and insensible during the night, and in the morning complained of much pain in the head, which was relieved by aperients. He soon recovered, and, feeling well, discharged himself after he had been in the hospital about a week. He found, however, that he could neither taste nor smell. This condition had persisted ever since the accident. He had suffered also a good deal from giddiness, and from severe pains on the right side of the head. He had been a perfectly healthy man, and quite free from any syphilitic taint. The patient's statements were thoroughly tested. Salt, sugar, solution of quinine, dilute acids, tincture of assafoetida, were applied to the tip, the centre, and the back part of the tongue, to the under as well as the upper surface, but were not recognised in any degree. The tongue, however, was sensitive to the slightest touch, and its movements were perfect. The sense of smell, similarly tested, was found to be absent. The patient was ordered five grains of iodide of potassium three times a day. The first two doses produced such violent symptoms of iodism that it could not be continued. The dose was therefore reduced to two grains; and as this also acted in the same way, only one grain three times a day was given. This dose, at first, produced iodism, and afterwards purged him; he, however, continued to take it. In a few days, the sense of taste began to return. On January 25th, he could taste solution of quinine as bitter, and tincture of assafoetida as bitter; but he could detect no odour in the latter. He could distinguish salt from sugar, but not tea from coffee. The sense of taste continued to return rapidly. On the 11th of February, he was able to taste the flavour of meat for the first time for twenty weeks. He could also now perceive strong odours; but smell came back less rapidly and less perfectly than taste. In connection with the return of smell, he complained of a curious subjective affection of this sense: a foul smell came into his nose like that of a stale tobacco-pipe, and it seemed to come down from the

head. By the 20th of March, the patient was quite well. Dr. YEO thought this case offered many points of clinical and physiological interest. He thought it a somewhat rare circumstance to find the senses of taste and smell clearly absent together without any other affection of the nervous system. The absence of taste could not, in this case, be simply the consequence of loss of smell, as solution of quinine and tincture of assafoetida were, at first, not distinguishable from water; and when the latter was first recognised, it was as a *bitter* substance, and its peculiar flavour was not perceived: moreover, the sense of smell returned much later than the sense of taste. It was difficult to say what could be the lesion which would produce paralysis of these two special nerves and of no others. This difficulty was increased rather than diminished by the very remarkable manner in which the administration of iodide of potassium had been followed by the recovery of both senses.—Dr. LOCKHART CLARKE believed the condition to depend on shock. He had seen several similar cases originating in this cause. He did not think there was any lesion, and was of opinion that, probably, the stimulation of the nasal mucous membrane produced the cure. He related the case of a child who, by standing on its head, brought on symptoms of concussion and hyperæsthesia of the leg, with the exception of the parts about the knee. The child had previously suffered from chorea, and indeed still presented slight symptoms of that affection. The child had, previously to being seen by Dr. Clarke, been confined to bed for four months. By local treatment the limb got well in six weeks.—Dr. HUGHLINGS JACKSON thought the case a very interesting and yet a very puzzling one. He had not seen complete loss of smell and complete loss of taste together. Not very unfrequently a patient would say he had loss of taste, when examination showed clearly that he had lost smell alone. The subjective sensations complained of by Dr. YEO's patient were very important. Such subjective sensations occurred as a so-called aura in some epileptiform seizures, and especially in those cases in which consciousness was lost without convulsions; in some cases there were convulsions. Dr. Hughlings Jackson believed that in these cases there was disease in the region of the anterior cerebral artery, and that the subjective sensations were of particularly evil omen as to mental failure.—Dr. BROADBENT said that he had seen two cases in which incomplete loss of smell and taste had become permanent. He doubted whether there was total loss of taste in Dr. YEO's patient, and related the details of an interesting case, showing the possibility of Dr. YEO's patient having meant that he could not distinguish all the qualities of the various substances.—Dr. BUZZARD, referring to a case related to the Society by Dr. Anstie, in which severe neuralgia of the fifth nerve was accompanied by loss of smell and taste, suggested the possibility that, in Dr. YEO's case, a lesion of the trigeminus had caused the loss of the same two special senses, the integrity of this nerve being apparently as necessary for the proper action of the olfactory lobes as for the perfection of the sense of taste.—Mr. CHRISTOPHER HEATH had seen more than one case in which taste and smell were gone, and alluded to the case of a lady who, after an accident, lost both taste and smell. This lady had, strange to say, found several among her Indian friends, who had also lost both senses.—The PRESIDENT thought that the cases were not very rare. It was very difficult to separate taste, touch, and smell. In the present case, quinine was not felt in any degree by touch or smell, but touch was not gone. He thought there may have been shock to the sympathetic centres in the neck, and through this channel to the nerves of taste and smell.—Dr. L. CLARKE referred to a case of locomotor ataxy which he had already published, in which both taste and smell were lost.—The PRESIDENT observed that Dr. Clarke's case exemplified what he had just said about the sympathetic.—Dr. YEO made a few remarks in reply.

*Enteritis.*—Dr. BÄUMLER communicated a case of enteritis, illustrating the dangerous effect which in cases of this kind may follow the use of the mildest purgative even after all acute symptoms have subsided. The patient, a young man aged 22, was taken ill, after some irregularity of diet, with symptoms threatening peritonitis. There were great pain in, and extreme tenderness of, the abdomen, with some distension, besides high pyrexia. With rest and opium, these symptoms subsided in a few days; and on the sixth day of illness a furred state of the tongue, slight tenderness in the cæcal region, and constipation, were the only abnormal symptoms remaining; pulse and temperature being quite normal, and the appetite returning. On the following day, the bowels not having acted for five days, and the descending colon being filled with solid fæces, half an ounce of castor-oil was given. No sooner had this commenced acting, than all the previous symptoms returned; the temperature again exceeding 102 deg. Fahr., and the patient for some days being in a somewhat critical state. Gradually, however, the symptoms subsided. On the seventh day of this relapse the pyrexia declined, and the bowels, which had not been open since

## CORRESPONDENCE.

## HOSPITAL CONSTRUCTION.

SIR,—I have read with much satisfaction in your last copy, the details of "a new mode of hospital construction," by Mr. Greenway of Plymouth. Some months since, I was favoured with an inspection of his model, which appeared to me to combine several desirable objects, to meet our present wants in dealing with zymotic epidemics, in which isolation of the individual is required as well as segregation of the diseased. As such, it is applicable as an adjunct to every naval and military hospital, especially to those in tropical climates, and to every Poor-law union infirmary. The plan is very simple in itself, being merely an encased cellular hut, without fear of insufficient ventilation of its several cells, and I think that its simplicity and symmetry are recommendations; the question of materials being of another nature. Mr. Greenway has judiciously added much in detail to his plan since I saw the model of it; and I think it would be still an improvement to remove the central partition from between the end cells, or to throw the four central cells into one, so as to have one ward in which several of the milder cases, or convalescents, might be brought together.

I am, etc.,

WM. R. E. SMART, M.D., Inspector-General of Hospitals, R.N.  
London, May 16th, 1872.

## THE LONDON HOSPITAL.

SIR,—You insert a long letter from Mr. Rivington, which I shall reply to very briefly. He shrinks from the real issue in these words: "Barely to publish the words of their (the Court of Inquiry's) resolution, would be to expose myself to unfair inferences, and the proposition savours of a desire to create prejudice at my expense. Fully to interpret it, and to explain its true professional significance, would risk a still further enlargement of the area of this discussion." I have not challenged him to publish the *bare words* of this resolution only, but to submit all the facts to your readers and to arbitration. If Mr. Rivington shrink from this ordeal, it is in vain for him to persist in asserting that I was not justified in what I have done.

I am, etc.,

C. F. MAUNDER,  
Surgeon to the London Hospital.

May 21st, 1872.

## UNIVERSITY INTELLIGENCE.

## UNIVERSITY OF OXFORD.

**NATURAL SCIENCE SCHOLARSHIPS.**—We take from our able and interesting contemporary, *Nature*, the following list of Natural Science Scholarships at Oxford, for which elections will be made during the year 1872. It will be especially interesting to students of medicine within whose reach lie, often easily, those important aids to a complete scientific education.

**Balliol College.**—One scholarship, value £70 *per annum*, and tenable for three years, is generally given. There are two such natural science scholarships on the foundation of Miss Brakenbury, and a third is usually added by the College. Papers are set in physics, chemistry, and biology; the examination in chemistry and biology will be partly practical if necessary. Candidates, if members of the University, must not have exceeded eight terms from their matriculation. The examination takes place in November.

**Christ Church.**—Not less than one studentship, of the annual value of £75, together with rooms rent free, and tenable for five years from the day of election. The subjects of examination are physics, chemistry, and biology; but no candidate is expected to offer himself for examination in more than two of the three. Candidates must not have exceeded the age of twenty on the 1st of January preceding the election. The examination is held in the middle of February.

**Jesus College.**—One open scholarship, value £80 *per annum*, is occasionally given. It is tenable to the close of the twentieth term from the scholar's matriculation. Papers are set in chemistry, physics, and biology; but answers are not expected in more than two subjects. Candidates will have to satisfy the electors of their ability to pass the ordinary classical examinations required by the University. Candidates must not on the day of election be full twenty-four years old. The examination takes place in October, and full notice is given early in June. Two scholarships have been given.

**Magdalen College.**—One or more demysships, value £95 *per annum*, inclusive of all allowances, and tenable for five years, provided that the

holder does not accept any appointment which will, in the judgment of the electors, interfere with the completion of his University studies. No person will be eligible who shall have attained the age of twenty years. In conducting the examination, questions will be put relating to general physics, to chemistry, and to biology, including human and comparative anatomy and physiology, with the principles of the classification and distribution of plants and animals; but a clear and exact knowledge of the principles of any one of the above-mentioned sciences will be preferred to a more general and less accurate acquaintance with more than one. The examination in biology and chemistry will be partly practical, if necessary. Candidates have also to satisfy the electors of their ability to pass the ordinary classical examinations required by the University, and for this purpose will have:—*a.* To translate a passage of English prose into Latin. *b.* To bring up for examination one Greek author, or a portion, such as five books of Homer, or two Greek plays, or any equivalent; one Latin author, or a portion, such as the *Georgics*, or five books of the *Æneid* of Virgil, or three books of the *Odes* and the *De Arte Poetica* of Horace, or any other equivalent. *c.* To answer questions in Greek and Latin grammar. Very superior excellence, however, in natural science will be allowed to compensate for any deficiency which candidates may have shown in the classical part of the examination. Candidates will be required to bring with them a certificate of birth, with testimonials of good conduct and character, extending over a period of at least three years, from the head master of their school, or from the private tutor with whom they may have been reading. The demysships are open without any restriction as to place of birth or education to all candidates, whether already members of the University or not, who are found to satisfy the abovenamed conditions. The examination will be held in common with Merton College, at the same time and with the same papers. Each candidate will be considered as standing, in the first instance, at the College at which he has put down his name, and, unless he has then given notice to the contrary, will be regarded as standing at the other College also. The examination usually commences on the first Tuesday in October. No entrance fees or caution money are required by the College. The University fees payable on matriculation amount to £2 10s.

**Merton College.**—One postmastership, value £80 *per annum*, tenable for five years, or so long as the holder does not accept any appointment incompatible with the full pursuance of the University studies. Papers will be set in chemistry, physics, and biology; and an opportunity will be given of showing a knowledge of practical work in chemistry and biology. The postmastership will be given for special excellence in one subject, or for excellence in two of the three subjects; but no candidate will be examined in more than two subjects. There is no limit of age for the candidates, but a limit of six terms of University standing. The examination will be held in common with Magdalen College at the same time, and with the same papers. Each candidate will be considered as standing, in the first instance, at the College at which he has put down his name, and, unless he has given notice to the contrary, will be regarded as standing at the other College also.

**New College.**—Candidates for exhibitions may offer to be examined in natural science, in addition to the classical examination, or in lieu thereof. There is no restriction of age, but no candidate must have already entered on residence in another College or Hall. The examination usually takes place in March.

**UNIVERSITY SCHOLARSHIP.**—*Burdett-Coutts Scholarship.*—One scholar is elected every year in Lent term. Candidates must have passed all the examinations necessary for the degree of B.A., and not have exceeded the twenty-seventh term from their matriculation. The examination is in geology, and in chemistry and biology as bearing on geology.—*Radcliff's Travelling Fellowship.*—One fellowship, value £200 *per annum*, and tenable for three years, is filled up each year in Lent term. For conditions of examination and election, see *The Oxford University Calendar*.

## OBITUARY.

EDWARD LLOYD HARRIES FOX, M.D.

DR. E. LL. H. FOX died at Broughton, Hants, on May 11th, at the early age of thirty, after a painful illness of many weeks' duration. He was a son of Dr. Luther Owen Fox of Broughton, and was the fifth of a family of nine sons, of whom Dr. Tilbury Fox is the eldest surviving. He received his preliminary education at Queenwood College; and having matriculated at the University of London in the first division, entered at University College, where his father, two brothers, and six pupils of his father had received their medical education. In

the hospital he was the assistant of Sir William Jenner, for whose mode of teaching and profound medical knowledge he entertained the highest veneration. On taking his degree of M.B., he took a second place in Medicine, the Scholarship and Gold Medal in Midwifery, and the Scholarship and Medal in Forensic Medicine. He became a candidate for the house-surgery at the Winchester County Hospital, but was rejected because he had not then been a communicant. This subject was severely commented on at the time. Deceased was offered the post of Resident Medical Officer at University College Hospital, but being fond of country life, he preferred to join his father. Dr. Fox took the degrees of Doctor of Medicine and of Master in Surgery at the University of London. He was also elected a Fellow of University College. During his hospital career, he caught scarlatina, followed by dropsy and hæmaturia. After a residence in the country, these symptoms subsided, but were never entirely absent, and were accompanied by increased impulse of the heart. Albuminuria recently appeared, and he was compelled to give up work. Œdema of the lungs, cardiac dyspnoea, and dropsy of the extremities eventually set in, and brought his life to a close. His death has caused an universal feeling of regret. It is intended to erect by public subscription some tribute to his memory, and this will probably be an organ for the church in the choir of which he used to sing.

#### GEORGE W. JOTHAM, M.R.C.S., KIDDERMINSTER.

WE regret to record the death of Mr. George W. Jotham of Kidderminster, who, after a long lifetime of usefulness spent on the duties of his profession, died on May 7th. Mr. Jotham, who had been the leading general practitioner in Kidderminster and surrounding district for some years prior to his death, was born in Bradford, Wiltshire, in 1804, and studied at St. Bartholomew's Hospital, where he was a pupil of Abernethy. In 1828, he came to reside in Kidderminster, and in 1831 was appointed surgeon to the Infirmary of that town, which post he held until a month or two before his death, when he resigned on account of failing health. The Committee of Management immediately passed a resolution—"That, while greatly regretting the resignation of the senior honorary surgeon, who has been for forty-one years connected with this institution, they cannot refrain from expressing the sense of esteem for his services in past years, and acknowledging the very warm interest which he has always taken in all connected with the Infirmary." At the same meeting he was unanimously elected Consulting Surgeon.

#### WILLIAM EDWARD MASFEN, M.B., STAFFORD.

DR. WILLIAM EDWARD MASFEN was born in 1831. He was the third son of the late Mr. John Masfen, of Stafford, who was for many years one of the leading practitioners in the county. Dr. Masfen was apprenticed with his father at the County Infirmary. He afterwards entered King's College, where he obtained many prizes and distinctions. He was House-Physician at King's College Hospital under the late Dr. Todd. He graduated at the University of London in 1853, and obtained the scholarship in Medicine and the gold medal in Surgery and Midwifery. He became a member of the Royal College of Surgeons and a Licentiate of the Apothecaries' Hall in 1852. On the death of his father in 1854, he succeeded to his practice, and at the same time was appointed Surgeon to the Staffordshire General Infirmary, which post he held to the time of his death, having been for about two years senior surgeon. Dr. Masfen was a sound and painstaking practitioner, and in addition to natural abilities of a high order, he had a well disciplined and regulated mind.

#### SAMUEL W. BROWN, F.R.C.S., LEWISHAM.

MR. BROWN was born on May 3rd, 1805; and died on April 21st in his sixty-seventh year. He was the eldest son of Mr. S. Cowper Brown, surgeon, of Lewisham. In 1821, he was apprenticed at the Royal College of Surgeons; and he studied at the united Guy's and St. Thomas's Hospital. He was dresser to Sir Astley Cooper, and a favourite clinical clerk to Dr. Bright. He joined his father in practice in 1828; and continued to practise in Lewisham up to the time of his retirement. Mr. Brown was a man of great physical and mental energy in spite of frequent attacks of gout. About two years ago, albuminuria and epilepsy from uræmic poisoning compelled him to relinquish the active duties of his profession. He was a man of considerable ability and fair surgical skill, and he operated with skill and neatness. He was very hospitable, and entered heartily into the enjoyment of those around him. He was also a welcome visitor at the United Hospitals Club, of which he was for some years a member. The remembrance

of "old Sam Brown," as he was familiarly called, will not quickly pass away from a large circle of patients and private and professional friends.

## MEDICAL NEWS.

**APOTHECARIES' HALL.**—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, May 16th, 1872.

Davies, John Hopkyn, Lampeter, South Wales  
Maberly, Frederick Herbert, Birmingham  
Murphy, Robert William, Hobart Town, Tasmania  
Murrell, Clement Frederick Fenn, Great Yarmouth

**As Assistants in compounding and dispensing medicines,**

Barnes, Edward, Hilsa, Portsmouth  
Cowley, Henry Williamson, Nottingham  
Russell, Matthew, Whitehaven  
Tausley, Arthur James, Stone, Staffordshire  
Turner, Joseph Kitchin, Whitehaven

### MEDICAL VACANCIES.

**THE following vacancies are announced:—**

ADDENBROOKE'S HOSPITAL, Cambridge—House-Surgeon.  
AMERSHAM DISTRICT, Bucks—Medical Officer and Public Vaccinator for the Workhouse: £50 per annum.—Medical Officer for the Amersham District: £63 per annum, and fees.  
ARMAGH UNION—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Armagh Dispensary District: £150 per annum, and fees.  
BIDEFORD UNION, Devon—Medical Officer for the Buckland Brewer District: £45 per annum.—Medical Officer for the Abbotsham District: £4: 10 per ann.  
BRISTOL ROYAL INFIRMARY—Assistant-Physician.  
BOLTON UNION, Lancashire—Medical Officer and Public Vaccinator for the Sharples District: £50 per annum, and fees.  
CANCER HOSPITAL, Brompton—Surgeon.  
ESSEX LUNATIC ASYLUM, Brentwood—Second Assistant Medical Officer: £90 per annum, board, lodging, and washing.  
FEVER HOSPITAL AND HOUSE OF RECOVERY, Cork Street, Dublin—Apothecary.  
GLENDALE UNION, Northumberland—Medical Officer and Public Vaccinator for the Ford District: £10 per annum.  
GLOUCESTER DISPENSARY—Dispenser.  
INFIRMARY FOR CONSUMPTION AND DISEASES OF THE CHEST, Margaret Street, Cavendish Square—Visiting Physician.  
LEEDS UNION—Medical Officer for the Workhouse and Industrial School at Barmantofts: £300 per annum, house, gas, and water.  
LEOMINSTER UNION, Herefordshire—Medical Officer for the Workhouse: £40 per annum.—Medical Officer for District No. 1: £165 per ann., and extra fees.  
LIVERPOOL DISPENSARIES—Hon. Medical Officer for the North Dispensary.  
LONDON FEVER HOSPITAL—Resident Medical Officer: £200 per annum, residence, coal, gas, and attendance.  
LONGTOWN UNION—Medical Officer and Public Vaccinator for the High District: £50 per annum, and fees.  
MIDDLESEX HOSPITAL—Lecturer on Psychological Medicine.  
NEWPORT ODD FELLOWS MEDICAL AID ASSOCIATION—Assistant-Surgeon: £60 per annum, board and lodging.  
NORTH RIDING INFIRMARY, Middlesborough-on-Tees—House-Surgeon.  
ROYAL DRAMATIC, EQUESTRIAN, & MUSICAL SICK FUND—Surgeon.  
STRAND UNION—Medical Officer for the St. Martin-in-the-Field District: £150 per annum.

### MEDICAL APPOINTMENTS.

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

BOSTOCK, Alfred S., Esq., appointed Medical Officer and Public Vaccinator for the United Districts of Boxgrove and Rumboldswyke, in the Westhampton Union.  
CAWLEY, Thomas, Esq., appointed Medical Officer for the Woking District of the Guildford Union, *vice* H. Tofts, Esq., deceased.  
KENYON, G. A., M.B., appointed Assistant Medical Officer at the Crumpsall Workhouse, Manchester.  
\*LONG, Mark, M.D., appointed Medical Officer to No. 7 Dispensary District of the Hackney Union.  
MAY, Thomas F., Esq., appointed Medical Officer of the No. 7 District of the Newcastle-upon-Tyne Union.  
PATERSON, Walter H., M.D., appointed Medical Officer for the Broughton District of the Glanford Brigg Union, *vice* R. H. Paterson, Esq., deceased.  
PROVIS, W., Esq., appointed Medical Officer for the Second District of the Mere Union, *vice* W. N. Marshall, Esq., resigned.  
WHITE, J. Gregory, M.D., elected Honorary Surgeon to the Bournemouth General Dispensary and Cottage Hospital.

### 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.*

#### DEATH.

CORMACK, William Hine, Esq., aged 29 (Purser in the Service of the Royal Mail Packet Company), eldest son of Sir John Rose Cormack, M.D., of Paris, after a long and painful illness, at Nova Friburgo, Brazil, on April 8th.

A SUPERANNUATION allowance of £30 per annum has been allowed to Mr. John Fothergill, late medical officer for the Selby District and the workhouse of the Selby Union. He was appointed January 1838, with a salary of £73.

## 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.—Lick (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.—East London Hospital for Children, 2 P.M.—Hospital for Women, 9.30 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 9.30 A.M.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Social Science Association (Adam Street, Adelphi), 8 P.M. Mr. Edwin Chadwick, C.B., "On the Duties of Officers of Health, and the separation of Private Practice from the Public Medical Service."

TUESDAY.—Royal Medical and Chirurgical Society, 8.30 P.M. Sir William Gull, Bart., M.D., and Dr. Sutton, "On the Pathology of the Morbid State commonly called Chronic Bright's Disease, with Contracted Kidney."

THURSDAY.—London Institution, 7.30 P.M. Mr. Walter Noel Hartley, F.C.S., "Experimental Evidence against the Spontaneous Generation of Living Things."

## 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.

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.

DR. A. P. STEWART, one of the Honorary Secretaries of the Joint State Medicine Committee of the British Medical and Social Science Associations, invites our attention to a recent correspondence with the Editor of the *Medical Times and Gazette*, relating to a description of that Committee, "as a body of philosophers who issue from the Social Science Association" to put forward unpractical and theoretical schemes—"Dr. Rumsey's schemes," he politely adds. Dr. Stewart takes just exception to what is an obviously flippant and incorrect description of a committee which includes, as he points out, the majority of those physicians whose names have for twenty-five years been identified with sanitary progress in this country; the description of the Committee is inaccurate and disrespectful, and the jeer misplaced. Dr. Druitt has, we regret to say, replied by misrepresenting the character of Dr. Stewart's remonstrance, and by suppressing his rectification of facts. Dr. Stewart has great cause of complaint; but the Editor of the *Medical Times and Gazette* cannot, we feel sure, propose to persist in a course so little accordant with the principles of honour by which we are confident he desires to be bound.

MR. WOOKEY (Barnet).—Write to E. Chapman, Esq., M.A., Frewen Hall, Oxford.

J. K. S. (Bath).—Thanks. We have never yet found a paper which was not long enough; but are overwhelmed by a flood of MSS. which have the opposite fault. Length is the enemy of strength.

LADY DENTISTS.—Mr. Jameson, of Cambridge Street, London, referring to the paragraph which appeared in our pages last week, points out that dentistry among ladies in London is no novelty; and that one lady has for at least twenty years carried on an extensive practice in dentistry in a populous district of the metropolis.

THE VACCINATION ACT.—If a Public Vaccinator will refer to the BRITISH MEDICAL JOURNAL for March 4th, 1871, page 230, he will see that my father, Mr. Richard Slemman, the Public Vaccinator for the Tavistock District of the Tavistock Union, was successful in a prosecution against the father of a child for not permitting him to be taken under the 17th Section of the Vaccination Act.—JOHN SLEMAN, Gunnislake, Tavistock.

"CASSIO", a provincial associate, forwards a communication describing a document thus worded, which was given to one of his patients by another practitioner: "Chronic granular inflammation of os and neck of uterus, with great induration. A neglected case: uterus misplaced". Other medical men, including an eminent metropolitan authority, were unable to discover the induration; and thought nothing more needed than general treatment and tonics. He complains, with justice, of the comment "a neglected case".

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.

## ATROPINE SINE MERCURIO IN SYPHILITIC IRITIS.

SIR,—The very interesting article, by Mr. Ernest Hart, in the JOURNAL of April 27th, gives the wide experience of an eminent ophthalmic surgeon as to the non-necessity for the usual practice of administering mercury in most cases of syphilitic iritis. If it were not considered immodest in one who does not devote his attention to the important speciality of ophthalmic medicine, to offer an opinion, I should also like to give my own experience as entirely corroborating the assertion made by Hugh Carmichael, Taylor of Boston, Hughes Bennett, and the late lamented J. Z. Laurence, that there is no necessity for using mercury in specific iritis. In most cases of that affection, I too have found the frequent use of the four-grain solution of the sulphate of atropine topically to the inflamed eye all that is needed to effect a cure. Doubtless, especially in aged persons, adhesions sometimes occur and destroy vision; but, fortunately, the prognosis is usually very good, if ten-grain doses of the iodide of potassium are given, with the frequent use of the atropia-drop. It seems to me that Mr. Hart's experiments are most valuable, and tend to settle this very important practical point. Whilst saying this, I know that Mr. Critchett, Mr. Hutchinson, and Mr. Couper, are of a different opinion, and thus feel the responsibility of giving a hasty judgment.

I am, etc.,

CHARLES R. DRYSDALE.

99, Southampton Row, W.C., May 1872.

MR. C. S. TICEHURST, late dresser in the Eye-wards of Guy's Hospital, writes as follows:—On page 445 of the BRITISH MEDICAL JOURNAL, Mr. E. Hart published an article on the use of atropia. Having seen atropia used very extensively among the eye-patients of Guy's, I can only agree with the remarks made by Mr. Hart. He seems to me to have, however, omitted some important points which might have been stated in a few words. The general rule at Guy's is to use atropia (the strength usually employed being one-fifth of a grain of the sulphate of atropia to an ounce of water) in all cases of ophthalmia in which the pupils are contracted, and to continue to do so until they are dilated; treating the ophthalmia, corneitis, etc., in other respects, according to their nature. Whether atropia acts by "procuring the eye physiological rest, or by causing contraction of the capillaries," etc., is an important undecided question. Mr. Hart has neither stated how the atropia should be applied, nor mentioned the very frequent occurrence of eczema and erysipelas (so-called atropinism) after its use; in some cases even after one application, whether belladonna lotion, or the neutral sulphate of atropia, or, in rare cases, even the atropia gelatine, have been used. It is of the utmost importance, in cases in which the atropia has to be used for a long time, to avoid eczema, etc. of the eyelids, since the swelling of them may become so considerable as to render the application of atropia difficult or impossible; while, if the atropia be not used, the eye may be lost. To avoid this, either atropia gelatine should be ordered, or the patient told how to "drop in the atropia lotion"; this is done by moistening a middle-sized camel's hair brush with the atropia lotion, and merely touching the inner surface (conjunctiva) of the lower eyelid with the moistened brush. This may be repeated every five or ten minutes, according to the quickness with which we wish to dilate the pupil. The visible object of the use of atropia should be to dilate the pupil; the sooner this is obtained the better. The pupil should be kept dilated until the inflammation is subsiding. If eczema or erysipelas occur, it should be treated by frequently bathing the eyelids with alum lotion (two grains of alum to an ounce of water); and some of the milder ointment of nitrate of mercury to be rubbed on the inflamed part at bedtime, the use of the liquid atropia or that of the atropia gelatine being continued at the same time.

Mr. Streatfeild was, I believe, the first to introduce the atropinised gelatine; the wording of the sentence, in which Mr. Hart speaks of the atropinised gelatine disc, is liable to produce the impression that they had been the first kind of atropia gelatine introduced. It is but right that the merit of having introduced this valuable medical agent should rest with Mr. Streatfeild.

## THE SCOTCH POOR-LAW AMENDMENT BILL.

SIR,—The Bill introduced into Parliament by Mr. Craufurd to amend the Scottish Poor-law Act, though it provides for the appointment of medical officers to all parishes, and fixes their salaries in an equitable manner, yet makes no provision for superannuation to aged and infirm medical officers. We expected this would have been conceded to us, since it has been so to medical officers both in England and Ireland; and especially after what had been said in favour of it in Parliament by such members who supported the English Medical Officers' Superannuation Bill. I would desire to bring this under the attention of Scottish Poor-law medical officers, and to urge them to petition that no Bill be allowed to become law which does not provide for superannuation to aged or infirm medical officers, which may be attained by the insertion of the words "medical officer" after "inspector" in the Superannuation Clause 37 of Part VII, General Provisions, of Mr. Craufurd's Bill. And I would further request them to use their influence with their respective members of Parliament to get them to support the prayer of their petitions.

I am, etc.,

A SCOTTISH POOR-LAW MEDICAL OFFICER.

April 1872,

\*.\* The subject has been brought under the notice of the Poor-Law Medical Committee, or Parliamentary Bills Committee of the Association.

## DOUBLE UTERUS.

SIR,—I send you the particulars of a curious case of malformation which I have lately examined. A child was brought to me two days after birth, presenting the following appearance. The umbilicus was lower than natural; below the cord, and seeming to protrude from the abdomen, was a rounded mass, of the red velvet appearance of congested mucous membrane; this could be pressed in like a hernia. Below this, was a considerable depression, bounded on each side by the labia and nymphæ, and below by the anus. In the centre of this gap were two apertures side by side, each about the diameter of a lead pencil. The urine oozed away from each side and a little below the rounded red mass. Both labia and nymphæ appeared as if cut off half up, the lower parts being naturally shaped, only more separated than usual. The child lived a week. I then found, on examination, that there was no opening into the cavity of the abdomen, the red mass completing the wall, and having the ureters opening on each side a little below. The double opening below was the commencement of a double vagina with a perfect septum, leading on each side to an os uteri, which on the left was perfectly formed, the right one not quite so. A probe passed readily up either of them, the uterus being also double, each half having its ovary and Fallopian tube, and connected only below by the tissues of the organ.

Melbourne, Derbyshire, May 13th, 1872.

I am, etc.,

W. M. KNIPE.



# 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.

"DYCE v. THE ST. PANCAS GUARDIANS" APPEAL FUND.  
DR. BATHURST WOODMAN begs thankfully to acknowledge the receipt of the following additional subscriptions to this fund. It is earnestly requested that intending contributors will be kind enough to forward their subscriptions as early as possible, as the list must be closed at the end of June; when a full statement of receipts and disbursements will be sent to each contributor.

6, Christopher Street, Finsbury Square, E.C., May, 1872.

£	s.	d.	£	s.	d.		
Edwin Bush, Esq., Frome ..	0	10	0	W. Meadowcroft, Esq., Colchester ..	0	12	0
Dr. Chaldecott, Chertsey ..	0	10	0	James Milward, Esq., Cardiff ..	0	10	6
Dr. Drew, Sheffield .....	0	10	6	R. B. Nason, Esq., Nuneaton ..	1	1	0
Dr. Green, Rawtenstall .....	0	5	0	T. W. Poplewell, Esq., Bol-			
Dr. Harley, Saffron Walden ..	0	10	6	sover .....	0	5	0
Dr. F. Hawthorn, Uttoxeter ..	0	10	6	W. E. Porter, Esq., Linfield ..	0	10	0
Roderick W. Henderson, Esq.,				Dr. Ramsbotham, Amwell St.	0	10	6
Rickmansworth .....	0	10	6	Thos. Robinson, Esq., Alton,			
Dr. Hewitt, Windsor .....	1	1	0	Cheadle .....	0	10	6
H. Horton, Esq., Eardisley ..	0	10	6	Dr. Sinclair, Liverpool .....	0	5	0
Dennis DeBerdt Hovell, Esq.,				H. Stear, Esq., Saffron Walden ..	0	10	6
Clapton .....	1	1	0	Dr. Sutro, Finsbury Square ..	1	1	0
Dr. Hughes, Woolwich .....	0	10	6	W. F. Teevan, Esq., Portman			
Dr. Jackson, Washington ..	1	0	0	Square .....	1	1	0
P. A. La Fargue, Esq., Co-				Dr. S. Ward, Finsbury Circus ..	1	1	0
ventry .....	0	1	6	F. F. Welsh, Esq., Saffron			
J. Mackie, Esq., Darlington ..	0	5	0	Walden .....	0	10	6
G. H. Macnamara, Esq., Ux-				Dr. Wilson, Newchurch .....	1	1	0
bridge .....	0	10	0	Dr. Woodward, Worcester .....	0	2	6
F. S. Manisty, Esq., Wrex-				A. B. ....	1	1	0
ham .....	0	10	0	A Small Fee .....	0	2	6
F. Manning, Esq., Ipswich ..	0	10	0				

## LATE EXPERIENCE OF ANÆSTHETICS.

DR. C. KIDD writes:—Nitrous oxide continues to hold its ground, and gains year by year in favour, on account of its remarkable safety. A trial of the methylene bichloride has been made in Italy, especially at Padua, in 108 carefully observed surgical operations: 84 presented nothing more than if chloroform had been used; 32 were excited, some violently so; 20 resisted it; 8 had severe vomiting. The deaths in England show that it is perhaps more dangerous than chloroform. The specimens used were made specially here in London; so that what we had hoped as to less excitement, less vomiting, etc., so important in ovariectomy, hernia, etc., has not been realised on the continent. Perhaps, as not altogether irrelevant, I may add that the views of Mr. Lister, so admirably set forth in your columns, have met general acceptance amongst practical men on the continent. A most remarkable case of apparent death from anæsthetics during the late war is given in a Montpellier journal. A young man, well known at Nîmes, was given over to be buried. Rigor mortis and other signs of death were present; but he was restored to life after more than six hours' use of electricity.

## PUBLIC VACCINATION.

SIR,—In reply to your correspondent, "A Public Vaccinator," I can inform him (from painful experience) that he will not be paid for any revaccination under 15 years of age, unless small-pox be actually prevailing in the district, when 12 is the stated age. During the spring of last year, I revaccinated two hundred and four children under 15, as the cicatrices were either unsatisfactory or altogether absent. Two hundred of these cases were successful, and for them I charged £20; but it was deducted from my bill, because the cases were under 15 years of age.

I am decidedly of opinion that the Public Vaccinator should be paid for revaccinating under 15, if he certifies that the cicatrices were unsatisfactory. My contract, like your correspondent's, says nothing about age, and I therefore have no legal claim.

Hurstpierpoint, March 4th, 1872.

I am, etc., M. MONCKTON.

P.S.—The average age revaccinated under 15 was 9; and I did not revaccinate any under 7.

SIR,—The following circumstances, which have just occurred to me, will, I think, answer "A Public Vaccinator" who writes in your last number.

During the late epidemic of small-pox, the medical officers of my district were requested to confer with the Board of Guardians to consider what steps should be taken to arrest its progress. Amongst other things decided upon, it was determined to issue hand-bills, calling the attention of the public to the necessity for revaccination.

I attended at my station and revaccinated all who applied, several bringing their children, at ages varying from five years and upwards. These I revaccinated; and for all successful cases I entered the usual fee in the vaccination register; but at the quarterly inspection, the amount was disallowed, and I was informed that, according to the Vaccination Contract Order, section iv, "the applicant must have attained the age of 15 years, or, if during any immediate danger of small-pox, the age of 12 years." Consequently, I was not allowed any remuneration whatever. The guardians, however, although they were unable legally to grant me payment, considered that morally I was entitled to it, and proposed that a gratuity of £3 be paid me for revaccination. This, of course, had to be submitted for the approval of the Medical Department of the Local Government Board, who reply: "They do not feel themselves warranted in sanctioning any gratuity in respect of revaccination for which the public vaccinator is not entitled to payment under the Vaccination Act 1867, and the Order of Council of 18th February, 1868."

Now, is revaccination necessary under the age of 12 years? I believe that it is; and I base my opinion on the numerous cases where I have produced normal cow-pox pustules by revaccination under this age. And what says Trousseau? "Resting my convictions upon the facts which I have now cited, I generally recommend revaccination every five years;" and "It is impossible to name any absolutely precise period" (i.e., for revaccination); and "The practical conclusion to be drawn from all the facts is, that we ought to prescribe revaccination according to circumstances, but particularly if an epidemic of small-pox is prevailing."

I cannot, therefore, help thinking that the Act or Order in Council is in grave error in attempting to limit the age for revaccination, and especially during the prevalence of small-pox; whilst, at the same time, it imposes an injustice on the public vaccinator, who may, by revaccination, have done his best to arrest so pestilential a scourge as small-pox.

I am, etc., B. METCALFE.

## CHLORAL HYDRATE.

SIR,—As this drug is now so extensively used both in and out of the profession, it may not be amiss to place on record the following case. It may, perhaps, suggest "a caution."

On Sunday, March 30th, I was requested to visit a lady, aged about 70, who had come from a distance the previous week. Her general health was pretty good; pulse 88; respirations 26, and easy. She had a little hacking cough at times, but nothing of importance. She could go about a little, but not much; her sight and hearing were remarkably good. Her only noticeable ailments were lassitude and inability to sleep. She told me that she had not slept for a week. I ordered her a mixture containing half a grain of quinine and ten grains of chloral hydrate in syrup for each dose—a dose to be taken occasionally in water. About 8 o'clock in the evening she took her first dose—and her last. Shortly afterwards, her face became flushed and perspiring; and in fifteen or twenty minutes she fell into a quiet sound sleep. She slept on quietly and soundly until about half-past four o'clock in the morning, when her daughter, who had remained in her room all night, noticed that her face had become very pale and somewhat pinched. From this time she began to breathe slowly and deeply, each respiration being accompanied with a rattling sound in the throat. Her friends tried to rouse her, but this was impossible. I was sent for, and arrived at the house about six o'clock, but too late: the old lady had been dead about a quarter of an hour. The body was in a semi-recumbent position, with the hands placed across the chest. The pupils were slightly contracted, and the features rather drawn. There was nothing remarkable about the external appearance of the body. No *post mortem* examination could be obtained. As I was a total stranger to the family, and as the case had ended so suddenly and unexpectedly, I suggested an inquest, which was declined. Thus the real cause of death must be left in the mist of speculation and doubt.

Looking at the whole case, there seems to be something in it like cause and effect, though somewhat remote, perhaps. I, like most medical men, am prescribing chloral in some form or other almost daily, seldom giving less than 15 grains or more than 20 grains for a dose; and, hitherto, this being the only exceptional case, with all but unmixed good results. It may be objected that ten grains was a large dose for an old patient of 70 years. Be it so; but I would reply by stating that I have frequently given twice the quantity at a more advanced period of life, with the best possible results. This case would, however, suggest—to me, at least—the propriety of beginning with a much smaller dose; say five grains, and increasing it as occasion may require.

If the publication of this case—imperfect as it is—succeeds in drawing attention to this important matter, my object will be attained.

I am, etc.,

THOMAS CHAMBERS.

Bolton Row, May Fair, W., April 1872.

We are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Liverpool Weekly Albion, May 18th; The Staffordshire Sentinel, May 18th; The Birmingham Morning News, May 15th; The Yorkshire Post and Leeds Intelligencer, May 18th; The Worcester Herald and Advertiser, May 18th; The Melbourne Argus, March 20th; The Andover Advertiser, May 17th; The Sittingbourne, Faversham, and Sheerness Gazette, May 18th; The Tavistock Gazette, May 17th; The Kidderminster Shuttle, May 18th; The Hunts Guardian, May 18th; The Isle of Wight Herald, May 18th; The Northern Whig, May 17th; The Glasgow Herald, May 21st and 22nd; etc.

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

Dr. Murchison, London; Sir John Rose Cormack, Paris; Dr. D. Dyce Brown, Aberdeen; Mr. Nicholson, Hull; Dr. G. H. Philipson, Newcastle-upon-Tyne; Dr. W. Procter, York; Mr. J. Grantham, Crayford, Kent; Mr. Hancock, London; Mr. Thomas Underwood, London; Dr. Alexander Ogston, Aberdeen; An Associate; Mr. Savory, London; Dr. Althaus, London; Mr. W. W. Westcott, Martock; Dr. A. B. Steele, Liverpool; Mr. T. Green, Bristol; Mr. A. S. Bostock, Chichester; Dr. Trollope, St. Leonard's-on-Sea; The Secretary of the Royal Medical and Chirurgical Society; M.R.C.S. Eng.; Dr. F. J. Brown, Rochester; The Registrar-General of England; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; Mr. T. M. Stone, London; The Registrar of the Medical Society of London; Mr. Wanklyn, London; The Secretary of the Clinical Society; Mr. C. W. Latham, London; Mr. Blyth, Kidderminster; Our Liverpool Correspondent; Mr. Eassie, London; Dr. Sutherland, London; Dr. Living, London; Mr. Lattey, Southampton; Mr. Robinson, London; Dr. Warburton Begbie, Edinburgh; Mr. Bartleet, Birmingham; The President of the Royal Medical and Chirurgical Society; Dr. Turner, Keith; Mr. H. K. Vines, Littlehampton; Dr. B. W. Foster, Birmingham; Dr. Gairdner, Glasgow; Dr. M. Hinchliffe, Dewsbury; Mr. Ticehurst, London; Mr. Brough, London; Mr. C. A. Hemingway, Dewsbury; Mr. Slemann, Tavistock; Dr. Gregory White, Bourne mouth; Mr. C. S. Jeaffreson, Newcastle-upon-Tyne; Mr. Wookey, Barnet; A Member; Dr. J. K. Spender, Bath; Mr. Stocks, Salford; M.D.; Dr. Theodore Williams, London; Dr. Strange, Worcester; Dr. A. P. Stewart, London; Mr. Wells, H.M.S. *Lord Warden*; Mr. Lambert, Malta; Mr. J. B. Curgenvin, London; Our Dublin Correspondent; Mr. Maclaren, Carlisle; Mr. J. Mortimer, London; Our Edinburgh Correspondent; Mr. Hunt, Manchester; Mr. Lawson Tait, Birmingham; Mr. W. Mac Cormack, London; Mr. G. Lawson, London; Dr. Broadbent, London; Mr. Moorman, St. Columb; etc.

## BOOKS, ETC., RECEIVED.

The Third Annual Report of the Leamington Provident Dispensary, 1872.  
Floating Kidney: its Causes, Diagnosis, and Treatment. By James Sawyer, M.B. Birmingham: 1872.  
Bower's Memoranda of Difficult Subjects in Anatomy, Surgery, and Physiology. London: 1872.  
Borough of Salford Vital Statistics and Meteorological Report for the year 1871. Salford: 1872.  
Cartas Medico-Quirurgicas escritas sobre el terreno con motivo de la Guerra Franco-Alemana de 1870-71. Por el Dr. D. Salvador Badia. Barcelona: 1872.