

gentle pressure, it was thought undesirable to persevere, lest, owing to the tense state of the parts, the intestine might be gangrenous and liable to be ruptured by pressure. Kelotomy was therefore resorted to. A single incision was made in the long axis of the tumour, and the sac was reached after careful dissection. Upon opening the sac, a quantity of serum gushed out with some force, shewing that the stricture was a very tight one; the bowel (about a foot of small intestine) was very dark; it comprised the only contents of the sac; there was no omentum. When the stricture which was formed by the junction of the internal with the external ring was divided, and the intestine was being returned to the abdominal cavity, a large rent was discovered in the portion included within the stricture, apparently caused by the tightness with which the intestine was grasped by it. The edges of the ruptured intestine were stitched to the skin, and an artificial anus was formed. Carbolic lotion was applied, a layer of tenax was laid over the dressing, and the patient was put to bed.

The man was greatly depressed by the shock of the operation and by the large quantity of chloroform necessarily administered in maintaining anaesthesia for so long a time. Twelve ounces of brandy were ordered and a grain of opium every four hours, as well as milk and strong beef-tea *ad libitum*.

March 7th. He had passed urine spontaneously. He complained of less dragging pain at the epigastrium; had little abdominal tenderness; no vomiting; and his pulse was somewhat better. The brandy was discontinued, and twelve ounces of sherry ordered. A good deal of fecal matter was discharged from the wound. In the afternoon, prostration and vomiting came on, and he gradually sank and died early on the following morning.

At the *post mortem* examination, no general peritonitis was found, but very severe inflammation, circumscribed to the right iliac region, with purulent formation in the parts around the wound.

SALFORD ROYAL HOSPITAL.

PROLAPSUS ANI WITH HERNIA OF OVARIAN CYST: OPERATION:
RECOVERY.

(Under the care of Mr. STOCKS.)

E. T., aged 45, was admitted as an out-patient on March 5, 1872. She was a fustian-cutter, pallid, of middle height, rather thin, slightly built. She had three children, the last of whom was born twenty-two years ago. All her confinements were easy.

About eleven years ago she felt a good deal of uneasiness about the anus with difficulty of defaecation. One morning, when getting out of bed, she felt a tumour projecting from the anus; it was about the size of a walnut, and became larger on exertion. After a while, it always came down when she went to stool; and she could not defaecate without passing her hand into the rectum and pushing the substance aside. She had a good deal of pain about the navel, and was always constipated. During the last ten months the prolapse had much increased, and interfered with micturition. It was, at the time of her admission, always down when she was at work, causing pain in the hypogastrium when she was standing. She menstruated regularly to two years ago, irregularly to eight months ago, and had since ceased to menstruate. She felt quite well when in the horizontal position. It being evident that the ordinary appliances in prolapsus ani would be of no avail (the tumour being as large as a cocoa-nut), she was admitted an in-patient.

On Monday, March 15, at 12 A.M., she was placed upon the operating table, and, after extruding the mass, was anaesthetised by chloroform. It was discovered that the anterior fold of the protruding bowel contained a large globular body, which could easily be encircled at its base by the finger and thumb. *Per vaginam*, the os uteri was found slightly tilted forwards and to the right side. The uterine sound could be passed only three-fourths of an inch into the cervix. On passing the forefinger of one hand into the vagina, and that of the other hand into the rectum, their points could be easily approximated above the tumour, there being only comparatively thin membrane between them. On rubbing the ends of the fingers together in this position, a cord, feeling precisely like the spermatic cord in the male with its vas deferens, could be felt rolling between them. It was concluded that this cord was the Fallopian tube, and that in all probability the tumour was an ovarian cyst. An incision was made on its anterior aspect through the coats of the bowel; and, after breaking down a slight adhesion on its posterior aspect, a small ovarian tumour was turned out still attached to its pedicle. The pedicle was tied with a strong hempen ligature, the tumour removed, and the wound closed by the uninterrupted suture. There was considerable hæmorrhage, requiring the deligation of one or two vessels in the coats of the intestine. The prolapsed bowel was left hanging flabby and loose outside the anus.

At 5 P.M. the prolapsed bowel was swollen, and the cavity from which the cyst had been removed was distended. There had been moderate hæmorrhage, but none from within the cavity, though the ligature of the pedicle had been accidentally torn away. There was a feeling of tightness about the anus, and there was also a good deal of vomiting, most probably from the chloroform. Some ice was applied. At 9 P.M. the vomiting was less severe; the hæmorrhage had abated; pulse 108, temp. 98.2. The catheter was ordered to be passed when required.

On the 18th, the bowel, which still protruded, was braced up with a T-bandage, after having been covered with a piece of lint soaked in carbolic oil. On the 25th she had a large solid motion, passed unconsciously. On April 9, the wound having healed, the prolapse was returned without pain. On the 19th she was made an out-patient.

The tumour was an ovarian cyst with a smaller cyst attached; it was of the size of a small orange, and was filled with a straw-coloured rather viscid fluid of specific gravity 1025. The fimbriated extremity of the Fallopian tube, with marks shewing the attachment of the broad ligament, are still to be observed, while on the opposite side of the tumour are to be found the remains of the adhesion to the prolapsed bowel. The tumour was exhibited before the Manchester Medical Society.

This case seems to be of interest, more, perhaps, as regards its rarity than its pathology, inasmuch as it can be easily imagined that, if an incipient ovarian cyst should gravitate into the recto-vaginal pouch, it might form such an obstruction to defaecation as would give rise, on the part of the sufferer, to an amount of muscular effort sufficient to expel from its natural cavity what was believed to be a mass of hardened feculent matter, and so relieve herself of what might, at some future period, require the more dangerous, but more common, operation of ordinary ovariectomy. That ovarian cysts have descended into the recto-vaginal pouch, occasionally forming impediments to parturition, is a fact of which there are many recorded instances. Sir W. Lawrence mentions a case of strangulated inguinal hernia, in the sac of which was found an ovary, which was removed by him; but, as far as the writer's knowledge goes, no such instance as this is to be found in surgical pathology; indeed, when it is considered what numerous and various conditions are required to produce such a result, its rarity need not any longer be a subject of astonishment.

SELECTIONS FROM JOURNALS.

THERAPEUTICS.

STRYCHNINE-INJECTION IN AMAUROSIS FROM INJURY.—In the case of an artilleryman who had been rendered amaurotic in the left eye by a blow from a splinter of shell, Dr. Werner of Sangerhausen (*Berlin. Klin. Wochenschr.*, May 6th) injected subcutaneously 2 milligrammes (.03 grain) of nitrate of strychnine. The result was to give the patient slight perception of light, which had been totally absent. Convulsive twittings, however, set in half a minute after the injection, and lasted five minutes; and the patient had frontal headache for a day afterwards. Two days after the first injection, four-fifths of a milligramme (.012 grain) was injected; the patient was enabled to perceive large objects at a distance of two inches; and, on the dose being repeated two days later, he was able in half an hour to see distant objects. The last two injections were followed by slight twittings, but no headache. The pupil, which had been in a dilated state, regained its contractility to some extent; but, when he was dismissed at the end of three weeks, there was still slight mydriasis. Ophthalmoscopic examination before the injection had shown that there was no structural injury of the interior of the eye. A similar case was recorded by Dr. Nägel of Tübingen in the *Klinische Wochenschr.* for 1871 (No. 6).

TREATMENT OF DIABETES INSIPIDUS.—M. Gueneau de Mussy, in a clinical lecture at the Hôtel-Dieu, recommends the administration of full doses of belladonna, and sulphurous baths, in the treatment of diabetes insipidus. He has twice found belladonna to accidentally produce anuria. Its use in incontinence of urine is well established. Systematically employed in diabetes insipidus, it has diminished the quantity of urine passed from ten pints to two pints *per diem*. The sulphurous baths bring the skin to the relief of the kidney.

TRANSFUSION OF BLOOD.—Dr. Leisrink records (*Berlin. Klin. Wochenschr.*, Feb. 11, 1872) some cases of transfusion. In one case, the patient had been rendered anæmic by secondary hæmorrhage from an amputation-wound. Three-and-a-half ounces of blood were in-

jected into a vein, and recovery rapidly followed. In a second case, the patient was much weakened by profuse suppuration from a gunshot fracture of the thigh. Seven-and-a-half ounces of blood were injected, with the view of enabling him to bear amputation. His condition was improved, but the amputation had, from various circumstances, to be deferred; and he died. The third patient had necrosis, and was very anæmic. Four-and-a-half ounces of blood were injected, and at first produced improvement. Suppuration and erysipelas, however, set in; and three weeks later it was necessary to again inject a similar quantity. After this, the patient soon recovered.

SURGERY.

BILATERAL ANKYLOSIS OF LOWER JAW: OPERATION.—Dr. Maas of Breslau relates in the *Archiv für Klin. Chirurg.* (Band xiii, Heft 3) the case of a man aged 27, who was admitted into hospital with ankylosis of the jaw on both sides. It had come on after an attack of scarlet fever when he was seven years old, being preceded by severe pain in the part; and since the age of ten he had not been able to move the jaw at all. The secondary dentition was attended with great difficulty in the removal of the milk-teeth; and the new teeth were irregularly developed, and for the most part were displaced laterally. The patient, on admission, was of anæmic appearance, though in moderately good condition; the lower jaw was imperfectly developed. Speech was somewhat muffled, but was quite intelligible. Not the least movement of the jaw could be produced under æsthesia. Herr Middeldorpf operated on the right side, removing a wedge-shaped piece of bone, as recommended by Esmarch, near the angle. The result of this was the formation of a false joint, with power of opening the mouth passively to the extent of about an inch. Between four and five months later, Dr. Fischer performed a similar operation on the left side; four months after this, the patient could voluntarily open his mouth without pain to the extent of about an inch and a quarter, and his general condition was much improved.

REMOVAL OF NASO-PHARYNGEAL TUMOURS.—In order to gain access to the posterior nares and pharynx for the removal of tumours, Dr. von Bruns of Tübingen operates in the following way. A horizontal incision is made along the upper lip (of a sufficient height to avoid wounding the mucous membrane) from a point a few millimètres below the right ala nasi to the level of the first molar tooth; a second incision is then made along the naso-frontal suture; and a third is curved obliquely down on the left side to the end of the lower incision. The base of the nasal spine is divided by a saw, and the septum is cut through by bone-forceps; after which the bony parts are carefully sawn, and the right nasal bone is raised from its union with the maxillary. The whole nose can then be turned over on the right cheek, and replaced after the removal of the tumour. Or half only of the nose may be treated in the same way, by making the division between the nasal bones, and leaving the septum and the parts on the sound side uninjured. Dr. von Bruns has employed this method in three cases. In one of them, it was necessary to keep the nose displaced for three weeks; but at the end of that time, after the edges had been freshened, union rapidly took place. He says that this operation facilitates the removal of tumours and the arrest of hæmorrhage; that it gives the surgeon the opportunity of watching the parts for some time, so as to perform any further operation that may be necessary; and that recovery takes place soon, and without any impairment of function.—*Berlin. Klin. Wochen.*, 1872, Nos. 12 and 13.

UNILATERAL HYPERTROPHY OF THE TONGUE: GENERAL ASYMMETRY.—In a paper on hypertrophy of the tongue in the *Archiv für Klin. Chirurg.* (Band xiii, Heft 3), Dr. Maas of Breslau describes the case of Paul T., a male child two months old, who was admitted into hospital with hypertrophy of the left side of the tongue. The organ projected about four-fifths of an inch beyond the lips, and at the edge of the lips was nearly two inches in circumference. The left side of the body was also larger than the right. The circumference of the chest below the nipples was 16.14 inches; 8.46 on the left side, and 7.68 on the right. The measurements of the upper limbs were: length of arm, right 9.18 inches, left 10 inches; circumference at shoulder, right 5.1 inches, left 5.9 inches; greatest circumference of forearm, right 4.7 inches, left 5.1 inches; circumference of hand, right 3.9 inches, left 4.1 inches. In the lower limbs, the measurements were: from the anterior superior spine of the ilium to the sole of the foot, right 9.8 inches, left 10.8 inches; circumference of the thigh, right 6.1 inches, left 7.28 inches; circumference of calf, right 4.7 inches, left 5.7 inches; circumference over heel and ankle, right 4.5

inches, left 5.1 inches; length of foot from heel to great toe, right 3.3 inches, left 3.5 inches. The hypertrophied tongue was removed by the galvanic cautery, and the child made a good recovery. The occurrence of asymmetry in this case is interesting in connexion with a somewhat similar instance brought before the Manchester Medical Society by Mr. Bradley (see *BRITISH MEDICAL JOURNAL*, March 16, p. 290).

REVIEWS AND NOTICES.

ANNUAL REPORT OF THE ABERDEEN ROYAL INFIRMARY.
Aberdeen: Cornwall and Son. 1872.

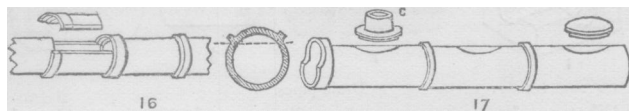
WE have received the Annual Report of the Aberdeen Royal Infirmary for the year 1871. The greater part is made up of statistical tables. The nomenclature used affords evidence of very peculiar pathological views on the part of the compiler, whoever he may be. We find, for example, purpura placed amongst the "Diseases of the Circulatory System;" while, as if the author had not yet been able to decide on the proper position of the closely allied condition scurvy, this is placed amongst "Miscellaneous Diseases and Injuries." Under the same heading are arranged a remarkably miscellaneous group of morbid states. Such a table is, of course, a necessity in a statistical report of the kind; but why rheumatism, erysipelas, parotitis, and scrofula, for instance, should not have been placed in their proper classes, we cannot imagine. The author does not even think it worth while to convey to his readers what he means by "rheumatism": whether it were acute, chronic, gonorrhœal, or otherwise, or to give details of cardiac affection or the like. Cancers are partly mentioned in a group, or alluded to here and there without their distinctive characters; the localities of tumours are mentioned, but nothing is said of their nature. Practically, these general tables are of comparatively small use for reference. Table 2 on operations and accidents, and Table 4, however, afford some useful material for statistical purposes. Under "febrile diseases" we find that several patients admitted into the wards for one contagious disease caught, in two or three instances fatally, other fevers; we presume in consequence of the pernicious system of mixing or placing in adjoining wards different infectious diseases. This will be avoided in some measure at least in the new fever-hospital verging on completion.

We advise the compiler in his next report to accept the assistance of the official *Nomenclature of Diseases*, which, imperfect as it is, still approaches more or less correctly to the pathology of the day. Connected as the Infirmary is with so important a medical school as that of the Aberdeen University, the managers might well consider the advisability of appointing a medical and a surgical registrar with a small honorarium, to tabulate carefully the medical and surgical results of the year, and draw up a report creditable to the institution. These appointments would form prizes to the students, and would, we believe, be run after at Aberdeen as elsewhere.

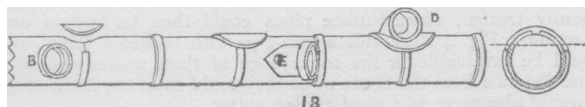
ON THE MYOIDEMA OF PHTHISIS. By LAWSON TAIT,
F.R.C.S. Eng. Dublin: John Falconer, 1872.

MYOIDEMA of Phthisis is the title of an interesting pamphlet by Mr. LAWSON TAIT of Birmingham. The title is somewhat mysterious, but the subject of the paper will be recognised by physicians under the name of muscular irritability, a condition commonly observed in phthisis and some other diseases on percussing the chest. The term myoïdema is meant to express what the author believes to be the pathology of the affection, viz., idio-muscular hyperæsthesia. We are inclined to agree with Mr. Tait on the great importance of the condition he describes as a symptom of phthisis, and believe its value is not sufficiently recognised by many practitioners who are aware of its connection with that disease. To the mass of practitioners the presence of myoïdema, if observed, would excite no more than curiosity, far less suspicion of serious pulmonary mischief. We cannot, however, agree with Mr. Tait that it is absent in all other diseases with the exception of typhoid fever immediately after convalescence has begun; neither are we prepared to accept the physical signs in very many of the cases noted by Mr. Tait as evidence of phthisis. The pamphlet contains a considerable amount of information regarding the subject treated, and notwithstanding the rather numerous assertions, we recommend it for perusal.

spection of drains, was that of Mr. Jennings of Lambeth, whose socket and saddle-cover piping is drawn at fig. 14. Messrs. Stiff and Son of Lambeth devised a somewhat similar arrangement, but assert that the broad base upon the foot of their bottom chair gives greater solidity to the line of drain; see fig. 15.

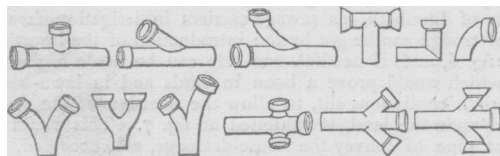


The opercular, or lidded pipe of Messrs. Doulton and Co., is drawn at fig. 16, and, by the adoption of this pattern, the whole interior of a drain can be opened up; the same might be done with the pipe, fig. 15. The difference, however, is, that the drain-pipes laid with the Doulton pipes might still remain almost full and allow no escape of their contents, whilst the latter would overflow at the height of half their diameter. The other pattern, drawn at fig. 17, is the Newton capped pipe of Messrs. Cliff and Son of Leeds, extensively used in the North.



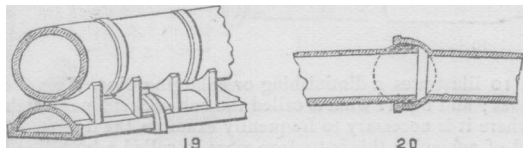
The last access-pipe which we need describe is the capped one of Creeke, made by Messrs. Standing and Marten of Poole, Dorsetshire; see fig. 18. The security of a flange is here given to the socket-piece:

The foregoing represent the best of their respective classes, and might compare equally well with each other. Illustrations have been given of Surrey, Yorkshire, and Dorchester specimens, merely for the benefit of the readers residing the nearest to these chief drain-pipe-making localities, as the laying of Lambeth pipes near Poole, or Poole pipes near Leeds, would be a waste of money.



When making junctures to such pipes as those drawn at figs. 8 and 9, it is usual to insert a length of pipe having cast upon it the kind of juncture wanted. These are represented in the above cut.

In the case of the pipes yielding means of inspection, the junctions are differently made. At A, fig. 14, a large tributary pipe is joined to the saddle and delivers above the running sewage. At B, fig. 15, and at E, fig. 18, a small inlet is shown in the body of the pipe. At C, fig. 17, a delivery is sketched directly through the cap, such as might happen in the case of a soil pipe; and at C, fig. 15, the same accommodation is shown so as to receive a smaller waste pipe. At D, fig. 18, a right or left hand delivery is seen to take place altogether above the pipe; and at E, fig. 18, an acute angled junction receives a smaller pipe in the direction of the flow of sewage. Any one of these varied systems will equally well serve their purpose.



There remain only two pipes with which it would be well to be conversant. One is the combined drain-pipe and subsoil-pipe of Messrs. Brooke and Sons of Huddersfield, sketched at fig. 19. This system is the only one which permits a dry foundation for drainage-pipes in swampy ground. The subsoil water enters at the loose joints of the retort-shaped pipes underneath, and can be collected at intervals and used in flushing the drain-pipes above. The other pipe, which is drawn at fig. 20, is the only method extant for carrying sewage through water or across a river, and shutting out such sewage from the purer element. The dark filling in between the ends of the pipe represents a packing of lead poured in whilst molten, and the cup-like shape and the absence of bolts make the joint quite flexible.

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*.

Annual Meeting, August 1872.

Notice of Motion by DR. A. B. STEELE.

That the Treasurer be authorised to pay the travelling expenses of members attending the meetings of Committee of Council, and of its Subcommittees in all cases in which provision for such payment does not already exist.

Notice of Motion by Dr. A. B. STEELE.

That Laws 15 and 16 be so altered as to read as follows.

Law 15.

1. The subscription to the Association shall be one guinea *per annum*, which shall entitle each member to receive the publications of the Association for the current year. The subscription shall date and be considered due in advance on the 1st of January in each year, except in the case of a member admitted on or after the 1st July, when the subscription for such part of a year shall be half a guinea in advance.

2. Any member whose subscription shall not have been paid on or before the 31st December of the current year shall be suspended from all privileges of membership, and at the end of the succeeding year, if the arrears be still unpaid, he shall cease to be member, and shall be ineligible for readmission until he shall have paid all arrears due at the period of his suspension.

3. Any member wishing to withdraw from the Association shall give written notice of his intention to the General Secretary on or before the 1st December of the current year, and neither withdrawal, suspension, nor erasure of a member's name from the Books of the Association, shall be deemed either in honour or equity to relieve such member from his liabilities to the Association.

THE ANNUAL MUSEUM.

THE Committee invite contributions of the following articles.

1. New or improved Surgical Instruments or Apparatus.
2. New Drugs or Pharmaceutical Preparations.
3. New Articles of Diet for Invalids.
4. New Medical Works.
5. Pathological Specimens, wet or dry; and Casts, Photographs, Drawings, or Diagrams, illustrative of Pathological Conditions.
6. Preparations, etc., illustrative of Diseases of the Organs of Circulation; and Instruments employed in their detection and treatment. It is the intention of the Committee to arrange these in a separate department of the Museum.

Contributors are requested to send a description of the matters which they propose to exhibit to the Honorary Secretaries before July 13th, as it is intended to issue a printed catalogue.

CHARLES J. BRACEY, M.B., Old Square, Birmingham.
ROBERT JOLLY, M.D., Newhall Street, Birmingham.

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 Wednesday, the 5th day of June next (not Saturday, the 8th, as previously advertised), at Three o'clock in the afternoon.

FRANCIS FOWKE, *General Secretary*.

37, Great Queen Street, W.C., May 27th, 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.

ALEXANDER HENRY, M.D.

} *Honorary Secretaries*

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.

MIDLAND BRANCH.

THE annual meeting of the above Branch will be held in the Board Room of the General Hospital, Nottingham, on Thursday, June 20th, at 2 P.M.; TINDAL ROBERTSON, M.D., President, in the Chair.

The members and friends will dine together at the George Hotel, at 5 o'clock. Tickets, exclusive of wine, 5s. 6d. each.

JOSEPH WHITE, *Honorary Secretary*.

Nottingham, May 28th, 1872.

SOUTH EASTERN BRANCH.

THE twenty-eighth annual meeting and dinner will take place at the Crystal Palace Hotel, on Wednesday, June 26th; Dr. ALFRED CARPENTER, President.

Members and their friends will have an opportunity of inspecting the Croydon Sewage-farm, under the guidance of Dr. A. Carpenter.

G. F. HODGSON, *Honorary Secretary*.

52, Montpellier Road, Brighton, May 1872.

CAMBRIDGESHIRE AND HUNTINGDONSHIRE AND EAST ANGLIAN BRANCHES.

THE annual meeting of the above Branches will be held at the Dispensary, Ely, on Friday, June 28th, at 2.30 P.M.; ROBERT MURIEL, Esq., President.

Gentlemen wishing to read papers, are requested to send the titles to one of the Honorary Secretaries; and those members who purpose being present at the dinner, are requested to communicate their intention as early as possible, so that the necessary arrangements may be made.

Dinner at the Lamb Hotel, at 6.30 P.M. Tickets, 13s. each.

The following gentlemen have already promised to contribute papers or notes of interesting cases:—The President, Dr. Copeman, Dr. Latham, Dr. Bradbury, John T. Muriel, Esq., etc.

J. B. BRADBURY, M.D., Cambridge.

J. B. PITT, M.D., Norwich.

B. CHEVALLIER, M.D., Ipswich.

} *Honorary Secretaries*.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT.

THE fourth meeting of the session was held at Dartford, on May 21st; Dr. BARRINGTON in the Chair.

Secretary.—Dr. F. J. Brown was re-elected Honorary Secretary for the ensuing session.

The next meeting was appointed to be held at Rochester, on September 17th; Mr. A. W. Nankivell to preside as Chairman.

Papers.—The following were read. 1. On Retroversion of the Uterus. By S. Prall, M.D.

2. A man was exhibited that was cured of a large Scrotal Hernia by Wood's operation modified by Best. The date of operation was 20th March 1872. By Frederic B. Jessett, Esq.

3. On the Tapping of Ovarian Cysts; with two cases. By A. Wiltshire, M.D.

Dinner.—The members and visitors dined at the Bull Hotel.

BATH AND BRISTOL BRANCH: ORDINARY MEETING.

THE sixth ordinary meeting of the session was held at the College Green Hotel, Bristol, on Thursday evening, May 23rd; CROSBY

LEONARD, Esq., President, in the chair. Present forty-three members and eight visitors.

New Member.—Dr. W. H. Spencer was unanimously elected a member of the Association and of this Branch.

Communications.—1. Mr. H. GRACE read a very interesting case of Recovery after Severe Injury to the Spine.—Drs. Parsons and Shingleton Smith, and Mr. Dobson, made remarks.

Mr. COE read a case exemplifying a Modification of Nunneley's Operation for Excision of the Tongue.—Messrs. Lansdown, Thompson, W. M. Clarke, and Tibbits joined in the discussion which followed.

Dr. SWAYNE read a paper on Perineal Lacerations, which gave rise to considerable discussion, in which Messrs. Steele, Prichard, Collins, T. E. Clark, H. Grace, W. Smith, F. P. Lansdown, Stone, Leonard, Andrews and Mason, and Drs. J. G. Davey and Parsons, joined.

Mr. TIBBITS read a paper on the Injection of Strong Liquor Ammoniac into the Veins. The discussion was adjourned till the next meeting.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MAY 14TH, 1872.

GEORGE CRITCHETT, Esq., Vice-President, in the Chair.

THE SYNOVIAL MEMBRANES IN PYÆMIA. BY ROBERT HAMILTON, F.R.C.S., LIVERPOOL.

AFTER a brief account of the views at present held by the majority of writers on pyæmia as to the origin of the morbid changes found in this disease, the author dwelt upon the fact of the synovial membranes being generally attacked in pyæmia. This circumstance had not hitherto attracted sufficient attention, though it was extremely probable that the first step in those forms of surgical pyæmia commonly met with in hospital practice was to be found there. All the cases occurring at the Liverpool Southern Hospital for the last thirteen years, of which particulars had been kept, had some joint-affection. In some the pathological changes in the joint were slight, in others most extensive. That the disease observable in the joints began in the synovial membrane, was rendered probable from the character of the pain, and from the appearances found after death. The poison of pyæmia, as observed in hospital practice, was *sui generis*. Whether generated in the system from a combination of constitutional and surrounding conditions, or entering as a specific germ through a wound, it had a special affinity for certain structures, and to these it passed at once. The structures were assumed to be the synovial membranes. In what this affinity or attractiveness consisted we were as yet ignorant, and could but illustrate it by what took place in other diseases, such as the cholera poison, and the scarlatinal poison, or the producer of tetanus; whether it were a something evolved within the system, or introduced from without, it went at once to certain nerve-tissues, and in them created changes which set up other morbid action. Many drugs illustrated the same fact. Strychnia when swallowed, or when subcutaneously injected, had but one form of action—it affected nerve-tissue only. The strong analogy between pyæmia at the commencement, and acute rheumatism, had often been observed. In both there were the rigors, the fever, the rapid pulse, the profuse sweating, but above all there were the pain and swelling of one or more joints. It seemed probable that in both an entity had entered the system whose habitat is the joints. It was not known in what consisted the difference of the two poisons, so that the one as a rule eventuated in recovery, and the other in a train of pathological changes whose termination was death. In both cases the tissue first affected was the synovial membrane. The abnormal action induced in it led to an increased secretion of synovia, probably unaltered in its character and constituents in rheumatism, but abnormal in pyæmia. In the case of the synovial fluids there was in most joints a limit to its quantity; so tightly was the synovial sac compressed by the yielding tissues that an amount of tension quickly ensued, which led to a forced absorption of some of the effused fluid, and then ensued in acute rheumatism, and probably, as a necessary sequence, an extension of the disease to other synovial sacs, and often to the pericardium, a serous membrane, but closely allied in its nature to a synovial membrane. This augmented synovial fluid in rheumatism was bland and innocuous—a mere increase of the natural secretion; but in pyæmia it was in a decomposing state, developing rapidly germs of a lower organisation; and when such a fluid had been absorbed, and in its course reached the minute capillaries

He also quoted Mr. Lane's case of bringing the os uteri into the bladder by a plastic operation.

Alternate Use of Caustics and Incision.—Dr. F. KIRKPATRICK brought forward a communication on the treatment of certain surgical diseases by the alternate use of caustics and the knife. His method was to make a slight incision, then to touch the part gently and repeatedly with potassa cum calce; again to carry the knife a little deeper, and in turn to use the caustic. A somewhat similar plan had been adopted in a leading London Hospital some time ago, when the caustic used was chloride of zinc paste. Mr. Kirkpatrick had experienced the good effects of the plan in cases of tumours, of caries of bone, and of acute osteitis, of contraction of cicatrices after burns, in removal of epithelioma, in fistula in ano, in scrofulous ulcerations and enlarged glands, in cases of furunculus and of deep-seated abscess. Sometimes the pain caused by the process was a serious drawback, and the patient required to be chloroformed.—Mr. RICHARDSON reminded the meeting of Sir B. Brodie's remarks on the comparatively rapid healing of wounds made by the application of caustics.—Dr. MACNAMARA spoke of the great pain caused by local anaesthesia in operations on the rectum.

Localised Recurrent Purpura.—Dr. MAPOTHER detailed a case of recurrent purpura chiefly confined to the lower extremities. He was inclined to attribute the comparatively local nature of the affection to contraction of the liver, consequent on a prolonged residence in India. The portal system would thus be subject to obstruction, and venous stasis would be promoted in the lower extremities.

CORRESPONDENCE.

TREATMENT OF THE JOINT COMMITTEE.

SIR,—You have very clearly stated the ground of my complaint regarding Dr. Druitt's treatment of the Joint Committee, of which he is himself a member. But his misrepresentation of my remonstrance is a much more serious matter than the original offence. "Dr. Stewart", he says, "regards any opposition to their [the Joint Committee's] opinions and movements as a 'public wrong', an 'innuendo', 'simply ridiculous', etc." Here is what I did say: "To represent such men as blindly following the lead of any one man, however eminent, is a great public wrong. But when I state that among this flock of sheep . . . are such men as Arldridge, Edward Ballard, Baylis, etc., the innuendo"—of following Dr. Rumsey through thick and thin—"becomes simply ridiculous." The statement of April 27th, published after ten days' hatching, is thus seen to be a deliberate fabrication, and imputes to me a sentiment which I never entertained, and should have blushed to express. If, instead of appealing to my "sense of honour", and misrepresenting me as "complaining of being hurt when my own sentiments or those of my friends are subjected to criticism", he had had the manliness to apologise for the wrong he had done, he would have appeared to much greater advantage than in vainly attempting to cover a clumsy retreat from an untenable position which he has not yet ostensibly abandoned.

London, May 29th, 1872. I am, etc., A. P. STEWART.

THE LONDON HOSPITAL.

SIR,—My final rejoinder to Mr. Maunders shall be as brief as his own communication. Although much more might be said, if necessary, enough has been said to vindicate the professional principles involved in this matter. My personal character and reputation stand, I am happy to think, far above the level of his assaults; and I willingly leave them in the hands of my colleagues, the pupils of the London Hospital, and the profession at large. I cannot sufficiently thank the students for their friendly aid and the manifestations of their keen sense of justice to which you have already referred. My earnest thanks are also due to my professional brethren for the warm expressions of kindly feeling which I have received from various parts of the country.

I am, etc., WALTER RIVINGTON, M.S. Lond.,
London, May 29th, 1872. Surgeon to the London Hospital.

ROYAL MEDICAL BENEVOLENT COLLEGE.

SIR,—Having watched during some years past the elections of foundation scholars at the Royal Medical Benevolent College, I have very often had occasion to remark that the words "totally unprovided for" have in most instances appeared to prove a bar to the speedy admission of the candidate to whose name they have been appended, and have often seemed to stand altogether in his way. Money and friends

are wanted for these contests. Such an one, too often, has neither of the two.

That the institution was intended for the benefit of the friendless, no one can deny. Such was the object of the late Mr. Probert when he gave us his most valuable time and help. Therefore, and with a view to a stoppage of this perversion of a great trust, I earnestly hope that some one having time and opportunity will examine all the election papers from the first opening of the school, and thus put my assertion to the test.

It is a healthy sign that these elections are under the consideration of the Council of the College, and that the institution has of late been frequently noticed in your columns.

I am, etc.,
Wimpole Street, May 27th.

FREDERICK SIMMS.

MEDICO-PARLIAMENTARY.

MASTERS AND SERVANTS (WAGES) BILL.

SIR,—With reference to your comments on the Wages Bill, permit me to remark that in a district such as this, densely populated with coal-miners, etc., the proposed addition of Mr. Magniac would be of great value to the men. In many collieries they are compelled to pay to a surgeon not chosen by themselves, but by the owners. In other collieries they may only pay to the chosen surgeon of the owners; and others are free. There is no organisation whatever, so far as I know, which would be interfered with. If a man about here who is not paying to a medical man is taken ill, he sends for one, says he will pay him threepence a week, and is attended accordingly; and medical men here will and do attend fractional portions of establishments for the sake of their individual contributions, and, what is more, medical men go about from door to door asking men to pay to them.

I am, etc., R. T. MANSON.
Howden, Darlington, May 25th, 1872.

MEDICAL NEWS.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

At a meeting of the Poor-Law Medical Officers' Association held at the Medical Club, on Tuesday, May 28th, certain amendments to the Public Health Bill were read and discussed.

A resolution was proposed by Mr. WICKHAM BARNES, and seconded by Dr. MONTAGUE THOMAS, Honorary Secretaries to the Association—"That this meeting thoroughly approves of, and will endeavour to support the thirteenth clause of the Public Health Bill appointing Poor-law medical officers health officers; seeing in that clause an earnest endeavour on the part of the President of the Local Government Board to improve the status, as well as the remuneration of the Poor-law medical officers. Considerable discussion followed, the opinion of the meeting being that the clause had not been properly understood by its opponents, it having been viewed by them in too narrow and suspicious a light." On the resolution being put to the meeting, it was carried by a majority of one.

Mr. BARNES proposed that a memorial be addressed to Mr. Stansfeld praying that a superannuation clause be added to the Bill; but, though the meeting were unanimous in the objects of the resolution, it was considered advisable to wait for another opportunity. A communication having been read by the President from Dr. Maunsell, of Dublin, relative to a Bill to amend the Act providing for superannuation allowances to officers, it was proposed by Mr. BARNES, seconded by Dr. VANCE, and carried—

"That it is desirable, in the opinion of this Association, that a clause should be introduced into the Bill so that union officers shall include medical officers of the dispensaries of such unions, and that the words "Superintendent Registrars" shall be followed by the words "and Registrars," so that the dispensary physicians of Ireland may be able to compute the fees from registration in estimating their salary for the purpose of superannuation; and this Association pledges itself to exert its Parliamentary influence in aid of the above amendment."

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, May 23rd, 1872.

Bennett, William Edward, Stoke, Devonport
Lyell, Robert Wishart, Upper Norwood
O'Connor, Watkin Roberts, Berners Street, W.

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

Dobson, Joseph, Leeds Hospital

As an Assistant in compounding and dispensing medicines.

Poyser, Robert, Wirksworth, Derbyshire

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.—At the monthly examinations, held on May 13th, 15th, and 16th, the following gentlemen obtained the License to practise Medicine.

Crosbie, Leslie

Fitzgerald, Michael

M'Swiny, Myles O'Connell

Middleton, William Henry

Nugent, Edward Joseph

Turner, Charles P.

Woods, William

The Diploma in Midwifery was granted to—

Fitzgerald, Michael

M'Swiny, Myles O'Connell

Middleton, William Henry

Turner, Charles P.

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.

BETHLEHEM ROYAL HOSPITAL FOR LUNATICS—Assistant Medical Officer.

BOLTON UNION, Lancashire—Medical Officer and Public Vaccinator for the Sharples District: £50 per annum, and fees.

BURY ST. EDMUND'S UNION, Suffolk—Medical Officer for Districts 4 and 5: £60 per annum.—Medical Officer for the Workhouse: £30 per annum.

CANCER HOSPITAL, Brompton—Medical Officer.

EAST LONDON HOSPITAL FOR CHILDREN AND DISPENSARY FOR WOMEN—Visiting Physician.

EVELINA HOSPITAL FOR SICK CHILDREN, Southwark Bridge Road—Registrar.

FEVER HOSPITAL AND HOUSE OF RECOVERY, Cork Street, Dublin—Apothecary.

FYLDE UNION, Lancashire—Medical Officer for the Blackpool District: £43:10 per annum.

GOVAN, Lanarkshire—Medical Officers for the West, East, and Central Districts of Annexation part of the Parish: £50 per annum each.

HAMADRYAD HOSPITAL SHIP, Cardiff—Resident Assistant Medical Officer: £75 per annum, coal, gas, attendance, and furnished cabin.

HORTON INFIRMARY, Banbury—Resident Dispenser.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton—Resident Clinical Assistant.

INFIRMARY FOR CONSUMPTION AND DISEASES OF THE CHEST, Margaret Street, Cavendish Square—Visiting Physician.

KNIGHTON UNION, Radnorshire—Medical Officer for the Llanbister District.

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.

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.

NEWBURY UNION, Berks—Medical Officer for District No. 2: £40 per ann.

NORTH RIDING INFIRMARY, Middlesbrough-on-Tees—House-Surgeon.

ONGAR UNION, Essex—Medical Officer and Public Vaccinator for District No. 1: £105 per annum, and fees.

OUGHTERARD UNION, co. Galway—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Oughterard Dispensary District: £100 per annum, and fees.

ROTHERHAM HOSPITAL AND DISPENSARY—Assistant House-Surgeon: small salary, board, attendance, and furnished apartments.

ROYAL DRAMATIC, EQUESTRIAN, & MUSICAL SICK FUND—Surgeon.

ROYAL MATERNITY HOSPITAL, Edinburgh—Secretary and Treasurer.

ROYAL NATIONAL HOSPITAL FOR CONSUMPTION, Ventnor—Resident Medical Officer.

THINGOE UNION, Suffolk—Medical Officer and Public Vaccinator for District No. 2: £34 per annum, and fees.

MEDICAL APPOINTMENTS.

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

BACHELOR, Frederick C., L.R.C.P., appointed Medical Officer of the Stratford District in the Sanford Union, Suffolk.

CARTWRIGHT, Samuel Hamilton, Esq., elected Assistant Dental Surgeon to the Dental Hospital of London, *vice* Mr. Scully, resigned.

DEAKIN, C. W. Shirley, Esq., appointed House-Surgeon to the Male Lock Hospital, Dean Street, *vice* A. Appleby Thomas, 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.

DAWSON.—On May 27th, at Hunmanby, the wife of C. W. Dawson, M.D., of a son.

DEATHS.

DOYLE, Edward, M.D., of Colne, Lancashire, aged 53, on May 5th.

HUTCHISON, George S., Esq., Surgeon, second son of Charles Hutchison, M.D., of Norwich, aged 39, on May 24th.

OPERATION DAYS AT THE HOSPITALS.

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

TUESDAY Guy's, 1.30 P.M.—Westminster, 2 P.M.—National Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—West London, 3 P.M.

WEDNESDAY... St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.30 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—St. Thomas's, 1.30 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Cancer Hospital, Brompton, 3 P.M.—King's College, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.

THURSDAY... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.

FRIDAY Royal Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.—Royal South London Ophthalmic, 2 P.M.

SATURDAY... St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.—East London Hospital for Children, 2 P.M.—Hospital for Women, 9.30 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 9.30 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

WEDNESDAY.—Obstetrical Society of London, 8 P.M. Dr. Matthews Duncan, "On long delay of Labour after discharge of Liquor Amnii"; Dr. Aveling, "On Post Mortem Delivery"; and other papers.—Royal Microscopical Society, 8 P.M. Mr. Charles Cubitt, F.R.M.S., "Remarks on the Homological Position of the Members constituting the Theated Section of the Rotatoria"; Mr. Isaac Roberts, F.G.S., "On a Micropantograph."

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.

MR. WALTER THOMSON, of Shahabad, has sent a cheque for £100, "in aid of the funds for promoting the Medical Education of Women, and as my protest against the treatment which the lady students have met with at the hands of some of the professors and students of the Edinburgh University."

MILK IN FOOT-AND-MOUTH DISEASE.

In the *Dublin Journal of Medical Science*, vol. xvi, will be found an article on Epizootic Diseases, by M. Rayer. Experiments on the milk of cattle affected by a disease very similar to what is known as the foot-and-mouth disease, are given; and the results, so far as the human subject are concerned, bear out very fully the views of Mr. C. W. Latham.—C. J., Lancaster.

HOUSE DISINFECTION.

MR. T. L. PHIPSON, F.C.S., calls attention to "the simplest, most effective, and most agreeable" method of disinfecting houses. It consists in spreading a little chloride of lime along the ledges at the top of every door in the house, outside the rooms. This, he says, should be done in the evening, and the next morning the whole atmosphere of the house will be found to have an odour resembling that of the sea. He says, when this odour is slightly perceptible it indicates that the disinfectant has been used in sufficient quantity. The reason for placing this substance upon the ledges over the doors is that the chlorine gas given off is a heavy gas and falls to the ground.

BICHLORIDE OF METHYLENE.

UNDER the above heading, in your last issue, are some remarks from Dr. C. Kidd, which would deter many practitioners, ignorant of its remarkable efficacy and comparative safety, from employing the bichloride of methylene as an anæsthetic. I believe I was the first person who used the bichloride in this city, since which time (October 1869), I have administered it both in private and hospital practice with the most unequivocal success; and I think I am correct in stating that, since I first introduced it into the Royal United Hospital, chloroform has rarely, if ever, been given. In my private practice, I use the bichloride almost daily, and in every instance where more time is required to complete an operation than anæsthesia from nitrous oxide gas would afford. Most patients to whom I have administered both nitrous oxide gas and methylene, prefer the latter. I believe, if proper precaution is taken as to fasting some three or four hours previous to the administration of it—and, above all, abstinence from stimuli—it is one of the most valuable anæsthetics yet known.

We are all apt to praise the bridge which has borne us safely over; and, in saying thus much for bichloride of methylene, I am only recording my own experience and the experience of those who have followed the rules laid down by me for its administration in a communication to the *Medical Times and Gazette* of February 25th, 1871. I venture to state that, if these measures be rigidly followed, there will not be quite such a percentage of cases of severe vomiting or violent excitement as Dr. Kidd's statistics show.—CHARLES GAINES, M.R.C.S., Edgar Buildings, Bath, May 28th, 1872.

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.

COD-LIVER OIL AND QUININE.

SIR.—Our Board of Guardians have recently resolved to supply the above drugs to their medical officers, intending, at first, to keep a store at the workhouse, and supply each case from there, through the relieving officer, by an order from the medical officer. Before carrying out this plan, they wrote to me, and, I believe, to the other medical officers, to ask if we had any suggestions to make on the subject; and the ultimate result was that, instead of their original plan, they instructed their clerk, on receiving an application from any of the medical officers, to send to his surgery one gallon of cod-liver oil and one ounce of quinine.

I had no time to consult my brother medical officers, whose replies must, I presume, have been favourable to the plan; for myself, I wrote to say that I very seldom prescribed cod-liver oil, either in private or union practice; and that, though I often used quinine and other preparations of bark, yet the smallness of the dose did not make the total cost a heavy one, so as to prevent my prescribing it when I thought it necessary. I also said that I did not approve of the principle of the plan of supplying these two drugs, as every medical officer is bound to use the best means in his power in treating his patients; and if the guardians are of opinion that the salaries they give will not allow him to do this, I suggested that the more satisfactory plan would be to raise them accordingly.

I should like to know if this plan of providing drugs has been generally adopted in other unions, and whether other medical officers share my views with regard to it.

I am, etc., G. T.

ROYAL COLLEGE OF SURGEONS.

The following were the questions on Surgical Anatomy and the Principles and Practice of Surgery and Medicine submitted to the candidates for the diploma of membership of the College on the 10th and 11th instant. **Surgery**—1. Enumerate the various Dislocations of the Head of the Thigh-bone; and describe the position of the limb in each kind. 2. What are the symptoms of Chronic Rheumatic Arthritis? Describe the appearances which are observable in joints that have been affected with this disease; and mention the joints most liable to it. 3. Mention the parts successively divided in making a dorsal flap in Chopart's operation, commencing the incision on the outer side of the foot. 4. What are the pathological changes which lead to the occurrence of Senile Gangrene? Describe the symptoms of the disease, including the premonitory, its usual progress, and the treatment. 5. Name in order the structures that must be divided in the lateral operation of Lithotomy; and the parts liable to be wounded. 6. Describe the various kinds of Opacity of the Cornea, their causes, the prognosis, and treatment. **Medicine**—1. Describe the symptoms which are produced by the passage of a Gallstone and of a Calculus from the Kidney; and mention the treatment you would adopt for their relief. 2. You are called to a patient who has been suddenly taken ill shortly before, and you find her much prostrated, complaining of pain in the abdomen, and lying with her lower limbs drawn up. What are the different causes upon which her state may depend? and what would you do for her relief? 3. Write a prescription in Latin, in full, and the directions in English, for a diuretic draught, and a mixture to allay nausea and vomiting. What are the preparations of the following substances contained in the *British Pharmacopœia*—lead, arsenic, silver; and for what purposes, and in what doses, would you use them?

The following were the questions in Pathology, Therapeutics, and Surgery, proposed at the examination for the diploma of Fellow, on May 23rd. 1. Describe the operation of Excision of the Upper Jaw; and state for what diseases this operation may be required. 2. Describe the formation, spontaneous evacuation, and healing of a Scrofulous Abscess; giving an explanation of the pathological phenomena attending each stage of its progress. 3. Give the symptoms, causes, and treatment of Acute and Chronic Glaucoma; including the appearances usually presented under the Ophthalmoscope. 4. In a case of Compound Dislocation of the Ankle, state the local and general or constitutional conditions of the patient and the external circumstances that would guide you in determining upon the propriety of Amputation, and as to the site at which it should be performed.

PREGNANCY WITH ANEURISM OF ABDOMINAL AORTA.

CAN any of your readers refer me to a published case of pregnancy complicated with aneurism of the abdominal aorta? Or, if any one has had a case in his own practice, I should be glad to see an account of it in the JOURNAL. I have just had one in which I induced labour successfully between the seventh and eighth months. I hope to give a few particulars shortly.—**JOHN D. SCURRAH.**
114, Broad Street, Birmingham, May 27th, 1872.

HEMIOPIA WITH HEADACHE.

A NEWCASTLE STUDENT writes on the subject of half-vision, in your JOURNAL of May 18th, and alludes to himself as a former sufferer from this somewhat rare affection. Some years ago, when at school studying for an examination, I also was tormented with a similar functional disorder of the eyes. Your correspondent accurately describes what was exactly my own case, viz., the halves of objects were alone visible; one half was clear and natural, the other veiled in impenetrable mist. The mental sensation was of the most distressing and perplexing character; and I always feel the greatest reluctance in recalling the symptoms. So far as I remember, no severe headache was associated with the phenomena, which disappeared after an hour or two without remedies. During the last eight or ten years I can recall but one similar attack—that two years ago, after a twenty mile trot on horseback, at runaway speed. This terminated in bilious headache and sickness, so that I am much inclined to attribute the disorder to hepatic origin.

I am, etc., H. J. KENDRICK VINES, L.R.C.P. Ed., M.R.C.S., etc.
Ferry House, Littlehampton, May 21, 1872.

THE WORCESTER INFIRMARY.

DR. STRANGE, the senior physician, and Mr. Budd, the senior surgeon, of the Worcester Infirmary, have, on behalf of the medical staff of the institution, addressed to us a letter with reference to some remarks which have lately appeared in the pages of a contemporary, commenting on the relations between the medical officers of the infirmary and the profession in the city. The hospital staff are accused of unduly withholding the scientific advantages of the infirmary from their professional brethren by not inviting them to witness operations. This charge they deny; stating that "most of the practitioners in the city have been frequently invited to witness interesting operations"; and "that the rules of the infirmary offer every reasonable facility for their doing so without special invitation; their being a fixed and well-known day and hour for operating, at which it has always given us pleasure to see our brethren present." Referring also to an allegation to the effect that the appointments in the infirmary are unduly monopolised by a few, they

assert that "no hospital in England has a larger proportional staff to patients than that at Worcester; very few as large". They also repeat that "the infirmary is as free to the profession as any other hospital in London or elsewhere, its doors being open to our brethren, come when they may, at all reasonable hours."

THE MISSISQUA WATERS.

CAN any of your numerous correspondents inform me if they have ever heard of the "Missisqua Waters", which are said to possess a wonderful influence over cancerous diseases. The following tale was lately narrated to me from very authentic sources, and, if the diagnosis be correct the waters must contain something wonderful, which I can hardly bring myself to believe. A lady, residing in the north of Ireland, was suffering from scirrhus affection of the breast, which had been previously operated on; and the surgeons in attendance informed her that an operation—a second one—was useless, and that they could do no more for her. An acquaintance of hers in Dublin, closely related to a medical man practising in that city, advised her to give the above-mentioned waters a trial; and, notwithstanding the expense—half a crown of physic per diem—she at once commenced with it, and, to her intense delight, she at once experienced great relief to the intense sufferings she had undergone; and in course of time she had completely recovered, not a trace of cancer remaining. Now, if the affection had really been malignant, the waters ought to be as worthy of a trial as condurango or any other new drug that may crop up from time to time.

L. K. Q. C. P.

* * The Missisqua Waters are the waters of an American source rich in iodine and bromine. They have been much, and probably very unduly, vaunted in the treatment of cases described as cancer. We have heard eminent American physicians, however, speak very highly of their "absorbent" powers, in cases of fibroid tumour, and therefore that they give relief in cases of scirrhus of the uterus. They are on sale at Best's, Henrietta Street, London, and other mineral water depots. We are not aware what is the experience of professional men in London in respect to their real utility.

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.

WE are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Liverpool Weekly Albion, May 25th; The Shrewsbury Chronicle, May 10th and 24th; The Newcastle Daily Chronicle, May 25th; The Staffordshire Sentinel, May 25th; The Birmingham Morning News, May 22nd; The Northern Whig, May 23rd, 24th, and 25th; The Northern Star, May 16th and 23rd; The Belfast Evening Telegraph, May 15th and 16th; The Belfast Morning News, May 6th, 15th, 17th, 22nd, and 26th; The Belfast Times, May 7th, 18th, and 27th; The Belfast News Letter, April 24th; etc.

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

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BOOKS, ETC., RECEIVED.

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