

ABERDEENSHIRE LONGEVITY.

FOUR deaths, and no others, were intimated in a recent number of the *Aberdeen Daily Free Press*. The average age of the persons was 87½ years. One was 97, another 92, a third 85, and the fourth 75; and this in spite of the pronounced and hard fare and weather of Aberdeenshire.

THE NEW INFIRMARY BUILDINGS, EDINBURGH.

IN consequence of the want of sufficient funds, and the recent Act of Parliament throwing the responsibility of providing epidemic accommodation on the local authority, the Managers have decided in the meantime to proceed only with that portion of the building intended for the reception of medical patients. They propose to alter the former Watson's Hospital for accommodating the domestic and other general establishments. This work will, it is hoped, be completed at the end of three years.

THE LADY MEDICAL STUDENTS AND THE ROYAL INFIRMARY.

QUEEN STREET HALL was on Monday the arena in which the contributors to the Royal Infirmary again fought over the subject of female medical education, and the result, unless reversed by the scrutiny of votes, appears to be unfavourable once more to the ladies. A list of gentlemen known to be favourable to their cause was proposed to represent the contributors on the Board of Management, but their opponents carried a list which, although containing the names of three gentlemen on the list favourable to the female medical students, leaves the supporters of the ladies in a minority at the Board.

SMALL-POX HOSPITAL FOR PARTICK.

THE Directors of Glasgow Royal Infirmary must feel some relief from the announcement that the large suburban burgh of Partick is about to be supplied with a small-pox hospital. The premises to be used for this purpose were erected some years ago in view of a visitation of cholera. They are situated on a large vacant piece of ground to the north of the police-office, and the hospital has for some time been used as a place of worship by an Episcopalian congregation.

FEVER-BREEDING IN ABERDEEN.

THE *Aberdeen Medical Student*, in an article on the Fever Accommodation at the Aberdeen Royal Infirmary, points out that, notwithstanding the erection of a new fever-house, the old practice of mixing infectious fever cases of different kinds together is still continued. It was believed that a practice so unjustifiable as that permitted to exist in the Aberdeen Royal Infirmary would cease to prevail when the new fever-wards were opened: but it would appear that fever-patients sent to that institution are still to be exposed to the risk of contracting one form of fever after another—that is to say, if the unfortunate person survive long enough. It was pointed out in considerable detail some years ago in these columns that the Aberdeen Royal Infirmary had seriously lagged behind well-administered institutions of the kind, in the means placed at the disposal of the medical officers for the proper treatment of disease, and that one of the great wants of the Infirmary was proper fever accommodation. A movement was shortly afterwards set on foot which led to the erection of the present fever hospital. The excellence of the accommodation and the situation of the new fever-house are both, to say the least, open to question. These are minor considerations as compared with the system still alleged to be in force, of willingly and with forethought exposing patients labouring under one infectious and dangerous fever to the danger of contracting another—and, in the weak condition of the patient, probably a fatal illness. The authorities of the Infirmary cannot conceal the fact that year by year patients are so exposed. Why, then, should this be tolerated? Would any one of the managers themselves consent to be placed under such conditions as their poorer neighbours? Certainly not; and were the real unfairness—yea, the almost criminal character of the offence—brought properly home to them, they would, we believe, at once admit the necessity for proper arrangements. But this

cannot have been done. Who is to blame in the matter? We cannot help feeling that the managers, obstructive though they have shown themselves to be in many reforms, are not altogether at fault. We fear it rests in large measure with the medical officers. Did they in a body assert their proper authority, the matter might be easily arranged. If the managers decline to offer protection from further infection to fever-patients, the public of Aberdeen should at least be made fully aware of the risks they run under the present management. Until it is officially denied, the public, who have a right to information on the subject, should understand that the chances to a fever-patient of again coming out of the Aberdeen Royal Infirmary are seriously diminished by the present arrangements.

GLASGOW ROYAL INFIRMARY: ANNUAL MEETING.

THE usual annual meeting of the contributors to the Infirmary was held on the 6th instant. From the reports read there, it appears that the finances have been during the past year in a prosperous condition. The number of patients treated during the year was 5,446, which is 568 less than the previous year. This decrease, however, is more than covered by the falling off in the fever-wards, there having been 709 fewer patients in these wards last year than the year before. In respect to small-pox accommodation, the directors have come to the conclusion to admit no cases of this disease, though they do not indicate very clearly how their patients who reside beyond the municipal boundaries are to be treated. Those within the city are to be sent to the City Fever Hospital as formerly; but, as was mentioned last week, the Board of Police have now resolved to admit no small-pox patients from beyond the municipal boundaries.

IRELAND.

IRISH POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

A MEETING of the North-Western Branch of this Association was held in Omagh on January 2nd, to hear a statement from Dr. Maunsell (Secretary of the Association) in anticipation of the introduction of a Public Health Bill for Ireland during the coming session. Dr. Motherell, of Castlederg, county representative for Tyrone, took the chair. There were present a number of medical men from Londonderry, Donegal, Armagh, and the neighbouring counties. Having heard a lengthened explanatory statement from Dr. Maunsell, resolutions to the following effect were passed. "That, as the prevention of disease would be the great object of the Public Health Bill, the action of the Diseases Prevention Act should be made continuous, and not allowed to remain intermittent, as at present, and only put into force 'whenever any part of Ireland is threatened with, or is affected by, any formidable epidemic, endemic, or contagious disease.'" "That every dispensary medical officer should be *ex officio* the medical officer of health of his district, in order to consolidate the preventive and curative medical system in Ireland." "That for the performance of such duties they should receive such salary or remuneration as the Local Government Board should direct or approve." "That provision should be made that medical officers of health, when called upon to attend as witnesses in courts of law or at sanitary investigations, should receive fees and expenses, there being no provision for payment of medical witnesses in Ireland." "That provision should be made, as under the Medical Charities Act, for the appointment of medical inspectors under the Public Health Act."

ASSOCIATION INTELLIGENCE.

SHROPSHIRE SCIENTIFIC BRANCH: ANNUAL MEETING.

THE annual meeting of this Branch took place in the Natural History Museum, Shrewsbury, on November 20th; H. NELSON EDWARDS, Esq., President of the Branch, in the Chair.

The CHAIRMAN gave a short introductory address.

Vice-President.—On the proposition of Dr. JOHNSON, seconded by Mr. ROPE, Thomas Greville Thursfield, M.D., was elected Vice-President.

New Members.—Six new members were elected.

Communications.—1. Dr. NEALOR THURSFIELD read a paper on the Duties and Difficulties of a Health-Officer.

2. Mr. W. EDDOWES read a paper on Removal of a Cartilaginous Tumour of the Parotid Region, a Fibroid Tumour of the Breast, and a Scirrhus of the Breast, and union by the first intention (without the aid of artificial means), or by simple apposition.

3. Mr. EDDOWES also described a case of Traumatic Tetanus cured by the internal administration of the Extract of Calabar Bean and Hydrate of Chloral.

4. Mr. T. BLUNT read a paper on the Probable Cause of the Eruption on the Skin which occasionally follows the Administration of Hydrate of Chloral.

Very animated discussions followed the reading of the several papers.

A large collection of calculi was exhibited.

A number of new instruments, splints, and other mechanical contrivances, were shown.

Dinner.—Forty members and visitors dined together at the George Hotel.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH : PATHOLOGICAL AND CLINICAL SECTION.

THE second meeting of the session was held on Friday, November 29th. Present, FURNEAUX JORDAN, Esq., in the Chair, and thirty-five members and visitors.

New Members.—Eight members of the Branch were admitted members of the section.

Communications.—1. *Pulmonary Hernia.*—Mr. OLIVER PEMBERTON exhibited a man aged 33, in whom the right lung formed a herniary tumour, through a space left by fracture of the fifth rib, six years previously, by a wagon-shaft. No trace of the rib could be found. It had evidently disappeared.

2. *Diseased Testis.*—Mr. PEMBERTON also showed a testis removed by operation from a patient aged 28. The specimen was one of true cystic disease, with enchondromatous formations. The history was of eight months' duration only, and the disease was without known cause.

3. *Rodent Ulcer and Malignant Disease of Orbit.*—Mr. PRIESTLEY SMITH exhibited a case from the Eye Hospital, under Mr. Solomon. A rodent ulcer of ten years' standing had destroyed the soft parts between the left eyeball and the inner wall of the orbit, forming a chasm more than an inch in depth, which communicated behind with the ethmoidal cells. Within the last year and a half the disease had taken on a more malignant action, and a firm nodulated tumour occupied the orbit and below the globe. A grooved needle had been introduced, and a portion exhibited under the microscope showed cells resembling those of the spindle-shaped sarcoma.

4. *Pigmented Skin-Disease.*—Mr. MANLEY brought a rare case of pigmented skin-disease on the back of each hand of a young healthy looking man. The patches were white, surrounded by a yellowish brown pigmentation.

5. *Paracentesis Thoracis for Empyema.*—Mr. MABERLEY exhibited a boy aged 10, on whom paracentesis thoracis had been successfully performed for right empyema. When first seen, the patient was greatly emaciated, the disease having lasted about ten weeks, coming on after scarlet fever. For ten days he had had no sleep; his breathing was hurried and very laborious; pulse almost imperceptible. The right side of the chest was dull throughout, and the apex of the heart beat one inch and a half to the outer side of the left nipple. Paracentesis thoracis was at once determined upon. On April 25th, accompanied by Mr. Whitehead, Mr. Maberley performed it. The chest was punctured in the usual place, and about a pint of thick pus withdrawn, with immediate relief. The operation was repeated three times subsequently. The last time the chest was punctured was on July 23rd. After all the pus had been withdrawn from the chest by means of an exhausting apparatus, the pleural cavity was thoroughly washed out with a weak solution of tincture of iodine and warm water. Since then he had progressed favourably, and now went to school, and was able to play with the other children. The breathing could be heard in all parts of the chest, and the boy was plump and hearty.

6. *Poisoning by Chloral.*—Dr. JAMES THOMPSON (Leamington) read details of a case of narcotic poisoning. The patient, a female aged 27, took at a draught a mixture (six ounces) containing three drachms of chloral hydrate. She was not seen until two hours afterwards, when she was found wildly delirious. This state gradually passed off, and she fell into a quiet sleep, which lasted sixteen hours, and ended in

recovery. This woman had been in the habit of frequently taking dose^s of chloral.

7. *Ovarian Tumour.*—Dr. THOMPSON also presented a specimen of ovarian tumour which had been removed from the body of a female aged 54. Death took place from the effects of an overdose of tincture of opium, which the subject had taken to relieve uneasiness in the abdomen. The tumour was attached by a long pedicle to the right ovary, which was not itself diseased. It was of the size of a large orange, and contained a semifluid mass of cheesy appearance. It appeared from the previous history to have caused much inconvenience during life.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH : GENERAL MEETING.

THE third general meeting of the present session was held at the Midland Institute on Thursday, December 12th, at 3 P.M. Present: THOMAS EBBAGE, Esq., President of the Branch, in the Chair, and forty-eight members and visitors.

1. *Production of Diastolic Murmur.*—Dr. BALTHAZAR FOSTER showed a specimen of incompetency of the aortic valves, to illustrate the direction of the conduction of the diastolic murmur. In this case, during life, the diastolic murmur had been heard very distinctly at the left apex, and this had led Dr. Foster to point out to his class at the General Hospital that it was most probably the left segment of the aortic valves which was incompetent. On *post mortem* examination, the aortic valves were found free from vegetations, but were incompetent to close the mouth of the aorta; the incompetency was chiefly due to shrinking and thickening of the left segment. Dr. Foster had previously observed a similar conduction of the murmur associated with lesion of the left valve-segment.

2. *Partial Vicarious Menstruation.*—Mr. LAWSON TAIT showed a young girl, in the beginning of her menstrual life, who had bleeding periodically from a faint mother's mark on the right side of her face. It was, of course, a case of partial vicarious menstruation, but resembled, in some respects, the well known cases of "stigmata."

3. *Malformed Fetus.*—Mr. TAIT also showed a malformed fetus delivered by him in consultation. Considerable difficulty was at first met with in diagnosing the presentation from the existence of what was afterwards found to be an irregular *spina bifida*. There seemed to be an absence of some of the dorsal and cervical vertebræ.

4. *Skin-Grafting.*—Mr. BENNETT MAY exhibited a patient of Mr. Goodall's—a boy, aged 14—showing the condition of the parts in a case of skin-grafting after the lapse of six months. Each graft still remained isolated in the surrounding cicatricial tissue. The cicatrix (an extensive one encircling the knee, following a lacerated wound) was perfectly flexible and sound, and had stood the test of hard work very well.

5. *Congenital Nævoid Tumour.*—Mr. MAY also showed a boy, aged 11, from whom Mr. Goodall removed a large congenital nævoid tumour of the abdominal wall. The removal was mainly effected by ligature, as very free hæmorrhage prevented the completion of the operation by excision. A coloured drawing illustrated the description of the tumour.

6. *Intestinal Obstruction.*—Mr. MANBY deprecated the course usually taken by authors on this subject in dissociating from intestinal obstruction the external herniæ. He proposed a simple classification of causes according as they arose: (1) outside, (2) in the structure of, or (3) within the tube of, the gut. The paper was illustrated by several cases of interest; among others, one of successful result of operation for strangulated umbilical hernia in which the sac was opened (the hernia had been irreducible only six hours, however). A case of intussusception had been treated successfully by inflation of air. A gall-stone as large as a walnut was shown, which had been passed after the most urgent symptoms. The patient subsequently recovered. Colotomy should be more often resorted to before the patient becomes too weakened by cancerous or simple stricture of the rectum. Opium in full and repeated doses was especially extolled in treating obstruction from impacted feces.

7. *Hæmorrhage into the Peritoneal Cavity.*—Dr. WELLESLEY TOMKINS described a case. It is published at page 33.

8. *Subcutaneous Wound of the Tibial Artery.*—Mr. ALFRED BAKER detailed a case that had recently occurred in his practice in the General Hospital. A labouring man had noticed a slight swelling on his ankle; this gave him no pain until when at work he struck it a severe blow with a spade; after this it gradually and continuously enlarged. Exploratory incision only gave exit to a little blood. On operating for the removal of the swelling, Mr. Baker found that it originated in a wound of the anterior tibial artery, which had bled into an old bursal cyst. Mr. Baker pointed out the peculiarity that a blow should incise the artery without wounding the skin.

fails to be strengthened by the study, while certainly the bodily health is not unfrequently impaired, and in some cases is permanently injured.
November 1872. I am, etc., M.B.Lond.

VOLUNTEER MEDICAL REGULATIONS.

SIR,—The letter of your correspondent of November 10th concludes with a wish to know if any Volunteer surgeon has been officially offered remuneration for attendance on any member of the staff. I will throw what little light I can upon the matter from my own experience, and will also add that I have a very strong impression that large numbers of the medical officers have swallowed their indignation and pocketed the twopence a week. It is the old story over again; and Mr. Cardwell probably knows too well that, if he have patience, the pitiful lack of spirit and union which characterises our profession will ere long set things right for him.

A few weeks ago, the sergeant-instructor attached to one of the companies in my battalion applied to me to attend him under Clause 43 of the new Regulations. I declined, believing that these Regulations were not in force. At the same time, I wrote to the adjutant to ask what the state of things was; intimating that, if the clause were to be enforced, I must send in my resignation. His reply was to the effect that the Regulations had not been cancelled, and therefore must be acted on; but that the assistant-surgeon to a battalion was not alluded to at all, and that the sergeant must apply to the honorary assistant-surgeon of his own corps or company. He added that, as for himself, he had applied to the surgeon of the battalion, "who had undertaken to do all that was needful"—i.e., to attend himself and family at the twopence-a-week allowance. The sergeant-instructor applied to the medical officer of his own corps, and obtained immediately his attendance at the same rate of remuneration.

After this, what are we "to impress on Mr. Cardwell"?

I am, etc., W. L. WINTERBOTHAM, M.B.Lond.,

Assistant-Surgeon 2nd Administrative Battalion Somerset R. V.
November 1872.

MEDICAL FEES.

SIR,—There is another point of view from which I should rejoice at a settlement of the question raised by a Provincial Physician. I am a medical man retired from the army, with sufficient means to keep soul and body together, though not to spend freely. I have a large family, and, owing in a great measure to prolonged illness, I have been unable hitherto to settle down into private practice—in fact, I have been more or less of a wanderer in search of health. I have had occasion, in various places where I have resided as a stranger, to seek medical assistance either for myself or my family. I can afford to pay for this assistance, and I desire to do so; but professional etiquette says No. I may thank the doctor to the best of my ability, and my wife may present him or his wife with some useless drawing-room ornament or other; but the result is, nevertheless, unsatisfactory to me, and, I doubt not, to him also. What comes of this? That on several occasions, I had almost said on many, I have endured pain myself, and have seen those dear to me suffering, when, had I been one of the general public, I would have instantly sent for a doctor, but which I, a medical man, was debarred from doing by the consideration that the case was not sufficiently serious to warrant my accepting the gratuitous services of a stranger, no matter how philanthropic he might be.

I am, etc., R. L. H.

SIR,—In the year 1869, I was requested to attend gratuitously a woman who claimed exemption from surgical fees, "because she had a cousin whose friend was a medical man." This *reductio ad absurdum* will, doubtless, open the eyes of many a medical man, and warrant him in asking, "Why is an honest man's labour refused an honest man's pay?"

I am, etc., RICHARD DAVY,
Assistant-Surgeon to the Westminster Hospital.

OBITUARY.

WILLIAM ELMSLIE, M.D., CASHMERE.

WE regret to announce the death of Dr. W. Elmslie, medical missionary at Cashmere. After passing his student's career with some distinction at the Universities of Aberdeen and Edinburgh, he graduated at the latter in 1864. He then went to Cashmere as medical missionary, where he became a successful missionary and medical practitioner. His devoted labours in that country during the prevalence of cholera called forth expressions of the greatest admiration in Indian papers.

He had bestowed considerable attention to the Cashmere language, and had in view the preparation of a dictionary of the language. He died on November 18th at Goojerat of liver-disease, deeply regretted.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, January 2nd, 1873.

Draper, Matthew Ryder, Cheltenham
Edwards, Frank, Wixoe, Halstead, Essex
Mahony, John Robert, Farnham

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

Bernays, Sidney A., St. Thomas's Hospital

MEDICAL VACANCIES.

The following vacancies are announced:—

BRIGHTON AND HOVE LYING-IN INSTITUTION—Resident House-Surgeon: £100 per annum, furnished apartments, coal, gas, and attendance.
CHELTENHAM GENERAL HOSPITAL AND DISPENSARY—Resident Surgeon to the Branch Dispensary: £120 per annum, furnished residence, and allowances for servants, coal, gas, etc.

DENTAL HOSPITAL OF LONDON—Dental House-Surgeon: £40 per annum.
DRIFFIELD UNION, Yorkshire—Medical Officer for the Weaverthorpe District.
GENERAL HOSPITAL, Nottingham—Resident Surgeon Apothecary: £150 per annum, furnished apartments, board, and washing.

INDIAN MEDICAL SERVICE—Sixteen Assistant-Surgeons.

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.

MEATH COUNTY INFIRMARY, Navan—Apothecary and Registrar: £52:15:8 per annum, furnished apartments, coal, and gas.

MERTHYR TYDVIL UNION, Glamorganshire—Medical Officer for Workhouse.
MULLINGAR UNION, co. Westmeath—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Tyrrellspass Dispensary District: £110 per annum, and fees and residence.

NATIONAL HOSPITAL, Newman Street—Consulting Physician.—Physician.
NATIONAL ORTHOPÆDIC HOSPITAL, Great Portland Street—Consulting Physician.—Consulting-Surgeon.—Surgeon.

NAVAL MEDICAL SERVICE—Assistant-Surgeons.

NEWPORT, Monmouthshire—Medical Officer to the House of Refuge.

NEWPORT UNION, Monmouthshire—Medical Officer for the St. Woollos District: £140 per annum.—Medical Officer for the Workhouse and Infirmary: £40 per annum.

NOTTINGHAM, Borough of—Medical Officer of Health.

PROVIDENT SURGICAL APPLIANCE SOCIETY, Broad Street Buildings—Surgeon: £100 per annum.

RATHDOWN UNION, co. Dublin—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Powerscourt Dispensary District: £110 per annum, and fees.

ROYAL INFIRMARY, Dundee—Resident Medical Superintendent.
ROYAL INFIRMARY FOR CHILDREN AND WOMEN, Waterloo Bridge Road—Physician.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL—Surgeon.

ST. GEORGE and ST. JAMES DISPENSARY, King Street, Regent Street—Physician-Accoucheur.

ST. MARY'S HOSPITAL, Manchester—Medical Officer: £60 per annum, board, and residence.

SLIGO UNION—Apothecary to the Sligo Dispensary: £80 per annum.

SOUTH SHIELDS and WESTOE HOSPITAL—House-Surgeon: £100 per annum, partly furnished residence, coals, and gas.

SURREY DISPENSARY, Great Dover Street—House-Surgeon.

UNIVERSITY OF LONDON—Assistant Registrar: £500 per annum.

WIGAN, Borough of—Public Analyst.

MEDICAL APPOINTMENT.

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

WARNER, Francis, M.B., appointed House-Surgeon to the Royal Surrey County Hospital, Guildford, vice H. Humphreys, M.B., 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.

MARRIAGE.

ELLIS, Henry V., M.B., of Reynoldstone, to Marion, eldest daughter of John Barron, Esq., of Penrice, at Nicholaston, near Swansea, on January 2nd.

DEATHS.

BENNETT.—On January 8th, at Liverpool, aged 32, Sarah Jane, wife of James M. Bennett, M.D.

HUTCHINSON.—At Bishop Auckland, on January 2nd, Jane, the wife of *V. Hutchinson, M.D.

SMEDELEY, Nathan, L.R.C.P.E., at Bolton, aged 23, on December 28th.

DR. HEBER D. ELLIS has been unanimously appointed Medical Officer of Health for the borough of Poole; population 10,000; salary £60, subject to revision in six months. The authorities have decided not to accept the Government grant at present.

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.

EXPECTED OPERATIONS AT THE HOSPITALS.

GREAT NORTHERN HOSPITAL, Wednesday, January 15th, 2½ P.M. Lithotomy, by Mr. T. Carr Jackson.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

TUESDAY.—Royal Medical and Chirurgical Society, 8.30 P.M. Dr. Alexander Rattray, "Analysis of Ship Air and its effects."

THURSDAY.—Hunterian Society, 8 P.M. Mr. Hutchinson, "On the Laws of Hereditary Transmission of Gout."

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.

WE apprehend that a subscriber is bound to attend under the order of the relieving officer. If he thinks that the man is not a proper subject for such an order, he should make a complaint setting forth the facts carefully to the Board of Guardians.

DR. ROOKE (Cheltenham) has rendered good service by his local refutation of the fallacies of the anti-vaccinators; but they are, perhaps, hardly worth a more extended notice in these columns.

J. F. E. LIMEHOUSE.—Medical witnesses, like others, are entitled to their fees at or immediately after the inquest at which they give evidence. By a very bad arrangement, however, coroners are called on by the magistrates to advance such fees out of their own pockets; and hence, we believe, delays are not uncommon.

INQUIRER asks:—Can any of your readers kindly advise me what to use as a safe and yet efficient depilatory? The case is one where the hairs are numerous, have persisted for some years, and cause considerable distress to the patient.

AN ADVERTISEMENT.

THE following advertisement appears in a local paper. Our condemnation is sufficiently expressed in putting it here in the pillory.

"December 1872.—George M. Davidge, L.A.H.I., L.M.R.L.H.D., late Certifying Surgeon over Factories, Medical Officer and Public Vaccinator for twenty-five years over two dispensaries and the constabulary in the unions of Old Castle and Delvin, in the counties of East and West Meath and Cavan, in Ireland, Resident Assistant to one of the largest lying-in hospitals in Ireland, where the average number annually of women delivered in their confinement were 3000 to 4000, now takes leave to inform the gentry and inhabitants of Bacup and neighbourhood that, having thrown up the appointment he held from Dr. Clegg, he has entered into an arrangement with his son-in-law, and has undertaken the management of his surgery and practice in Bacup, for which purpose one of Mr. Pilling's houses in Newchurch Road has been taken. He begs to inform families who may wish to enter into a yearly contract for medical and midwifery attendance, with medicine supplied, on reasonable terms. Where no contract shall be effected, the following low charges will be fixed and continue till the 1st July, 1873:—For a case of midwifery within the town of Bacup, 5s.; for a single visit with medicine supplied consequent on the visit at the time, and within the town of Bacup, 2s. 6d. For all bottles of mixture prescribed at the surgery, no matter how costly the medicine may be, and which are now charged for 8 oz. mixtures 2s., 6 oz. 1s. 6d., and 4 oz. 1s., the charges will be one half these prices, viz.: 1s. for 8 oz., 6d. for 6 oz., and 4d. for 4 oz. mixtures, to be paid for at the time."

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.

THE USE OF SIRI OF BETEL.

SIR,—I observe in to-day's *Times* an extract from the *New York Mail* regarding the use of siri among the natives of India; and as the statement is full of inaccuracy, the result doubtless of hasty and imperfect observation on the part of the author, I trust you will permit me to make a few remarks on it. Firstly, then, the habit is not a partial one, as the use of spirits or tobacco is among us, or that of opium among the Chinese; but siri is chewed by both sexes of all ranks and at nearly all ages. The wearing out of gums and digestion, if it mean anything, must therefore lead to early death among *whole nations*; a conclusion which I do not think statistics carry out. Secondly, the "crumbling down of the teeth to a level with the gums" shows that the writer has only been among certain Malay tribes, among whom it is the fashion to wear the teeth short and black. This crumbling is accomplished by a much speedier process than chewing siri, a good steel file being the instrument used; while the staining of the teeth and gums is carefully attended to by rubbing them with a quid of moistened tobacco. So much for the short black teeth. Thirdly, had the writer widened his sphere of observation among the people of continental and insular India, he must certainly have seen many tribes, nay nations, who use siri to quite as great an extent as the others, but among whom, the fashion being different, the teeth are *not filed and are cleaned*, and among whom the rule, not the exception, is sets of teeth of perfect regularity and pearly whiteness, so beautiful in fact, that not even the services of a dentist, an institution of course unknown among natives, can produce their equal in one out of hundreds of Europeans. I am, etc.,

London, December 30th, 1872.

SIRI.

EDIBLE AND POISONOUS MUSHROOMS.

SIR,—In the BRITISH MEDICAL JOURNAL, December 14th, 1872, you refer to the remarks of W. G. S., in the *American World of Science*, as to the difference between the true edible mushroom and a poisonous variety resembling it.

W. G. S. says that the common mushroom (*Agaricus campestris*) invariably grows in pastures; this is perfectly true; but he suggests that the varieties which grow in woods should be left alone. As many thousand tons of this valuable food grow in certain woods, and is wasted, it does appear to me remarkable that such delicious diet should be so disregarded by the public generally, particularly as food is so dear in these times; but few know its nutritive value, let alone the delicacy of numerous varieties of the edible fungi. As a general rule, I have found, in my small experience, that if the fungus tastes hot, and has a disagreeable aroma, it is unsafe to eat it, and it most likely belongs to the poisonous family; but if, on the other hand, it has a delicious flavour, and imparts an agreeable aroma, it is safe, and is of the edible variety. There may be exceptions; but I have never experienced any danger by following this rule, when I have found a specimen unknown to me by name. Some woods are famous for one particular variety; for instance, I have gathered bushels at a time of the *Boletus edulis* in a fir plantation, where, apparently, no other vegetable life would grow but the tree itself; the land was deeply drained by open trenches; the surface of the soil covered with several inches of dry semi-decayed woody fibre, the *debris* of the larch. This variety is most delicious, equal to my mind if not superior to the *Agaricus campestris*. In another wood adjoining, consisting chiefly of birch, where the ground is not so well drained, is found in the autumn vast quantities of the *Agaricus rubescens*, a very beautiful specimen of the *Agaric*, which is perfectly good and nutritious, but not so delicious as the former.

I have thought it well to remind your readers that other varieties of edible mushrooms, which grow in great abundance in woods, should not be disregarded or overlooked in favour of the well known *A. campestris*, before referred to.

I am, etc.,

ROBERT CUFFE, M.R.C.S. Eng.

Woodhall Spa Villa, January 1873.

MEDICAL ETIQUETTE.—We would request Dr. Tennant to bring the circumstances in which he considers himself professionally aggrieved under the notice of the Council of his Branch. We shall be happy, if subsequently desired, to publish a brief statement, coupled with their decision.

SUSPENDED ANIMATION.

At the meeting of the Middlesex Hospital Medical Society, held on Thursday, December 12th, 1872, Mr. G. Edgar Lawrence exhibited a baby a fortnight old, in whom animation was suspended for two and a half hours after birth. He stated that the labour, the woman's sixth, was very tedious. The presentation was head and left arm and cord, the umbilical pulsation being distinctly felt. Turning was tried without success, and eventually the patient was delivered by the long forceps. At birth, the pulsation in the cord was so weak as to be scarcely perceptible, and the child gave two gasps, there being a long interval between each. Friction to the surface of the body, hot and cold applications alternately were tried, as well as artificial respiration by Silvester's method, and, after half an hour, pulsation could not be felt in the cord, neither had the child shown any further signs of life. The cord was separated from the placenta; and, as a last resource, mouth-to-mouth insufflation was tried, Silvester's method being resumed. This was continued for three quarters of an hour, at the rate of twelve to fifteen a minute, when the child gasped once or twice, and made an attempt to cough, still no pulsation could be detected at the heart; a warm bath was given, and the treatment resumed for fifteen minutes, when the child showed more signs of life. In another hour, breathing was fairly established; artificial respiration, warm baths, and weak brandy and water, being used at intervals. It had several convulsions, which continued at intervals for nine days after birth, but now the infant appears healthy.

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.

QUACK PROSECUTION FUND.

SIR,—As you were good enough to notice the so far successful effort to suppress a villainous form of quackery, I take the liberty of bringing the claims of the Quack Prosecution Fund before you. I regret to say that the response made to the private application by circular, has not been so generous as one could wish; indeed, it barely amounts to £100 up to the present time. We have proceeded with three cases only, though we have the evidence prepared for several others, and only wait for funds. The cases in which proceedings have been instituted, are—1. "Dr." C. Watson *alias* W. Hill, Esq., M.A., Berkeley House, South Crescent, Bedford Square, who pleaded "guilty", and was bound over in his own recognisances of £1000 to come up for judgment when called upon, meanwhile he undertaking to cease directing attention to himself or his book, whether by advertisement or otherwise. 2. Pulvermacher of Regent Street, whose case differs in kind from the others. This summons was adjourned for six months, the defendant promising to withdraw this "pamphlet for private instruction" from circulation. 3. Kahn's Museum, Haymarket.—8000 copies of the *Philosophy of Marriage* were seized here, and three persons, who all simulated "Dr. Kahn", were committed for trial at the Central Criminal Court on the 13th instant.

All subscriptions will eventually be acknowledged in one or more of the medical journals.

I am, etc.,

THE HONORARY SECRETARY OF THE FUND.

CLOT IN THE HEART AND CEREBRAL EMBOLISM.

SIR,—Referring to a communication in your JOURNAL of the 14th instant, from Elizabeth Garrett-Anderson, M.D., the impression left on my mind, after perusing the account under the title of "Clot in the Heart," was that the cause of disturbance of the system might not have reference to clot in the heart, but be due to the sudden and intense flow of blood into the lungs and liver induced by the removal of pressure after all the fluid had been evacuated allowing the organs to expand much beyond their late condition while impeded and pressed by the collection of fluid causing an almost complete stoppage in the lungs, at least, from engorgement, and nearly stopping respiration or reducing it to a minimum, until, by degrees, the equilibrium between heart and lungs was again established. Although such violent disturbance might be expected almost to leave some permanent injury to the parts directly concerned, yet the very gradual return to an even balance might account for the absence of it. And, granted such a cause, the non-existence of after-complications, scarcely to be accounted for by the supposition of a clot, might the more readily be explained. Symptoms being treated, scarcely any alteration would be necessary in the treatment, save that such a state of things as pointed out being known, local depletion or venesection might have afforded relief, etc. As no anterior history of the case or subsequent demonstration pointed to clot in the heart, I really do not see why such a cause need be assigned unless other explanations fail.

Beeston, Notts, December 1872.

I am, etc.,

JOHN ORTON, M.D.

N.B.—I read that "while the bandage was being fastened", distressing symptoms showed themselves. Might not that point to an interval of remission of pressure after the fluid had been evacuated and before the binder was fastened? That, I believe, might be obviated in a great measure by supplying artificial pressure in place of that produced by the fluid—viz., by having the binder passed over the abdomen and out at each side under the back, each end being held by an assistant, and, as the fluid is gradually displaced, the pressure kept up by a constant steady pull on each end of the binder until the fluid being all, or as much as thought desirable, removed, the binder be made fast, say pinned, without any relaxation of tension, and afterwards to be gradually relaxed as suitable.

MEDICAL PROMOTION FOR MILITARY SERVICES.

SIR,—I cordially agree with your editorial note respecting Dr. Edge's promotion. The only way of meeting such a difficulty would have been to appoint him brevet surgeon, so that, whilst enjoying the full pay and position of his rank, he could not interfere with the advancement of senior men. This plan is found to work effectually in the general service, where officers obtain a brevet for distinguished service, without any increase of regimental rank, and I see no reason why Dr. Edge should not be gazetted surgeon, but extra and supernumerary in that class. We must remember that his promotion will not take effect until he has completed the qualifying period of five years full-pay service, and by that time we may hope for some change in that terrible dead-lock which is now paralysing the energies of the army medical department. It might, I think, have been somewhat difficult to reward this gallant officer in any other way. Being below the rank of field-officer, he was not eligible for the C.B.; and the Victoria Cross seems better adapted for feats of daring dash than for the admirable tactics and soldierlike qualities displayed in this case. We must remember that several medical officers now serving were advanced to higher rank for special services during epidemics, and it would be no less invidious than difficult to make the steady performance of daily professional duty any ground for exceptional reward.

December 1872.

I am, etc.,
LATE ARMY ASSISTANT-SURGEON.

MEDICAL CLUBS.

SIR,—In a letter published in the JOURNAL of December 21st, 1872, Mr. Clark of Dunster calls upon all medical men holding club-surgeoncies to assist in the exclusion of those members of clubs who are able to afford medical charges, and admits "it may be difficult to draw the line, but that can easily be done, and by the question shall, as I hope it will, be taken up by the profession, and by your able assistance." Can a surgeon to a Lodge of Oddfellows draw the line while Rule 64 exists? It enacts: "Members . . . may . . . place their name on the surgeon's list." It appears that members, no matter how well off, can claim medical attendance from the surgeons of their lodges; and that the latter cannot help themselves when men have become members. Originally, a member may have been too poor to incur medical accounts, and so been a fit person for a club; but it is an undoubted hardship on our profession that, when he has prospered and can afford to pay, he should remain entitled to the services of the surgeon to any lodge to which he may pay a penny per week towards the surgeon's fund. Can a surgeon to a lodge refuse to examine a candidate for admission on the ground of his being able to afford fees?

With your correspondent, I hope the matter will be taken up by the profession, and supported by your powerful advocacy.

January 1873.

I am, etc.,
S. H.

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.

CHLOROFORM DEATHS.

SIR,—It is of such extreme importance that the least dangerous anæsthetic should be used, that it is hardly justifiable to wait for the result of observations on human subjects only, when the question might probably be quickly solved by experiments on animals. Many horses have constantly to be slaughtered, and it is only right that those that must be killed should be put to the least possible pain. It would be easy, without putting these poor beasts to any additional pain, to put each under the influence of an anæsthetic, and to notice what proportion of them are killed by the different anæsthetics used. Similar observations might be used upon horses or other animals rendered insensible to save them from the torture of operations; and, though it is not certain, it is highly probable, that the anæsthetics proved least dangerous to horses, are also least dangerous to men. It is very possible such observations may have been already made, but none have I think been published.

London, December 1872.

I am, etc.,

P. H. HOLLAND.

THE ACTION OF ALCOHOL.

SIR,—In a leading article of one of the late numbers of your JOURNAL, referring to the use of alcohol, you took occasion to urge the desirability of investigations being made on the subject in the large hospitals. I certainly agree with you in thinking that there is plenty of room for improvement of our knowledge concerning alcoholic stimulants. There are constantly a large number of patients taking wine, who would be much better without it.

I was much struck, last spring, with the effect of wine on myself, as a patient. I had just emerged from enteric fever, and, there being all the indications for its use, I was ordered, and took wine. Now, instead of benefiting me, it seemed to do just the reverse. I took two glasses during the twenty-four hours. It stimulated in a remarkable manner the heart's action, and always produced, more or less, a feeling of cold; which latter effect is interesting, as showing that wine influences the contractility of the minute as well as of the large vessels, although probably it is indirectly through the nervous system. But that such stimulation was unnecessary, and indeed injurious, appeared from the fact that, when I went out and walked a few miles after taking a glass of wine, a cold perspiration would break out generally, and a feeling of exhaustion come on, compelling me often to sit down at the roadside during my walk; whereas, going to see the same patient another day before taking the stimulant, I felt quite another being. All the time that I was taking wine, for two months after I got out of bed, my pulse could not be coaxed below 120. But, at the end of this period, I stopped the wine; and from that time I date my satisfactory convalescence. I soon noticed a lowering of the pulse; and, certainly, before a fortnight passed, it was down at 72, and faintness and other disagreeable symptoms belonged to the past. My pulse soon came down to 60, which is my normal number.

Now, I cannot but think that the wine materially retarded my recovery. I had been brought down considerably during the acuteness of the disease, and, perhaps, the tissues required repose and filling up, rather than to be stimulated to change by wine. I should not wonder if, before long, the use of wine as a remedial agent should be confined almost entirely to urgent cases of flagging of the heart's power and certain cases of passive congestion, such as often occur in fever.

I will only add, that some of the symptoms in my case quite coincided with those observed by Dr. Parkes in his recent experiments. But, with regard to the latter, is there not a source of fallacy attached to them? How can the quantity of urea excreted, for instance, be taken as a true criterion of the degree of metamorphosis of the tissues, seeing that urea is derived as well from the raw unassimilated albumen in the blood as from the fixed nitrogenous tissues?

Applecross, December 1872.

I am, etc., CHARLES MACLEAN.

WE are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Liverpool Weekly Albion, Jan. 4th; The Manchester Guardian, Jan. 8th; The Ulster General Advertiser, Jan. 4th; The Scotsman, Jan. 7th; The Bath Express, Jan. 4th; The Birmingham Daily Post, Jan. 6th; The North Wales Chronicle; etc.

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

Dr. George Johnson, London; Dr. S. Wilks, London; Mr. T. H. Bartlett, Birmingham; Mr. Ikin, Leeds; Dr. Alexander Ogston, Aberdeen; Dr. C. Radclyffe Hall, Torquay; Dr. Fothergill, London; Dr. Lionel Beale, London; Dr. Joseph Bell, Edinburgh; Dr. Peacock, London; Dr. Hutchinson, Bishop Auckland; Mr. Priestley Smith, Birmingham; Dr. Tennant, Leyland; Dr. J. Matthews Duncan, Edinburgh; Dr. Broadbent, London; Dr. Fraser, Edinburgh; The Secretary of the Royal Medical and Chirurgical Society; Mr. Savory, London; 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. Paul, London; Mr. F. Wachter, Canterbury; Mr. G. Everitt Norton, London; Mr. George Cleghorn, London; Mr. Spencer Watson, London; Dr. Lucey, London; Dr. Althaus, London; Mr. Gillard Lambeth; Mr. A. Young, London; Mr. W. Nuttall, Bury; Dr. Mackey, Birmingham; Rev. Dr. Haughton, Dublin; Mr. Fielden, Shildon; The Secretary of the Hunterian Society; Mr. H. Ellis, London; Dr. Joseph Rogers, London; Our Glasgow Correspondent; Mr. Shirley Deakin, London; Mr. Cleaver, Liverpool; Dr. D. T. Maunsell, Dublin; Mr. Walter Rigidon, London; M.D.; Mr. Ridger, Ashby-de-la-Zouch; Mr. Jakins, London; Dr. Arlidge, Stoke-upon-Trent; Mr. John Marshall, London; A Former Demonstrator of Anatomy, Edinburgh; Dr. Rooke, Cheltenham; Dr. R. W. Smith, Dublin; Mr. Elwin, Limehouse; Dr. R. Barnes, London; Dr. Brumwell, Barnsley; Dr. Willes, London; Dr. Philipson, Newcastle-on-Tyne; Dr. Bennett, Liverpool; Dr. Warner, London; Mr. Tibbitts, Bristol; The Secretary of the Medical Society of London; Dr. Spratt, London; Mr. J. Russell, Neath; Mr. Pope, Cleobury Mortimer; Mr. Leland, Kirkby-Stephen; Mr. E. Pears, London; Mr. T. Leach, Abbeyleix; Mr. Groves, London; Dr. Carr, Blackheath; etc.