

concrete. The portions outside the house should be dug up, as they otherwise harbour rats and other vermin.

21. As a rule, no brick-drains need be laid down inside private grounds or residential estates, as this material is now chiefly confined to the main sewers of towns. Earthenware-pipes are manufactured up to thirty-six inches in diameter, and will be found cheaper and better.

22. Should it, however, for some reason be imperative to build brick, barrel, or egg-shaped drains or culverts, the old-fashioned square drain with flag-cover should never be used, but rather the circular or egg-shaped pattern. The bricks should, moreover, be moulded to the proper radii; and if invert blocks of earthenware or grouted bricks be not adopted, the bottom portion of the drain should be laid in cement. The inverts of different sized brick-drains should never be laid upon the same level, but the difference in height should act as a fall for the lesser drain. Ventilating arrangements, such as already figured, will also be found indispensable, and perhaps deodorising media in addition.

23. Where drains of any kind are subjected to tidal influences, it will be prudent not to rely upon ball-valve traps to resist the evils of backwater and any compression of the gases, but to break the connection of the outlet-drain or sewer above the high-water line.

#### *Disconnection and Ventilation of Drains.*

24. The house-drain should be disconnected from the main drain or sewer, in some efficient manner, as already pointed out.

25. The point of disconnection should be made as near to the house as is convenient, as foul gas will generate wherever sewage is diluted with water.

26. There should be only one disconnection between the sewer and the house. All house-drains should lead into one main collecting pipe on the house side of the delivery into the sewer or sewage-tank.

27. All waste-pipes or overflows from closet-trays, cisterns, or lavatories, and all rain-water pipes, ought to deliver above ground.

28. Where a proper disconnection cannot be carried out, as is the case in many town-houses, an efficient ventilation of the drains should be provided; and the safe rule is to fix an upright tube with easy bends—if bends be unavoidable—at the head of every drain and at the end of every ramification of the drain. The ventilating-pipe should be at all events equal to half the sectional area of the drain. An inch-pipe is quite inadequate to the work to be performed. If a sink or wash-basin must perforce communicate with the drain, a ventilating-pipe should be carried from the underside of the trap out to the open air and to the top of the roof.

29. Rain-water down-pipes are sometimes solely relied upon as ventilators; but this is wrong, for such pipes often terminate under the sill level of dormer windows, and, when most needed, are performing their own duties in clearing the water from the leads and gutters.

30. The soil-pipes of closets should in all cases be well ventilated below the trap, and the pipe carried to the highest part of the exterior. It might in some instances be well to ventilate the trap of the closet itself.

31. Where there is any danger that the ventilators of a house on a lower level may taint the atmosphere of a house or building at a higher level, the evil can be averted by fitting to the top of the ventilator a final containing trays of charcoal or other disinfectants. Several of these contrivances have been already described and figured.

32. If the ventilating-pipes do not terminate in a properly shaped column containing deodorants or disinfectants, the top should be protected from down-draughts and rain by some sort of hood.

#### *Water-Closets.*

33. The water-closets are best confined to one part of the house, and ought to be built one over the other. The building which accommodates them should, wherever possible, project out from the house; a separate tower is, however, most desirable. They should never open into a passage of the house, but command a vestibule or anteroom.

34. The windows in the closet and vestibule should reach ceiling high; and if they be made so that they can shut entirely to the top, or if they be unprovided with ventilating-glass in the upper panes, air-bricks should be inserted in the line of cornice. Closets too often ventilate into a badly ventilated staircase.

35. The soil-pipe should be made of the strongest lead, as the sewer-gases often injuriously affect it. Iron soil-pipes are objectionable, and also iron continuations of the lead-pipes—at least indoors—because lead and iron will not join properly together. Iron also expands and contracts very much, and the joints open and allow the effluvia to escape. Earthenware-pipes should always be held inadmissible.

36. A zinc safe should be fixed tray-fashion under the indoor-closets, in order to guard against any leakage of the working parts.

37. Common hopper closets should never be erected inside the house,

as they accumulate filth largely. Pans with a large evaporating surface are likewise objectionable, unless the supply of water be ample. An automatic flushing action should be arranged to all juvenile and all servants' apparatus.

38. The wooden casing or framing should be made so as to come readily asunder, and the clamped flap or lid should have a hole in it just over the pull-up handle, so that the contents of the pan can be discharged when the lid is down. The wisdom of this will be admitted after noticing the blackness caused on the lead-painted-underside of the flap by the action of sulphuretted hydrogen gas.

39. Where the expense is not objectionable, and in all cases where the ventilation of the soil-pipe is insufficient—a state of things always to be found in crowded towns and in badly arranged houses—a self-acting apparatus may be fixed above the seat, by which the flushing water can be mingled with some powerful disinfecting fluid at every discharge of the closet.

40. A housemaid's sink should be provided on every floor of a house; otherwise the closet will certainly be used for her purposes, the safe below filled with the overflows, and an influx of bad air drawn into the house every time the handle is lifted up to quickly empty the slops.

#### *Traps.*

41. The old bell-traps which permit the covers to be removed should never be used, for the reasons previously stated. An Antill trap, or some similar one which is difficult to untrap, is the safest of all.

42. The readiest manner in which to cleanse out a closed trap is to pour boiling water through it twice a week; this will melt all grease and otherwise clear it.

43. A house which is thoroughly disconnected from the sewer, and the soil-pipes of which are well ventilated, might, perhaps, as far as smell is concerned, safely dispense with traps altogether; still it will be found wise to affix one to the sinks, trough, wash-basins, bath-overflows, and cistern-wastes, if only to assist in keeping out the winter cold.

44. In ordinary cases, the pressure of air in the drains is not great, but sometimes the extra pressure proceeding from fermentation is sufficient to force the hydraulic seals of some traps. Traps may, therefore, be used which are too small, for other other reasons than the liability to evaporation. A trap should interpose a good body of water between the air of the drains and that of the house. Of course, when foul gases are seen to bubble up through the trapping liquid, the necessity for a ventilation of the drains is very patent.

45. Where traps are in any way depended upon, care should be taken to keep them in cleanly condition. The least foul water left in the bottom of the trap will soon infect the rest.

46. Where houses, otherwise close and confined, are not, and cannot be, properly disconnected from the sewers, the latter derive air from various inlets, and this is drawn upon through the traps by the house-fires for the air necessary for combustion. In such a case, a supply of fresh air for the fireplaces should be brought from the outside at any cost. In some houses where even the house-drains are well ventilated, and where disconnection from the sewer has been attained, the fires have been known to suck up air from the empty spaces round about the foundations when the doors and windows were closed.

47. Where syphon-traps are attached to sinks or other wastes, they cannot be relied upon if the pipe runs quite full; for sometimes, and always when the incline is great, the syphon-action will empty the depression of the pipe, and leave the room open to the air from the drains. The cure is to make the trapping portion of the pipe larger than the pipe itself. A waste-pipe, however, should never run full.

I have now concluded the drainage portion of my subject. It could easily be lengthened; but the foregoing papers will be found sufficient, I trust, for all ordinary purposes. In formulating the above few rules, I have not hesitated to make use of some useful suggestions which have appeared of late in the public press.

## UNIVERSITY INTELLIGENCE.

### UNIVERSITY OF CAMBRIDGE.

**ANATOMY AND PHYSIOLOGY.**—Dr. Humphry has given notice that his course of lectures on Practical Anatomy will be continued on Tuesday, January 14th, at 9 A.M., and daily at the same hour until the 27th, after which they will be continued on alternate days. The course of lectures on Anatomy and Physiology will be continued on January 28th, at 1 P.M., and on Tuesdays, Thursdays, and Saturdays at the same hour.

## ASSOCIATION INTELLIGENCE.

### BATH AND BRISTOL BRANCH.

THE third ordinary meeting of the session will be held at the College Green Hotel, Bristol, on Thursday evening, January 23rd, at 7 o'clock; T. G. STOCKWELL, Esq., President, in the Chair.

E. C. BOARD, } *Honorary Secretaries.*  
R. S. FOWLER, }

Bristol, January 15th, 1873.

### METROPOLITAN COUNTIES BRANCH.

An ordinary meeting of this Branch will be held at 32A, George Street, Hanover Square, on Friday, January 31st, at 8 P.M.; when Dr. J. MILNER FOTHERGILL will read a paper on "Strain in its Relation to the Circulatory Organs."

A. P. STEWART, M.D. } *Honorary Secretaries.*  
ALEXANDER HENRY, M.D. }

London, January 15th, 1873.

### BATH AND BRISTOL BRANCH.

THE second ordinary meeting of the session was held at the York House, Bath, on Thursday evening, December 12th; T. G. STOCKWELL, Esq., President, in the Chair. There were present fifty members and three visitors.

*New Members.*—The following gentlemen were duly elected members of the Branch and of the Association. John Davies, Esq. (Bath); R. Carter, M.D. (Bath); T. H. Taylor, Esq., R.N. (Clifton, Bristol); W. G. Salmon, Esq. (Thornbury); A. E. A. Lawrence, Esq. (Bristol).

*Papers.*—1. Dr. Swayne read a paper on Puerperal Convulsions.

2. Dr. BEDDOE narrated a case of Fractured Spine with delayed consequences.—Dr. Fox and Mr. Dowson made some remarks.

3. Mr. BOARD narrated a case of Dislocation of the Knee, which led to observations from Mr. Leonard and Dr. Parsons.

4. Mr. BOARD narrated a case of Empyema.—Drs. Beddoe, Cole, Hensley, and Swayne made remarks.

5. Dr. COLE exhibited a pathological specimen of Liver from a case of Hereditary Syphilis, the history of which he described.

6. Mr. PRICHARD read a paper on Chloroform Administration.—Discussion was deferred till the next meeting.

## LOCAL GOVERNMENT AND SANITARY DEPARTMENT.

### THE BEDMINSTER UNION.

THE Bedminster sanitary authority met on January 7th to consider the Public Health Act. The chairman, in an opening speech, recommended that competent inspectors should be at once appointed, and also that the district medical officers should be appointed, at a slight increase of salary, "assistant medical officers" to a superior medical officer to be appointed by Government, and who should be an efficient chemist and analyst. The chairman, however, was not supported in these views, and finally the two following resolutions were passed.

"That the medical officers of the various districts under this sanitary authority be appointed medical officers of health under the Public Health Act of 1872, for their respective districts, till March 1874."

"That an inspector be appointed for this sanitary district alone, and that he devote the whole of his time to the duties."

The increase of the salaries of the medical officers for undertaking the increased duties of health-officer was the subject next considered. It was agreed to raise the salary of the medical officer for Bedminster, with a population of about 5,000, from £80 to £105; of the officer for Blackwell, Brockley, Chelvey, and Flax Bourton, with a population of 1,347, from £40 to £47; of the officer for Nailsea and Wraxall, with a population of 3,189, from £60 to £80; of the officer for Barrow, Gurney, and Long Ashton, with a population of 2,374, from £40 to £55; of the officer for Dundry and Winford, with a population of 1,460, from £20 to £30; of the officer for Clapton, Portishead, etc., with a population of 2,518, from £18 to £33; of the officer for Yatton and Kingston Seymour, with a population of 2,184, from £27 to £40 to

£37 to £40; of the officer for Kenn, Twickenham, and Walton-in-Gordano, with a population of 1,000, from £65 to £70. Thus, for an area of about 50,000 acres, with a population of 17,330, no fewer than eight medical officers of health have been appointed, at salaries ranging from £25 to £5. It was resolved to pay the inspector £150 *per annum*.

## REPORTS OF SOCIETIES.

### MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH.

SECOND MEETING.—DECEMBER 4, 1872.

P. D. HANDYSIDE, M.D., President, in the Chair.

*Effect of Occlusion on a large Artery.*—Mr. JOSEPH BELL showed the common femoral artery and vein of a man, who had been admitted to his wards in consequence of the limb having been torn off by machinery close by the hip-joint. The abdominal cavity was opened, and the intestines protruded. The patient survived thirty hours. The artery and vein were, as usual, completely occluded by firm coagula, and the external coat was twisted to a fine point.

*Cases of Calculi.*—Mr. JOSEPH BELL showed an uric acid calculus which he had cut out of the membranous portion of the urethra of a boy, after it had caused complete retention for thirty hours. It was jagged and angular.—He also showed an oxalate of lime calculus, which he had lately removed by lateral lithotomy from a young man, whose bladder had been so much contracted by long cystitis as to embrace the stone very tightly, and to render the introduction of the forceps difficult.—He showed also an oxalate of lime calculus, removed by lithotomy from a boy, aged 9. Considerable and inexplicable hæmorrhage followed the operation. These three cases had made rapid and complete recoveries.

*Cancer of Tongue.*—Mr. ANNANDALE showed two half tongues which he had removed for cancer, after Dr. George Buchanan's method. He separated the two halves of the jaw, split the tongue, divided the mucous membrane with the knife, and then cut through the base of the organ by an *écraseur*.

*Foreign Body in Larynx.*—Mr. ANNANDALE showed a fish-bone which he had removed from the larynx of a child by tracheotomy. The child unfortunately died of bronchitis.—He showed also a piece of fat which he had excised from the inguinal region of a patient who had had an irreducible hernia.

*Necrosis of the Femur.*—Mr. ANNANDALE showed the limb of a little boy, which he had amputated for acute necrosis of the lower end of the shaft of the femur. The patient had been quite well four days before, and survived the operation for nearly three days.—He showed also a fragment of bone removed in a case of partial excision of the elbow-joint.

*Case of Dilatation of the Bile-ducts.*—Dr. T. G. STEWART described the case of a man, aged 24, who died after an illness of less than two months. The symptoms were those of gall-stone, but none was found. The stools had been bloody. The ducts were considerably dilated, but there was not, as usually is, any evidence of stricture. Dr. Stewart referred to cases described by Todd, Frerichs, Halliday Douglas, and others.—Dr. SANDERS believed that the disease was not congenital or chronic idiopathic dilatation of the bile-duct, but was due rather to a previous impaction of a gall-stone, which had dilated the ducts or prepared the way for inspissation of bile.

*Tenotomy of the Superior Rectus.*—By ARGYLE ROBERTSON, M.D. This muscle had often been divided in cases of convergent squint, along with the internal rectus. It was not of such cases that Dr. Robertson spoke, but of the use of the operation in alleviation of conditions in which the pupil was covered by the upper lid. 1. The treatment of ptosis, either congenital or paralytic, had hitherto been unsatisfactory. The operation of excision of an elliptical portion of the upper lid, if enough to raise the lid, was often too much, in that it prevented the full closure of the lid during sleep. The later plans of Von Gräfe, by displacing the insertion of the levator forward, or by excision of a portion of orbicularis, were alike unsuccessful. The possible drawback, however, to this operation of division of the superior rectus in ptosis, was the risk of double vision being induced; so it should not be done unless one eye only were available for vision. 2. The operation would be most useful in cases where from injury, or explosion, or disease, the lower part of the cornea was opaque, and a small piece of the upper part of the pupil was only available, especially in cases where the other eye was destroyed. The following case was related. J. R., aged 38, a miner, was injured by an explosion. He could just perceive light in one eye, the other being atrophied. The clear area of the cornea was only seen by forcibly raising the upper lid. Here, with much difficulty,

SIR,—Your remarks in the JOURNAL of January 11th on "Contemporary Medical Biography" are both just and seasonable. It is time that every high-minded journalist and member of our profession should endeavour to put a stop to the growing system of medical puffery, when we find this disreputable practice openly attributed to men whom we have been accustomed to look upon as burning and shining lights in our midst. If it be really true (which, like you, I strongly doubt) that Mr. Weightman's sketches of the career of Sir T. Watson and Sir W. Fergusson "have been carefully revised by themselves personally," it follows that these memoirs claim all the character, authority, and force of autobiographies; and, consequently, I am justified in assuming that Sir William Fergusson writes thus of himself.

"I never amputate an inch more than is necessary; and if . . . I can spare a limb, it is my pride to do so. In this department of operative surgery I shine perhaps more than in any other. A more striking instance of steady, uniform success . . . is seldom met with in the annals of industry and perseverance, even when accompanied, as in my case, by great natural gifts and original genius." One might here ask, What about the proverbial modesty of genius? But I hope it is unnecessary. That Sir William Fergusson ever "carefully and personally revised" and sanctioned the account of himself, requires very weighty evidence indeed.

Possibly your timely strictures may nip in the bud this sort of careful and personal revision. If, unfortunately, this should not be the result, we may expect on future occasions to have other eminent personages made to say by implication: "I have an eagle eye;" "I have the steadiest of steady hands;" "I have an intuitive gift of diagnosis;" "I am a prince among midwives;" "I am the man who published a wonderful book 'illustrated by cases successfully cured';" and so on. Will the profession brook this? There are men who richly deserve the above encomiums, and by all means let us have their photographs. But then we should spare their blushes, and allow their memoirs to stand over for *post mortem* examination.

I am, etc., EDWARD BEWLEY.

Edington, Clara, King's County, January 13th, 1873.

#### DR. MURIE.

SIR,—Dr. Murie's friends here have read with much pleasure your kind and true words anent the unjust way in which he has been treated by the Charing Cross Hospital Committee. In London he is apparently neither understood nor appreciated. Is it too much to ask that you will follow up your generous remarks by publishing a *simple list* of Dr. Murie's anatomical papers, and thus let the medical profession know the heartless deed that has been done in the name of a great medical charity. Perhaps some suitable testimonial to Dr. Murie may be the outcome of your influential backing.—I am, etc.,

Edinburgh, 1872. A FORMER DEMONSTRATOR OF ANATOMY.

\*\* The comments which we have felt it our duty to make upon the extraordinary resolution passed by the Medical School Committee of Charing Cross Hospital, upon the application of Dr. Murie for a minor office in that school, have met with wide approval, and have been echoed in the most influential and independent quarters. The list of Dr. Murie's contributions is of such a length, that we regret that we cannot afford space for it.

#### THE CASE OF THE EMPEROR NAPOLEON III.

SIR,—The public expression of a certain difference of opinion among the distinguished medical men who attended the *post mortem* examination of the late Emperor, as to the clinical history of the case indicated by the conditions found after death, manifestly lays the subject open for some further consideration in a similarly public manner.

It does not appear to me that either of the opinions expressed sufficiently explains the morbid appearances found after death, or, at least, explains them in the logical manner of which they are susceptible. I venture to suggest that the "excessive" dilatation of the left ureter, and the "atrophy of the glandular structure of the left kidney," were changes which preceded the formation of the stone in the bladder, and were due to the formation in the left kidney of a calculus, which, after blocking up the left ureter for an indefinite time, and thus leading to dilatation of the canal behind the obstruction, and to atrophy of the structure of the kidney, slipped into the bladder and formed the *nucleus* of the future stone. The conditions found on the right side might well be a result of inflammatory changes subsequent to the formation of the stone in the bladder.

This view of the case—which rationally accounts for the *post mortem* appearances, and also for the somewhat confused and mysterious history of the case during life—is singularly supported by a drawing which I have before me (and which I shall be happy to show to any one inter-

ested in the subject), made by myself about twenty-five years ago from a case which I examined in St. Bartholomew's Hospital. This drawing shows changes in the kidney, ureter, and bladder of exactly the same kind as those found in the case of the late Emperor, but by a fortunate accident demonstrates the clinical history in a manner so clear that it leaves no room for doubt. A portion of the calculous matter which found its way into the bladder and constituted the nucleus of the stone remained behind in the ureter to tell the tale whence the mischief sprang.—I am, etc., HORACE DOBELL, M.D.,

Senior Physician to the Royal Hospital for Diseases of the Chest.  
January 12th, 1873.

## 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 9th, 1873.

Cumming, William Richard, East Acton  
Groves, Henry Joseph Firth, Dorchester  
Keer, George Edwardes, Wickham Market  
Llewellyn, Rees Ralph, Whitechapel Road  
May, William Allan, Colney Hatch

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

Powell, Harold M., Guy's Hospital

As an Assistant in compounding and dispensing medicines.  
Druce, George Claridge, Northampton

#### MEDICAL VACANCIES.

THE following vacancies are announced:—

- BALSALL HEATH, Worcestershire—Medical Officer of Health: £50 per annum.  
BOLTON INFIRMARY and DISPENSARY—Two House-Surgeons: £120 per annum, increasing to £150, and £100 per annum, increasing to £130, furnished apartments, attendance, and board, respectively.  
BOOTLE-cum-LINACRE—Medical Officer of Health.  
BOROUGH OF BOLTON—Medical Officer of Health: £200 per annum.  
BRADFORD, Yorkshire—Medical Officer of Health.  
BRIGHTON AND HOVE LYING-IN INSTITUTION—Resident House-Surgeon: £100 per annum, furnished apartments, coal, gas, and attendance.  
CHARING CROSS HOSPITAL—Physician or Surgeon for the Treatment of Diseases of the Skin.—Assistant-Surgeon.  
CHELTENHAM GENERAL HOSPITAL and DISPENSARY—Resident Surgeon to the Branch Dispensary: £120 per annum, furnished residence, and allowances for servants, coal, gas, etc.  
EAST RETFORD UNION, Nottinghamshire—Medical Officer for the Scrooby District.  
GENERAL HOSPITAL, Nottingham—Resident Surgeon Apothecary: £150 per annum, furnished apartments, board, and washing.  
GERMAN HOSPITAL, Dalston—Honorary Assistant-Physician to attend Out-Patients.  
HALIFAX UNION—Medical Officer for the Elland District: £20 per annum.  
INDIAN MEDICAL SERVICE—Sixteen Assistant-Surgeons.  
ISLINGTON DISPENSARY—Resident Medical Officer: £160 per annum, apartments, and coal.  
KILRUSH UNION, co. Clare—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Carrigaholt Dispensary District: £100 per annum, and fees.  
LEICESTER PROVIDENT DISPENSARY—Medical Officer.  
LIVERPOOL HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST—Two Honorary Physicians.  
LIVERPOOL UNION FRIENDLY SOCIETY—Medical Officer for the Birkenhead District.  
MANCHESTER ROYAL INFIRMARY, DISPENSARY, LUNATIC HOSPITAL, or ASYLUM—Two Assistant-Physicians.—Two Assistant-Surgeons.—Obstetric Physician or Surgeon.—Ophthalmic Surgeon.—Dental Surgeon.  
MERTHYR TYDVIL UNION, Glamorganshire—Medical Officer for Workhouse.  
NAAS UNION, co. Kildare—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Newbridge Dispensary District: £100 per ann., and fees.  
NAVAL MEDICAL SERVICE—Assistant-Surgeons.  
NEWPORT UNION, Monmouthshire—Medical Officer for the St. Woollos District and the Workhouse: £180 per annum.  
NEWRY UNION, co. Down—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Newry and Crobane Dispensary District: £120 per annum, and fees.  
NORTH UIST—Parochial Medical Officer.  
NORTH WALES COUNTIES LUNATIC ASYLUM, Denbigh—Assistant Medical Officer: £100 per annum, rooms, board, and washing.  
NOTTINGHAM, Borough of—Medical Officer of Health.  
QUEEN CHARLOTTE'S LYING-IN HOSPITAL, St. Marylebone Road—Medical Officer for In-Patients.  
RATHDOWN UNION, co. Dublin—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Powerscourt Dispensary District: £110 per annum, and fees.  
ROYAL ISLE OF WIGHT INFIRMARY, Ryde—Honorary Medical Officer.  
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.  
SHEFFIELD GENERAL INFIRMARY—Assistant House-Surgeon.  
SOUTH SHIELDS and WESTOE DISPENSARY—House-Surgeon: £100 per annum, partly furnished residence, coal, and gas.  
STOCKTON-ON-TEES DISPENSARY—Apothecary: £120 per annum.

SUNDERLAND GENERAL INFIRMARY and DISPENSARY—Physician.  
UNIVERSITY OF LONDON—Assistant Registrar: £500 per annum.  
WALTON-ON-THE-HILL—Medical Officer of Health: £30 per annum.  
WEM RURAL SANITARY DISTRICT—Medical Officer of Health: £100  
per annum.  
WHITEHAVEN and WEST CUMBERLAND INFIRMARY—House-Surgeon:  
£100 per annum, furnished apartments, firing, gas, and attendance.

### 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.—Lon-  
don, 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.—Hos-  
pital 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. II: Prostatic Discharges.  
TUESDAY.—Pathological Society of London, 8 P.M. The following specimens  
will be exhibited. Mr. Duke: Ankylosis of the Hip after Disease. Mr. W.  
Adams: Fœtus with Arrest of Development of the Arms and Legs. Dr.  
Murchison: Spindle celled Sarcoma of the Liver. Dr. R. King: Stomach  
from a Case of Poisoning by Hydrofluoric Acid. Dr. R. King: Membranous  
Casts from an Intestine. Dr. R. Liveing: Aneurism of the Thoracic Aorta.  
Mr. Barwell: Extensive Disease of the Femur. Mr. Barwell: Inflammatory  
Disease of the Tendons of the Fingers.  
FRIDAY.—Clinical Society of London, 8.30 P.M. Dr. Burney Yeo, "Case of Con-  
genital Absence of the Lower Portion of the Pectoralis Major"; Dr. Nieden,  
"On a Case of Lesion of the Upper Dorsal Portion of the Spinal Cord, with  
Excessive Lowering of Temperature and Pulse"; Mr. Teevan, "On the Re-  
sults of twelve Cases of Operation for Stricture".

### NOTICES TO CORRESPONDENTS.

CORRESPONDENTS not answered, are requested to look to the Notices to Corre-  
spondents of the following week.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

CORRESPONDENTS, who wish notice to be taken of their communications, should  
authenticate them with their names—of course, not necessarily for publication.

COMMUNICATIONS respecting editorial matters should be addressed to the Editor;  
those concerning business matters, non-delivery of the JOURNAL, etc., should be  
addressed to the General Manager, at the Office, 37, Great Queen Street, W.C.

MR. RANSOME'S request shall be complied with.

MR. TENNENT (Leyland).—We fear that the MS. forwarded us is no longer in  
existence.

DR. MARTYN (Bristol).—We would particularly request that all correspondents  
would communicate with the General Secretary, and not with the Editor, on  
subjects concerning the business arrangements of the JOURNAL, including postal  
irregularities, changes of address, advertisements, births, deaths, marriages, etc.

ANDREWS & STYRAR.

SIR,—The President of the Ethical Branch, in our JOURNAL of the 21st ult., states  
that an audited account of the receipts and payments in full was transmitted to the  
contributors to the fund for the prosecution of the chemist Andrews. I beg  
to state that I have received no such copy, although I contributed with some  
others at the solicitation of the late Financial Secretary of the Ethical Branch. I  
would suggest that the balance-sheet in regard to this case be published in the  
JOURNAL, for the benefit of those who may be called on to bring forward such  
prosecutions in future. As I was not the author of the former communication on  
the subject, you will see that others as well as myself have had the balance-sheet  
alluded to withheld from them. I am, etc., W. EDDOWES.  
Castle Street, Shrewsbury, January 14th, 1873.

NOVEL CHLOROFORM ACCIDENT.—We heard recently of a curious danger in chloro-  
form inhalation which occurred in a metropolitan hospital. The administrator  
finding the breathing of the patient, a child, becoming impeded by the tongue  
falling back, pushed forward the jaw by pressing his thumbs behind the angles  
and dislocated it at both articulations. This was speedily reduced without  
apparent harm.

### 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 pro-  
perty of the Association, and will be published in the BRITISH MEDICAL  
JOURNAL.

### ETHER AS AN ANÆSTHETIC.

SIR,—I have been requested to send you my impressions as to the use of ether as an  
anæsthetic. My experience is confined to having given it or seen it given about a  
hundred times in the theatre of this hospital, and of course for ophthalmic opera-  
tions. Comparing it with chloroform and bichloride of methylene (both of which  
I have given several thousand times, and can therefore speak more confidently of  
them), I should place it below both for convenience, as to safety. I have never  
met with an accident with any of the three, or even with an alarming case, except  
once, in giving chloroform; so I cannot speak as to its relative safety. But as to  
convenience, it is very disagreeable to take, and the patient struggles and resists  
far more than in either of the others; the period of complete insensibility is neither  
as complete or so prolonged as with either of the others; and in the event of  
partial recovery, it takes a longer time and causes much more struggling to give  
enough to get them off a second time. The period of recovery is sometimes  
attended with furious uncontrollable delirium, in which the patient tears away his  
bandages, and conducts himself in a most violent manner, to the extreme danger  
of his eye, if after an important operation: of course this is exceptional, but I have  
seen minor degrees of it not infrequently. After vomiting is more frequent than  
with either of the others; but I have never seen severe vomiting for many hours  
follow anything but chloroform; its rapidity of action is about equal to chloroform.  
I believe I follow Dr. Joy Jeffries' directions exactly in giving it on a towel folded  
cone-shaped, with a sponge fixed into the apex, and upon this I pour about six  
ounces of ether; in this way a great deal of ether is distributed through the  
theatre, and given to the assistants; and I fancy some day we shall hear of an  
accident in operating by artificial light from the ether catching fire. I do not  
think that ether will ever be a general favourite in ophthalmic hospitals, from the  
reasons I have stated. Apologising for the length of my letter.

I am, etc.,

THE HOUSE-SURGEON.

Royal London Ophthalmic Hospital.

A HOUSE-SURGEON writes that he has used ether in one or two cases, but intends  
to employ it extensively. He finds the want of a good inhaler to prevent the  
waste of the ether. If he will follow out the directions given in the JOURNAL by  
Mr. Haward, he will, we think, obviate this. The inhaler employed by Mr.  
Norton at the Middlesex Hospital answers, we are informed, very well.

### ASSURANCE EXAMINATIONS.

SIR,—I shall be glad to learn from any of your correspondents whether, in ex-  
amining a candidate for insurance, they would make any difference in the case of  
one in whom the arcus senilis is well marked; there being no sign of degeneracy  
elsewhere. Would this be a sufficient ground for making an additional premium?  
January 15th, 1873. I am, etc., ARCUS.

MR. MILES.—The Royal College of Physicians of London does not recognise or  
sanction the assumption of the title of Dr. by its licentiates. Licentiates of the  
Royal College of Physicians of Edinburgh have no right, as such, to style them-  
selves Dr.

WE are indebted to correspondents for the following periodicals, containing news,  
reports, and other matters of medical interest:—The Liverpool Weekly Albion,  
Jan. 11th; The Manchester Guardian, Jan. 15th; The Ulster General Adver-  
tiser, Jan. 11th; The Scotsman, Jan. 14th; The Bath Express, Jan. 11th; The  
Birmingham Daily Post, Jan. 13th; etc.

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

Dr. Peacock, London; Mr. W. S. Savory, London; Dr. George Johnson, London;  
Mr. T. H. Bartleet, Birmingham; Mr. Waren Tay, London; Mr. T. C. Morgan,  
London; Mr. H. J. Rope, Shrewsbury; Mr. G. C. W. Hentig, London; Dr. John  
MacDonald, Woburn; Mr. Peter Bell, Edinburgh; M.D. Edin.; Mr. Southwood  
Smith, London; Dr. Shapter, Exeter; Mr. Soutter, London; M.R.C.S. Eng.;  
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. Procter, Shifnal; Dr. Matthews Duncan, Edinburgh; Dr. Laffan, Cashel; A  
Member; Dr. Dobell, London; Dr. Ogston, Aberdeen; Mr. Cooper Forster,  
London; Mr. Curling, London; Mr. L. Blaise, London; The Secretary of the  
Clinical Society; Dr. Bewley, Clara, King's County; Mr. James Keen, London;  
Dr. Rabagliati, Bradford; Mr. W. Adams, London; The Rev. Dr. Haughton,  
Dublin; Dr. Barnes, London; Dr. Hughlings Jackson, London; Dr. Atthill,  
Dublin; Dr. Fussell, Brighton; Mr. Blackburn, Weaverthorpe; Mr. Eassie,  
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Secretary of the Pathological Society; Mr. Callender, London; Dr. Hardie,  
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Carter, Bath; The Secretary of the Microscopical Society; Dr. Ross, Monaghan;  
Dr. Matthews Duncan, Edinburgh; Mr. Halliwell, Oxford; Mr. Teevan, Lon-  
don; Mr. W. Eddowes, Shrewsbury; Mr. W. Bird, York; Mr. G. Pottle, London;  
Mr. Clement Gosdon, London; Dr. Stanley Haynes, Malvern Link; Dr. Martyn,  
Bristol; Mr. Tennant, Leyland; Dr. T. Savage, Bordesley; Dr. Dudfield Lon-  
don; Mr. Board, Bristol; Mr. Fowler, Bath; etc.