

upper extremities were in a semi-paralysed state with anæsthesia. His chief complaint was sleeplessness.

The treatment adopted was twenty-five grain doses of chloral hydrate, which restored sleep. Electricity, through the medium of damp sponges, was applied daily along the course of the spine, which was rubbed with a liniment of soap and chloroform. He left the hospital on October 24th, with almost complete power of the upper extremities. This improvement has continued, and he is now daily employed in his ordinary avocation—that of a generally “handy man”.

SELECTIONS FROM JOURNALS.

THERAPEUTICS.

COFFEE AND SULPHATE OF QUININE.—M. Briquet considers the common practice of administering quinine in coffee open to much objection. He alleges that the tannin in the coffee coalesces with the quinine, forming a tasteless and insoluble and almost inert salt—the tannate of quinine, from which the stomach has as much difficulty in extracting quinine as from powdered bark. It is, he thinks, one of the worst preparations of quinine.

SARCOSIN IN GOUT.—At a recent meeting of the Berlin Medical Society, Dr. von Langenbeck exhibited some specimens of gouty concretions, and said that it was his intention to try sarcosin in one of the cases. Dr. Liebreich said that the physiological action of sarcosin had been investigated by Schulzen. It appeared to become substituted for one of the atoms of hydrogen in urea and also (in birds) uric acid, enabling soluble combinations to be formed.—*Berliner Klin. Wochenschr.*, Jan. 6, 1873.

AMMONIA INJECTIONS IN THE TREATMENT OF COLLAPSE.—Dr. Zülzer has been led to have recourse to the following energetic stimulant in the collapse of typhus: Essence of aniseed, 1 part; alcohol, 24 parts; liquor ammoniæ, 5 parts. He has employed it in doses varying from 15 to 30 drops, one injection being made in each limb, in cases where the pulse has been irregular and scarcely perceptible, the face cyanotic, the extremities cold, the voice extinct, etc. Under the influence of the injections, all the bad symptoms have, he says, been dissipated. Occasionally, small abscesses have occurred at the points of injection, but without evil consequences. He thinks this mode of treatment suitable not only to the collapse of typhus, but of cholera and pernicious fevers, and narcotic poisoning. It resembles, of course, Dr. Halford's treatment of snake-bites.

QUININE IN THE PRODOMATA OF SMALL-POX.—Dr. Schwenniger of Liebenau, following a plan of treatment recommended by Dr. Schüller, has given quinine in the premonitory stage of small-pox. He confirms the statement of Dr. Schüller, that, given at this stage, it renders the eruptive stage milder, while, if not administered until the eruption has appeared, it has no effect on the severity of the disease. Dr. Schwenniger gave it to twenty-eight patients, all of whom were between 40 and 60 years old, with the exception of a girl aged 16. In eleven cases, the prodromata were severe—great pain in the loins, *malaise*, and delirium (the temperature varying from 105 to 106 deg. Fahr.). Quinine was given every hour for three days, two-and-a-half grammes being taken each day. The eruption in most was mild, and the patients were able to sit up some hours on the tenth day. In the other cases, where the premonitory symptoms were milder, the same treatment was followed; and the eruption was very slight—indeed, scarcely perceptible. Dr. Schwenniger observes that it is unsafe to conclude from a few cases that quinine is a preservative against small-pox; but he believes that the observations which he has made point to its efficacy in reducing the intensity of the disease, and he suggests more extensive observations on the subject.—*Berliner Klin. Wochenschrift*, November 25th, 1872.

CARBOLIC ACID DRESSING IN ERYSIPELAS.—Dr. von Kaczorowski of Posen states (*Berlin. Klin. Wochenschr.*, December 30, 1872) that erysipelas has lately been very prevalent there, attended in the more severe cases with sloughing of the skin, sometimes of entire limbs, with a tendency to spread over the whole body. All the ordinary applications—nitrate of silver, collodion, turpentine, cold, tar—have been employed without effect. Believing the disease to be connected with the presence of micrococci, Dr. Kaczorowski has applied with good effect a mixture of carbolie acid and oil of turpentine (one part in ten). This is laid on the affected part by means of the finger or a camel-hair

brush, and is well rubbed into the surrounding parts. Linen compresses dipped in a solution of acetate of lead (one part in one hundred of water) are then laid on; and over these are placed compresses gently wrung out of iced water, or bladders filled with ice. Lemonade, or a solution of chlorate of potash (one part in forty) is given internally, and a little wine every one or two hours. To allay pain, subcutaneous injections of opium into the neighbourhood of the affected parts are made night and morning. The result of this treatment is observed within from twenty-four to forty-eight hours; the process of exudation being diminished, and the temperature and pulse reduced. Dr. Hueter has recommended the use of tar in erysipelas; but Dr. Kaczorowski believes that, from its density, it is less likely to penetrate the skin than a solution of carbolie acid in turpentine.

TREATMENT OF CHILBLAINS.—F. Rhien recommends an aqueous solution of iodine and tannin as a remedy for chilblains. He says that the result exceeded his expectations—five applications of the remedy being successful. The application has also been tried by others, with good results when properly applied. The solution is made as follows. About an ounce of tannin is dissolved in half a pint of water; seventy-four grains of iodine are dissolved in an ounce and three-fourths of spirit of wine; the two solutions are then mixed, and enough water is added to make up the whole to two and a half pints. The remedy is applied once daily, the best time being before going to bed. The mixture is gently warmed over a very slow fire; the affected part (*e. g.*, the hand) is dipped in it while still cold, and held there until the liquid, on being stirred, feels uncomfortably hot. The vessel is then removed from the fire, and the hand is dried over it, without gloves. The vessel used must be of earthenware or porcelain, not of metal. Care should be taken not to use too great a quantity of iodine, especially when abrasions are present. According to Rhien, four or five applications are sufficient.—*Apotheker Zeitung*, No. 41, 1872; and *Med.-Chir. Centralblatt*, January 24th, 1873.

MIDWIFERY.

OVARIOTOMY.—The *New York Medical Journal* contains a long article on ovariectomy by Dr. Marion Sims, in which he says that he is not yet satisfied with the results of this operation. The death-rate is still too high; and, while the majority of operators are quibbling about the form of ligature or clamp, the great cause of death (septicæmia) is entirely overlooked. He proposes to puncture the *cul-de-sac* of the vagina behind the cervix uteri, and to pass a tube of some sort into the peritoneal cavity, to drain off any effusion that may take place in said cavity. This he recommends to be done as the final part of the operation. It cannot possibly do the least harm, and may possibly be the means of saving life. If no discharge take place, it can be removed *per vaginam* in a few days. In regard to the clamp, he thinks it has seen its best days. He prefers silver-wire ligature to anything else, as a rule.

PREGNANCY AND PARTURITION COMPLICATED WITH CIRRHOSIS AND ASCITES.—At a meeting of the Berlin Obstetrical Society on November 12th, Dr. Löhlein related the case of a woman aged 41, who was admitted to the lying-in institution on September 15th. When a girl, she had been troubled with disorder of the stomach, and had been jaundiced for some time; and twice (eight years and three weeks before admission) had vomited blood. She had been confined four times, and had had one abortion. In the present pregnancy, the abdomen became unusually large, and she felt great gastric uneasiness, especially after the last attack of hæmatemesis. The large amount of fluid in the abdomen, together with flatulent distension of the intestines and oedema of the genitalia, obscured the diagnosis of pregnancy until the sounds of the foetal heart were heard. She was confined on October 5th, the labour being rapid and easy. The circumference of the abdomen, which had been 121 centimetres, was reduced by only 2 centimetres. On the fifth day, she was seized with severe epigastric pain and fever, and the abdomen became larger. On October 22nd, she was tapped; and, after the withdrawal of the fluid, the liver was found to be contracted, and the spleen enlarged. The fluid reaccumulated, and she died on November 6th. At the necropsy, signs of recent peritonitis were found; the spleen was much enlarged, and contained ten infarcts, some very large; the intestines contained some blood; and the liver was in a state of cirrhosis. Dr. Löhlein remarked that in this case delivery had the effect of favouring the accumulation of fluid by the removal of the pressure on the portal veins. In such a case as that related, the induction of premature labour was not advisable.—*Berlin. Klin. Wochenschr.*, January 20th, 1873.

tion. The patients become insensible quite as soon, the average time required to produce insensibility being four minutes, and the quantity for ether used is considerably less. For instance, in a case of craniotomy at the Middlesex Hospital, the patient was brought under the influence of ether in three minutes; the operation lasted thirty-five minutes, during which time she took altogether two and a half ounces of ether; there was no excitement, either during or after the operation, and the patient only retched slightly once half an hour after the operation. In another case, ether was administered for over an hour; there was no sickness, and the patient inhaled under five ounces of ether. I shall feel obliged if some of your readers will inform me how they administer ether in operations involving the mouth. At present, I adopt the plan of passing the vapour of ether in the form of a spray into the mouth, but have not had sufficient experience as yet to report on the success or defect of this method. I am, etc.,

G. EVERITT NORTON, Chloroformist to the
Upper Baker Street, N.W. Middlesex Hospital.

ABUSE OF OUT-PATIENT DEPARTMENTS.

SIR,—The abuse to which out-patient hospital relief is often subjected, receives a striking illustration in your report of the last meeting of the Royal Medical and Chirurgical Society, given in the current number of the JOURNAL.

Both the patients, whose cases are related in the paper brought forward, had been patients at the Moorfields Ophthalmic Hospital, and are described, the one as "a respectable small tradesman," and the other as "a lady," by which I understand that the former was a man in a comfortable way of business, and quite able to pay for medical attendance; whilst that the latter really was so, is shown by her afterwards consulting Mr. Hutchinson as a private patient. Is it customary, sir, for persons in social positions such as these to attend the above named hospital either with or without payment? For, if so, it is in either case equally unjust not only to the profession, but to the public generally, and it should at once be put a stop to, since the benefits of a charitable institution are manifestly not intended for those who can so well afford to pay for medical advice. It is indeed high time that the out-patient departments of all our hospitals, and more particularly of the special ones, should undergo thorough revision, in order to check the daily increasing evils of gratuitous medical advice, of which the instances now alluded to afford glaring examples. I am, etc.,

February 3rd, 1873.

F.R.C.S.

ASSOCIATION INTELLIGENCE.

BATH AND BRISTOL BRANCH.

THE fourth ordinary meeting of the session will be held at the York House, Bath, on Thursday evening, at half-past Seven o'clock; T. G. STOCKWELL, Esq., President, in the Chair.

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

Bath, February 4th, 1873.

REPORTS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, JANUARY 21st, 1873.

Sir WILLIAM JENNER, Bart., K.C.B., M.D., President, in the Chair.

A REPORT was read from the Morbid Growth Committee on Mr. Spencer Watson's case of Recurrent Tumour of the Leg.

Glandular Obstruction and Pleuritis.—Dr. MOXON showed a specimen which, he said, revealed a consequence of former disease in lymphatic glands that has not yet received attention—namely, the intensification of inflammations in the region whose lymph is drained off through the glands affected. The specimen was a recent one, from the body of a woman who died of emphysema of the lungs, with dilated heart and dropsy. The right pleura showed a considerable recent pleurisy over the lower lobe, as is not unfrequent in such cases. The lymph in the pleural cavity had the usual characters of "plastic lymph," but the pleura itself was marked by a network of yellowish lines. These proved to be lymphatics full of pus, which the microscope showed to be recent and laudable. A large old glandular abscess was found below the right bronchus. The abscess-wall was thick, and the contents degenerate. The point raised on this specimen was the same as in the case which

Dr. Moxon showed a few weeks ago, wherein a similar suppurative inflammation of the pulmonary lymphatics was associated with old disease of the glands at the root of the lung. Dr. Moxon observed that as such suppuration of lymphatics is very rare, its occurrence in these cases of old glandular obstruction shows that the bad drainage due to this obstruction is a cause of local disease whose importance should be recognised.

Ankylosis of the Hip.—Mr. DUKE exhibited a specimen of ankylosis of the hip after disease, taken from the body of a girl aged 17, who had died of tubercular meningitis.—Mr. WILLIAM ADAMS, in asking the age of the patient, pointed out that true bony ankylosis in tubercular persons generally takes several years to form.—Mr. DUKE, in reply, stated that she died two years after ankylosis had occurred.

Fœtus with Arrested Development.—Mr. W. ADAMS exhibited a fœtus with symmetrical arrest of development in both hands and feet, which were below size, and exhibited curvature at the feet and knee-joints. He had been informed by Dr. Wilkinson, who had sent the specimen to him, that while the child was *in utero* the mother was frightened by a cripple who presented deficiency of the arms and legs.

Spindle-celled Sarcoma of the Liver.—Dr. MURCHISON exhibited specimens and drawings of a remarkable spindle-celled sarcoma of the liver. The gentleman from whose body the disease was removed consulted him on October 9th, 1871. During the previous eighteen months he had suffered from several attacks of pain under the right ribs, but unaccompanied with vomiting or jaundice. On each occasion, the pain left in two or three days. The tumour of the liver had only been discovered a month before he saw him. The gentleman had been told that the disease was hydatid. He complained of a burning pain in the liver; and the tumour had increased considerably during the past month. It now extended to the umbilicus and pubes, and the hepatic dulness reached to the right nipple. The surface was uneven, presenting excrescences, and was not hard; and there was bulging of the ribs, a frequent occurrence in hydatid. There was no tenderness, and no fluctuation. He had no appearance of cachexia, and was in good health, except that he suffered from sleeplessness and the burning pain alluded to. There was no family history of cancer. It appeared, however, that he had had one of his eyeballs removed nine years before by Mr. Hulke for tumour; and on inquiry it was found that this growth had originated from the choroid, and was a spindle-celled sarcoma. Dr. Murchison came to the conclusion that there was a connection between the two affections. Sir Wm. Gull also saw the patient, and formed a similar opinion. On June 9th, 1872, the tumour had enlarged, and he now was subject to shortness of breath; but the pain had left, and he was of exactly the same weight as he had been twelve months before. In consultation with Sir William Jenner, a trocar was passed, but only a small quantity of blood passed. The patient afterwards, it was found, went to a hydropathic establishment, where he died after much pain in the liver. The liver and tumour weighed twenty pounds. There were masses varying in size up to an orange in the viscous, which were found to be by Mr. Henry Arnott spindle-celled sarcoma. The clinical history was very different from that of cancer, and much more like that of hydatid.—Dr. CAYLEY said that this case furnished a strong argument in favour of the original local nature of malignant tumours. It was often argued that in many cases the secondary eruption of cancerous tumours took place at such long intervals, that this could not be due to infection from the primary growth, but must have been caused by the cancerous diathesis of the patient. But here was a case in which a growth that must have been secondary—for spindle-celled sarcoma of the liver, except as a secondary affection, was unknown—did not make its appearance for nine years after the extirpation of the primary disease; and therefore the lapse of time which might occur between the recurrence of cancerous tumours was no argument against their original local return.—Mr. ARNOTT said that it was hard to believe that secondary deposit should remain for nine years without showing signs of growth, but spindle-cell sarcoma was sometimes quiescent for a very long time. He related several interesting cases illustrating this.

Stomach in Poisoning with Hydrofluoric Acid.—Dr. ROBERT KING exhibited a stomach taken from the body of a person who had swallowed about half an ounce of hydrofluoric acid. The patient died in the Middlesex Hospital thirty-five minutes after swallowing the fluid. The symptoms were violent retching and vomiting, followed by speedy collapse and death. The lining membranes of the epiglottis and œsophagus were peeled off with ease; there was ecchymosis of the stomach; the throat was white and softened. There were ecchymoses in the heart, and the blood gave a strong acid reaction, he believed from absorption of the acid.

Aneurism of the Thoracic Aorta.—Mr. COUPLAND showed a specimen of aneurism of the thoracic aorta, extending from the tenth dorsal

was performed a month ago. The urethra will now only take a No. 2. 10. Boutonnière operation, four years ago, by Mr. Teevan; good result. The patient comes about once in two months to have a large bougie passed. 11. A gentleman had his stricture split by a hospital surgeon with bad result. The stricture relapsed so quickly that each week during which the dilatation was carried on for five months, a smaller instrument had to be used. When he came under Mr. Teevan's care the stricture was impassable. It was treated by gradual dilatation. 12. Stricture split; bad result. A gentleman had his stricture split by a hospital surgeon three years before he applied to Mr. Teevan. He was cured by gradual dilatation.

DUBLIN OBSTETRICAL SOCIETY.

SATURDAY, DECEMBER 14TH, 1872.

EVORY KENNEDY, M.D., President, in the Chair.

Endometritis.—Dr. LOMBE ATTHILL read a paper on this affection. it might be defined as a low inflammation of the uterine mucous membrane, with vascular engorgement and implication of the glandular structure of the organ. Sometimes the cervix was engaged. The symptoms of endometritis were pain, leucorrhœa, dysmenorrhœa, menorrhagia, and reflex irritation. Pain was generally referred to one or all of three localities, viz., to the sacrum; to the edge of the false ribs, thence shooting to the shoulder on the left side; and to a point just over the pubes. The second was often almost pathognomonic of the disease. The physical signs of endometritis were: increased length of the uterine cavity; increased size of the same; increased bulk of the whole fundus; augmented sensibility of the uterine mucous membrane; a *patulous os internum*; and often an abnormal sensitiveness of the mucous membrane. In the treatment, palliative measures, including rest, warm hip-bath, mild aperients, and, above all, local depletion, sometimes acted beneficially. The last-named might be effected by leeching, but was far more effectually carried out by puncture of the cervix in one or two places to the depth of an eighth of an inch or thereabouts. Dr. Atthill exhibited a knife designed for this purpose. In severe cases operative interference was necessary; either by injecting fluids into the cavity of the uterus, or by passing up a piece of solid caustic, or by the application of fuming nitric acid, the acid nitrate of mercury, or other active agent. Dr. Atthill considered the application of fuming nitric acid to the interior of the uterus as simple, safe, and painless; and to Dr. Kidd belonged the priority of the adoption in Ireland of the internal application of the acid; while in America Drs. Miller and Marion Sims had previously carried out the same practice. The author advised the preliminary dilatation of the cervix uteri with sea-tangle or sponge-tent. The anterior lip of the uterus was then seized with a hook, and a stilette armed with a comparatively thick layer of cotton or roll of lint was passed rapidly up to the fundus. Strong nitric acid thus applied seldom caused any pain, and was not followed by any grave consequences, as the injection of even weak caustic solutions often was. In all cases where it was healthy, the cervix uteri should be protected from the action of the nitric acid. To reach all parts of the uterine cavity with the acid, the author had devised an intrauterine speculum, which could be expanded by means of a screw working through a long handle. The details of three cases of endometritis were given, and Dr. Atthill concluded by a vindication of the method of cauterisation of the uterus with nitric acid from the objections raised against it.—Dr. CHURCHILL made some general remarks on granular degeneration of the uterus, and on the harmlessness of the application of strong nitric acid to the uterine cavity.—Dr. RINGLAND related his experience of the local remedies to which Dr. Atthill had alluded. He considered solid caustic to be a most valuable remedial agent. He had seen injection of iodine followed in one case by a severe attack of hysteria, and from the use of nitric acid in hæmorrhoids and to the cervix uteri he had long ago been led to think of applying it to the interior of the uterus.—Dr. DENHAM had seen the President controlling hæmorrhage fully twenty-five years ago by passing up such powerful applications as strong nitric acid and butter of antimony into the uterine cavity. He had himself thrown up solution of iron and other strong fluids with safety and success.—Dr. JAMES LITTLE bore testimony to the facility attending the use of Dr. Atthill's speculum.—Dr. KIDD said that Ambroise Paré had applied strong nitric acid to the interior of the uterus, and it had long since been employed in the extirpation of warty growth.—Dr. BYRNE believed that nitric acid did not produce a slough in the interior of the uterus.—The PRESIDENT mentioned that strong caustics had been used in the treatment of uterine affections since 1840, at least. He corroborated Dr. Atthill's opinion as to the value of local depletion in some cases of endometritis. However, he preferred leeching as a means of carrying this out.

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF CAMBRIDGE.

SCHOLARSHIPS AND EXHIBITIONS IN NATURAL SCIENCE.—We quote from *Nature* the following List of Scholarships and Exhibitions for proficiency in Natural Science, offered at the several colleges in Cambridge during the present year.

Trinity College.—One or two of the value of about £80 *per annum*. The examination will be on April 5, and will be open to all Undergraduates of Cambridge and Oxford, and to persons under twenty who are not members of the Universities. Further information may be obtained from the Rev. E. Blore, tutor of Trinity College.

St. John's College.—One of the value of £50 *per annum*. The examination (in Chemistry, Physics, and Physiology, with Geology, Anatomy, and Botany) will be in December, and will be open to all persons who have not entered at the University, as well as to all who have entered and have not completed one term of residence. Natural Science is made one of the subjects of the annual college examination of its students at the end of the academical year, in May; and exhibitions and foundation scholarships will be awarded to students who show an amount of knowledge equivalent to that which in classics or mathematics usually gains an exhibition or scholarship in the college. In short, natural science is on the same footing with classics and mathematics, both as regards teaching and rewards.

Christ's College.—One or more, in value from £30 to £70, according to the number and merits of the candidates, tenable for three-and-a-half years, and for three years longer by those who reside during that period at the college. The examination will be on April 1st, and will be open to the undergraduates of the college; to non-collegiate undergraduates of Cambridge; to all undergraduates of Oxford; and to any students who are not members of either University. The candidates may select their own subjects for examination. There are other exhibitions which are distributed annually among the most deserving students of the college. Further information may be obtained from John Peile, Esq., tutor of the college.

Caius College.—One of the value of £60 *per annum*. The examination will be on April 1st, in Chemistry and Experimental Physics, Zoology, with Comparative Anatomy, Physiology, and Botany, with Vegetable Anatomy and Physiology; it will be open to students who have not commenced residence in the University. There is no limitation as to age. Scholarships of the value of £20 each, or more if the candidates are unusually good, are offered, for anatomy and physiology, to members of the college. Gentlemen elected to the Tancred Medical Studentships are required to enter at this college; these studentships are four in number, and the annual value of each is £113. Information respecting these may be obtained from B. J. L. Frere, Esq., 28, Lincoln's Inn Fields, London.

Clare College.—One of the value of £50 *per annum*, tenable for three-and-a-half years. The examination (in Chemistry, Chemical Physics, Comparative Anatomy, and Physiology, and Geology) will be on March 26th, and will be open to students intending to begin residence in October.

Downing College.—One or more of the value of £40 *per annum*. The examination (in Chemistry, Comparative Anatomy, and Physiology) will be early in April, and will be open to all students not members of the University, as well as all undergraduates in their first term.

Sydney College.—Two of the value of £40 *per annum*. The examination (in Heat, Electricity, Chemistry, Geology, Zoology and Physiology, and Botany) will be on April 1st, and will be open to all students who intend to commence residence in October.

Emmanuel College.—One or more of the value of £50 tenable for two years. The examination on April 1st, will be open to students who have not commenced residence.

Pembroke College.—One or more of the value of £20 to £60, according to merit. The examination (in June, in Chemistry, Physics, and other subjects) will be open to students under twenty years of age.

St. Peter's College.—One from £50 to £80 *per annum*, according to merit. The examination (date not yet fixed) in Comparative Anatomy and Physiology, and Botany, will be open to students who will be under twenty-one years of age on October 1st, 1873, and who have not commenced residence.

King's College.—One of the value of about £80 *per annum*. The examination, on April 21st, will be open to all candidates under twenty, and to undergraduates of the college in their first and second year. There will be an examination in elementary classics and mathematics, in addition to three or more papers in Natural Science, including Physics, Chemistry, and Physiology.

Although several subjects for examination are in each instance given, this is rather to afford the option of one or more to the candidates than to induce them to present a superficial knowledge of several. Indeed, it is expressly stated by some of the colleges that good clear knowledge of one or two subjects will be more esteemed than a general knowledge of several. Candidates, especially those who are not members of the University, will, in most instances, be required to show a fair knowledge of classics and mathematics, such, for example, as would enable them to pass the previous examination. There is no restriction on the ground of religious denomination in the case of these or of any of the scholarships or exhibitions in the colleges or in the University. Further information may be obtained from the tutors of the respective colleges. It may be added that Trinity College will give a fellowship for Natural Science once, at least, in three years: and that most of the colleges are understood to be willing to award fellowships for merit in Natural Science equivalent to that for which they are in the habit of giving them for classics and mathematics.

LOCAL GOVERNMENT

AND

SANITARY DEPARTMENT.

THE PUBLIC HEALTH ACT.

SIR,—If "M.D.Lond., F.R.C.S.Eng." will read my correspondence, he will clearly see that my opinions are exactly similar to his own. I also agree with him in thinking it such a common-sense question, that it needs no advocate, if fairly put to the profession.

I am, etc., J. WICKHAM BARNES.

OXTON (CHESHIRE) LOCAL BOARD.

At a meeting on February 3rd, Mr. R. S. Daniel, one of the district medical officers of the Birkenhead Union, was appointed medical officer for the township of Oxtown, under the new Public Health Act, at a salary of £30 a-year. There were five applicants, all resident practitioners.

MEDICAL OFFICER OF HEALTH FOR NOTTINGHAM.

At a meeting of the Town Council of the Borough of Nottingham, held on the 3rd instant, Dr. Edmund Seaton was appointed medical officer of health for that Borough. There were thirty-four candidates. The salary commences at £400 a year.

WEST DERBY LOCAL BOARD.

At a meeting on February 4th, the resolution passed at a previous meeting, rescinding the appointment of Dr. Carter, medical officer under the Public Health Act, was rescinded by the unanimous vote of the Board, Dr. Carter being thereby confirmed in his appointment.

LEICESTERSHIRE.

A CONFERENCE of Poor-law guardians from the various unions in the county of Leicestershire was recently held at the Castle, in Leicester, the object of which was to take into consideration the advisability of appointing a medical officer of health for the whole county, or otherwise, as the meeting might determine. Mr. Long, the government inspector, was present, and explained to the meeting on what grounds he recommended the appointment of a medical officer of health over a large area. After a somewhat long discussion, it was resolved by a large majority that—"Whereas by Section No. 10 of the Public Health Act, it is enacted that, with the sanction of the Local Government Board, a medical officer of health may be appointed for a larger district than that represented by each urban or rural sanitary district, we, the representatives of the various sanitary authorities in the county, resolve to recommend to the parishes which we respectively represent, that they unite in the appointment of a medical officer of health."—In answer to a question regarding the salary of the medical officer, Mr. Long said he considered £800 *per annum* a reasonable sum to give.

ADULTERATION OF FOOD ACT.

THE local boards and vestries of the parishes and districts within the metropolis have now, with two exceptions, complied with the provisions of the Adulteration of Food Act, by the appointment of official analysts. The Act gives the local authorities the option of making the appointment by fixed salaries, by allowances for each analysis, or partly

by salary and partly by allowance; and all these alternatives have been adopted by the various boards. In Mile-end Old Town, Dr. Corner, the medical officer of health, has been appointed analyst, the question of salary being left in abeyance. In St. Pancras, Dr. Stevens has been nominated. In Hackney, Dr. Tripe, the medical officer, has been elected, the point of salary being left open for future consideration. In St. George's, Hanover Square, and Chelsea, it has also been resolved to include the office of analyst in the duties of officer of health. The Whitechapel Board have appointed Dr. Meymott Tidy, professor of chemistry at the London Hospital, at a fee of one guinea for the first hundred analyses, and a decreasing scale for cases beyond that number. Dr. Hardwicke has been elected for Paddington, Dr. Vinen for St. Olave, Dr. Muter for Wandsworth, and in St. Saviour's the office was voluntarily undertaken by the medical officer of health. In Poplar, the appointment has been given to Dr. Woodforde, one of the medical officers of health, payment being made for each analysis on a fixed scale. Dr. Letheby has been appointed analyst for the city; Dr. Bernays, professor of chemistry at St. Thomas's Hospital, has been appointed for Camberwell, Dr. Whitmore for Marylebone, Dr. Pavey for St. Luke's, Dr. Rogers for Limehouse, Dr. Muter for Lambeth and St. George's, Southwark. With three exceptions, the local authorities of each district have elected their own medical officers of health as analysts; and in Whitechapel the office was refused by Dr. Liddle, the medical officer, on the ground that medical officers were generally not competent to undertake the duties contemplated by the Act.

OBITUARY.

ISAAC BAKER BROWN, F.R.C.S.

ISAAC BAKER BROWN, born June 8th, 1812, was the second son of Isaac Baker Brown, Esq., of Colne Engaine, Essex. His mother was the daughter of Dr. Boyer, head master of Christ's Hospital in the days of Samuel Taylor Coleridge, Charles Lamb, and Bishop Middleton. Educated at Halstead, he was early apprenticed to Mr. Gilson of that town, at that time the principal surgeon of the county. On the termination of his apprenticeship he was entered at Guy's Hospital, becoming house-pupil of Mr. Hilton, where he was distinguished for his industry, and where he gained the Astley Cooper Prize for anatomy.

He passed the Royal College of Surgeons in 1834, and in the same year became a member of the Apothecaries' Hall. About that time he married, and settled in practice at the West End.

From his student days, when he read a paper at the Guy's Medical Society, on ovarian disease, he had always shown a great predilection for the study of obstetrics and diseases of women, and he was a most successful accoucheur. At the time when ovariectomy was most severely on its trial, he was an enthusiastic ovariectomist, and it may with truth be stated that he was an ovariectomist by conviction; that is, he decided to perform ovariectomy in cases of ovarian dropsy threatening life, only after repeated attempts to arrest the disease by what appeared less dangerous procedures. For example: he tried "mercury, carried to slight salivation, diuretics, and tonics," tapping, tapping and pressure, injection of iodine, excision of a portion of the cyst, and the establishment of a fistulous opening, so as to constantly drain away the secretion. Being, however, once convinced that nothing but extirpation could cure the disease, nothing deterred Mr. Brown from pursuing it in cases in which he saw a fair hope of recovery; and although his first three ovariectomies were attended with the death of the patient, he had the courage to perform it on the fourth case that came to him, which was that of his own sister. It may be interesting to know that this lady, operated on in 1852, afterwards married, has had several children, and is still living.

To Mr. Brown and Dr. Clay of Manchester, are undoubtedly due the merit of being the pioneers of ovariectomy; and through their honesty in publishing unsuccessful cases of ovariectomy, and fully entering into the causes of failure, they have been honourably imitated by their successors, who have learnt from earlier failures to adopt improved methods, which have brought them a still larger measure of success.

From a comparison, however, of cases operated on by Mr. Brown in the same periods as Mr. Spencer Wells or Dr. Keith, it will be seen that the former was to the full as fortunate in his results. While of Mr. Brown's first fifty-two cases he lost twenty-eight, of the last fifty published in the second edition of his work on *Ovarian Disease*, in 1868, he lost only eight; that is, he had a death-loss of only sixteen per cent., and recoveries to the extent of eighty-four per cent. Of course, these facts do not in any way detract from the grand successes of

Mr. Spencer Wells and Dr. Keith; but perhaps the important services of the early workers in this branch have hardly met with sufficient acknowledgment, and this has especially occurred in the case of the subject of our present notice.

In 1848, Mr. Brown became a Fellow of the College of Surgeons by examination, and about this time he took a very active part in founding St. Mary's Hospital, the first meeting being held in his dining-room. At the foundation festival of the hospital, his health was proposed by the chairman, Prince George of Cambridge, as "Founder of St. Mary's Hospital." On its inauguration he was appointed surgeon-accoucheur, a post not refilled since he resigned. Shortly afterwards he founded the "London Surgical Home," in 1858.

In 1854, Mr. Baker Brown published his work on *Surgical Diseases of Women* (which went through three editions)—the volume by which he achieved his fame and by which his name will be remembered.

His labours for the cure of ruptured perinæum, of prolapsus uteri, and of vesico-vaginal fistula, would alone have sufficed to rank him as a great operative surgeon. His plan of incising the os and cervix uteri in cases of hæmorrhage from intrauterine tumours has been followed by the best results, and is now largely practised. In the year 1861, he was visited by the eminent French surgeon M. Nélaton, who resided some days as his guest, having come to London expressly to witness his practice as an ovariologist. Mr. Brown performed on this occasion three ovariectomies in succession in one day. M. Nélaton saw him also operate on two other cases, and saw several under course of recovery after operation. On his return to Paris he gave an account, in a clinical lecture, of all he had seen; and it is not too much to say that through Mr. Brown's enthusiasm and success M. Nélaton introduced ovariectomy to the favourable notice of the profession in France.

In 1865 Mr. Brown was elected President of the Medical Society of London, and here he appeared to have reached his zenith. In the following year, he published his remarks on the *Curability of some Forms of Insanity, Epilepsy, and Hysteria*. Subsequently to the publication of this book, occurred the arraignment of Mr. Brown before the Obstetrical Society for unprofessional conduct, and his expulsion from the Society. After the verdict of the Obstetrical Society, his practice rapidly diminished. He made several endeavours to retrieve his fortunes, but successive attacks of paralysis entirely shattered his health, and for the last year he has been utterly helpless.

He was suddenly attacked on Saturday the 1st instant, with vomiting and headache. He soon became unconscious, and died on Monday morning, in the 61st year of his age. The necropsy showed recent and old clots in the brain, and partial softening of its substance.

Mr. Brown was twice married. By his second wife, he leaves three young children. His young son is a candidate for the foundation of Epsom College, and it is to be hoped that the profession, remembering only the good work his father has done, and how generous a supporter he was of the charity in his prosperity, will earnestly support the candidature.

WILLIAM RISDON, M.R.C.S.

Mr. RISDON died on January 17th, at Dolton, North Devon, aged 61. He was medical officer to two districts of the Torrington Union for a period of thirty years, besides having an extensive private practice. For the last four years of his life he had relinquished the arduous duties of his profession on account of his failing health. He was a Member of the Royal College of Surgeons of England, and a Licentiate of the Society of Apothecaries.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentlemen, having passed the required examinations, were admitted members, on January 30th, 1873.

Williams, William, M.D. Queen's University, Ireland, Bannafawr Moore, Norman, M.B. Cambridge, St. Bartholomew's Hospital
Hartree, John Penn, M.B. Cambridge, Grosvenor Street

The following gentleman was, at the same time, admitted licentiate.
Clague, John, Castletown, Isle of Man

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, January 30th, 1873.

Cole, William James, Westbourne Villas, Harrow Road
Duke, Maurice Smelt, 321, Clapham Road
Loane, Thomas, 1, Dock Street, E.
Parnell, Gerald Crécy, Sussex Place, Regent's Park
Powell, Evan, Bridgend, South Wales
Wills, Charles, Richmond, Surrey

APOTHECARIES' HALL, DUBLIN.—At the professional examinations held in January 1873, the following gentlemen obtained the licence to practise medicine and pharmacy.

Devany, Patrick Charles Johnston, Henry Maturin
Holmes, William Hubert M'Creery, James Osterly

The following passed the preliminary examination in arts.

Corcoran, Thomas Francis Fitzgerald, Michael
Duncan, George Murphy, John
Falkiner, Ninian McIntyre Prior, Henry William

MEDICAL VACANCIES.

THE following vacancies are announced:—

BISHOPS STORTFORD UNION, Herts—Medical Officer for the Pelham District: £92 per annum.
BRADFORD (Yorkshire) URBAN SANITARY DISTRICT—Medical Officer of Health: £500 per annum.
BRECKNOCK UNION—Medical Officer for the Defynnock District: £90 per ann.
CANNON STREET MALE ADULT PROVIDENT INSTITUTION, Birmingham—Additional Surgeons.
CARMARTHENSHIRE INFIRMARY—Surgeon.
CARMARTHEN TIN WORKS—Surgeon.
CHIPPING NORTON UNION, Oxfordshire—Medical Officer for District No. 1: £73 per annum.
CLOGHER UNION, co. Tyrone—Medical Officer for the Workhouse: £50 per annum.
DEVONSHIRE HOSPITAL, Buxton, Derbyshire—House-Surgeon and Dispenser: £100 per annum, board, and residence.
GENERAL HOSPITAL, Nottingham—Resident Surgeon Apothecary: £150 per annum, furnished apartments, board, and washing.
GUY'S HOSPITAL—Assistant-Physician.
HALIFAX INFIRMARY—House-Surgeon: £80 per annum, increasing to £100, with board, lodgings, and attendance.
INDIAN MEDICAL SERVICE—Sixteen Assistant-Surgeons.
INFIRMARY FOR CONSUMPTION AND DISEASES OF THE CHEST, Margaret Street, Cavendish Square—Visiting Physician.
NAVAL MEDICAL SERVICE—Assistant-Surgeons.
NORTH UIST—Parochial Medical Officer.
NORTH WALES COUNTIES LUNATIC ASYLUM, Denbigh—Assistant Medical Officer: £100 per annum, rooms, board, and washing.
RADCLIFFE INFIRMARY, Oxford—Dispenser: £80 per annum, board, and washing.
ROTHERHAM RURAL SANITARY DISTRICT—Medical Officer of Health: £600 per annum.
ROYAL INFIRMARY, Dundee—Resident Medical Superintendent: £200 per annum, bed, board, and washing.—Medical Assistant: £50 per annum, bed, board, and washing.
ST. HELEN'S (Isle of Wight) URBAN SANITARY DISTRICT—Medical Officer of Health: £25 per annum.
THIRSK UNION, Yorkshire—Medical Officer and Public Vaccinator for the Knapton District: £21 per annum, and fees.
TIVERTON INFIRMARY AND DISPENSARY—House-Surgeon and Dispenser: £100 per annum, furnished apartments, coals, gas, and attendance.
UNIVERSITY COLLEGE HOSPITAL—Surgical Registrar.
UNIVERSITY OF LONDON—Assistant Registrar: £500 per annum.
UXBRIDGE RURAL SANITARY DISTRICT—Medical Officer of Health: £100 per annum.
YORK DISPENSARY—Two Resident Medical Officers: £130 per annum, furnished apartments, coals, and gas.
YORK RURAL SANITARY DISTRICT—Medical Officer of Health: £200 per annum.

MEDICAL APPOINTMENTS.

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

FRASER, John, M.B., C.M., appointed Medical Superintendent of the Fife and Kinross Asylum, vice *J. Batty Tuke, M.D., resigned.
*HOFFMEISTER, W. C., M.D., appointed Honorary Consulting Physician to the Royal Isle of Wight Infirmary, Ryde, vice H. B. Leeson, M.D., deceased.
HUTCHINSON, George Wright, M.D., appointed Medical Officer to No. 1 District, Chipping Norton, Oxon., vice W. Josiah Smith, Esq., deceased.
PARREN, Gerald C., Esq., appointed House-Surgeon to the Worcester General Infirmary, vice Mr. Charles E. Hardyman, resigned.
SAMUELS, A., M.D., appointed Physician to the Hospital for Consumption and Diseases of the Chest, Liverpool.
*WILLIAMS, D. M., L.K.Q.C.P.I., appointed Physician to the Hospital for Consumption and Diseases of the Chest, Liverpool.

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.

BIRTHS.

HEWITT.—On February 5th, at Winkfield, near Windsor, the wife of *Tom S. Hewitt, M.D., of a daughter.
HOAR.—On January 30th, at Maidstone, the wife of *Charles E. Hoar, L.R.C.P., of a daughter.

MARRIAGE.

HEDLEY, John, Esq., Surgeon, Yester House, Middlesborough, to Mary Elizabeth, eldest daughter of Edward WILLIAMS, Esq., Cleveland Lodge, Middlesborough-on-Tees, on January 25th.

DEATHS.

SMITH, W. Josiah, Esq., Surgeon, at Chipping Norton, aged 37, on January 17th.
*WATKINS, David Rees, Esq., Surgeon, at Carmarthen, on February 2nd.

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.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—West London, 3 P.M.—National Orthopaedic, 2 P.M.

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

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

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

SATURDAY ... St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.—East London Hospital for Children, 2 P.M.—Hospital for Women, 9.30 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 9.30 A.M.—Royal Free, 9 A.M. and 2 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8 P.M. Mr. Thomas Bryant, "A Case of Tumour of the Lower Jaw, and a Case of Tumour of the Frontal Sinus and Orbit"; Mr. Henry Smith, "The results of Three Hundred Cases of Hæmorrhoids and Prolapsus treated by the Clamp and Cautey."

TUESDAY.—Royal Medical and Chirurgical Society, 8 P.M.: Ballot, 8.30 P.M.: Mr. Gant, "Case of Excision of the Knee-joint for Disease in a Woman 53 years of age"; Mr. Callender, "Removal of a Needle from the Heart"; Mr. Lawson Tait, "Case of Gastrotomy for Extrauterine Pregnancy."

WEDNESDAY.—Epidemiological Society, 8 P.M. Dr. Wm. Squire, "On the Periods of Infection in Epidemic Disease."

FRIDAY.—Clinical Society of London, 8.30 P.M. The President's Address. Mr. Arnott will exhibit a Patient, on whom a Soft Cancer in the Parotid Region has been treated by Caustics: no return of the disease after four years. Mr. Thornton will relate Two Cases of Thyrotomy for the removal of Growths from the Larynx. Dr. Morell Mackenzie, "On the results of Thyrotomy for the removal of Growths from the Larynx."

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.

DR. KIDD.—We have treated Dr. C. Kidd with infinite patience, and we shall make one more effort to bring him to reason. 1. To say that forty-six deaths are to be found in "Sabarth", is not a reference. A reference is to state the full title of the book or journal, page, and date, where these deaths are recorded; and to make the reference of any value, each of them should be looked up in the original when accessible. 2. To say that a prize has been awarded, of unstated amount, by an unnamed donor, and an unnamed adjudicator, is not to give the particulars of a "prize-essay". We must remind Dr. Kidd that no amount of irritation which he may feel in differing from us in these regards, will excuse the extravagant improprieties of expression and imputation in which his letters abound.

Druitt Testimonial.

MR. HAYNES WALTON, the Treasurer, begs to acknowledge the receipt of the following subscriptions since Wednesday, January 15th.

£	s.	d.	£	s.	d.
Mr. Alfred Brooks	10	10	Mr. C. Greig, Clifton	1	0
Dr. Andrew Clark	5	0	Dr. Minter, Southsea	1	0
Dr. Marion Sims, New York	5	0	Mr. A. B. Squire	1	0
Mr. Thorn	5	0	Dr. Wilkinson	1	0
Dr. G. Buchanan	2	0	Dr. A. Wiltshire	1	0
Mr. H. Bullock	2	0	Dr. Fraser	1	0
Mr. Wm. Druitt, Winchester	2	0	Professor Tuson	1	0
Rev. C. J. Ackland	2	0	Dr. Tidy	1	0
Lady E. Cornwallis	2	0	Dr. Northcote Vinen	1	0
Mr. Greenway, Plymouth	1	0	Mr. Christopher Buckle	0	10

Subscriptions may be sent to the Treasurer, Mr. Haynes Walton, 1, Grook Street, Hanover Square; to the Secretary, Mr. A. Norton, 6, Wimpole Street; or be placed to the account of the "Druitt Testimonial Fund", Union Bank, Argyll Place, Regent Street, W.

Amounts received will be acknowledged in the Medical Journals.

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.

EXAMINATION OF VOLUNTEER MEDICAL OFFICERS.

SIR,—In the new orders issued from the War Office, and printed in the *Volunteer Service Gazette* of Saturday last, it is stated that medical officers, in order to be come efficient and draw the grant of £2 10s., must obtain a certificate of proficiency. I shall be glad if you can inform us the course to be adopted to get that certificate and, if there be an examination, the nature of it. I am, etc.,

ASSISTANT-SURGEON R.V.

. We communicated with the War Office to ascertain the date and other particulars regarding the examination last week, but have as yet received no reply. We assume that arrangements have not yet been made by the authorities for holding the examinations. The regulations state that "medical officers will be examined by a board consisting of the principal medical officer of the district and two other army medical officers." They have to certify that the successful candidate is well acquainted with the nature and intended application of the various articles composing the equipment of army hospitals in the field, and with the authorised means for the transport of sick and wounded soldiers, and the proper modes of employing them; that he has a competent knowledge of the treatment of the wounds and injuries to which troops are liable in the field, particularly with regard to the special circumstances of campaigning; and that he is acquainted with the duties to be performed by army medical officers in camps and bivouacs, and during marches, as named in Section 21, Sanitary Regulations for Field Service, pp. 82, etc., of the Official Code of Army Hospital Regulations. The officers about to be examined will proceed to the place appointed at their own expense.

DR. McCULLOCH will, we think, find in the Report all the information which can be readily given, and such as will well afford adequate guidance to any attentive reader.

X. Y. B.—We know of no such register.

THE UNIVERSITY OF LONDON.

SIR,—On reading the very sensible and practical letter of "M.B. Lond." in your JOURNAL of January 11th, with regard to the examinations, etc., of the medical graduates of the London University, it occurred to me that one or two other points might be urged in their favour. In the first place, why should not all the examinations, previous to final or degree examination, be held twice instead of once in each year? and this should relate to all undergraduates, whether in arts, science, law, or medicine. In the second place, why not, after matriculation, require a candidate to pass a certain number of years at a school of medicine (say four years for the M.B.), and attend certain courses of lectures; and having done this, to present himself for preliminary scientific first or second M.B. examinations when he may think fit? At present he has to wait a long interval between each, as well as to attend hospital practice and lectures, so that if a candidate should be unsuccessful at either examination, or begin his university career rather late and with limited means, the probability is that he would have to undertake duties where no school of medicine existed, and consequently must give up all hope of graduating, from not being able to attend further lectures and hospital practice. The graduates in medicine have to pass more examinations than any of the others before taking their degree; besides which, the latter are not required to attend any lectures nor reside in any particular place; consequently the regulations press very very heavily on the former class. The University might concede these points and thereby extend its usefulness, which would be hailed as a great boon by many of its undergraduates. January 1873. I am, etc., MEMBER B.M.A.

We are indebted to correspondents for the following periodicals, containing news reports, and other matters of medical interest:—The Liverpool Weekly Albion Feb. 1st; The Manchester Guardian, Feb. 5th; The Aberdeen Daily Free Press Feb. 1st; The Bath Express, Feb. 1st; The Birmingham Daily Post, Feb. 3rd; The Glasgow Herald, Feb. 5th; The North Wales Chronicle, Feb. 4th; The Scotsman, Feb. 4th; The Exeter and Plymouth Gazette; The Newcastle Daily Chronicle; The Leicester Advertiser; The Western Times; The Bridgwater Mercury; The British Press and Jersey Times; The Londonderry Standard; The Sunderland Times; The Bedfordshire Times; etc.

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

Sir W. Fergusson, London; Dr. Markheim, Paris; Dr. J. Fraser, Cupar, Fife; Mr. Savory, London; Dr. Latham, Cambridge; Dr. Smart, Penze; Dr. George Johnson, London; Mr. John Hope, Newcastle-upon-Tyne; Dr. H. Charlton Bastian, London; Dr. Robertson, Liverpool; Mr. R. V. Smith, Manchester; Our Glasgow Correspondent; Mr. Gascogen, London; Mr. R. S. Fowler, Bath; An Associate; Mr. Bartlett, Birmingham; Dr. Bolton, Lancaster; Mr. Wickham Barnes, London; Mr. Greenway, Plymouth; Mr. Poole, London; Mr. Lennox Browne, London; Dr. Lyon Playfair, London; Dr. MacCulloch, Dumfries; A Member; Dr. Davis, Leamington; Dr. Beigel, Vienna; Our Birmingham Correspondent; Dr. J. Martin, Bradford; Dr. C. Handfield Jones, London; The Registrar of the College of Physicians, London; M.D.; Mr. Teevan, 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. Wm. Newman, Stamford; The Secretary of the Epidemiological Society; Dr. D. W. Williams, Liverpool; The Secretary of the Clinical Society; Dr. Maclean, Applecross; Mr. Preston, East Grinstead; Our Aberdeen Correspondent; Dr. C. H. Robinson, Dublin; Dr. Tannahill, Glasgow; Dr. M. H. Henry, New York; Dr. Corfield, London; Mr. Morgan, Neath; The Secretary of the Royal Medical and Chirurgical Society; Mr. A. Coleman, London; Mr. J. W. Langmore, London; Dr. F. B. Nunneley, Derby; Our Liverpool Correspondent; Mr. Stride, Brighton; Dr. Munro, Edinburgh; Mr. C. J. Fox, London; Dr. Motherell, Strabane; Dr. Drysdale, London; The Secretary of the Royal Microscopical Society; Dr. Joseph Bell, Edinburgh; etc.