

SPECIAL CORRESPONDENCE.

PARIS.

Propylamine in the Treatment of Rheumatism.—M. Moutard-Martin.
The Lady-Students.—*The Triumphs of Pneumatic Aspiration.*

OUR own correspondent writes, under date February 14th:—I see that you have already noticed the growing popularity of the new remedy of the new year here. It has been introduced at a favourable season here, and I should think it would not be unseasonable with you. Your physicians must make haste to employ it—as Trousseau said of new remedies generally—while it is time. It is notorious that new remedies cease to be so efficacious when they are no longer new. Hurry quickly, then, to find cases of rheumatism, and to treat them by propylamine. You can give it in capsules, in dragees, and in draughts—that is, if your chemists are half as enterprising as ours. You have already given an account of its chemical and therapeutical properties; but perhaps I can add to your information with the help of M. Audhoin, who has devoted some further columns of the *Gazette Hebdomadaire* to the elucidation of its chemical history. In the first place, propylamine has many synonyms; viz., azotate of trityle, tritylamine, metacetamine, amylamine, propylac, etc.; so that you must be prepared to meet it under all its aliases. M. Guibourt (*Traité des Médicaments Nouveaux*, p. 300, 2nd edition, 1865) describes the result of physiological experiments on himself with it. It reddens the skin slightly, acts as a caustic on the mucous membranes, and depresses (*hyposthenises*) the arterial system. M. Fargier Lagrange published a thesis on it at Strasbourg in 1870, entitled *A Therapeutical Essay on Trimethylamine*, written under the inspiration of M. Coze. It seems that by Awenarius, Hetet, Guibert, and Kaleniczenko (I am not responsible for the orthography), it has been employed for a great variety of maladies besides rheumatism—pericarditis, hemiplegia, paraplegia, scrofulous diseases, piles, diseases of the liver and of the spleen, rickets, amenorrhœa, dysmenorrhœa, leucorrhœa, spinal meningitis, etc.—and always with the most astonishing success. You see that it is very new.

The favourite propylamine in Russia is that prepared from cod-liver oil, and Awenarius and Kaleniczenko use nothing else. Kaleniczenko, indeed, considers that cod-liver oil might fairly be described as a solution of propylamine, to which it owes its chief virtues. We have always been using propylamine prepared from herring-brine, and our results are equally good. We are a little disturbed to find that Awenarius has a very poor opinion of propylamine derived from this source, but we are not discouraged. M. Lagrange gives a good physiological account of the action of the substance. His conclusions are, that “propylamine diminishes the intra-organic combustion, and lessens the elimination of urea; it diminishes the activity of the circulation, and lowers the temperature; it exercises a sedative action on the nervous system, and manifestly diminishes the neuralgic and articular pains.”

These actions accord with those described by Awenarius, by Dujardin-Beaumez, and other of our physicians. I observe a suspicious tendency to combine it with morphia, and to employ other drugs concurrently with it; but meantime it is being severely tested by competent and sceptical observers, and we shall soon have a harvest of careful observations to lay before you. But, if you do not desire to be behind the time, and to take your conclusions ready made from us, you must begin to try it for yourselves. It is particularly suited to the acute inflammatory forms, when there are continuous fever and absolute incapability of moving the limbs.

The Schools of Medicine and Pharmacy of Montpellier have been closed, in consequence of tumultuous political manifestations by the students; but the affair is probably merely temporary, and is of no real importance, except as showing the incurable turbulence of our students.

M. Moutard-Martin has been elected a Member of the Academy of Medicine, in the therapeutical section. The younger school would have preferred to see M. Oulmont elected. He belongs to the younger disciples of exact scientific investigators. He had a very respectable number of votes. M. Martin belongs to the school of clinical observers. Baron Larrey, well known to many eminent foreigners as the most

courteous head of our Military Medical Council, has retired, and is replaced by M. Cazalas. Our courses at the Faculty are strengthened by the recent nominations of Charcot, Vulpian, etc. M. Axenfeld is very ill; and Marchal de Calvi, a famous free lance in medicine, is unhappily stricken with apoplexy.

The lady-students here are strengthened by the addition of a French lady to their number—the first native, I believe, who has attended the courses. One of the English students, Mrs. Ella Lawson, was last week admitted Bachelier ès Sciences et ès Lettres. Observing that an English lady lately, who had been examined and qualified for the Tripos at Cambridge, was not admitted to the degree, we draw the conclusion that you are more conservative than courteous, and more jesuitical than just.

The last meeting of our Surgical Society was occupied with the triumphs of pneumatic aspiration in the treatment of hydatid cysts and of strangulated hernia. It is now of almost daily application in the hospitals and in private practice, and renders great services in the treatment of effusions into the pleura and pericardium and into the joints, and in the diagnosis and treatment of all kinds of collections of fluid. From what I saw recently in London when I went the round of the hospitals, and from conversations with your leading surgeons and physicians, I was led to the conclusion that, notwithstanding your practical character, you are by no means yet sufficiently penetrated with the uses of this most practical instrument, which has in some sense revolutionised the treatment of retentions of urine with stricture, of strangulated herniæ, of hydrothorax, cysts of the liver, etc., which are now robbed of half their terrors, and can be managed more easily than a ganglion of the wrist was formerly, before the labours of Dr. Dieulafoy and the advent of the *aspirateur à vide préalable et successif*. At first, we all said that it was useless; now, that it is immensely useful, but not at all new. You are still in the first stage; but the channel is soon crossed, and we shall invade you with the aspirator, of which you can have a choice of fifteen varieties.

ASSOCIATION INTELLIGENCE.

SOUTH EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

THE next meeting is appointed to be held at the Infirmary at Gravesend, on Tuesday, March 11th, at 3.45 P.M.; John Christopher ARMSTRONG, Esq., in the Chair.

Dinner will be provided at the Old Falcon Inn at 5.45 P.M.

FREDERICK JAMES BROWN, M.D., *Honorary Secretary*.

Rochester, February 24th, 1873.

METROPOLITAN COUNTIES BRANCH.

THE ordinary meeting of this Branch, announced to be held on Wednesday, March 12th, is postponed. Due notice of the day of meeting will be given.

A. P. STEWART, M.D.

ALEXANDER HENRY, M.D.

} *Honorary Secretaries*.

London, February 19th, 1873.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

THE next meeting will be held at the Pavilion Hotel, Folkestone, on Thursday, March 13th, 1873, at 3 o'clock; Dr. WILDASH, of Hythe, in the Chair.

Dinner at 5 o'clock precisely. Charge 5s., exclusive of wine.

CHARLES PARSONS, M.D., *Honorary Secretary*.

2, St. James's Street, Dover, February 18th, 1873.

NORTH WALES BRANCH.

THE next intermediate general meeting of this Branch will be held at the Wynnstay Arms Hotel, Ruabon, on Thursday, March 20th, at 1 P.M.; R. CHAMBRES ROBERTS, Esq., President, in the Chair.

Gentlemen having papers or cases to communicate, will please to forward the titles of the same a few days before the meeting.

The dinner, to which members may invite friends, will be at 3 P.M. Tickets 6s. 6d. each, exclusive of wine.

D. KENT JONES, *Honorary Secretary*.

Beaumaris, February 12th, 1873.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: PATHOLOGICAL AND CLINICAL SECTION.

THE fourth meeting of this session was held on Friday, January 31st; present, JAMES RUSSELL, M.D., in the Chair, and twenty-seven members.

New Members.—Seven members of the Branch were admitted members of the Section.

1. *Successful Trephining.*—I. Mr. NEWNHAM exhibited a man admitted into the Wolverhampton Hospital on February 21st, 1872, with a compound depressed fracture of the right parietal bone. The symptoms at first were those of slight concussion; afterwards they became those of compression. The scalp-wound was enlarged and the man trephined, twelve splintered and depressed fragments being removed. The dura mater was found to be slightly lacerated. Subsequently, matter formed beneath it; this was discharged through the opening of the dura mater after it had been enlarged. From this period all adverse symptoms ceased; he was discharged quite well on April 23rd. —II. Mr. Newnham also exhibited Richard B., aged 23, who was admitted into the Wolverhampton Hospital on November 4th, 1872. Just previously to admission, he received a kick from a horse over the right parietal bone, causing a depressed fracture of that bone and an extensive wound of the scalp. There was much collapse. His pulse was 60; sensibility was imperfect. He was trephined an hour after admission, and several pieces of bone were removed. The dura mater was punctured by a fragment. His progress to recovery was rapid, and he was discharged on December 10th.

2. *Congenital Malformation of the Organs of Vision.*—Mr. LLOYD OWEN exhibited two infants aged about seven months each, both suffering from hereditary syphilis. In one case, the right eye was megalophthalmic, with coloboma of the iris and choroid, the fissure extending up to the optic disc. The left eye was microphthalmous; there was no distinct iris, merely a ragged fringe. The ophthalmoscope showed a yellowish white reflection from the fundus, the choroidal pigment being deficient. In the second case, the right eye was megalophthalmic. There was posterior synechia, and the pupillary opening was occluded by a film of organised lymph.

3. *Old Standing Dislocation of the Elbow-joint.*—Dr. JOLLY showed a stout, healthy young woman, with dislocation of both bones of the left forearm backwards, occasioned by falling down stairs with great violence upon the elbow. At this time—about twenty-two years from the accident—the forearm is shortened an inch and a half, but is quite as well developed as the other. The symmetry of the joint is not restored, and its antero-posterior diameter is increased to the extent of an inch. The head of the radius forms a protuberance behind and to the outer side of the external condyle; the ulna lies towards the inner condyle, and is somewhat separated from the radius. The forearm can be completely flexed and extended; pronation and supination are perfect.

4. *Hydatid Tumour of the Meninges of the Brain.*—Dr. SAWYER exhibited a drawing showing the *post mortem* appearances in a case of hydatid tumour of the meninges of the brain, which had been lately under his care at the Queen's Hospital.

5. *Successful Case of Colotomy.*—Mr. GOODALL read notes of a case of colotomy. The patient, a lady, aged 43, had suffered from symptoms of stricture of the rectum about twelve months previously. The operation was performed on January 25th, 1872, on account of complete obstruction of eight or nine days' duration. The cause of the obstruction was a pelvic tumour. The patient recovered, and is now in the enjoyment of fair health, and suffering very little inconvenience. She is able to take part in the duties and pleasures of domestic life in a large family.

6. *Glioma of Eyeball.*—Mr. PRIESTLEY SMITH exhibited an eyeball from a patient at the Eye Hospital under Mr. Chesshire's care, completely filled with glioma. The growth had destroyed every structure within the sclerotic, except the pigment of the choroid. Anteriorly, it was softening from fatty degeneration; posteriorly, it had passed along the optic nerve to the brain. It began at six months of age as "amaurotic cat's eye," and had been allowed to progress without treatment for two years. The boy died two months after removal of the globe, from extension to the brain. The growth consisted of a fine intercellular substance containing round, equal-sized, nucleated cells.

7. *Choroidal Sarcoma.*—Mr. PRIESTLEY SMITH showed a specimen also from one of Mr. Chesshire's patients. The retina was completely detached, except around the optic nerve and ora serrata. A firm nodular tumour involving the choroid, attached to the sclerotic, and occupying a quarter of the circumference of the globe, reached from the ciliary processes to the optic nerve entrance. Vision had been failing eight months when the case came under notice. The tumour was diagnosed

with the ophthalmoscope, and the globe excised nine months ago. The patient, a woman, aged 55, is now in perfect health. The structure was that of a spindle-shaped sarcoma.

8. *Stricture of the Pylorus.*—Dr. RUSSELL presented a case of carcinomatous stricture of the pylorus, fatal simply by its mechanical effects. The strictured portion was unadherent; the stomach was dilated so as to contain 120 ounces, and by its increased weight had sunk into a vertical position in the abdomen, occupying a great part of the front of that cavity. The hardened pylorus was felt during life lying by the side of the umbilicus. There was no ulceration, nor any secondary growths. The patient, a female, was thirty-six years of age. The symptoms were of about six months' duration.

9. *Curvature of the Spine.*—Dr. RICKARDS showed a specimen from a case lately under Dr. Fletcher at the General Hospital. It illustrated: 1. Anterior curvature of the spine from caries of the vertebrae; 2. Caries of the dorsal vertebrae; 3. Psoas abscess in its entirety, its origin, course, and termination.

10. *Removal of Fibrous Tumour of the Uterus.*—Mr. LAWSON TAIT showed a large fibrous tumour of the uterus that he had successfully removed by abdominal section about a fortnight before. The clamp had embraced the uterus, probably about the middle, and both ovaries were removed with the tumour, they being situated about its middle. The patient recovered without a bad symptom.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: GENERAL MEETING.

THE fifth ordinary meeting of the session was held at the Midland Institute, Birmingham, on Thursday, February 13th; present, T. W. WILLIAMS, Esq., in the Chair, and forty-four members.

Notice of Motion.—Mr. LAWSON TAIT gave notice of bringing before the next meeting a recent case in which censure was passed on a member of the Branch by the coroner for Central Warwickshire.

Communications. 1. *Papillomatous Growths.*—Mr. LAWSON TAIT showed a mass of papillomatous growths which he had removed from a patient who had been sent to him for his opinion on the propriety of inducing premature labour, or perhaps subsequently performing the Cæsarean section. The disease was supposed to be cancerous; but, recognising it as due to tertiary syphilis, Mr. Tait removed the warts. The patient was two months afterwards delivered at the full time, made a rapid recovery, and the wounds had now quite healed.

2. *Dermoid Cysts.*—Mr. LAWSON TAIT showed two dermoid cysts. One, only six and a half ounces in weight, had been removed two days previously. It had been packed down in the pelvis, giving rise to great distress; was diagnosed and removed with a fortunate issue.

3. *Cystic Degeneration of Ovum.*—Mr. LAWSON TAIT showed an ovum with cystic degeneration of the villi of the chorion. The second he had seen within a few days.

4. *Horny Growth.*—Mr. JOLLY exhibited a drawing of a papillary horny growth, an inch and a half in length and two inches in diameter at its base, originating from the cicatrix of an old wound over the upper border of the right patella. It was rough, and presented a number of longitudinal fibrous lines, with a tendency to curve and taper at the point. On removal, it proved to be true horn, consisting of scaly epithelium greatly condensed and desiccated, and containing a fibrous core of hypertrophied papillae supplied freely with blood-vessels, which permeated for some distance up its centre.

5. *Connection between Tonsillitis and Rheumatism.*—Dr. TOTHERICK spoke on the connection which he believed to exist between tonsillitis and rheumatism or gout. He had practised for ten years in a district where rheumatism in every form prevailed to a very large extent; and there quinsy was also remarkably prevalent. In fact, the great majority of the inhabitants had enlarged tonsils. He had been often struck with the fact that some members of a family would have acute rheumatism, whilst others had quinsy; and the two diseases—if, indeed, they were not both different manifestations of one and the same disease—often afflicted the same person alternately. As an additional evidence of the rheumatic nature of quinsy, he had found that guaiacum—which had long ago an established reputation in the treatment of rheumatism—was by far the best remedy in quinsy, almost infallibly aborting the disease if administered before suppuration had occurred. He had no doubt that a few cases of quinsy had a gouty pathology, and in such cases guaiacum had not the same value as in those of a purely rheumatic character.

6. Dr. SAWYER read a paper on the Treatment of Chronic Inflammatory Diseases of the Larynx.

7. Mr. VINCENT JACKSON read the record of a case of Impassable Stricture of the Oesophagus, for which gastrotomy was performed.

Microscopical Section.—A report was presented by the officers of the Microscopical Section, with rules for the conduct of the Section.

A Council Meeting was held after the Branch meeting, when five gentlemen were elected members of the Association.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, FEBRUARY 11TH, 1873.

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

REMOVAL OF A NEEDLE FROM THE HEART: RECOVERY OF THE PATIENT. BY G. W. CALLENDER, F.R.S.

THIS was the history of a man who for nine days followed his ordinary occupation in pain and with discomfort, having a needle fixed in the tissues at the apex of the heart. On the ninth day, in consequence of his statement and in view of the pain which he was suffering, an incision was made over the fifth intercostal space, and the broken eye of the needle was found on a level with the intercostal muscle. This extremity was seized, and the foreign body was withdrawn. The patient recovered without an unfavourable symptom. With this history, the exact position of the needle in the wall of the chest was given, as also was that of its probable position in the heart; the movements of the foreign body, caused by those of the heart, were figured, and their measurements were added. Some remarks were made upon recovery and duration of life after somewhat similar injuries, and an appendix of cases was given in the form of a table.

The PRESIDENT asked the nature of the pain felt at the end of a month.—Mr. BROOKE said there was no reference to diagnosis by means of a magnetic needle, which no doubt would have suited here.—Mr. THOMAS SMITH asked how far the needle entered. Such a case was encouraging to those who wished to puncture the pericardium in cases of accumulation of fluid.—Dr. C. J. B. WILLIAMS said the needle must have been buried to some depth in the substance of the heart. In animals on which experiments had been tried with pins, to ascertain the causes of the sounds of the heart, the introduction of needles caused at first violent action; afterwards the action was quieter. The needles always moved and produced a friction-sound. Most likely there was adhesion here. It might be possible to introduce a needle, and so give an electric shock directly to the heart in suspended animation.—Mr. CROFT did not think the needle had penetrated the heart-substance. There were various reasons why he thought its end must have been free in the pericardium. A boy was brought to St. Thomas's with a needle supposed to be broken in the substance of the heart. He died of pericarditis. The point was found projecting into the pericardium. It had caused laceration of the heart's substance, and pericarditis.—Mr. HULKE said there was no difficulty about Mr. Callender's theory. There was much greater difficulty in accepting Mr. Croft's notion. The needle was really free at its outer end; and, attached at its inner end to the substance of the heart, it swung with its motions.—Mr. FAIRLIE CLARKE said in Mr. Croft's theory inconvenience was more likely to arise than in Mr. Callender's. Much more severe injuries had been recovered from.—Mr. CALLENDER said if he had not been quite sure as to the nature of the case, it would not have been worth while to bring it before the Society. The movements were exactly such as would be produced by the motion of the heart. It was marvellous how the man could go about his work for nine days in this state. The pain complained of a month after was doubtless due to nervousness. In the case of a child who ran a needle into a joint, he did not find the magnetic needle of much practical use.

CASE OF EXCISION OF THE KNEE-JOINT FOR DISEASE IN A WOMAN FIFTY-THREE YEARS OF AGE, WITH SUCCESSFUL RESULT.

BY FREDERICK J. GANT, F.R.C.S.

Mr. GANT described a case which he thought might be regarded as a notable exception to the typical conditions of disease appropriate for excision of the knee-joint or of other joints. The chief peculiarities were these. The disease, chronic rheumatic arthritis of twenty-three years' duration, resulting in imperfect ankylosis, with partial dislocation of the leg backwards, corresponding malposition of the limb, and increasing tendency to displacement; the age of the patient, fifty-three years; excision as performed in relation to the state of the joint; firm union in seven weeks; complication of after-treatment by accidental attack of erysipelas affecting the whole limb without destroying the union; permanent result, and measurement of the limb five and a half months after operation. In commenting on these particulars, the author suggested the applicability of excision to a condition of disease

which had not hitherto, he believed, been submitted to the operation, and at a more advanced period of life, thus comprising a larger class of cases, although of exceptional character. In the present instance, the age of the patient was the most advanced in which excision of the knee had hitherto been practised, or at least recorded. Since completing the history of this case, the author had found one other case in which excision of the knee-joint was performed by Mr. Curling for chronic rheumatic arthritis, with a successful result; the patient's age, however, being twenty-three years.

The PRESIDENT said there were two points of interest in Mr. Gant's paper—the kind of disease, and the age of the patient. He did not think that the operation would be often performed for rheumatic arthritis, which seldom affected the knee-joint to a damaging extent. Mr. Gant was to be congratulated, but he did not think the operation should be often extended to persons of such an age.—Mr. T. SMITH said that, looking at the excellent results obtained, he trusted Mr. Gant would never try the operation in another such case.—Mr. CROFT said in some cases they had performed the operation at St. Thomas's Hospital on patients over 40. Mr. Sydney Jones had performed it for rheumatic arthritis on a patient somewhat advanced in life. He was not inclined to oppose the operation even late in life.—Mr. T. HOLMES said he knew of a case of excision of the hip-joint for rheumatic arthritis in a patient aged 56, with recovery. But the matter could not be settled by individual cases; for, though some survived, these did not commend the operation. What were called statistics were not yet sufficient to prove anything one way or the other. It was his own experience that excision was always more dangerous than amputation, whether in acute or chronic disease. Amputation was safer for the patient's recovery; the object of excision was to save the limb, and the importance of that decreased rapidly with advancing years. The ultimate result was the thing to be considered. Was the operation worth the risk in such cases? In this case the patient was not completely cured, nor would she be till she could use the limb freely. Mr. Gant's paper, on the whole, confirmed his views.—Mr. GANT said his case was brought before the Society, not to establish a rule of practice, but as illustrating the kind of cases in which the operation might be performed. They might employ the operation either in acute disease, or for the results of disease in a useless limb. This patient belonged rather to the latter group; however, she was constantly having recurring attacks of the disease. He thought the result was successful, especially considering the erysipelas.

SUCCESSFUL CASE OF GASTROTOMY IN EXTRAUTERINE GESTATION.

BY LAWSON TAIT, F.R.C.S.

In the case of J. N., aged 27, retrouterine pregnancy was diagnosed on September 23rd, the child having arrived at the term and died about the end of the July previous. The operation was performed on Nov. 2nd, the section being much as in ovariectomy. After opening the sac the feet presented, and no difficulty was experienced in removing the child, except in extracting the head from the pelvis, in which it was deeply packed, and where it had contracted adhesions to the floor of its cavity. The edge of the wound in the sac was stitched to the edge of the peritoneal wound by a continuous suture, the peritoneal cavity being thus completely closed. The upper half of the parietal wound (its entire length being about seven inches) was closed by deep sutures. A syphon drainage-tube was inserted deeply into the pelvic cavity, and the whole was syringed every eight hours with a solution of sulphite of soda. A fetid discharge issued from the cavity till about the eighth day after the operation, when it became purulent and was mixed occasionally with placental debris. Pieces of detached placenta were removed occasionally, together with foetal hair which had become adherent to the internal surface of the cyst, and been detached from the scalp in removing the child, until November 29th, when the great mass of the placenta was removed. After this the cavity rapidly closed, the part in the pelvis being quite obliterated early in December, and the whole shut up by the end of the month, leaving only a small sinus. The patient had a severe struggle with hectic. The chief peculiarities of the case were—the absence of any "false labour" previously to the death of the child; the leaving the placenta undisturbed; and the peculiar method of closing the peritoneal cavity, and leaving the parietal wound partly open. To leave a communication between the cyst and the peritoneum was to run the gauntlet of pyæmia and peritonitis. Closing the parietal wound entirely must lead to similar results.

Mr. SPENCER WELLS thought the paper was of importance, as showing that the placenta might be left and allowed to be discharged through the abdominal opening. This removed one of the great difficulties and dangers of the operation. From the account given, he thought that in this case the incision might have been made through the posterior wall of the vagina; it would have allowed more perfect

MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.—February 25th.

DIGEST OF SANITARY STATUTES.—Sir C. Adderley asked the President of the Local Government Board whether the digest of sanitary statutes which he had prepared in two codes, urban and rural, was so complete as to render any legislation during the present session, in the way of collecting and consolidating the existing statutes, unnecessary and inexpedient, whatever might be advisable in the way of amending them.—Mr. Stansfeld replied that he did not know that it was expedient or necessary to consolidate what were called the Sanitary Acts this session of Parliament; he did not think it expedient, because it was a task which might be attempted, but which could not be practically accomplished. The various Sanitary Acts had been all taken to pieces and re-arranged under practical headings, so that any man without a knowledge of the law could discover what the law was. The various sections of the Act were then placed under these headings, and redundant phraseology was withdrawn. They had to deal in a digest with the law as it stood, and he thought the time had not come for consolidating it. The digest was in the hands of the Queen's printers.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, February 20th, 1873.

English, Thomas Johnston, Fulham Road, S.W.
Rogers, Edward Coulton, Modbury, Devon

INDIAN MEDICAL SERVICE.—List of candidates for Her Majesty's Indian Medical Service, who were successful at the competitive examinations held at London in August 1872, and at Netley in February 1873, after having passed through a course at the Army Medical School, Netley. [Maximum number of marks, 6,900.]

Order of merit and names.	Studied at	No. of marks.
1. *Brereton, S.	Dublin, London, and Paris	5459
2. Moriarty, M. D.	Dublin	5120
3. Price, G.	Belfast and Dublin	5118
4. Bovill, E.	London	4965
5. O'Brien, B.	Cork	4645
6. Dundas, G. A.	London	4315
7. Hill, H. W.	Edinburgh	4290
8. Ahmed, Z. A.	Cal., Glasg., Edin., & Lond.	4280
9. Levinge, E.	Dublin	4265
10. Rogers-Harrison, A. N.	London	4133
11. Gilligan, W. A. G.	Dublin and Edinburgh	4045
12. Beech, L.	London	3915
13. Griffiths, W. E.	London	3881
14. Cullimore, D. H.	Dublin	3861
15. Esmonde-White, H. P.	Dublin	3770

* Has obtained the Herbert Prize.

MEDICAL VACANCIES.

THE following vacancies are announced:—

ALNWICK UNION, Northumberland—Medical Officer for the Embleton District: £30 per annum.
ATCHAM, Bridgnorth, Church Stretton, Cleobury Mortimer, Clun, Forden, Ludlow, Madeley, Newport, Shifnal, and Tenbury combined Rural Sanitary Districts—Medical Officer of Health: £800 per annum.
AUCHTERGAVERN, Perthshire—Parochial Medical Officer for the Bankfoot District.
BARNET, Hemel Hempstead, Hendon, Watford, and Welwyn Rural Sanitary Districts, and Barnet Urban Sanitary District, combined—Medical Officer of Health: £700 per annum. Applications to Richard Pugh, Esq., Watford.
BINGHAM RURAL SANITARY DISTRICT—Medical Officer of Health: £100 per annum. Applications to Z. Stafford, Esq.
BIRMINGHAM BOROUGH GAOL—Surgeon.
BISHOPS STORTFORD UNION, Herts—Medical Officer for the Workhouse (£70 per annum), and the Hailingbury District (£62 per annum).
BOURNEMOUTH URBAN SANITARY DISTRICT, and Christchurch and Ringwood Rural Sanitary Districts, combined—Medical Officer of Health: £225 per annum. Applications to Henry Pain, Esq., Christchurch, Hants.
BRADFORD FEVER HOSPITAL—Physician.
BRADFORD INFIRMARY AND DISPENSARY—Physician.
BRIGHTON AND HOVE DISPENSARY—Resident House-Surgeon: £100 per annum, furnished apartments, coal, gas, and attendance.
CAHERCIVEN UNION, co. Kerry—Medical Officer for the Derrynane Dispensary District: £80 per annum.
CHELMSFORD UNION, Essex—Medical Officer for District No. 4: £74 per annum.
CLERKENWELL, Parish of, and Boards of Works for St. Giles and Holborn Districts, combined—Public Analyst: £300 per annum. Applications to S. W. Hopwood, Clerk to Board of Works, 20, High Holborn.

DALMELLINGTON, Ayrshire—Parochial Medical Officer: £50 per annum.
HERTS AND MIDDLESEX—Medical Officer of Health: £700 per annum.
HIGHER BEBINGTON URBAN SANITARY DISTRICT—Medical Officer of Health: £20 per annum. Application to Thomas Woodburn, Rock Ferry, Birkenhead.
HORNCastle UNION, Lincolnshire—Medical Officer for the Wragley District: £35 per annum.
HOSPITAL FOR SICK CHILDREN, Penderbury, Manchester—Resident Medical Officer: £100 per annum, residence, and board.
HUNSLET UNION, Yorkshire—Medical Officer for District No. 2: £60 per annum.
JOINT COUNTIES LUNATIC ASYLUM, Carmarthen—Assistant Medical Officer: £100 per annum, furnished apartments, board, washing, and attendance.
LANCHESTER UNION, Durham—Medical Officer for the Tanfield District: £30 per annum.
LEEDS GENERAL INFIRMARY—House-Physician and House-Surgeon: £100 per annum each, with board, residence, and washing.
LETTERKENNY UNION, co. Donegal—Medical Officer for the Letterkenny Dispensary District: £100 per annum and fees.
LIVERPOOL ROYAL INFIRMARY—House-Surgeon: £100 per annum, board, lodging, and washing.
LOUDOUN, Ayrshire—Parochial Medical Officer: £50 per annum.
LOUTH UNION, Lincolnshire—Medical Officer for the Hainton District: £8 per annum.
LOWER BEBINGTON URBAN SANITARY DISTRICT—Medical Officer of Health: £30 per annum. Application to Thomas Woodburn, Rock Ferry, Birkenhead.
MEATH COUNTY INFIRMARY, Navan—Apothecary and Registrar: £52:13:8 per annum, furnished apartments, coal, and gas.
METROPOLITAN FREE HOSPITAL, Devonshire Square—House-Surgeon: £80 per annum, apartments, board, coal, and gas.
MUCH WOOLTON URBAN SANITARY DISTRICT—Medical Officer of Health: £20 per annum.
NEWPORT UNION, Monmouthshire—Medical Officer and Public Vaccinator for the Marshfield District: £40 per annum and vaccination fees.
PORTSMOUTH URBAN SANITARY DISTRICT—Medical Officer of Health: £450 per annum, and about £50 per annum as Public Analyst for the Borough.
RATHDOWN UNION, co. Dublin—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Glencullen Branch of the Dundrum and Glencullen Dispensary District: £110 per annum, and fees.
RICHMOND RURAL SANITARY DISTRICT—Medical Officer of Health: £130 per annum.
ROYAL ACADEMY OF ARTS, Burlington House—Professor of Anatomy. Applications to John Prescott Knight, R.A., Secretary.
ROYAL FREE HOSPITAL, Gray's Inn Road—Junior House-Surgeon.
WARMINSTER URBAN SANITARY DISTRICT—Medical Officer of Health: £25 per annum.
WARWICK COUNTY LUNATIC ASYLUM—Assistant Medical Officer: £100 per annum, furnished apartments, board, and washing.
WESTRAY and PAPA WESTRAY, Orkney—Parochial Medical Officer: £50 per annum, and residence.
YORK DISPENSARY—Two Resident Medical Officers: £130 per annum, furnished apartments, coals, and gas.

MEDICAL APPOINTMENT.

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

BIDDLE, Cornelius, Esq., appointed Medical Officer to the Merthyr Tydfil Union Workhouse and Infirmary.
*DAVIES, E. G., Esq., appointed Surgeon to the Carmarthen Tin Works, *vice* D. R. Watkins, Esq., deceased.
OWEN, Edmund, M.B., Assistant-Surgeon to St. Mary's Hospital, appointed Surgeon to the North West London Dispensary for Sick Children.
ROGERS, Claude, Esq., appointed House-Surgeon to the Dental Hospital of London, *vice* Robert Hepburn, jun., Esq., resigned.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which should be forwarded in stamps with the communication.

BIRTH.

MONTGOMERY.—On February 20th, at Ranelagh House, Maidenhead, the wife of *Edwin Cuthbert Montgomery, Esq., Surgeon, of a daughter.

MARRIAGE.

*UNDERHILL, Arthur S., B.A., M.B., of Great Bridge, Tipton, and eldest son of *Thomas Underhill, M.D., West Bromwich, to Mary Hannah Livinia, youngest surviving daughter of Major-General SYMONS, R.A., of Seven Miles Road, Clifton, on February 20th, at St. John's, Clifton, by the Rev. T. G. Luckock, Vicar of Emmanuel, assisted by the Rev. H. G. Walsh, Vicar.

DEATHS.

BYAM, William J., Esq., Surgeon, formerly of Welbeck Street, at Woodcroft, near Chestow, aged 64, on February 16th.
*HARE, Henry, M.D., at Great Baddow, Essex, aged 55, on February 18th.
MACAULIFFE, T. B., M.D., at Abbeyfeale, co. Limerick, on February 5th.
SHIRREFF, James Hales, M.D., formerly of Deptford and Blackheath, at Exmouth, aged 91, on February 16th.

A CENTENARIAN.—Mrs. Elizabeth Dawe, a widow, of Carharrack, Cornwall, died on February 20th, at the reputed age of 102.

MR. WM. WALKER, of Kilbirnie, has been presented with a gold watch and chain and a purse well filled with sovereigns, as well as a gold watch and chain for Mrs. Walker, as tokens of esteem after upwards of forty years' practice. The presentations were made at a public supper, at which about a hundred of the principal residents were present.

OPERATION DAYS AT THE HOSPITALS.

MONDAYMetropolitan Free, 2 P.M.—St. Mark's, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.

TUESDAYGuy'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.

THURSDAYSt. 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.

FRIDAYRoyal 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.

SATURDAYSt. 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. A General Meeting for the election of Officers and Council at 7 P.M.: the Ballot closes at 8 P.M. After which, an Ordinary Meeting, when a paper will be read by Dr. Sabben "On the Forcible Feeding of the Insane." Clinical Cases and a new Instrument by Dr. Robert J. Lee.

TUESDAY.—Pathological Society of London, 8 P.M. The following specimens will be exhibited:—Sir William Jenner: Hæmatozoa from Human Blood. Dr. Charles Carter: Fibro-cystic Tumour of Ovary. Dr. Wiltshire: Fibrous Tumour of Ovary. Dr. Goodhart: Surgical Kidneys. Dr. Henry Green: Syphilitic Phthisis. Dr. Bagshawe: Epithelioma of Epiglottis and Base of Tongue. Dr. Douglas Powell: Aneurism immediately above Right Sinus of Valsalva. Dr. Wickham Legg: Changes in the Liver produced by High Temperature. Dr. Curnow: Kidneys with Large Calculi at the Origin of the Ureters. Mr. Wagstaffe: Myxoma of the Genitals. Mr. Christopher Heath: Fracture of the Olecranon.

WEDNESDAY.—Royal Microscopical Society, 8 P.M. Mr. E. J. Gayer (Surgeon H.M. Indian Army): "Notes on the Micro-spectroscope and Microscope."—Obstetrical Society of London, 8 P.M. Adjourned discussion on the "Injection of a Solution of Perchloride of Iron into the Uterus"; Dr. Bantock, "On the Pathology of Certain so-called Unilocular Ovarian Cysts"; and other papers.

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. HEARNDEN (Sutton).—The *Handy Book of Medical Information and Advice* is published by T. Nelson and Sons, London, Edinburgh, and New York.

PRIZE MEDAL OF THE BRITISH MEDICAL ASSOCIATION.

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

SHILLING INSURANCE FEES.

DR. GILLESPIE, of Norwich, writes again, as other medical correspondents have done before, to complain of the very small fee offered by the Norwich Life Assurance Company for medical examinations. The fee charged is from 1s. to £2 2s.; when the sum assured is under £50, the smaller sum; and when above £1000, the larger fee. Dr. Gillespie ridicules the idea of a professional man thinking of accepting a fee of 1s. for medical examination. A shilling is a coin unknown to the profession, except as the means of converting a sovereign into a guinea.

NOTICES of Births, Marriages, Deaths, and Appointments, intended for insertion in the JOURNAL, should arrive at the Office not later than 10 A.M. on Thursday.

TAYLER'S AND HENLEY'S PROCESSES FOR PRESERVING MEAT.

SIR,—May I beg a place in your JOURNAL for the two descriptions of the process for preserving meat by pressure; one as made known by me to the Admiralty, British, Colonial, Foreign Governments, and the public in 1869, as the two accompanying documents, out of many, will prove; the other, as copied from Mr. Henley's specification for a patent taken out by him in 1871.

I think all your readers will agree that the two processes are identical, the essential feature in each being the removal of the fluid from the solid portion of meat by pressure.

Mr. Henley has granted the River Plate and the Texas Pressure Meat-Preserving Companies the use of his patent for £100,000, *i.e.*, for the same invention as I gave to the public in 1869. Of this perhaps the shareholders are not aware, or also of the fact that any Meat-Preserving Company can use my invention without paying any royalty whatever.

In the present scarcity and dearness of meat this is an important feature, as a company starting without the incus of £50,000 for the use of a patent, could afford to sell pressed meat at a cheaper rate. True and prior inventors seldom make money of their inventions, and their only reward is often the justice and credit which they are enabled to obtain through the medium of the press.

I am, etc.,

February 24th, 1873.

W. H. TAYLER, M.D.

Tudor House, Anerley, S.E.

Dr. Taylor's Process of Preserving Meat by Pressure, 1869.—The animal on being slaughtered should be well-drained of its blood, having removed the meat from the bones and separated all the fat; the former should be put into a press, and by means of hydraulic or other great power, the fluid portion of the meat should be pressed out till the residue forms a dry cake. The pressed out liquor, containing the soluble salts of the meat, should be evaporated down to a certain consistence and preserved in suitable vessels. The fat should be clarified and run into bladders and gut, or salted and packed. The bones and hoofs boiled down for gelatine, the residue making phosphorus and manure. By these means every part of the animal would be profitably made use of.

Mr. Henley's Process of Preserving Meat by Pressure, 1871.—This invention has for its object the rapid removal of the fluid portions of meat and fish by means of powerful mechanical pressure, through the agency of which the said fluid portion may be abstracted, and a more or less complete desiccation obtained with the consequent preservative result on such substances. The pressure may be obtained by means of the hydraulic, screw, lever, or other press. The fluid portions of the meat operated upon will flow off, and may at once be run into a boiler for being evaporated, to form concentrated extract of meat. I claim the employment of mechanical pressure, for extracting the fluid from the solid portions of meat or fish in a raw state.

[COPY.]

8, Victoria Chambers, Westminster, July 24th, 1869.

SIR,—I have the honour to acknowledge the receipt of your letter containing a method for preserving meat, and to inform you that I have duly transmitted a copy to the Hon. the Chief Secretary, for the information of the Government of Victoria.

I have the honour to be, etc.,

W. H. TAYLER, Esq., M.D.,

Tudor House, Anerley.

Reply to letter asking for copy of Correspondence sent to the office in 1869.
Government of New South Wales,

3, Westminster Chambers, S.W., January 5th, 1872.

SIR,—Messrs. Merry and Co. have referred to me your letter of the 8th ult., addressed to Captain Mayne, requesting a copy of a letter addressed to you by that gentleman, respecting your method of preserving meat by pressure.

I beg to inform you that Captain Mayne left England some months since, but search has been made and with success, and I therefore send the original documents herewith.

To Dr. W. H. Tayler, etc., Anerley.

Your obedient servant,

CHARLES COWPER.

WINDFALLS FOR DOCTORS.

THE curiosities of medical life and practice are endless. If we hear very often of medical men doing arduous work for very scanty remuneration, sometimes there is an agreeable obverse of receiving very splendid remuneration for very scanty services. We know of a medical man whose duty it is to take lunch every day at a great castle belonging to a noble lord. The household is immense; and there is just the chance that there may be some case of indisposition demanding attention. He gets some of the best company and best lunches in England, and duly charges a guinea for each attendance. There is a very wealthy man near a great city, who cannot bear to be left for the night. There is a physician of great ability who drives out of town nightly to sleep at his residence. He is consequently debarré evening society; and if he goes out to dinner, he has to leave his friends before wine. He has to charge his patient a thousand a year; and I think, he works hard for his money. Sometimes the services are such that money cannot repay them. A friend of mine, a young medicus, had a standing engagement for four hundred a year to look after the health of an old lady. She required to be inspected three times a day, and make an exhibition of tongue and pulse. What made matters so aggravating was, that she was as strong as a horse, while the doctor was a delicate man. She was so selfish and perverse, that he was obliged to tell her that he would have nothing to do with her case. Similarly, I know the son of a rich man who proposed to pay a clergyman several hundred pounds a year for leave to spend his evenings with him. The parson, however, was obliged to tell his rich friend that he talked such intolerable twaddle, that he could not accept his company on any terms that could be named. But the oddest of these arrangements is the following: A medical man has been attending a patient several years, and yet he has never seen his patient. The gentleman firmly believes that he has an œsophagus of peculiar construction, and that he is accordingly liable at any moment to be choked. That help may be at hand whenever any sudden emergency may occur, he has a physician in the house night and day. The physician, being human, must needs take his walks abroad, and it becomes necessary to provide a substitute for him two hours a day. Accordingly, a doctor attends daily from twelve to two, fills up his time by disposing of an admirable lunch, and finds the gold and silver coin, in their usual happy combination, neatly put by the side of his plate, in tissue-paper. Up to the present date, he has never had the pleasure of exchanging words with his interesting patient.*

* From "The Romance of Medicine", in London Society.

CORRESPONDENTS are particularly requested by the Editor to observe that communications relating to Advertisements, changes of address, and other business matters, should be addressed to Mr. Francis Fowke, General Secretary and Manager, at the Journal Office, 37, Great Queen Street, W.C., and not to the Editor.

TUNBRIDGE WELLS INFIRMARY.

SIR,—The case of suicide to which you refer in your last number had been sent from a distance of eight miles. He had already been attended to, and his wounds dressed, by the surgeon who first saw him. I examined the wounds; and, as there appeared no immediate danger, and I had not the appliances or attendants that would be required for such a case, and as our rules expressly forbid the admission of lunatics, I recommended his being taken to the Union Infirmary, the journey being only half an hour by train. My impression as to his fitness to travel was fully borne out by the result of the case; for the man lived a fortnight after his admission, and the report of the medical evidence given before the coroner states that "he went on favourably up to within three days of his death."

I am, etc., B. RIX.

House-Surgeon to the Tunbridge Wells Dispensary and Infirmary.
February 26th, 1873.

NEW INHALERS.

SIR,—Allow me to say a word on your adverse criticism of my Ether and Chloroform Inhaler. You find with it three faults: 1. The sponge does not fit. 2. Expiration wastes the vapour. 3. It would be dangerous with chloroform. As to the latter, alleged without stating any reason, chloroform has been given with this inhaler many times, both by me and in my presence, and has always been found to act satisfactorily and well. The quantity required is scarcely more than half what is consumed with a towel, piece of folded lint, or hollow sponge. A few drops may be first given; then the main dose, after which a very little suffices to maintain anaesthesia, withdrawing or applying the inhaler according to indications of the effect produced. The chloroform should be scattered on the sponge, the width of which ensures ample mixture with air. From my experience in giving chloroform in a large number of cases, I planned this inhaler, as being simple, effectual, economical, and equally safe with any other contrivance intended to be used by an intelligent person who understands his work. If your critic can explain in what respect it is dangerous, I will attend to him willingly; but he has no right to say so without giving reasons.

As to excessive waste of vapour, this assertion is, at once disposed of, by reference to the quantity of ether or of chloroform required to produce a given effect. For, with both drugs, the amount consumed with this inhaler, is less by nearly one half, than would be needed with a handkerchief, piece of lint, or hollow sponge.

That the sponge does not fit, can surely never be gravely adduced as a defect in the invention. The sponge is intended to fill the opening completely, though not tightly; but if very dry, it is of course hard, contracted, and too small. Evidently a paper of directions ought to have been sent to you. The sponge should be washed when requisite, partially dried, and replaced. It then fits the aperture, maintaining its usual open, springy, porous texture, allowing specks of light to be seen through it. If one does not fit another must be procured.

In planning this inhaler, my object has been to contribute to improvement in giving anaesthetics. The invention will find its own level; those will use it who can work with it, and that it will prove exceedingly useful I have not the least doubt. But I desire to see advancement in the whole matter; not alone in the secondary point of finding a good inhaler, nor yet in fixing on this or that drug as the only anaesthetic to employ; but in the prime necessity of a careful and skilful giving of anaesthetics pushed to the utmost degree of improvement, the administrator choosing for each patient the kind of anaesthetic best suited to the case, and using increased watchfulness, and a yet closer reading of the effects of whatever is employed, as none of these agents are absolutely safe.

I am, etc., W. E. C. NOURSE, F.R.C.S.

11, Marlborough Place, Brighton, February 22nd, 1873.

* Our objections to this apparatus are the following. 1. The sponge "does not effectually close the apparatus," which Mr. Nourse admits in saying that "specks of light can be seen through it." 2. Inspiration and expiration going on through the sponge, the exhaled air carries away with it a large, wasteful, and unpleasant amount of ether. 3. To administer chloroform by an apparatus fitting so closely to the face, and with so large an evaporating surface, is to incur the danger of administering it in the proportion of more than five per cent. of the inhaled air, which is always dangerous.

CLUB PATIENTS AND DEATH CERTIFICATES.

SIR,—I was to-day called upon to give the ordinary death-certificate for a patient whom I had attended. After my giving the certificate, the friends who came for it said they were going to forward it to the burial club society to which payments had been made on his account for the last ten years. I, of course, told them that the certificate I had written was for the registrar. They then said they must have an extra certificate for the burial club, which I told them I could not give unless paid for it. After making application to the burial club, and finding that a separate certificate was necessary, they came back to me offering to pay for one. I then wrote out a manuscript certificate, as no printed form was produced to be filled up as is usual in such cases. This manuscript form was rejected by the burial club people as useless—why, I cannot conjecture. Meantime the ordinary certificate was taken to the registrar (himself a medical man), who informed the friends, so they assert, that I had not only robbed them by pretending to give a certificate (which was of no use), but that I had intended to rob him of his fee. Now as I am frequently called upon to give extra certificates in such cases, and as I am bound to charge for them by rules drawn up and signed over a year ago by the bulk of the general practitioners in this city (including the registrar in question and myself), I should be glad if you would enlighten me as to what the registrar could mean by his behaviour. Is there anything to prevent a medical man, who has attended a patient, from giving an extra certificate of his death, when called upon to do so, or from charging for the same?

I am, etc.,

ASSOCIATE.

* It is a common thing for persons to apply to the registrar for an official copy of the certificate of death, for which a fee is charged. But there is nothing to prevent the medical man who attended the deceased from giving a similar certificate and charging for it; and if the friends prefer having one in this way, it is scarcely fair to charge him with attempting to supplant the registrar. We do not profess to explain the conduct of the gentleman to whom our correspondent alludes, but prefer to think that there must be some misunderstanding as to the expressions which he used.

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.

SUBSCRIBER (Rotherham).—An L.R.C.P. Edinburgh is not entitled by law or custom to style himself Dr. The second part of the question might be submitted to the Medical Council, through the Registrar, 32, Soho Square, London.

L.K.Q.C.P.—The question whether the Fellows and Licentiates of the College of Physicians in Ireland have the right to call themselves Dr., is one on which authorities differ. The College itself claims the right for them.

LITHATES IN THE URINE.

SIR,—A correspondent asks "what is the pathology of the presence of lithates?" Indeed it would be very difficult to give a definition of their pathology, especially in view of the very lax, and, as it seems to me, very unscientific signification attached to the term. As the word now-a-days is commonly employed, it may mean a deposit of urates, or of phosphates, or of oxalates—any salts, in fact, capable of forming a stone or calculus in the urine. And, as the character of these sediments differs widely among themselves, it becomes difficult, if not impossible, to sketch uniformly their pathology. Should your correspondent state specifically what are the predominating substances embraced under the generic term "lithates," as they exist in the case alluded to, I shall endeavour to furnish him with a clue to their pathology.

I am, etc.,

URATES.

INDIA.—A correspondent writes: I am about to go to the North of India—province of Bandalcand, probably. Can any ex-Indian medical brother give me information on the medical, surgical, and allied scientific requirements of Hindostan. I am anxious to know about the materia medica of this district. What works should I read? and where are they obtainable? I should have both European and native patients.

We are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Liverpool Weekly Albion, Feb. 22nd; The Manchester Guardian, Feb. 26th; The Aberdeen Daily Free Press, Feb. 22nd; The Bath Express, Feb. 22nd; The Birmingham Daily Post, Feb. 24th; The Hampstead and Highgate Express, Feb. 22nd; etc.

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

Dr. G. M. Humphry, Cambridge; Dr. R. Southey, London; Dr. C. Handfield Jones, London; Dr. John Murray, London; Mr. Lawson Tait, Birmingham; A Member; Mr. H. Arnott, London; Dr. Kelburne King, Hull; The Secretary of the Royal Microscopical Society; Mr. D. J. Hamilton, Liverpool; Mr. James Dixon, London; Dr. Smart, Penge; Dr. Lyon Playfair, M.P., London; The Director-General of the Medical Department of the Navy; Mr. Charley, M.P., London; Mr. Nourse, Brighton; Dr. Parsons, Dover; Dr. Shirreff, Lymington; Dr. A. Johnston, Stoneford; Dr. Dobell, London; Dr. J. W. Ogle, London; An Associate; Dr. Philpots, Poole; Mr. Holmes, London; Dr. L. W. Sedgwick, London; Dr. Hilton Fagge, London; Dr. Kelly, Rotherhithe; Our Edinburgh Correspondent; Dr. Kerr, Letterkenny; Dr. F. J. Brown, Rochester; Mr. W. Byam, Woodcroft, Chepstow; Dr. Tilbury Fox, London; Dr. Dyce Duckworth, London; Dr. J. Matthews Duncan, Edinburgh; Dr. Tayler, Anerley; The Secretary of the Obstetrical Society; Dr. C. Dukes, Rugby; Our Liverpool Correspondent; Dr. J. J. Phillips, London; Dr. H. K. King, Welwyn; The Secretary of the Pathological Society; Dr. MacLagan-Wedderburn, Forfar; Our Paris Correspondent; Dr. F. Page, Newcastle-upon-Tyne; The Secretary of the Clinical Society; Dr. Sawyer, Birmingham; Mr. Bartlett, Birmingham; Our Dublin Correspondent; Mr. Vincent Jackson, Wolverhampton; 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. J. Ford Anderson, London; Mr. J. W. Langmore, London; Dr. Pye-Smith, London; Mr. H. E. Haynes, Evesham; Dr. Hearnden, Sutton; Mr. W. H. Jones, Ovoca; Dr. Grainger Stewart, Edinburgh; Dr. A. Fergus, Glasgow; etc.

BOOKS, ETC., RECEIVED.

Ozone and Antozone: their History and Nature. Illustrated. By Cornelius B. Fox, M.D. London: 1873.
The Vaccination Officer's and Public Vaccinator's Handbook. By Walter Bullar Ross. London: 1873.
Autumnal Catarrh (Hay-Fever). By Morrill Wyman, M.D. New York: Hurd and Houghton. London: Trübner and Co. 1872.
A System of Oral Surgery. By J. E. Garrison, M.D. Philadelphia: Lippincott and Co. London: Trübner and Co. 1872.
Proceedings of the Dublin Obstetrical Society for Session 1871-72. Dublin: 1872.
Notes on Asthma. By John C. Thorowgood, M.D. Second Edition. London: 1873.
Report on the Sanitary Administration of the Panjab for the year 1871. Lahore: 1872.
Neuralgia and Kindred Diseases of the Nervous System. By J. Chapman, M.D. London: 1873.
Lessons in Elementary Anatomy. By St. George Mivart, F.R.S. London: 1873.
Pharmacopoeia of the United States. Philadelphia: 1873.
Wohler's Outlines of Organic Chemistry. Translated by Rudolph Pettig. Philadelphia: 1873.
Syphilis: its Nature and Treatment. With a chapter on Gonorrhoea. By Charles Robert Drysdale, M.D. London: 1873.
Suppressed Gout: its Dangers, Varieties, and Treatment. With an Appendix on the Medicinal Uses of the Vals Waters in Gout. By James C. Dickinson, M.R.C.S. Eng. London: 1873.
Report of the Sanitary Commissioner for Bombay, 1871.