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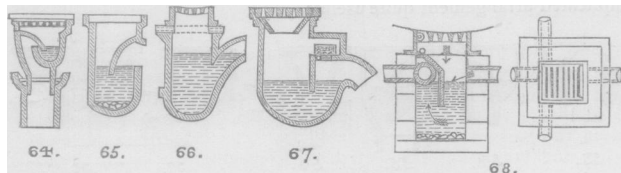
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56. This is more suitable for the sinks of some large establishment, and renders admirable service there. A ventilated syphon sink-trap, with a removable cover to afford inspection and admit of removing obstructions, is drawn at fig. 57.

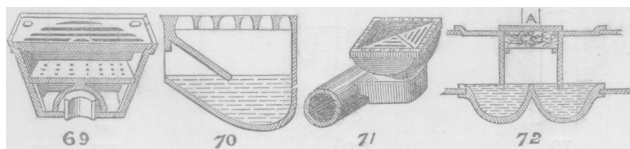
What I consider an uselessly complicated sink-trap is exhibited at fig. 58. Here there is a bell-trap at the bottom, and above that again a flange fits flatly on an India-rubber packing, the whole being pressed down from the top, when not in use, by a chain with a pin made to pass through its last link. But, if servants cannot be entrusted with a common bell-trap, of what service would be such a trap as this? The only traps suitable for kitchens and similar places are automatic ones, similar to those drawn at figs. 54 to 57.

Another class of bell-trap is drawn at fig. 59, and this is a sort which is screwed into the bottom of a bath in order to remove the wastewater. It will not be needful to describe this pattern, as the section sufficiently explains its action. Provided the cover were firmly screwed on, and the drains disconnected and ventilated, there would be little objection to its use; still, an Antill trap or a proper syphon in the waste-pipe itself would be preferable. The object drawn at fig. 60 is an article intercepting trap, and is indispensable in a butler's sink. The overflow-pipe of the sink or basin is depicted at E, and the waste-pipe to drain is shown opposite to it. Should a silver-spoon, for instance, pass down the plug-hole in the basin bottom, it would fall into the water-trap chamber (B), and be recoverable by turning the thumb-screw underneath.

Two traps for the overflow-pipes of a drinking-cistern are drawn at figs. 61 and 62. The former acts partly as a filter, and the latter is merely an adaptation of the Antill trap. They might prevent the influx of cold air into the cistern. No cistern overflow, even with traps affixed, should be soldered into a soil-pipe or waste-pipe of any description, but should be led downwards by a separate pipe and be made to deliver on the ground, or over the disconnecting trap-chamber of the drain, as drawn and explained in a preceding report. Fig. 63 exhibits Lovegrove's air-supply post for the drains, and I figure it here, because it will sometimes be found useful.

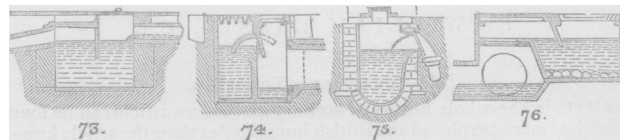


Passing from the interior to the exterior of a house or public building, we enter upon the necessary question of yard- and road-traps. A good trap for a back yard is the large sized Antill trap, drawn at fig. 64. A still larger one, suitable for a court-yard, and one which affords a resting-place for silt or gravel until these are removed, is shown at fig. 65. These two traps would merely have thin cast-iron or earthenware gratings, and would not be useful where there was much traffic. The road gully-trap (fig. 66), however, is made suitable for building in a paved or flagged roadway, and is sold with a strong dished-out iron grating of the depth of the road foundation. These three traps would ventilate the drain or sewer into the yard or road if the water in them were evaporated, as is sometimes the case in the summer time when the drain or sewer is otherwise unventilated. It might, happen, too, that the surface-water was drained into one common tank, for flushing or gardening purposes, and, if so, bad smells would struggle up to the ground-surface and disperse over the gratings. A cure in such a contingency would be afforded by placing a box of charcoal over the grated aperture in the shelf inside the dip-trap, as illustrated in fig. 67. An excellent kind of trap for the paths of hospital or other recreation grounds, and one that admits of cleaning, is given in plan and section at fig. 68. It may be seen in use at the Brompton Hospital.



A third form of the everlasting bell-trap, made with an overhead movable grating, and one which is used in stables, is exhibited at fig. 69. A ten-inch cast-iron Antill trap, with a wrought-iron perforated cover, would, however, be much better than either this or the special trap, No. 70. Traps of the Antill pattern may be seen at work at the

Brown Institution, London. Where the drainage of a stable runs in closed surface channels inside the stalls and loose boxes, specially constructed horse-pots are rendered necessary, or some such contrivance as is shown at fig. 71. A stable-trap, with a disinfecting tray over a double syphon chamber, is drawn at fig. 72, and is highly efficient. If kept well flushed with water, the ammoniacal and other gases from the drains could never escape to taint the atmosphere of the stable or cow-house, but would be led off by the ventilating pipe (A).



There remains just a word to be said concerning an improper form of road-trap. Such an article, lately used in Edinburgh, is drawn at fig. 73. There is little or no ventilation, and too much evaporating surface.

Fig. 74 exhibits an improved road-trap, with a valve or flap inside, and with half its area (on plan) fitted up with a hinged access plate. A road gully-trap, on the reciprocal ventilating system mentioned in the letter-press to fig. 48, is given at fig. 75. The last trap I require to figure is the ball valve-trap, seen at fig. 76. The ball rises up and fits into the overhead circular opening every time the tide rises and fills the lower drain. In ordinary practice, an use for such a contrivance would rarely if ever arise.

The above may be said to represent, eclectically, all the more useful traps. I have examined and engraved elsewhere\* some scores of others, but have chosen the foregoing as representative ones, and as likely to fulfil all ordinary requirements. The next paper will contain a list of rules relative to drainage, and to the ventilating of drains and kindred places, which I hope will prove useful.

## ASSOCIATION INTELLIGENCE.

### BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

THE next meeting of this Branch will be held at the Midland Institute, Birmingham, on Thursday, January 9th, 1873.

T. H. BARTLETT, F.R.C.S. } *Honorary Secretaries.*  
BALHAZAR W. FOSTER, M.D. }

Birmingham, January 2nd, 1873.

### ABERDEEN, BANFF, AND KINCARDINE BRANCH: ORDINARY MEETING.

AN ordinary general meeting was held in the Music Hall Buildings, Aberdeen, on Wednesday, December 4th; Dr. HARVEY in the Chair. Present, fourteen members and two guests.

*New Members.*—The proposals for admission of ten new members were laid on the table for next meeting, which was fixed for the 8th of January.

Mr. Vincent Jackson's *Spring-eyed Needle* and Dr. Aveling's *Apparatus for Transfusion of Blood* were exhibited by Messrs. De Lessert and A. Ogston.

*Sarcoma.*—Dr. DYCE DAVIDSON read a case of tumour of the upper jaw (spindle and giant cells) growing from the infraorbital canal. It was removed by partial excision of the superior maxilla. Drawings, and sections exhibited under the microscope, illustrated Dr. Davidson's paper.

*Lipoma.*—Dr. WRIGHT narrated the case of a man from whose thigh he removed a myxomatous lipoma which had been attached there by a pedicle for many years. The tumour weighed twenty-four ounces.

*Diet of Seamen.*—Dr. VANS BEST read a paper on the diet of the seamen in various services of various countries, pointing out the hygienic causes contributing to scurvy, and suggesting means for improvements in the inspection and dieting of seamen.

*Spontaneous Version or Evolution.*—Dr. BARCLAY (Banff) communicated a case of spontaneous evolution during labour in a multipara, where the pains produced the version, the shoulder receding as the feet came down.

\* *Healthy Houses.* Second edition. London: Simpkin and Co. 1872. Price One Shilling.

*Fatal Varicella.*—Dr. DYCE BROWN gave the history and appearances of an undoubted case of varicella, with slight hæmorrhagic tendency and large vesicles, which ended fatally.

## REPORTS OF SOCIETIES.

### SURGICAL SOCIETY OF IRELAND.

FRIDAY, DECEMBER 13TH, 1872.

FREDERICK KIRKPATRICK, M.B., President, in the Chair.

*Comparative Merits of Ether and Chloroform as Anæsthetics.*—Dr. R. McDONNELL, who had moved the postponement of the discussion on Dr. Morgan's paper at the last meeting, referred to the use of anæsthetics in America. In Boston, ether was exclusively used. At the Massachusetts General Hospital, ether was given with the most absolute freedom, confidence, and apparent recklessness: in fact, when patients were brought to the hospital after accidents, the porter was in the habit of etherising them even before they were seen by the house-surgeon. In New York, much diversity of opinion existed as to the relative merits of ether and chloroform. Dr. Marion Sims preferred nitrous oxide to either of these agents. In Philadelphia, both ether and chloroform were used—the former in cases of debility and prostration, thus showing that its stimulant effects were recognised and appreciated. Dr. McDonnell regarded Dr. Morgan's proposal to administer ether vapour without any admixture of air, as most original and very important. In the choice of any anæsthetic, four indications should be as far as possible fulfilled—the safety of the patient, the facility of respiration permitted by the agent employed, avoidance of hysterical symptoms, and rapidity of action. From observations made on himself, he considered chloroform to be more respirable than ether. In conclusion, he recommended that the Society should undertake the compilation of accurate statistics for a period of one year—these to form a basis for a trustworthy solution of the question under discussion.—Mr. H. WILSON had been giving ether four months, and exclusively. It produced under his observation perfect muscular relaxation, but in adults a large quantity was required to effect this end. He believed that idiosyncrasy sometimes rendered the production of insensibility a very difficult matter. It was necessary that ether should be administered while the patient was fasting, as nausea otherwise almost invariably occurred, and it was generally greater than after chloroform; excitement was also greater. The time in which insensibility was effected varied from one to twelve or fifteen minutes. Children came rapidly under its influence. Patients gave contrary opinions as to the agreeableness of ether, and the persistence of its odour was a drawback. He had used it in about forty cases, and always gave it on a sponge wrapped up in a towel.—Dr. JACOB had perfect confidence in Dr. Morgan's inhaler, which obviated nearly, if not quite, all the drawbacks attending the use of ether. Before Dr. Morgan brought forward the present question, he (Dr. Jacob) had altogether discarded the employment of anæsthetics in ophthalmic surgery. Now, however, he was in the habit of using ether repeatedly—since July 17th, in thirty-seven operations on the eye. He had found that the quantity required was always small, that nausea only once occurred, that there was no excitement, and that ether was a most safe anæsthetic. He recalled the statistics of Dr. Richardson (of London) on the subject.—Dr. KIDD said that a very important question arose as to the relative mortality from ether and chloroform. He would regard statistics with much suspicion. A death from ether had occurred in Edinburgh shortly after anæsthetics had first attracted attention there. Deaths had also been reported from America. Chloroform had been given in Dublin for twenty-five years, and four or five deaths had been attributed to its use during that time. Of these, one was certainly due to the entrance of air into the veins, and not to the effects of the anæsthetic itself. Sir James Simpson had had but one fatal case from chloroform. He thought that Dr. McDonnell's proposal that anæsthetic cases should be tabulated, was a most useful one. Even Dr. Morgan's inhaler did not avert nausea. With respect to the relative mortality in England and Ireland after ovariectomy, alluded to in Dr. Morgan's paper, he considered that the difference arose not from the anæsthetic used. Mr. Spencer Wells had had no greater success in Ireland than fell to the lot of home surgeons, and the causes of the difference were still obscure. He called attention to the danger of being carried away by impulse in a discussion like the present.—Dr. ATT-HILL brought forward an instance in which he had administered different anæsthetics to the same patient, at intervals of about three weeks. He began with chloroform; there was nausea. He next used ether; the patient was sick, but in a less degree. Lastly, at the suggestion of Mr. B. W. Richardson of Dublin, he used a mixture of equal parts of

chloroform and rectified spirit, after Dr. Snow; there was no nausea, and the patient much preferred the last mentioned fluid. His own opinion was, that neither chloroform nor ether was absolutely safe.—Dr. B. F. McDOWELL bore evidence in favour of ether. He alluded to certain French experiments with chloroform on dogs, death being caused by the introduction into the veins of a very small quantity of that substance. Out of nearly a hundred cases of etherisation, he had observed nausea to follow on only one occasion. Anæsthesia was always produced in less than eight minutes, and he had seen its influence kept up for forty-five minutes with complete safety.—Dr. MACNAMARA would claim for Dr. Morgan the priority of bringing forward the subject. As a general rule, he objected to statistics; for there was sometimes a tendency to a partisan spirit in their compilation. He considered that idiosyncrasy was sometimes the cause of death, and not chloroform. In his own practice, one death, perhaps of this kind, had occurred under the influence of chloroform. Excitement was often great in etherisation. It should be remembered that such a thing as death from shock had existed before the introduction of anæsthetics. He believed that meteorological conditions should be taken into account in compiling statistics of chloroform-deaths; for, so far as he had observed, they were more numerous in summer, when the warmer air had a greater capacity for chloroform-vapour; and so a larger dose would unintentionally be given. As yet, we possessed no perfectly safe anæsthetic.—Dr. H. KENNEDY agreed with the final observation of the last speaker. To him the state of the patient seemed a matter of more importance than the nature of the anæsthetic employed. The condition of fatty heart was often productive of the worst results after the use of chloroform; and it was difficult to determine the state of the right heart from the character of the radial pulse. It was a question worthy of being pondered, whether oxygen should not be at hand as a means of resuscitating a patient apparently dead from chloroform. In such cases, the blood was universally dark-coloured.—Dr. GRIMSHAW had been much struck with the sphygmographic tracings appended to Dr. Morgan's pamphlet. They showed remarkably the beneficial action of ether on the pulse. Again, the blood was not altered in colour by ether, which contained oxygen, while chloroform did not. He could not but regard therapeutical statistics, such as were usually collected, as utterly valueless.—Dr. DARBY more than twenty years ago had said that all the pain prevented by the use of anæsthetics would not condone for one death produced by them. He still held this view, and so avoided the employment of such dangerous weapons.—Mr. FLEMING suggested that a representative Committee, composed of surgeons attached to the various hospitals, should be formed, for the purpose of collecting and tabulating cases of death from ether and from chloroform; said Committee to hand in a report to the Society. He referred to the beautiful effects of chloroform when administered to the young. In his practice, he was thankful to say, no death from it had occurred. In strangulated hernia accompanied with great depression, it also acted well; and its uses in chest-affections were well known.—Dr. STOKES, in reference to Mr. Fleming's concluding statement, detailed a case of agonising cardiac asthma in which the attacks used to recur six or eight times in the twenty-four hours. Copious inhalations of chloroform-vapour were followed by much relief. For four or five weeks, during which the case went on, the patient may be said to have lived on chloroform. After death, the heart was found in a state of extreme fatty degeneration, the right side being especially disorganised. Complete anæsthesia, however, had never been produced.—Mr. RICHARDSON was accustomed to use a mixture of chloroform and spirits of wine, with excellent results. Recently, no fewer than five fatal cases from ether had been recorded. Vomiting often followed the use of this drug.—Mr. F. T. PORTER called in question the applicability of the experiments described by Dr. McDowell. Surely, if atmospheric air were injected into the veins, it too would cause death; and yet it could scarcely be called a poison.—Mr. TUFNELL asked Dr. Morgan if the inhaler was necessary in etherisation, and if the administration of the inflammable vapour of ether was safe at night.—Dr. MORGAN answered both of Mr. Tufnell's questions in the affirmative. The risk of conflagration was overcome by the use of the inhaler, which also ensured success by the shutting out of air. He proceeded to give an able reply to the various speakers, and expressed himself much pleased with Dr. McDonnell's and Mr. Fleming's proposal respecting a Committee of inquiry.—It was then resolved that Mr. Fleming, Dr. Morgan, Dr. McDonnell, Dr. Jacob, and Dr. Macnamara, should constitute a Committee for the purpose of making such preliminary arrangements as might be necessary for the carrying out of the proposed plan.

ROYAL COLLEGE OF SURGEONS OF IRELAND.—At a special examination held on December 18th, Mr. Thomas McClure was admitted a Fellow of the College.

this time he first struck upon the idea of endeavouring to imitate the St. Louis Hospital of Paris, by setting up a Skin Hospital in London. It was in the autumn of 1841 that he opened the London Infirmary for Skin-Diseases in London Wall, having at that time very little external help, and being himself very far from well-to-do. The new institution fortunately came under the notice of the late Mr. Samuel Gurney, who, after most careful and painstaking inquiries, and personal investigation as to the character of the man and the good of his work, ended in promising to give most substantial aid to the infirmary so long as it should be carefully conducted. In a few years the hospital was transferred to a large house at Blackfriars. Mr. Startin succeeded wonderfully in private practice from this period.

His success, both in founding the hospital and in gaining a singularly lucrative practice, is no doubt in a large degree attributable to his great practical skill in the use of remedies. His mind was eminently practical, and he cared much more about the results of his treatment than for investigating the character and nature of skin diseases. From this concentration of energy on one end, he attained great skill in the use of drugs, and unusually good results in curing his patients, and, for this reason, they became very numerous. He remembered minute details of treatment by which certain cases had been cured, and had a great knack of combining various remedies together so that neither he nor anyone could, in many cases, tell which part of the treatment or which ingredient in a prescription had done the most good. As a consequence of his skill having thus grown up gradually with him, it was comparatively incommunicable to others in a dogmatic form, and so much of the good he did has died with him. It was probably owing to this want of generalising power that Mr. Startin owed his somewhat limited success as a clinical teacher; although he was always willing to tell as much as he could to others, it is evident that a good deal of his knowledge could be gained only by the students really going over the same ground again. Nevertheless, for some time a good class might generally be found in his out-patient room at Blackfriars; and many who have since become specially skilled in the treatment of skin-diseases, are doubtless able to recall many things for which they are directly or indirectly indebted to Mr. Startin.

He never published much or engaged much in formal teaching. He gave a course of thirty-six lectures, which were published in the *Medical Times and Gazette*; and from time to time published short papers, which usually had reference to some new mode of treatment or fresh use of a drug. When very young, he invented a new mode of felting hats. He introduced glycerine into medical use, brought forward a new method of treating nævi, the elastic spiral bandage, and the stearine apparatus.

Mr. Startin was a very kind-hearted, genial man, fond of doing kind acts for others. He liked country life and country pursuits, and for the last thirty years was never without a house in the country, to which he went generally two days a week.

**HENRY DOUGLAS CARDEN, F.R.C.S., CONSULTING SURGEON TO THE WORCESTER INFIRMARY.**

THE profession at large, and the city of Worcester has, as we last week announced, experienced a great loss in the death of Mr. Henry Douglas Carden. He expired at his residence on Sunday, December 22nd, from an attack of apoplexy. Till a week before his death he was actively engaged in the duties of his profession, to which he was sincerely attached. Mr. Carden is known to the profession as the introducer of amputation of the thigh by the "single-flap" or "single skin-flap" operation, which he first described in this JOURNAL. He held the office of surgeon to the Worcester Infirmary for twenty-three years, and had an extensive practice in Worcester, and a first reputation of being a skilful and masterly operator. The *Worcester Chronicle*, in recording his death, speaks thus of him from personal knowledge:—"He was gentle and gracious in manner, though, when it was needed, he could be firm and steadfast as a rock. Perhaps no one ever combined what some one once declared were the great requisites of an operating surgeon—a lady's hand, a lion's heart, and an eagle's eye—more happily than Mr. Carden, certainly no one was ever more humane and considerate, or more anxious to dispose of every means which art and science could command for the alleviation of human suffering and the relief of all those evils which flesh is heir to. Certainly few, if any, ever dispensed the ordinances of medicine with profounder skill and judgment, or ministered remedies to the cure of disease with superior discernment or more penetrating knowledge."

**ARTIUR H. WALPOLE, M.R.C.S.**

MR. WALPOLE commenced the study of his profession as a pupil of Dr. Dodd, of Whitby. He matriculated at Durham in 1865, and entered

at the Newcastle-on-Tyne College of Medicine the same year. In the Newcastle-on-Tyne Infirmary, he filled the offices of Clinical Assistant and House-Surgeon, with great skill and ability. On leaving the Infirmary, he became Surgeon to the Ridsdale Ironworks, and afterwards joined in partnership Dr. Andrew Bolton, who for many years was house-surgeon to the Newcastle Infirmary. After successfully working together for upwards of two years, Mr. Walpole was called to attend a case of typhoid fever in one of the lower parts of the town. The patient recovered, but the medical attendant (as is unfortunately too often the case) succumbed. After an illness of fourteen days' duration, he died on December 1st. Seldom has the death of a member of our profession been more keenly felt, not only by his professional brethren, but by the inhabitants of the town and neighbourhood generally, and much sympathy is felt for his widow and child.

## MEDICAL NEWS.

**APOTHECARIES' HALL.**—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, December 26th, 1872.

Brailley, William Arthur, Cambridge  
Gregory, John, Rusholme, Manchester  
Heane, William Crawshaw, Cinderford, Gloucestershire  
McCaw, John Dysart, Nottingham  
Prothero, David George, Llandilo, Carmarthenshire

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

Crowther, Arthur Bingham, Guy's Hospital

## MEDICAL VACANCIES.

THE following vacancies are announced:—

**BOLNESS and CARRIDEN**, Linlithgowshire, united Parishes of—Medical Practitioner.  
**CHEADLE RURAL SANITARY DISTRICT**—Medical Officer of Health: £100 per annum.  
**CHORLTON UNION**, Lancashire—Medical Officer for District No. 5: £100 per annum.  
**COLERAINE UNION**, co. Londonderry—Medical Officer and Public Vaccinator for the Portrush Division of the Bushmills and Portrush Dispensary District: £70 per annum, and vaccination fees.  
**DORSET LUNATIC ASYLUMS**, near Dorchester—Assistant Medical Officer for the Forston Asylum: £100 per annum, board, and apartments.  
**GENERAL HOSPITAL**, Nottingham—Resident Surgeon Apothecary: £150 per annum, furnished apartments, board, and washing.  
**GENERAL LYING-IN HOSPITAL**, York Road, Lambeth—Physician-Accoucheur.—Physician-Accoucheur for Out-patients.  
**DENTAL HOSPITAL OF LONDON**—Dental House-Surgeon: £40 per annum.  
**GERMAN HOSPITAL**, Dalston—Honorary Assistant-Physician.  
**HOLBORN UNION**—Public Vaccinator.  
**HONITON UNION**, Devon—Medical Officer for District No. 4: £112 per ann.  
**HOSPITAL FOR DISEASES OF THE SKIN**, Stamford Street—Surgeon.  
**INDIAN MEDICAL SERVICE**—Sixteen Assistant-Surgeons.  
**INFIRMARY FOR CONSUMPTION AND DISEASES OF THE CHEST**, Margaret Street, Cavendish Square—Visiting Physician.  
**INISHOWEN UNION**, co. Donegal—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Clonmany Dispensary District: £90 per annum, and fees.  
**KILRUSH UNION**, co. Clare—Medical Officer for the Carrigaholt Dispensary District.  
**LAMBETH**, Parish of St. Mary—Medical Officer for District No. 7: £75 per annum, and extra fees.  
**LEITH HOSPITAL**—House-Surgeon.  
**LONDONDERRY DISTRICT LUNATIC ASYLUM**—Resident Medical Superintendent.  
**MANCHESTER ROYAL INFIRMARY, DISPENSARY, LUNATIC HOSPITAL, or ASYLUM**—Two Assistant-Physicians.—Two Assistant-Surgeons.—Obstetric Physician or Surgeon.—Ophthalmic Surgeon.—Dental Surgeon.  
**MERCHANT SEAMEN'S ORPHAN ASYLUM**—Consulting Surgeon.  
**METROPOLITAN FREE HOSPITAL**, Devonshire Square—Hon. Assistant-Physician.  
**NAAS UNION**, co. Kildare—Medical Officer for the Newbridge Dispensary District.  
**NANTWICH UNION**, Cheshire—Medical Officer for the Bunbury District: £40 per annum.  
**NATIONAL HOSPITAL**, Newman Street—Consulting Physician.—Physician.  
**NAVAL MEDICAL SERVICE**—Assistant-Surgeons.  
**NEATH URBAN SANITARY DISTRICT**—Medical Officer of Health: £30 per annum.  
**NEW WINCHESTER UNION**—Medical Officer for the A. Division of the Winchester District: £70 per annum.  
**NOTTINGHAM**, Borough of—Medical Officer of Health.  
**RADCLIFFE**, Lancashire—Medical Officer of Health.  
**ROYAL NAVAL HOSPITALS**—Dispensers.  
**ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL**—Surgeon.  
**ROYAL SURREY COUNTY HOSPITAL**, Guildford—House-Surgeon: £75 per annum, board, residence, and washing.  
**ST. BARTHOLOMEW'S HOSPITAL**—Surgeon and Lecturer on Surgery.  
**SUNDERLAND GENERAL INFIRMARY and DISPENSARY**—Physician.  
**SWAFFHAM PRISON**—Surgeon: £60 per annum.  
**TRANMERE**, Cheshire—Medical Officer of Health.  
**VICTORIA HOSPITAL FOR SICK CHILDREN**, Queen's Road, Chelsea—Registrar and Pathologist.

WALLASEY DISPENSARY—House-Surgeon; £100 per annum, furnished residence, coals, and gas.  
WANDSWORTH DISTRICT—Public Analyst.  
WIGAN, Borough of—Public Analyst.

### 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.

**MONDAY**.—Medical Society of London, 8 P.M. Mr. Henry Lee, Lettsomian Lectures on Urethral Discharges. No. I: Syphilitic Discharges.  
**TUESDAY**.—Pathological Society of London, 8 P.M. Annual Meeting for the Election of Officers. The following specimens will be exhibited. Mr. Wagstaffe: A Milk-yielding Tumour of the Breast. Dr. Charles Carter: Supernumerary Pulmonary Valve. Dr. Thompson Dickson: Microscopical Specimens of the Spinal Cord from a Case of Amputation of the Thigh. Mr. Gay: A Varix. Mr. Gay: An Unusual Form of Femoral Hernia. Dr. King: Stomach from a Case of Poisoning by Hydrofluoric Acid. Dr. Robert Liveing: Aneurism of the Thoracic Aorta. Dr. Peacock: Diseased Heart. Dr. Peacock: Diseased Liver with Thrombosis of the Portal Vein.  
**WEDNESDAY**.—Epidemiological Society, 8 P.M. Dr. Buchanan, "On the Concurrence of Epidemics"; Dr. Squire, "On the Periods of Infection in Epidemic Disease."  
**FRIDAY**.—Clinical Society of London, 8.30 P.M. Annual Meeting for the Election of Officers and Council. Mr. Callender, "On a Mode of Dressing Wounds"; Dr. Lockhart Clarke, "On a Case of Cysts in the Cerebellum"; Dr. Edis, "On a Case of Right Hemiplegia occurring during Pregnancy, with rapid Recovery after Parturition."

### 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.

#### PRIZE MEDAL OF THE BRITISH MEDICAL ASSOCIATION.

THE HASTINGS GOLD MEDAL, value Twenty Guineas, is offered annually by the British Medical Association as a Prize for an Essay on some subject connected with Medical Science. The subject selected for competition for 1873 is, "On the Pathology and Treatment of Ovarian Diseases," and the award will be made at the Annual Meeting of the Association in that year. Essays must not be in the handwriting of the author. Each essay, which must not exceed in length twenty-four pages of the BRITISH MEDICAL JOURNAL, must be sent, under cover, with a sealed envelope bearing the motto of the essay and the name and address of the author, to the General Secretary of the Association, 37, Great Queen Street, on or before the 1st of May, 1873. The successful essay will be the property of the Association, and will be published in the BRITISH MEDICAL JOURNAL.

MR. HOLMES COOTE.

SIR,—I find that, in the notice given in the BRITISH MEDICAL JOURNAL of this date of the death of Mr. Holmes Coote, it is stated that he "breathed his last this week in a public lunatic asylum." Allow me to say that this is incorrect. Mr. Holmes Coote has been for some time the inmate of a private lunatic asylum (Blacklands House, Chelsea), and it was in this establishment that he breathed his last.

I am, etc., EDWARD THOMAS HALL, Medical Superintendent.  
Blacklands House, Chelsea, S.W., December 28th, 1872.

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.

NEMO (Manchester).—We will shortly commence a series of papers on the whole subject, in which this will be included.

ERRATUM.—By a typographical error in the communication from our Liverpool correspondent in the JOURNAL of December 14th, two pathological specimens, exhibited by Dr. Carter at the Medical Institution, were represented as belonging to the same subject; namely, cancer of the liver, and aneurism of the thoracic aorta.

#### WATER-BEDS.

SIR,—As I find that there is an inconvenience attending water-beds (more especially the larger sized ones, after being used some time), from the air and water tending to raise the parts not pressed upon to an undue height, I have been thinking it would be desirable to connect the inner surfaces of the beds by means of ligaments. I am not aware that such a thing has been tried, and shall be obliged if you can kindly afford me any information on the subject, or refer me to a manufacturer.

I am, etc.,  
WALTER LATTEY,  
Medical Officer, Southam Workhouse, etc.

Southam, Rugby, December 23rd, 1872.

\*\*\* The water-beds of Mr. Hooper, Pall Mall East, are constructed with internal ligaments, to obviate the objection referred to. Some attention to the filling is necessary, for which he has specific printed directions. Mr. Hooper writes to us: "If I can assist your correspondent, it will give me pleasure to do so."

DR. DALTON, Cheltenham, requests us to publish the following letter, a copy of one which he has addressed to Sir William Fergusson.

Dear Sir William,—I congratulate the members of the British Medical Association on having secured your services as President for the annual meeting for 1873. Allow me, Sir William, to suggest to you that, with the aid of the Council and of the profession generally, and also with the assistance of a generous public, you may have the will and be enabled to announce to our Association, at the annual meeting for 1873, that sufficient funds have been collected to enable the Council to determine on the establishment of a British Medical College for the education of the daughters of medical men, to be conducted on similar principles as the school at the Royal Medical Benevolent College at Epsom. Let every registered member of our profession be invited, through the press and otherwise, to subscribe to a fund for this object. Also let the Council be invited to appoint Honorary Local Secretaries for this purpose, throughout the United Kingdom, to canvass for subscriptions and donations, not only from the members of our profession, but also from the general public, so largely indebted to us for an amount of gratuitous services rendered by no other profession. That you will succeed in establishing a British Medical College for the daughters of medical men I cannot doubt, if supported, which I firmly believe will be the case, by a good staff of officers: the keel of such a noble structure of benevolence may be laid at the next annual meeting. The urgent demands of our sons excited my sympathy for the education of their numerous sisters, and this I offer as an apology for bringing this much required charity under your notice as President of our world-wide Association for 1873. Pray use your best efforts to effect so desirable an object, one that, I am sure, will give your personal feelings more satisfaction than the honour of a peerage could confer (in my humble opinion).—I am, dear Sir William, yours faithfully,  
WM. DALTON.

To Sir Wm. Fergusson, Bart., President-elect of the  
British Medical Association for 1873.  
Cheltenham, Dec. 30th, 1872.

WE are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Liverpool Weekly Albion, Dec. 28th; The Manchester Guardian, Jan. 1st; The Ulster General Advertiser, Dec. 28th; The Scotsman, Dec. 31st; The Bath Express, Dec. 28th; The Birmingham Daily Post; The North Wales Chronicle; etc.

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

Mr. W. S. Savory, London; Dr. Latham, Cambridge; Dr. Dickinson, London; Dr. G. Johnson, London; Dr. Shingleton Smith, Bristol; Dr. Arlidge, Stoke-upon-Trent; Mr. Hoggood, Sunderland; Dr. W. Carter, Liverpool; Mr. Domville, Exeter; Mr. Cuffe, London; Mr. Booth, Sheffield; Dr. Johnson, Kilkenny; Mr. Brigstocke, Calne; Dr. Gibbon, London; Dr. Finch, Colchester; Mr. Hall, Chelsea; Dr. Fothergill, London; Mr. Ll. Thomas, Dudley; Dr. Dalton, Cheltenham; Dr. Foss, Stockton-on-Tees; Dr. Broadbent, London; Mr. W. Rigden, London; Dr. Inglis, Worcester; Nemo, Manchester; Mr. G. S. Thorn, Devonport; Mr. Lawton, London; Mr. Lewis, Northampton; Mr. Hartley, Cheltenham; Mr. Hopkins, Bath; Mr. De la Motte, London; Mr. Humphreys, Guildford; Mr. Biggs, Salisbury; Mr. Ravenhill, Wolverhampton; Mr. Plowright, King's Lynn; Dr. Haining, Chester; Mr. Caruthers, Runcorn; Mr. Settle, Hammersmith; Mr. Archer, Weston-super-Mare; M.D.; Mr. Sharp, Derby; The Registrar-General of England; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; Mr. Wanklyn, London; The Registrar of the Medical Society of London; Dr. A. W. Edis, London; Mr. J. W. Langmore, London; Mr. Lewis Mackenzie, London; Mr. H. Langdale, Brighton; The Secretary of the Pathological Society; Mr. R. B. Hogg, Aylesbury; Our Glasgow Correspondent; The Secretary of the Pathological Society; Mr. Hinton, Warminster; Mr. Hickman, Shrewsbury; Dr. Corfield, London; Mr. Marsh Jackson, Smethwick; Mr. John Manson, Aberdeen; Mr. J. R. Baumgartner, Norwich; Mr. C. E. Hardyman, Worcester; Dr. E. Thomson, Colchester; Mr. W. L. Roberts, Bradford; Mr. J. W. Plaxton, Hull; Dr. Alexander Ogston, Aberdeen; Mr. J. Keen, London; Mr. McClure, Wellow; etc.

### BOOKS, ETC., RECEIVED.

English Midwives. By J. H. Aveling, M.D. London: 1872.  
Hospitler und Wohlttigkeits-Anstalten. Mit 60 Abbildungen. Dritte Auflage.  
Von Dr. Franz Oppert. Hamburg: 1872.