

flesh of sharks has been eaten by the poor people, when driven to do so by hunger; and from that cause I have heard that leprosy still exists in a few cases. At all the fishing stations round the coast, where people principally depend upon the sea, fish is the staple article for food both for breakfast, dinner, and supper; and, when rye-meal gruel is not added, coffee will follow. In many places, coffee is drunk four times a day.—THORLAKUR O. JOHNSEN."—Mr. Johnsen adds in a postscript: "I have just had a letter from a friend of mine in Reykjonik, stating that a young man in the Latin school, about 21 years of age, is dying from consumption."

#### EXCISION OF THE KNEE FOR GUN-SHOT WOUND: RECOVERY.

EXCISION of the knee-joint for gun-shot injury has proved so notoriously unsuccessful in military surgery, that authorities on the subject are generally disposed to condemn it. An exception to the general rule of fatality has, however, been recorded by Dr. E. Ritzmann of Berlin, in the *Berliner Klin. Wochenschrift* for June 3. The case was that of a Prussian soldier, aged 24, who was shot through the right femur, close above the knee, at the battle of Gravelotte, on August 18th, 1870, and on October 13th was brought to Berlin in an ambulance train under the guidance of Professor Virchow. Considerable suppuration set in, attended with severe remittent fever; and, on November 9th, the joint was excised by Dr. König. The limb was put up in plaster of Paris, the joint being left exposed, and a drainage-tube being inserted to allow the escape of pus. The progress of the case after the operation was remarkably favourable, there being only temporary febrile disturbance in December and January; and, when the patient was discharged on May 23rd, 1871, there was complete ankylosis of the limb in a slightly bent position, with shortening to the extent of  $2\frac{1}{2}$  inches. On September 26th, the patient gave a favourable account of his condition.

### SCOTLAND.

THE Edinburgh University Athletic Sports will take place on Wednesday, June 19th, in Greenhill Park, Morningside.

#### SMALL-POX IN SCOTLAND.

SMALL-POX in an epidemic form has virtually disappeared from Edinburgh, the number of fresh cases being scarcely above that observed previous to the present epidemic. In Aberdeen, however, the hopes entertained that the disease was steadily declining, have recently been dispersed: one or two new cases have almost daily been received into the epidemic hospital during the past fortnight.

### IRELAND.

#### ROYAL COLLEGE OF SURGEONS IN IRELAND.

A MEETING was held on Monday, pursuant to the provisions of the Supplemental Charter, to elect officers for the ensuing year. The following gentlemen were elected: *President*—Dr. Frederick Kirkpatrick. *Vice-President*—Dr. John Denham. *Secretary*—Dr. William Colles. *Members of Council*—William Hargrave, Robert Adams, William Colles, Hans Irvine, Richard G. H. Butcher, Rawdon Macnamara, George H. Porter, Benjamin M'Dowell, Edward Ledwich, Alexander Carte, Jas. H. Wharton, George W. Hatchell, Albert J. Walsh, Wm. A. Elliott, John Morgan, Edward Hamilton, Robert M'Donnell, George H. Kidd, and Philip Smyly, Esqrs.

#### SANITARY LEGISLATION FOR IRELAND.

A DEPUTATION of the medical profession waited last week upon the Lord-Lieutenant to ask his Excellency to use his influence with the Government to have a Royal Commission appointed for the purpose of investigating the sanitary condition of Ireland, with a view to legislation. The example of the Commission held in England and Wales was referred to. His Excellency promised to have the subject carefully considered; but expressed his belief that a Commission was not required in Ireland, as the Government had ample means of information, and were prepared to bring in a Bill.

## 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, 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.

#### ABERDEEN, BANFF, AND KINCARDINE BRANCH.

AN ordinary general meeting of the above Branch will be held at Annand's Hotel, Inverurie, on Saturday, June 8th, at 2.45 P.M.

Members intending to be present, are requested to send their names to Mr. Annand or the Secretary, so that the dinner may be arranged for.

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

Aberdeen, June 4th, 1872.

#### SOUTH MIDLAND BRANCH.

THE sixteenth annual meeting of the above Branch will take place at the Board Room of Harpur's Charity, Bedford, on Tuesday, June 25th, at 1 P.M.; A. D. MACKAY, M.B., President, in the Chair.

The members and friends will dine together at the Swan Hotel, at 4 P.M. Tickets, exclusive of wine, 5s. 6d. each.

Gentlemen desirous to read papers, or to bring forward cases, are requested to communicate with Dr. Bryan without delay, in order that notice may be given in the forthcoming circular to announce the meeting.

J. M. BRYAN, M.D. } *Honorary Secretaries*.  
WM. MOXON.

Northampton, June 4th, 1872.

## BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

THE annual meeting will be held at the Great Western Hotel, 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.

BALTHAZAR W. FOSTER, M.D. } *Honorary Secretaries.*  
T. H. BARTLETT.

Birmingham, June 3rd, 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, 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.

## LANCASHIRE AND CHESHIRE BRANCH.

THE annual meeting of the above Branch will be held at the Royal Institution, Manchester, on Wednesday, June 26th, at half-past twelve o'clock.

Notices of papers or communications should be sent to the Secretary without delay.

The dinner will take place at the Albion Hotel, at 4.30 P.M. Tickets 7s. 6d. each, exclusive of wine.

REGINALD HARRISON, *Honorary Secretary.*

51, Rodney Street, Liverpool, June 4th, 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.*

## NORTH WALES BRANCH.

THE twenty-third annual meeting of the above Branch will be held at the County Hall, Bala, on Tuesday, July 2nd, at 11.30 A.M.; R. CHAMBERS ROBERTS, Esq., F.R.C.S., President, in the Chair.

Members having papers to read, or cases to communicate, are requested to furnish the titles without delay to the undersigned, who will thank those who purpose dining to send him early notice. Gentlemen will be allowed to bring friends to the dinner.

The dinner will be provided at the White Lion Royal Hotel, Bala, at 3 P.M. Tickets, 6s. 6d. each, exclusive of wine.

D. KENT JONES, *Honorary Secretary.*

Beaumaris, June 5th, 1872.

## ABERDEEN, BANFF, AND KINCARDINE BRANCH.

A SPECIAL general meeting was held at Aberdeen on Wednesday, May 22nd, to consider the proposed Epidemic Hospital at Aberdeen. Fifteen members and two visitors were present. Dr. JACKSON (Aberdeen) was called to the Chair.

The country meeting was postponed from the 1st to the 8th of June, for the sake of the summer railway arrangements.

The following gentlemen were admitted as members; viz.: William Mortimer, M.D., Turriff, Aberdeenshire; James Davidson Wyness, M.B., Aberdeen; and Dr. Charles Stewart Still, late of the Army Medical Staff.

The CHAIRMAN introduced the subject which the meeting had been called to consider. After much discussion, the following resolution was unanimously adopted, being moved and seconded by Drs. J. F. SMITH and BURR of Aberdeen: "That the Branch, while condemning the present proposed site of the Epidemic Hospital at Mounthooly, would be willing to appoint a committee to confer with the local authority on the subject of epidemic hospitals generally; and that this resolution be sent to the local authority."

## YORKSHIRE BRANCH: ANNUAL MEETING.

THE annual meeting of this Branch was held at the Medical School, Leeds, on May 29th.

The President, Mr. WHEELHOUSE, read an address, which touched upon several matters of medical interest.

*Report of Council.*—The Secretary, Dr. PROCTER, read the report. It drew attention to the alteration of the laws in relation to the General Secretary. The subjects of sanitary legislation and registration of disease were discussed as matters of importance to every member of the Association. After the discussion of some matters of Branch business, the report went on to state that the members of the Branch now amounted to 170, and that the vacancies occasioned by deaths and resignations amounted to 14. The number of members added during the year amounted to 40.

*Officers and Council.*—The following gentlemen were elected as the Officers and Council for 1872-3:—*President*: C. G. Wheelhouse, Esq., Leeds. *President-elect*: S. W. North, Esq., York. *Honorary Secretary and Treasurer*: William Procter, M.D., York. *Branch Council*: York—B. Dodsworth, Esq.; W. D. Husband, Esq.; W. Matterson, M.D.; F. Needham, M.D.; S. W. North, Esq.; G. Shann, M.D.; Leeds—C. Chadwick, M.D.; J. D. Heaton, M.D.; S. Hey, Esq.; T. P. Teale, Esq.; T. Scattergood, Esq.; C. G. Wheelhouse, Esq.; Sheffield—J. Benson, Esq.; M. Martin de Bartolomé, M.D.; W. F. Favell, Esq.; J. C. Hall, M.D.; A. Jackson, Esq.; T. H. Keeling, M.D.; Bradford—R. H. Meade, Esq.; Scarborough—R. T. E. B. Cooke, Esq. *Representatives in the General Council*: W. F. Favell, Esq.; J. C. Hall, M.D.; J. D. Heaton, M.D.; S. Hey, Esq.; S. Holdsworth, M.D.; W. Matterson, M.D.; T. P. Teale, Esq.; C. G. Wheelhouse, Esq.

*Medical Ethics and the Journal.*—The following resolution, proposed by Mr. FAVELL, and seconded by Dr. HALL, was passed: "That the attention of the Committee of Council be directed to the desirability of not opening the pages of the JOURNAL to the discussion of private professional grievances, which may possibly lead to *ex parte* editorial observations."

*Cases and Papers.*—1. Dr. CLIFFORD ALLBUTT read papers on the Treatment of certain Visceral Forms of Neuralgia, and on a case of Subclavian Aneurism treated by Galvano-puncture.

2. Dr. EASTWOOD read a paper on the Classification of Mental Diseases.

3. The following cases were shown to the meeting.

By Mr. S. Hey: An Excision of the Knee, resulting in a good useful limb.

By Mr. Teale: A case of Supracondyloid Amputation (Stokes) of the Thigh.

By Mr. Wheelhouse: A case in which, for relief of accident, the whole Upper Limb, including the entire Scapula and half the Clavicle, had been removed; a case in which the Upper Lip, destroyed by disease, had been restored; a child aged eighteen months (still at the breast) on which the operation of Lithotomy had been successfully performed. The stone (lithic acid) measured in length an inch and a

quarter, in breadth three-fourths of an inch, and in thickness three-fourths of an inch.

By Mr. Jessop: Four cases of Excision of the Knee, three of the Hip, and one of the Shoulder-joint; a case in which Wood's Operation for Extroversion of the Bladder had been performed; a case in which Amputation at the Hip-joint by a Long Anterior and Inner Flap had been performed; and a case of Pirogoff's Amputation.

Papers by Dr. Hime, Dr. Greenwood, and Dr. Nicol, were not read, for want of time.

*Dinner.*—After the meeting, thirty-nine members dined together at the Great Northern Hotel.

## REPORTS OF SOCIETIES.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MAY 28TH, 1872.

T. B. CURLING, Esq., F.R.S., President, in the Chair.

ON THE PATHOLOGY OF THE MORBID STATE COMMONLY CALLED CHRONIC BRIGHT'S DISEASE WITH CONTRACTED KIDNEY (ARTERIO-CAPILLARY FIBROSIS). BY SIR WILLIAM GULL, BART., M.D., F.R.S., AND HENRY G. SUTTON, M.B.

THE authors of this paper commenced by stating that Dr. Bright and subsequent pathologists had fully recognised that the granular contracted kidney was usually associated with morbid changes in other organs of the body; and the disease in the kidney and the other co-existent morbid changes were commonly grouped and collectively termed "chronic Bright's disease." It was generally assumed that, in chronic Bright's disease, the kidneys themselves were the organs primarily affected; and that, in consequence, a cachexia was induced through which other organs subsequently suffered and underwent chronic changes. The authors considered that the history of the disease did not support this opinion. The morbid changes in the kidneys themselves were first considered, the coarser anatomy being omitted. The microscopical appearances observed in granular contracted kidney were given in detail, and their conclusions on this point were, that the visible morbid changes in granular contracted kidneys were due to the primary formation of a fibroid or hyalin-fibroid substance in the intertubular parts, including the vessels, and to atrophy of the tubular and intratubular structures of the kidney. On this point the authors confirmed the observations of Dr. Dickinson and other observers. And they further stated that this formation commenced in different parts of the kidney, commonly near the surface; but it also seemed to commence in the outer coats of the arterioles, and in the walls of the capillary vessels. From these parts it extended round the convoluted tubes and Malpighian bodies. This fibroid or hyalin-fibroid substance subsequently contracted and drew the Malpighian bodies together, compressed the urinary tubules and vessels, and might entirely obliterate them. This thickening of the capillary walls, and the diminished calibre of some of the arterioles, must naturally interfere with the nutrition of the tissues and tend to produce atrophy; and the reduction of the blood-supply to the secreting cells probably caused diminished secretory function and atrophy from diminished use. The alteration in the renal epithelium, when great, was the result of the atrophy; and its slighter changes, such as granular appearance and desquamation of some of its cells, were not peculiar to granular disease of the kidney, such slighter changes being even consequent on the process of dying. The morbid changes in the vascular system were next considered. Dr. Bright and subsequent observers had recognised that atheromatous arterial disease was common with granular contracted kidney. In 1852, Dr. George Johnson, in his work on *Kidney Disease*, stated that the minute renal arteries were much thickened in chronic Bright's disease, owing to hypertrophy of the muscular coats of the vessels. A few years ago the same writer pointed out that the arterioles, not only in the kidney, but in the skin and other parts of the body, were thickened, and their muscular coat hypertrophied, in chronic Bright's disease. Sir William Gull and Dr. Sutton described at considerable length the changes that they had found in the minute arteries and capillaries of the kidneys, pia mater, and other parts; and they stated that their observations showed that the minute arteries and capillaries were thickened in chronic Bright's disease; and they "gladly acknowledged the debt the science of medicine owed to Dr. George Johnson for distinctly insisting upon this fact." The microscopical observations of Sir William Gull and Dr. Sutton showed that the arterioles and capillaries were more or less altered in chronic Bright's disease. This alteration was due to a hyalin-fibroid formation in the walls of the minute arteries, and hyalin-granular

change in the corresponding capillaries. This formation occurred chiefly outside the muscular layer; it also occurred, but to a less extent, in the tunica intima of some of the arterioles. The degree in which the affected vessels were altered, and the extent to which the morbid change was diffused over the vascular system of the different organs, varied very much in different cases. The muscular layer of the affected vessel was often atrophied in a variable degree. Some pathologists might consider that the perivascular canals were the seat of these hyalin-fibroid changes. On the existence of such canals they expressed no opinion; they asserted only that the morbid changes were chiefly outside the muscular layer of the arterioles. The arterio-capillary changes observed in chronic Bright's disease were not seen in the vessels of healthy persons who had been accidentally killed, or who had died of phthisis and of other diseases not allied to chronic Bright's disease. The condition inducing the vascular change was next considered. Dr. George Johnson had stated that the general arterial thickening was due to muscular hypertrophy. He considered that the blood was impure in consequence of the kidney-disease, and that the arterioles resisted the passage of this impure, more or less noxious blood, and in doing this they became hypertrophied. The left ventricle of the heart, therefore, made an increased effort to drive on the impure blood, and the result of this antagonism of forces was, that the muscular walls of the arteries and those of the left ventricle of the heart became in an equal degree hypertrophied. This theory Sir William Gull and Dr. Sutton did not accept, for their observations showed that arterial changes were not dependent on muscular hypertrophy, but on hyalin-fibroid formation. They had found the heart and vessels healthy in cases of chronic disease of the kidneys, and, further, their inquiries showed that the cardiac and vascular changes might occur independently of renal disease. Cases given in the appendix to this paper were next alluded to, to show that there was a general morbid state in which the kidneys might be contracted, the heart hypertrophied, and the minute arteries and capillaries altered by a hyalin-fibroid formation. The kidney-changes were most often, but by no means always, part and parcel of this morbid state, and their absence showed that the renal changes were not an essential and indispensable part of the general process; but as the vascular system was at some part affected with this hyalin-fibroid change in all the cases, therefore they concluded that the vascular disease was to be regarded as the constant and essential part of this morbid state. The pathology of this hypertrophy of the left ventricle was next considered. Bright considered that the quality of the blood was altered by the kidney-disease, and that the heart, in consequence, had to contract with greater power to force the morbid blood through the vascular system, and became hypertrophied in order to accomplish this. Many pathologists had adopted Bright's explanation. Dr. Wells, in 1853, suggested that the hypertrophy might be dependent on atheromatous changes in the vessels. Against the explanation offered by Bright and others, the authors stated that the frequent association of cardiac hypertrophy and renal disease did not prove that there was a causal relation between these two morbid states. Moreover, in many cases where there was chronic disease of the kidneys, and the blood therefore presumably impure, the heart was not hypertrophied; as in cases of large white, lardaceous and scrofulous kidneys, as well as some cases of granular contracted kidneys. Dr. Johnson had endeavoured to account for the absence of the hypertrophy in such cases, by assuming that the muscle of the heart was imperfectly nourished. The authors stated that this might explain a dilatation disproportionate to the hypertrophy, but it did not explain how a heart of normal size acquired additional force requisite to overcome the supposed obstruction. Evidence was next brought forward to show that the cardiac hypertrophy was induced by the morbid changes referred to in the vascular system, the heart being found hypertrophied in all the cases in which the vessels were much and generally thickened by hyalin-fibroid change: slightly hypertrophied where the vessels were little thickened; and greatly hypertrophied where the vessels were much thickened, although there might be little or no kidney-disease. The hyalin-fibroid change was assumed to impair the elasticity of the vessels, thus imposing upon the left ventricle a necessity to contract with greater force to carry on the circulation. The other conditions which made up the morbid state known as chronic Bright's disease were next noticed—namely, vesicular emphysema, retinitis albuminurica, atrophied brain, contracted spleen, and morbid changes in the intertubular parts of the stomach. In all these conditions the arterioles were more or less thickened by fibroid or hyalin-fibroid changes. This general morbid state belonged principally to the period of life at or after forty years of age; and after forty its frequency greatly increased as age advanced. The kidneys, even in children or in other young persons under adult age, were sometimes much contracted and death caused by uræmic poisoning, without the cardio-vascular changes alluded to. But the general hyalin-fibroid change in the vessels might occur in early life; and, in

each inmate to be provided for. The question suggests itself, is such cost justifiable or desirable, and would the magistrates incur it if it were their own and not the ratepayers' money that was to be expended?

I do not, of course, dispute that any reasonable cost, which will really contribute to the more probable recovery of the patient, would be truly economical, and whatever expense will secure their comfort fully justifiable; but the question is, will it be necessary to spend £200 per inmate to attain these objects? A good, though not large, house, big enough for an ordinary family, may be erected for less; and two hundred such houses, which would not cost £40,000, would give much better accommodation for one thousand persons, at an average of five in each house, than the great majority of our countrymen can get. I doubt if one in ten are so well accommodated as they might be in houses costing £200 each, in addition to the land, or on land as cheap as it is in the country. It is very hard to understand why it should cost four or five times as much to provide accommodation for one thousand persons in one establishment, as for the like number in two hundred buildings. Is the extra expense to be incurred for the welfare of the patients, for the gratification of the æsthetic taste of the magistrates, or for the profit and glorification of the architect? Not for the welfare of the patients, certainly, for except the small proportion (not one-tenth of the whole at the same time) who need anything like hospital treatment, or, indeed, much else than to be carefully looked after and kindly treated. The more closely their life resembles home life, but without its annoyances, the greater their comfort, the more probable their cure. It is evident that a much better imitation of home life could be given in a number of moderate-sized houses, detached from, but near to each other, so that all may be under good supervision, than in one vast establishment, with its inevitable mechanical arrangements, and the mutual annoyances caused by the congregation together of numbers with disordered intellects in great wards. It is very true that, if the patients are to be more divided, more attendants will be needed, more trouble entailed, with its necessary expense; but if £100,000 can be saved in cost of building, £5000 a year more may be spent in extra attendance, which is far more than will be needed.

It may be feared that, if the attendants be scattered throughout many detached houses, they may not always be within call, ready to restrain some violent patient when dangerous to himself or others; but it would be easy, by electric signals, to arrange means for summoning help immediately to any point where it is needed; moreover, patients do not often get violent without giving some previous indications of irritability, if they be under watchful observation.

It may be a matter of no great consequence to the ratepayers of a populous county, whether they are charged interest for one or for two hundred thousand pounds; but managing magistrates who have been extravagant in one way, are very apt to be parsimonious in another; and it is of far more consequence to the inmates that there should be a liberal current expenditure for their benefit, a sufficient and fairly remunerated medical staff, well-trained and carefully selected attendants, a liberal dietary, and ample means for the pleasant occupation and amusement of those whose minds are weakened or disordered, than that the public should be impressed, or the architect enriched, by what may not be improperly designated an imposing building.

I am, etc., P. H. HOLLAND.

## UNIVERSITY INTELLIGENCE.

### UNIVERSITY OF CAMBRIDGE.

**ANATOMY AND PHYSIOLOGY.**—Professor Humphry gives notice that the course of Practical Histology will commence on Wednesday, July 3rd, at twelve o'clock, and be continued on Mondays, Wednesdays, and Fridays, during July and August. Fee for the course, one guinea. There will be classes for Practical Osteology in July and August. The course of lectures on Practical Anatomy, next term, will commence on Monday, October 7th, at 9 A.M., and be continued daily, with a fortnight's intermission at Christmas, till the end of March. Students desirous of obtaining a certificate for the Royal College of Surgeons will be required to attend during the whole of that period.

## 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 30th, 1872.

Hewett, Frederick Charles, Twickenham  
Holder, William, Hull  
Preston, Augustus Richard Richard, South Brent, Devon

Price, Charles William, Merthyr Tydfil  
Swan, Richard Jocelyn, Northleach, Gloucester

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

Cookson, Hugh Alexander, Guy's Hospital

As Assistants in compounding and dispensing medicines.

Evans, Gwelym, Llandovery

Watson, William, Rochester

### MEDICAL VACANCIES.

THE following vacancies are announced:—

ADDENBROOKE'S HOSPITAL, Cambridge—House-Surgeon.

AMERSHAM UNION, Bucks—Medical Officer and Public Vaccinator for the Workhouse: £50 per annum.—Medical Officer for the Amersham District: £63 per annum, and fees.

BIRMINGHAM AND MIDLAND HOSPITAL FOR WOMEN—Resident Medical Officer and Secretary: £50 per annum, board, lodging, and washing.

BROUGHTY FERRY, Forfarshire—Medical Officer of Health.

DERBYSHIRE GENERAL INFIRMARY, Derby—Assistant House-Surgeon.—Dispenser: £31:10 per annum, board, lodging, and washing.

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

FLINTSHIRE DISPENSARY, Holywell—Surgeon.

GLOUCESTER GENERAL INFIRMARY—Assistant-Surgeon.

HARRIS, Inverness-shire—Parochial Medical Officer.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton—Dental Surgeon.

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.

LIVERPOOL NORTHERN HOSPITAL—House-Surgeon: £100 per annum, residence and maintenance.—And Junior House-Surgeon, if the present holder of the office should be appointed House-Surgeon: £80 per annum.

LONDON FEVER HOSPITAL—Resident Medical Officer: £200 per annum, residence, coal, gas, and attendance.

MIDDLESEX HOSPITAL—Lecturer on Psychological Medicine.

NEWPORT (Mon.) ODD FELLOWS MEDICAL AID ASSOCIATION—Assistant-Surgeon: £60 per annum, board and lodging.

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

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

PRESTWICH UNION, Lancashire—Medical Officer and Public Vaccinator for Crumpsall, Blackley, and Harpurhey: £30 per annum, and extra fees.—Medical Officer for the Workhouse: £50 per annum, and extra fees.

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

ROYAL MATERNITY HOSPITAL, Edinburgh—Secretary and Treasurer.

SALOP FRIENDLY SOCIETIES and GENERAL MEDICAL AID ASSOCIATION, Shrewsbury—Medical Officer: £200 per annum, and unfurnished residence.

WEST HAM UNION, Essex—Medical Officer for the West Ham No. 2 District: £80 per annum.

YORK COUNTY HOSPITAL—Non-resident Dispenser: £70 per annum, and partial board.

### MEDICAL APPOINTMENTS.

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

RIGDEN, Walter, Esq., appointed Resident Medical Officer to University College Hospital, *vice* J. D. Thomas, M.D., resigned.

\*SPENCER, W. H., M.A., M.B., appointed Assistant-Physician to the Bristol Royal Infirmary.

THE annual dinner of St. Mary's Hospital will take place at Willis's Rooms on Wednesday, June 12th, the Marquis of Lorne in the Chair.

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

Dr. George Johnson, London; Mr. Erichsen, London; Dr. Ferrier, London; Dr. Broadbent, London; Mr. J. W. Walker, Spilsby; Dr. Edis, London; Dr. Alexander Ogston, Aberdeen; Dr. Braidwood, Birkenhead; M.D.; Mr. Thomas Bryant, London; Dr. Bäumlér, London; Dr. J. Braxton Hicks, London; Our Dublin Correspondent; Mr. Harry Leach, Greenwich; The Secretary of the Epidemiological Society; Mr. G. T. Keele, London; Dr. Aldis, London; Mr. Joshua Parsons, Frome; Mr. Jonathan Hutchinson, London; Mr. Reginald Harrison, Liverpool; Dr. Bradbury, Cambridge; Dr. Sansom, London; Mr. J. White, Nottingham; Mr. W. Sedgwick, London; Dr. Bryan, Northampton; An Associate; Dr. T. B. Fraser, Edinburgh; The Secretary of the Royal Medical and Chirurgical Society; Our Glasgow Correspondent; Mr. Sleman, Tavistock; The Registrar-General of England; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; Mr. T. M. Stone, London; The Registrar of the Medical Society of London; Dr. Alfred Carpenter, Croydon; Dr. Rutherford, London; Mr. John Wood, London; Mr. J. W. Langmore, London; Mr. T. W. Nunn, London; Mr. A. T. Norton, London; Dr. Mapother, Dublin; Dr. B. W. Foster, Birmingham; Mr. D. Kent Jones, Beaumaris; Mr. Wanklyn, London; Mr. Bartleet, Birmingham; Dr. Maunsell, Dublin; Mr. Savory, London; Dr. Palfrey, London; Dr. Procter, York; Mr. Williams, Kilkenny; Dr. Dieulafoy, Paris; Dr. Brown-Séquard, Paris; Dr. Marion Sims, New York; Mr. St. George Mivart, London; Dr. Lockhart Clarke, London; Dr. Cheadle, London; Dr. D. J. Jones, Kentucky; Dr. A. P. Stewart, London; Dr. Elliott, Hull; Mr. Wheelhouse, Leeds; Dr. Coates, Devonport; Mr. Edmund Owen, London; etc.

## 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, 2 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.—Epidemiological Society, 8 P.M. Dr. Smart, "On African Epidemics of Asiatic Cholera."

## 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.

L. S. A.—Mr. —, L.S.A., or Apothecary.

## BELLADONNA POISONING.

SIR,—I have so frequently of late found poisonous effects follow the external use of belladonna, that I am led to believe we formerly had but a very inactive extract dispensed compared with the extract now produced by improved pharmaceutical processes. Mr. Hemingway's report of his own symptoms is interesting. The rapidity of absorption by the cutaneous surface may be easily illustrated by rubbing on to the palms of the hands a small quantity of a solution of iodide of potash; in a few minutes, or even in a few seconds, the presence of iodine in the saliva may be demonstrated by the staining of a bit of clean silver put into the mouth. The physiological action, however, of atropine is so peculiarly alarming to a patient, and the quantity of atropine required to produce that action so marvellously minute, that it is well always to caution the patient against being alarmed should troubled vision follow its use as a local anodyne.

June 4th, 1872.

I am, etc.,

T. W. N.

## VENTILATION OF SEWERS.

SIR,—Can you oblige by saying where Dr. Carpenter's publications on Ventilation of Sewers (referred to in the JOURNAL of April 20th, p. 426) are to be found?

I am, etc., PHILIP MIALI, Surgeon to the Bradford Infirmary.

Bradford, Yorkshire.

\*.\* In letters to the *Times*, and in the *BRITISH MEDICAL JOURNAL*.

"SICK-HEADACHE".—The remedy, "Guarana," you desire may be obtained direct from Grimault et Cie., Pharmaciens de S.A.I. le Prince Napoléon, 7, Rue de la Feuillade, Paris, or through some respectable English chemist. Full directions for its use accompany the powders.

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.

## THE BAKER BROWN TRUST FUND.

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

## Additional Subscriptions.

Amount previously advertised.....	346 14 0	Mr. Winchester (Maidenhead).....	2 2 0
British Medical Benevolent Fund.....	20 0 0	Mrs. Derbyshire.....	1 0 0
Dr. Warkurton Begbie (Edinburgh).....	5 5 0	Dr. Smith (Weymouth).....	1 1 0
Dr. Marion Sims (New York).....	5 5 0	Dr. Moorhead (Weymouth).....	1 1 0
		Dr. Collum (Surbiton).....	2 2 0
		Mr. Lord (Hampstead).....	1 1 0
		Dr. Jelly (Madrid).....	1 1 0
		Mr. Wm. Pretty (L. Norwood).....	0 10 6

The Treasurer and Trustee is Dr. Forbes Winslow, 23, Cavendish Square, to whom subscriptions may be sent.

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.

## THE CONTAGIOUS DISEASES ACT.

SIR,—In your article of last week on the Contagious Diseases Acts, I was rather surprised to find your author representing the opposition to the said Acts to be "a fanatical crusade preached, chiefly among the least educated classes, by unscrupulous arts of agitation".

I wish to inform your readers that more than a thousand medical men are known to be opposed to the Acts, including men of high medical standing and erudition. In Liverpool alone, one hundred and six medical men signed, in three days, and without any "arts of agitation", a petition for the repeal of the Acts, on the ground that they were not conducive to the physical and moral well-being of Englishmen and Englishwomen. First, as to the physical effects. While giving credit to many supporters of the Acts for sincere beneficence of intention, it is self-evident that the primary object of the Acts is not eradication of disease, else they would have been applied to both sexes, both being equally liable to contract and communicate disease. Every intelligent person—more especially every medical man of experience and observation—must know that the disease or diseases in question can never be stamped out by curing one sex only. In no other sanitary enactment is the law limited to one sex; and it is as easy to find and examine the men who go with dissolute women as to find and examine the women themselves. A farmer would ridicule the idea of stamping out contagious cattle-disease by curing one sex of his animals. An intelligent parent would regard it as preposterously absurd to remove one sex of his family from his household when scarlet fever or small-pox had assailed a member of his family, and suppose thereby he would secure the others. To say that "men would not stand it" is not to the point. These Acts might be a physical success to some extent if they were applied to disease—suspected members of both sexes. Applied to one sex only, they do but increase the disease in the one sex in the same ratio in which they profess to cure it in the other, because they are supposed to offer greater security from the disease-producing cause. As the Acts now stand, they must be, as they have been in Paris, Stockholm, and other places in which they have been tried, physically a failure.

The moral failure is more easily demonstrated—indeed, on the necessarian theory (that of "free-thinking philosophers"), moral benefit is discarded entirely. But for men who believe in the possibility of men and women being moral, and that the Author of their being requires them to be so—men such as the Hon. Arthur Kinnaird—is it not sufficient to ask them if they believe that the possible reclamation of some women is a compensation for the damaging facilities offered to men by exempting them from compulsory examinations, and thus indoctrinating them with the idea that women are to be kept healthy to benefit them in vicious intercourse?

Besides, I doubt if the moral benefit to women is not greatly over-rated. I cannot understand how a diseased woman can listen to a chaplain preaching morality, with the prospect of a humiliating, and in many instances a painful, examination before her, and with the knowledge that she is being cured in order that vicious men who may have future intercourse with her may escape disease. That the examination is generally painful, no surgeon who has used instruments to a diseased woman suffering from chronic vaginitis and ulceration of the labia uteri will deny, especially after reading the statement of one of the medical examiners, that he "allowed three minutes to each woman". Such examinations must have been rudely and hastily performed, and in many cases attended with pain and suffering. Inasmuch as the speculum could not be cleansed from the diseased secretions in so short a time, it would be as likely to communicate as to exterminate disease.

With regard to accusations of "passion", "acts of agitation", "insult and abuse", etc., so lavishly employed by your author, these offensive epithets are generally chargeable to both sides in a disputed social question. What we want is calm, dispassionate, truthful reasoning, and justice, with plain facts. As to "impressible women" and "sincere religionists", surely they have a right to express their opinions on a question so deeply concerning women and morality. If these Acts be as just and merciful to women as they are to men, and be beneficial to morality, by all means keep them; but if they impose restraints upon women from which they exempt men, and are thus one-sided and unequal in their moral effect, then let us repeal them at once. However, let no pressure induce us to vote for male "free-trade in contagion", else must innocent wives and children continue to suffer more and more in spite of Acts applicable only to women.

To be of value, medical testimony must be much more unanimous on this subject. Out of 18,000 medical men, only 2509 have expressed an opinion favourable to the Acts, after being canvassed with every available influence brought to bear on them. Doubtless as many, if not more, names could be got on the opposite side, if as many "arts of agitation" were employed.

As I have been a subscriber to your JOURNAL for many years, I hope you will give this letter an early insertion. I am, etc., JOHN B. BURROWS.

Liverpool, May 22nd, 1872.

## MASTER AND SERVANTS (WAGES) BILL.

SIR,—As regards the Master and Servants (Wages) Bill, I think that a clause ought to be introduced that no unregistered medical man should attend in cases of accident. In some of the largest collieries about Bolton, the owners contract with an unqualified advertiser for attendance on the men, though in all instance they stop money from the men's wages to pay. A short time since this individual, assisted by another similar person, amputated a collier's arm the morning after he was injured; though a surgeon who had seen it directly after the accident said that he would try to save it.

In colliery clubs, where they stop money to pay the surgeon, I think the men should choose whom they like to attend them, but the masters should see that a note was given to none for attendance, but to a qualified man, as the collier cannot tell who is or is not qualified.

I enclose you an advertisement cut from the Bolton paper.

June 3, 1872.

I am, etc.,

A MEMBER.

WE are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Liverpool Weekly Albion, June 1st; The Belfast Evening Telegraph, June 1st; The Newcastle Daily Chronicle, June 1st; The Birmingham Morning News, May 29th; The Shrewsbury Chronicle, May 31st; The Northern Whig, June 1st; The Staffordshire Sentinel, June 1st; The Northern Star, May 30th; The Worcestershire Chronicle, May 29th; The Belfast Morning News, June 3rd; Folkestone Express, Sandgate, Shorncliffe, and Hythe Advertiser, June 1st; Saunders's News and Daily Advertiser, June 4th; etc.