

We have in this notice endeavoured to give an outline of the contents of an exceedingly valuable work. We have abstained from criticism, which could only be applied in detail, as we have abstained from unnecessary praise. The book is quite good enough to stand on its own merits, and constitutes one of the most important additions to the literature of the subject which has been seen in recent days.

ENGLISH MIDWIVES: THEIR HISTORY AND PROSPECTS. By J. II. AVELING, M.D. J. and A. Churchill, 1873.

In this little book, Dr. AVELING gives a detailed and interesting account of midwifery in the hands of women. He traces the history of English midwives from the time when, ignorant and superstitious, they held the whole of the midwifery practice in their hands, to the present date, when, outstripped in the race by superior education, they have only the poor entrusted to their care, and have become a by-word of contempt. It is a history of incompetence and inflicted suffering, of "murdered innocents and lost mothers," because a history of denied education, of frustrated attempts to gain knowledge, and of enforced ignorance. In 1616, the first proposal for the instruction and licensing of midwives was made to Government by Peter Chamberlen, who spent his life in this cause; and since then eighteen different proposals have been made by the midwives themselves, by physicians interested in the cause of humanity, and by various medical societies, but without success. To-day, about 50 per cent. of the wives of the labouring classes are attended in their confinements by midwives, who are uneducated, unregistered, and for the most part unqualified. England is in the rear of other civilised countries in this matter. Whilst the Governments of France, Russia, Prussia, and Austria have provided, by large and liberal schemes, for the registration and education of duly qualified midwives, the Committee of the House of Commons, as late as in 1813, replied, in answer to a petition of the Society of Apothecaries for the education of midwives, that "they would not allow any mention of female midwives." The last two chapters are the most important part of Dr. Aveling's book. In concluding the record of past errors and neglected duties, he turns to discuss the most recent plans for the education and registration of midwives. He gives an account of Miss Nightingale's well considered plan, and notices the impulse given to education by the efforts of the Ladies' Obstetrical College and the London Obstetrical Society; but he looks to the General Medical Council, which last year appointed a committee to draw up a plan for the educating, examining, and certifying of midwives, for the most active share in a measure of reform. Dr. Aveling concludes by giving a brief account of the Prussian system, and computes, according to the German calculations, that 11,500 midwives are required for England and Wales; and he urges the necessity for their adequate education. Dr. Aveling reviews the whole question in a candid and disinterested way, and from the wide standpoint of the necessities of humanity. At the present time, when the question will be again brought before Parliament and the public, it is in this spirit only that a comprehensive measure for the education and registration of midwives can be wisely framed and successfully carried out.

SELECTIONS FROM JOURNALS.

THERAPEUTICS.

CRYSTALLISED NITRATE OF SILVER IN CHRONIC CATARRH AND ULCER OF THE STOMACH.—Dr. Türk of Wiese (*Med.-Chir. Cent. Blatt*, No. 1, 1873), says that he has given nitrate of silver in several cases of perforating ulcer daily in the proportion of one grain to four ounces of distilled water, to which were added ten drops of tincture of nux vomica, and has obtained the best results—where acetate of lead, preparations of alum and opium had no effect. On the administration of this remedy, hæmatemesis ceased, and all other symptoms improved with unlooked for rapidity, so that (except some slight ferruginous treatment) no other drugs were needed, and complete cure followed. In cases of chronic sickness during pregnancy, chronic catarrh and cramps of the stomach, especially in hysterical women, he has found nitrate of silver, even in smaller doses, such as a quarter of a grain, most efficacious.

SUBCUTANEOUS INJECTION OF ATROPINE IN ACUTE AND CHRONIC RHEUMATISM.—Dr. De' Cavazzani, in *Lo Sperimentale* for January 1873, gives the results of his experience of the subcutaneous injection of atropine in cases of articular rheumatism, both acute and chronic. The solution which he generally uses is composed of 0.05 gramme (about three-fourths of a grain) of atropine, 6 drops of sul-

phuric acid, and 100 grammes (about 3½ ounces) of water. Of this he injects from six to fifteen to twenty drops, according to the condition of the patient and the results obtained. The injection is made in the neighbourhood of the affected joints; and, as soon as the symptoms have been alleviated, the use of the atropine is stopped. He relates, from among the cases which he has treated in this way, eight of acute and three of chronic rheumatism, in which the treatment was attended with success. In one of the cases, where symptoms of cardiac disease had set in, an injection of thirty drops of the solution over the course of the par vagum (and a blister to the præcordium) had the effect of arresting these.

SURGERY.

LIGATURE OF THE THIRD PORTION OF THE SUBCLAVIAN ARTERY AND AMPUTATION AT THE SHOULDER-JOINT.—Dr. Alfred Kinney, of Portland, Oregon, relates in the *Pacific Medical and Surgical Journal*, for November 1872, the case of J. S., aged 35, a healthy Irish labourer, who was run over by a railroad car, on June 6th. When he was seen by Dr. Kinney an hour later, the bones and muscular tissues of the left arm and the fore arm were found completely crushed; small fragments of the humerus having been driven in and around the shoulder-joint, lacerating the axillary artery as far up as its origin. The subclavian artery was tied in the third part of its course, and the arm was afterwards removed at the shoulder-joint. The spicula of bone having been removed and the lacerated and extravasated tissues cut away from the shoulder, the least contused portions of the integument were trimmed into flaps. The wound was united by silk sutures, leaving an opening at the most dependent part for drainage, and dressed with oakum and a weak solution of carbolic acid. The patient, who was suffering from shock, was given stimulants in large doses. There were no other symptoms than those usually following such severe injuries, until the fifth day, when gangrene commenced in the wound: the shoulder in the course of a few hours became cedematous; the integument changed to a darker colour, and a thin offensive discharge ran from the wound. Fever was very high, and the pulse 140 per minute. The partially united wound was laid open by free incisions, and thoroughly washed out with a strong solution of carbolic acid. The gangrene ceased, and in a few days the mortified parts began to separate. The patient improved from this time. Enough integument was left, after the separation, to cover the bony prominence, excepting a chasm anteriorly, which filled up with granulations and cicatrised over within two months after the time of the accident. The ligature came away from the subclavian on the seventeenth day. The patient recovered.

MIDWIFERY.

HÆMATOMETRA.—Dr. Wheeler of Boston publishes (*Journal of Gynecological Society*, July 1872) two cases of hæmatometra in the closed canal of a bicornite uterus with double vagina, observed in the Gynecological Polyclinic of Dr. W. A. Freund, in Breslau. In the first case, there was entire separation of the two uteri—a form not before observed in combination with hæmatometra. Even here the vaginal portion of the left uterus was so distended as to be nearly indistinguishable on the side of the tumour, and it was only after the operation that the entire separation could be made out. In the second case, where there was a real junction of the two cervixes, the disappearance of the left vaginal portion was still more complete; and the os, existing as a depression on the side of the tumour, was the guide to the uterus. Both tumours in the vagina were large below and contracted above, like a nippin or a partially filled bladder. In these cases, a long incision was made, and the completion of the discharge left entirely to nature, the patient being kept quiet in bed till the process was completed. After the next menstruation, which in both cases followed immediately upon cessation of the abnormal discharge, a piece was excised in the first, and was intended to be in the second, in order to ensure a permanent outlet. Schroeder has reported fourteen cases of the disease. Neugebauer of Warsaw adds two cases of his own, and mentions six others reported since Schroeder. More recently still, Briesky of Berne has published two cases. With the two here reported, there are altogether twenty-six recorded cases. In sixteen, the diagnosis was correctly made. Operation was performed in nineteen, of which seven ended fatally. Of the seven cases not operated on, in one the tumour was accidentally opened through the uterine septum in an attempt to sound the healthy uterus—the patient recovered; one died at the age of 24, of heart-disease; and two deaths were the result of the malformation. The complete reports of the other three cases were not accessible to the compiler.

ciated with the locality and the eccentricity of a few, one would imagine himself in sane company. The costumes were for the most part well chosen, some sporting the male attire, and the characters were well sustained; but the most remarkable feature of the scene was, that madness in all its forms, with the exception of the furious type, was largely represented. The guests danced to organ music, played during nearly four hours, after which a supper was served out to them in three rooms. They then retired in perfect order.

It is with deep regret I have to announce the death of Dr. Marchal de Calvi, which took place on the 24th instant, at his residence in Paris, in the 57th year of his age, after only a few days' illness from apoplexy. Dr. Marchal de Calvi was no ordinary man, and his works are well known. He was an indefatigable writer, an able orator, and an accomplished physician. His contributions to medical literature are numerous and remarkable. He took his degree in 1837, and entered the army as an assistant-surgeon. Soon after this he became a Subprofessor of the Faculty of Medicine by concours, and subsequently Professor of Military Medicine at Val-de-Grâce. He filled this chair with rare ability; but, owing to some political broils in which he was involved at the commencement of the Empire, he was removed from his post and ordered to Algeria; as this, however, did not suit his taste, he resigned the service and took to civil practice. Dr. Marchal de Calvi was the author of several works, and his treatise on the *Accidents and Complications of Diabetes* is one of the best monographs on the subject, though the principles therein enunciated are in contradiction with his new doctrine, which since the year 1859 he had endeavoured to inculcate, and to which he gave the name of "holopathie", or "médecine holopathique", not to be confounded with allopathy. Holopathy, according to the author, is a system of medicine which regards the different diatheses as mere manifestations or phrases of a single morbid act (*unité morbide*), which morbid act he terms "acidisme", or the tendency of the organism to become acid. Thus arthritis, herpeticism, rheumatism, gout, and diabetes, are manifestations of the above grand class. As for the so-called diseases, they also are mere manifestations or signs of a holopathic condition; in other words, the diatheses and diseases, whether local or general, are the divisions and subdivisions of some morbid unity of which the above is an example. I must say that all this is rather abstruse, and I do not believe he had won many converts to his new doctrine.

The weather is rather capricious, as indeed it always is at this time of the year. It cannot be said that we have had much winter; and, contrary to the predictions of the weatherwise, the winter was neither early nor severe. Even the migratory birds and animals seemed to have been out of their calculations; but, notwithstanding the mildness of the season, the weekly mortality is steadily on the increase: the weekly bulletin furnished by the municipality gives 964 as the number of deaths for the last week.

The beautiful collection of books (ancient and modern) belonging to the late Dr. Daremberg has been purchased by the Minister of Public Instruction, and presented to the Library of the Faculty of Medicine of Paris.

ASSOCIATION INTELLIGENCE.

SOUTH EASTERN BRANCH: WEST KENT DISTRICT MEDICAL 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.

SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT MEDICAL MEETINGS.

THE first meeting for the present year of the above Branch will be held on Friday, March 21st, at 2.30 P.M., at the Castle Hotel, Hastings; F. TICEHURST, Esq., in the Chair.

Dinner will be provided as usual at 4.30 P.M. Charge 5s., exclusive of wine.

Notice of intended communications is requested by Wednesday, the 12th instant, in order that they may be inserted in the circular convening the meeting.

THOMAS TROLLOPE, M.D., *Honorary Secretary*.

35, Marina, St. Leonard's-on-Sea, March 4th, 1873.

METROPOLITAN COUNTIES BRANCH.

AN ordinary meeting of this Branch will be held at 11, Chandos Street, Cavendish Square, on Wednesday, March 12th, at 8 P.M.; when Dr. Aveling will read a Paper on the the Instruction, Examination, and Regulation of Midwives.

A. P. STEWART, M.D.

ALEXANDER HENRY, M.D.

} *Honorary Secretaries*.

London, March 4th, 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.

The following papers have been promised. 1. Mr. W. F. Teevan: Practical Remarks on Common Diseases of the Genito-Urinary Organs.—2. Dr. Bowles: Cases of Pleurisy and the Use of the Aspirator.—3. Dr. Parsons: Case of Incarcerated Placenta.

Gentlemen who intend to be present at the dinner, are particularly requested to inform me on or before Tuesday, the 11th instant.

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

2, St. James's Street, Dover, March 1st, 1873.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: MICROSCOPICAL SECTION.

THE next meeting will be held at Queen's College, Birmingham, on Tuesday, March 18th, at 7.30 P.M.

Members are requested to bring their microscopes, if possible.

WILLIAM HINDS,

LAWSON TAIT,

} *Honorary Secretaries*.

Birmingham, March 3rd, 1873.

YORKSHIRE BRANCH.

THE spring meeting of this Branch will be held at Huddersfield, on Wednesday, March 19th.

Gentlemen intending to bring forward communications, or to be present at the meeting, are requested to communicate with the Secretary.

W. PROCTER, M.D., *Local Secretary*.

York, March 3rd, 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.

BATH AND BRISTOL BRANCH: ORDINARY MEETING.

THE fourth ordinary meeting of the Branch was held at the York House, Bath, on Thursday evening, February 27th; T. G. STOCKWELL, Esq., President, in the Chair. There were forty members and eight visitors present.

New Members.—The following gentlemen were duly elected members of the Association and of the Branch. Dr. Briscoe of Chipenham, Dr. Bradshaw and Mr. E. S. Jones of Weston-Super-Mare, Mr. Lovell of Compton Martin, and Mr. H. Alford.

The Parliamentary Committee.—Dr. Davey desired to be relieved of his duties and responsibilities as a member of the Parliamentary Committee of the Association; but, at the solicitation of Dr. Marshall, which was cordially supported by the meeting, he was induced to withdraw his resignation.

Chloroform.—Dr. MARSHALL read a paper on chloroform, and a long discussion, lasting the whole evening, ensued, in which Drs. Davey, Swaine, Thompson, Spender, S. Smith, Barnes, and Messrs. Tibbits, Dobson, Board, Hopkins, Fowler, Coker, and the President took part; after which Dr. Marshall briefly responded, and the meeting broke up.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH:
MICROSCOPICAL SECTION.

THE first meeting of this Section was held at Queen's College, Birmingham, on Thursday, February 20th; Dr. WADE, President, in the Chair.

A set of rules were proposed by the officers, and adopted by the meeting.

Dr. HINDS showed some preparations of Urinary Salts mounted.

Mr. PRIESTLEY SMITH showed a section of True Bone from the Choroid mounted.

Dr. SAWYER showed specimens of Cancer of the Liver and Sarcina-Vomiting.

REPORTS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, FEBRUARY 18TH, 1873.

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

Congenital Heart-Disease.—Dr. COOPER ROSE exhibited a specimen of malformed heart from a girl aged 13. She had all her life suffered on the slightest exertion from dyspnoea and lividity, which, however, disappeared in the highlands of Switzerland. After death, obstruction of the aorta was found.—Dr. CAYLEY thought the change due rather to endocarditis than to malformation.—Dr. PEACOCK said he had never seen a clear case of such malformation of the aorta, though it was not uncommon at the pulmonary orifice.—Dr. ROSE replied that the child had always suffered from the symptoms from the earliest age.

Vesical Calculi.—Dr. VANDYKE CARTER exhibited a collection of vesical calculi from India, intended to show the frequency of the disease in certain districts. The original basis varied: in one it seemed to consist of long hairs. He had examined most of them under the microscope, with a view to detect the mode in which they were formed. They were not mere aggregations of urinary deposits, but always contained a distinct animal basis. In the presence of this in solution, urates and oxalates tended to form globules rather than crystals. These globules united together and formed concentric layers. Oxalates might be found in a crystalline form, but they were for the most part spherules. By disintegration of the calculi, very peculiarly shaped crystals might be obtained. From this peculiar structure, which had been illustrated by Mr. Rainey's experiments on saline substances in the presence of organic matter, it was possible to conclude that we might succeed in arresting the formation of calculi by altering the composition of the surrounding fluid. We might even succeed in disintegrating them in this way, could we ascertain that such a formation was going on.—Mr. HULKE wished to know the source of the hairs in the calculus alluded to.—Dr. CARTER was unable to make any suggestion. In reply to Mr. Butlin, he also said there was no particular structure in the animal part of the calculus.—Mr. BUTLIN said there was a female in St. Bartholomew's who was passing peculiar bodies containing lime. This could be removed by acids, but a fibroid substance was still left.—Mr. FAIRLIE CLARKE asked if there was any common condition pointing to the mode of origin of these calculi; but none such could be suggested.—Mr. ARNOTT said the nuclei of prostatic calculi were sometimes seminal; what was the character of the nucleus here?—Dr. CARTER said it was not easy to reach the nucleus to examine it properly, nor to obtain the animal matter sufficiently pure.

Elephantiasis Arabum.—Dr. CARTER showed drawings of elephantiasis Arabum in the early stage. It seemed to originate in small vesicles, apparently dilated lymphatics, either in the scrotum or in the leg, but more frequently in the former than in the latter. The characters were not exactly the same in the two situations. In the leg, the growth was mainly of subcutaneous connective tissue with many elastic fibres. In the scrotum, the muscular tissue of the dartos was also greatly enlarged, even so as to produce movements of a peculiar kind. The papillæ were also enlarged, and the lymphatics were so affected that in some instances chyle seemed to exude from the upper part of the tumour.

Cancer of Duodenum.—Mr. COUPLAND showed a specimen of cancer of the duodenum and gall-bladder from a male aged 72. He had been healthy, and his illness began soon after a meal with vomiting. This continued, and the man soon after became jaundiced, and this, too, persisted. Finally he died comatose. There were thickening and ulceration of the duodenum, the margin of the ulcer being thickened.

This was adherent to the liver and gall-bladder, which last was represented by a solid mass in the substance of the liver, forming the base of the duodenal ulcer. The hepatic ducts were thickened and dilated, and a small nodule was found in the liver. In the kidney, there was also found a mulberry calculus blackened by the jaundiced urine. Probably the growth was epitheliomatous.

Sarcoma of the Femur.—Mr. WAGSTAFF exhibited a large tumour growing from the femur of a man aged 24. He had been ill six months, the illness commencing with some slight injury to the knee, which became inflamed. The inflammation subsided, but a lump remained and gradually increased. After a time it grew much more quickly. Latterly the pain was severe. The tumour measured twenty-five inches round, and was solid, but fluctuated in parts. The limb was removed at the hip-joint, and the patient has since done well. The tumour was found to grow from the outside of the femur, and was in part porous. From this projected a soft, succulent mass, and on the top of this was a blood-cyst. The growth had distended and infiltrated the muscles, and in some parts was bony. Apparently the growth was sarcomatous. The soft part contained myeloid and other cells, some being spindle-shaped.

Intussusception of the Small Intestine.—Dr. PEACOCK exhibited a specimen of intussusception of the upper part of the small intestine. The patient from whom it was removed was a young lady aged 19, a patient of Mr. Duke, of Canonbury. She had been for some time out of health, suffering from debility and anæmia, and becoming very thin, though the catamenia were regular. About the middle of January, she began to suffer from pain in the abdomen and sickness, the attacks coming on quite suddenly and as suddenly ceasing, and there being nothing peculiar in the matters vomited, and no connexion between the times of taking food and the attacks of pain and sickness, and the bowels acting regularly. On January 22, Dr. Peacock was requested to see her, under the suspicion that she might have some latent pulmonary mischief. On examining the chest, however, nothing amiss could be detected in the lungs or heart, and the abdomen was carefully examined, when she was undressed and in bed, with an equally negative result. The precise nature of the case was not clear, but a doubtful opinion was given that she might have an ulcer of the stomach, and treatment was recommended accordingly. For a few days she was better, but on the 31st she was taken with severe pain in the abdomen and urgent vomiting, which continued for two days and nights without ceasing, and in spite of soothing applications and the free exhibition of opiates. The symptoms then ceased, and she was tolerably free for thirty-six hours, after which they recurred, and she died exhausted on February 7th. Permission to examine the body was only conceded on the engagement that the upper part of the stomach only should be opened. The stomach and a portion of the duodenum were removed, but found quite free from disease. The hand was then introduced into the opening, and a mass about the size of the fist was felt in the bowel, immediately below and behind the seat of the greater curvature of the stomach; this was removed, and found to be an intussusception, apparently of a portion of the upper part of the jejunum. The intussuscepted part of gut was fully six inches long, and was intensely inflamed. The mucous membrane presented patches of lymph, and at the extremity the whole of the coats were gangrenous and broken down. Dr. Peacock suggested that the peculiar symptoms which the young lady had presented were probably due to the intussusception having occurred at intervals to a slight extent, and the gut rapidly recovering itself, so that no permanent obstruction was occasioned. In the severe attack which occurred a week before death, a larger portion of the bowel probably became firmly impacted, so as to produce permanent and fatal strangulation. There were no appearances of any inflammation of the peritoneum.—THE PRESIDENT remarked that in some such cases small polypoid growths were found.

Ulceration of Colon.—Dr. GREENHOW exhibited a specimen of ulceration of the colon in typhoid. There was no diarrhoea during the greater part of the disease. There were few ulcers, some old and some recent, in the ileum, but many in the colon as far as the rectum. In reply to the President, Dr. Greenhow stated that the exact site of the ulcers had not been determined.

Melanotic Sarcoma.—Dr. PAYNE exhibited a melanotic sarcoma of the liver and lungs. There were also tumours in other parts of the body. The patient, a female, had suffered for seventeen years from a growth on the front of the tibia. Latterly it was attached to the bone. Within a few months tumours appeared in various parts. After death, tumours were found in the lungs, liver, and bronchial glands. They were all spindle-celled sarcomas, many being pigmented. The original growth contained little pigment, but looked like a kind of cicatrix. There was no trace of the channels of infection, the glands of the limb being sound, as were the vessels. There was considerable variety

of anatomy at Guy's, but, owing to failing health, he was obliged to leave London. He then practised for a few years at Whitechurch, in Hampshire, but left that place in 1832, and settled at Evesham, where he remained in active practice until the last three or four years. He conducted a large practice, and was well known in the neighbourhood as a skilled operator. In 1846 he was made Mayor of Evesham, and soon afterwards was placed on the commission of peace for the borough. Mr. Haynes took great interest in the welfare of the Royal Medical College, Epsom. He was one of the honorary local secretaries from the time of its foundation, and by means of his exertions added largely to the funds of the institution.

HENRY STERRY, Esq.,

MR. HENRY STERRY, late of Streatham, Surrey, died on February 12th, aged seventy-two. He was the son of Mr. Samuel Henry Sterry, a highly respected and much esteemed member of the medical profession, who carried on an extensive practice in Bermondsey for fifty years. Henry Sterry was generally educated at Merchant Taylors' School, professionally at the school of the united hospitals of Guy's and St. Thomas's. He was in partnership with his father during the later period of his life, afterwards joining his old pupil, Dr. Richard Sharpe. He was surgeon to the School for Indigent Blind many years, and after his retirement took a very active and useful part in its management.

In the year 1861 he retired from the active duties of his profession, but was still generally foremost in any charitable or good work in his immediate locality. In 1861 he was appointed to the commission of the peace for the county of Surrey, and energetically and efficiently performed his duties. He succeeded the late Mr. Probert as treasurer of the Royal Medical College, at Epsom, and most worthily carried out the intentions and wishes of his predecessor, the kind-hearted founder of the institution. He retired from his post in consequence of failing breath.

The loss of Mr. Sterry will be severely felt, not only by his immediate friends, but by many whose cares and anxieties he was foremost to assuage. He was a man of high and sterling principles, faithfully fulfilling all the various relations of life, both socially and morally.

WILLIAM PETTY RUDDOCK, M.R.C.S. & L.A.C., LEEDS.

MR. RUDDOCK died on January 7th, at his residence in Leeds, at the age of sixty-one. After studying at King's College, Webb Street, and Guy's and St. Thomas's Hospitals, he became a Member of the Royal College of Surgeons of England in 1835, and in the following year a Licentiate of the Society of Apothecaries. He settled in Leeds, and practised to the year 1869. He was appointed District Medical Officer and Public Vaccinator under the first Board of Guardians formed in Leeds in 1845, and held that appointment till 1869, when the Leeds Union was formed. He then resigned his office, receiving a superannuation allowance of £102 *per annum*. Whilst holding the office of District Medical Officer, he passed through two periods of cholera and several of fever, one of the latter being what was called the Irish famine fever, to which several professional men fell victims. His kindness towards the poor won for him a large amount of esteem during the twenty-five years that he held the appointment of a public officer.

JOHN PRINCE HALTON, F.R.C.S.

MR. HALTON was the eldest son of the Rev. John Halton, M.A. of St. Peters, Chester, in which city he was born in 1797. He pursued his professional studies at the University of Edinburgh, and at Guy's Hospital under Sir Astley Cooper. Before establishing himself in Liverpool, Mr. Halton travelled for some time on the continent, an unusual advantage for a young student at that time. In 1826, he was elected Surgeon to the Liverpool Royal Infirmary, and held that office for thirty years; on his resigning that appointment in 1856, he became one of the consulting surgeons. The rule by which no one should hold the appointment of surgeon to the Infirmary who practised pharmacy, originated with Mr. Halton.

Although a skilful operator, Mr. Halton regarded the use of the knife as in no sense worthy to be compared with the accurate distinction and patient treatment of surgical diseases. He held that the surgeon of a great hospital should, as far as possible, limit himself to surgical cases; the varied and urgent responsibilities of which he considered more than sufficient for any one mind, however vigorous. By his consideration towards his professional brethren, especially the younger members of his calling, and by his high bearing, Mr. Halton did much to elevate the dignity of surgery in Liverpool. He was a

worthy successor of Park and Alanson. Mr. Halton entertained a steady objection to provincial schools, thinking that a sterling professional education could be obtained in universities and in capitals only. Mr. Halton retired from practice in 1865. Early in life he had married a daughter of the late John Foster, Esq., of Liverpool; she died in 1871. He died at his residence, at Grasmere, Westmorland, on January 27th.

LOCAL GOVERNMENT

AND

SANITARY DEPARTMENT.

MR. J. P. PURVIS, public vaccinator for Greenwich, has been awarded a grant of £34 : 11 by the Local Government Board for the efficient manner in which vaccination is carried on at his station.

THE Chesterfield Rural Sanitary Authority have rescinded their resolution appointing the Poor-Law Union medical officers medical officers of health, and intend to appoint one for the entire rural sanitary district.

THE Liskeard Board of Guardians have rejected the application of Mr. Stephen Clogg, late medical officer of district No. 2, for a superannuation allowance under the Act of Parliament, notwithstanding his having held office for the long period of nearly thirty-three years.

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 27th, 1873.

Boulger, Isaac, Gravesend
Foster, Reginald Henry, Brighton

The following gentlemen also on the same day passed their primary professional examination.

Bullen, Beresford Robert, St. Thomas's Hospital
Hamerton, George Albert, St. Thomas's Hospital
Reynolds, Edward Osmond, Guy's Hospital
Whitten, William John, Dublin School of Medicine

As Assistants in compounding and dispensing medicines.

Cann, Charles John, Hammersmith
Dyson, Alfred, Elland, Yorkshire
Jones, Richard Edward, Welshpool
Rees, Llewellyn Vosper, The Mumbles, Glamorgan
Rhodes, Samuel, Oldham

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.—At monthly examination meetings of the College, held on Tuesday, Wednesday, and Thursday, the 11th, 12th, and 13th of February, the following candidates passed for the License to practise Medicine.

Casey, Philip Forth
Ellis, John Lloyd
M'Cloghry, James
Magrane, Charles William
Mulock, Edward Ross
Ross, Nicholas Crawford

For the Diploma in Midwifery.

M'Cloghry, James
Ross, Nicholas Crawford

UNIVERSITY OF DUBLIN.—At the recent examination for the degree of M.B., held on Wednesday and Thursday, February 19th and 20th, the following were the successful candidates, the names being arranged in the order of merit.

McKane, Nathaniel H. K.
M'Neill, John P.
Martin, Brownlow R.
Russell, Robert F.
Young, Frederick S.
Woods, Thomas A.
Jones, Lewis } equal

At the examination for the degree of M.Ch., held on Friday and Saturday, February 21st and 22nd, the following candidate passed.
Meredith, John Edward

MEDICAL VACANCIES.

THE following vacancies are announced:—

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. Applications to W. Layton Lowndes, Linley Hall, Bridgnorth.
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.
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.

BORRISOKANE UNION, co. Tipperary—Medical Officer for the Cloughjordan District: £100 per annum.

CHARD RURAL SANITARY DISTRICT—Medical Officer of Health: £350 per annum. Applications to T. B. Gould.

CLOUGHJORDAN, co. Tipperary—Medical Attendant to the Royal Irish Constabulary.

CARMARTHEN INFIRMARY—House-Surgeon: £100 per annum, lodging, coal, and candles. Applications to H. Howell, Secretary.

CRIMINAL LUNATIC ASYLUM, Broadmoor, Berks—Assistant Medical Officer.

ELGIN—Parochial Medical Officer.

HOSPITAL FOR SICK CHILDREN, Pendlebury, Manchester—Resident Medical Officer: £100 per annum, residence, and board.

JOINT COUNTIES LUNATIC ASYLUM, Carmarthen—Assistant Medical Officer: £100 per annum, furnished apartments, board, washing, and attendance. Applications to the Medical Superintendent.

KILBURN DISPENSARY—Resident Medical Officer: £100 per annum, apartments, attendance, coal, etc.

KILDALTON IN ISLAY—Parochial Medical Officer: £70 per annum, and £60 per annum from another source. Applications to Colin Hay, Ardbeg, Port Ellen, Islay.

LEEDS—Public Analyst: £100 per annum. Applications to C. A. Curwood, Esq., Town Clerk.

LEEDS GENERAL INFIRMARY—House-Physician and House-Surgeon: £100 per annum each, with board, residence, and washing.

LEEDS URBAN SANITARY DISTRICT—Medical Officer of Health: £500 per annum.

LETTERKENNY UNION, co. Donegal—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Letterkenny Dispensary District: £100 per annum, and fees. Applications to Robt. Ramsay, Esq., Lisnenan, Letterkenny.

LIVERPOOL HOSPITAL FOR CANCER AND SKIN-DISEASES—Dispenser.

LIVERPOOL ROYAL INFIRMARY—House-Surgeon: £100 per annum, board, lodging, and washing.

LOUDOUN, Ayrshire—Parochial Medical Officer: £50 per annum.

LOUTH RURAL AND URBAN SANITARY DISTRICTS—Medical Officer of Health: £375 and £125 per annum. Applications to J. W. Wilson, or T. F. Allison.

METROPOLITAN FREE HOSPITAL, Devonshire Square—House-Surgeon: £80 per annum, apartments, board, coal, and gas.

NEW ROSS UNION, co. Wexford—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Arthurstown Division of the Fethard Dispensary District: £80 per annum, and fees. Applications to James Haughton, Esq., Chelsea Lodge, Duncannon.

OXFORD MEDICAL DISPENSARY AND LYING-IN CHARITY—Two Surgeon-Apothecaries. Applications to Thomas Mallam, Esq.

PORTREE, Parish of, and the Southern Division of the Parish of SNIZORT—Medical Officer and Public Vaccinator: about £80 per annum. Applications to Murdo Macdonald, Esq., Portree.

PORTSMOUTH URBAN SANITARY DISTRICT—Medical Officer of Health: £450 per annum, and about £50 per annum as Public Analyst for the Borough. Applications to S. J. Elliott, Esq.

ROSCREA UNION, co. Tipperary—Medical Officer for the Shinrone Dispensary District.

ROYAL ACADEMY OF ARTS, Burlington House—Professor of Anatomy. Applications to John Prescott Knight, Esq., R.A., Secretary.

SHEFFIELD URBAN SANITARY DISTRICT—Medical Officer of Health: £600 per annum.—Public Analyst: £100 per annum. Applications to John Yeomans, Town Clerk.

SHINRONE, co. Tipperary—Medical Attendant to the Royal Irish Constabulary.

SOUTH DUBLIN UNION—Resident Medical Officer to No. 4 or Grand Canal Street Dispensary: £125 per annum.

ST. MARY, MARLEBONE—District Medical Officer: £100 per annum.

TENDRING RURAL SANITARY DISTRICT—Medical Officer of Health: £200 per annum. Applications to David Mustard, Esq., Manningtree.

WARWICK COUNTY LUNATIC ASYLUM—Assistant Medical Officer for the Idiot Branch: £100 per annum, furnished apartments, board, and washing.

WESTRAY AND PAPA WESTRAY, Orkney—Parochial Medical Officer: £50 per annum, and residence.

WITHAM RURAL SANITARY DISTRICT—Medical Officer of Health: £150 per annum.

WORCESTER UNION—Medical Officer for District No. 2: £45 per annum, and fees. Applications to A. W. Knott, Esq.

OTTLEY, Walter, M.B., appointed Assistant House-Surgeon to the General Hospital, Nottingham, *vice* L. W. Marshall, Esq., resigned.

MEDICAL APPOINTMENTS.

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

BROCKLEHURST, Thomas Howard, Esq., appointed House-Surgeon and Dispenser to the Devonshire Hospital, Buxton, *vice* William Bull, Esq., resigned.

LEADMAN, Alex. D. H., Esq., appointed Medical Officer to the Boroughbridge District of the Great Ouseburn Union.

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.

DEATHS.

CARTER, Wm., M.D., of Richmond Row, Liverpool, aged 32, on February 22nd.

COOKE, William, M.D., at Upper Clapton, aged 87.

MILLETT, J. T., Esq., Surgeon, at 22, East Street Terrace, aged 74, on Feb. 7th.

WILKIN, Thomas, Esq., Surgeon (late of Sheriff Hutton, Yorkshire), at Wickham-brook, Suffolk, aged 72, on February 16th.

At a meeting of the Royal Geological Society of Ireland, held on February 12th, Dr. Andrew C. Johnston, R.N., Stoneyford, co. Kilkenney, was elected a Fellow of the Society.

Dr. D. LLOYD ROBERTS of Manchester has been elected a Corresponding Member of the Obstetrical Society of Berlin.

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.—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. President's Address; Dr. Tilbury Fox, "On Acne."

WEDNESDAY.—Epidemiological Society, 8 P.M. Dr. Smart, C.B., "On Cholera in Insular Positions."

FRIDAY.—Clinical Society of London, 8.30 P.M. Mr. Barwell, "On a Case of Foreign Body impacted in the Bronchus"; Mr. Christopher Heath, "On a Case of Recto-vesical Fistula in the Female, successfully treated by Operation"; Dr. John Ogle, "Case of Acute Rheumatic Fever, Pericarditis, and Pleurisy: expected necessity for Tapping the Pericardium."

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.

MR. LUPTON (Liverpool).—The matter is, we think, entirely one for private arrangement.

SYNCOPE DURING OPERATIONS WITHOUT CHLOROFORM.—Mr. Charles Gaine, Dental Surgeon to the Royal United Hospital at Bath, writing on the influence of anaesthetics, says:—"The nearest approach to fatal syncope, not actually fatal, I have ever seen, occurred some short time since in my practice where no anaesthetic was administered. Had such an agent been employed, and death had ensued, the anaesthetic would have been considered the cause."

DRUNKEN ASSISTANTS.

SIR.—In a period extending over twenty years of practice, I have found that one of the most grievous annoyances possible for a medical man to endure is that of having a drunken assistant. I think the matter of so grave a character in connexion with the whole medical world, that I am induced to suggest a remedy which, I think, will be found to be efficient. Let every medical man, in referring to an assistant's last employer, put the question plainly—Is he drunken or an habitual drunkard? Let every medical man honourably answer yes or no. Thus the truth would be learned and an efficient stop put to one of the principal miseries which medical men suffer, for the drunkard would soon find that he could get no one to employ him.

February 24th, 1873.

I am, etc.,
DELTA.

M.B. should not have performed the *post mortem* examination until *after* the order came from the Procurator-Fiscal. He would then have been able to claim his fee: as it is, we fear he cannot.

PRIVATE MEDICAL BULLETINS.

SIR.—I most heartily concur in the principles expressed in the article on "Private Medical Bulletins" in last week's number of the BRITISH MEDICAL JOURNAL; but, as reference is therein made to my name, which appeared in last Wednesday evening's *Standard*, I beg that, in common fairness, you will allow this letter to appear in your next number. I most distinctly deny ever having written, telegraphed, or given information in any way respecting Mr. Corry's illness to any newspaper or newspaper agent whatever. Neither did I know of the existence of the paragraph in question, until led to search for it by your article. Mr. Corry was so much annoyed by the inaccurate notice of his illness which first appeared, that I invariably referred any one who inquired of me concerning the state of his health to his own residence here for information. No one can have a greater abhorrence than myself of the system of medical puffing and advertising, so properly denounced in your last week's JOURNAL.

Mount Vernon, Bournemouth, March 1st, 1873.

I am, etc.,
W. ALLIS SMITH.

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.

THE DEATH FROM ANÆSTHETICS AT THE WEST LONDON HOSPITAL.

SIR,—On reading Mr. Wyman's case in your issue of February 22nd, I at once concluded that the death was due to the ether and not to the chloroform; and I was glad to find a confirmation of this view by so eminent an authority as Mr. Clover. The grounds on which this opinion was based are the following. Out of very many cases in which I have administered anæsthetics, I have special notes of twenty-one in which chloroform produced symptoms of danger, and one in which similar symptoms attended the use of bichloride of methylene. In seventeen of these, including the methylene case, the first symptom noted was irregularity of pulse accompanied by a deadly pallor, which significantly contrasts with the "dusky redness" of the face noted by Mr. Wyman. It is evident that, while no doubt some chloroform was still uneliminated from the system of Mr. Wyman's patient at the moment of the fatal result, ether also must have been present in a largely preponderating quantity, as well as in a highly concentrated form. When, therefore, the general symptoms then observed—viz., rise of pulse and dusky flushing of the face—harmonise with the known effects of ether and not with those of chloroform, the conclusion seems incontestable, that the former and not the latter was, to say the very least, the agent mainly answerable for the unfortunate issue. Nothing could be more striking than Mr. Clover's beautifully apt citation of his experiment on the dog. Like him, also, I have frequently observed the pulse beat irregularly in the early stages of anæsthesia; and, on suspending the chloroform for a few moments (and sometimes simultaneously lowering the head), have found the pulse right itself, and have then safely resumed the chloroform.

One other point of much interest to all who have occasion to administer anæsthetics, is connected with the previous preparation of patients by brandy. Mr. Wyman mentions that his patient received a little brandy at 2.30, and that at 4.30 inhalation of the anæsthetic was begun. This is clearly too long an interval. The effects of the stimulant must have almost passed away. The result of personal experience in preparing patients is, that an interval of twenty minutes is not too short to secure the most suitable condition of the circulation; while, so given, the stimulant materially obviates depression from natural timidity. To shorten the interval still further is to increase risk and discomfort from the liability to emesis during the operation. To split hairs over the method of administration of the chloroform (viz., on lint) employed in this case, as Mr. Marshall has done, is manifestly absurd.

I am, etc.,

FRANK H. HODGES,

House-Surgeon York County Hospital, formerly Resident Surgeon Birmingham and Midland Eye Hospital.

PSYCHOLOGICAL COMMITTEE OF THE ANTHROPOLOGICAL INSTITUTE.

We are requested to publish the following notice relating to the Anthropological Institute of Great Britain and Ireland.

In order to remove any apprehension that might arise in the minds of some members of the Anthropological Institute (particularly of those residing in the country), from statements made, that, in consequence of the recent change in the composition of the Council, a preference would be given to papers of an ethnographical class over those relating to other branches of anthropology, the director, with the full concurrence of the president, has thought it advisable to assure the members of the Institute that no such result need be feared. Papers on every branch of anthropology will always be cordially received, provided they comply with the requirements demanded in all communications to a scientific society intended for publication; amongst which, a very essential one is, that they should contain either "new facts or new applications of admitted facts."

As a further assurance that all proper subjects will receive due and equal attention, it will be as well, in the first place, to state in general terms, what may be regarded as proper subjects to be brought before the Anthropological Institute. They may be included under the following heads:—1. The Physical History of Man and of the Human Race. 2. Psychology. 3. Comparative Philology. 4. Præhistoric Archaeology. 5. Prehistoric. 6. Protohistoric. 7. Descriptive Ethnography: comprising the Reports of Travellers and Explorers on the Physical Characters, Derivation and Relations, Manners, Customs, Religion, Language, etc., of Various Races or Nations. 8. Comparative Ethnography. 9. The Relations between Civilised Man and Aboriginal Savage Peoples.

In this programme, it will be seen that any subject properly coming under the cognisance of the anthropologist, may find a place. And, in order to insure confidence that each and every subject will receive due attention, it is suggested that committees might, if thought desirable, be formed of such members of the Institute as may take especial interest in any of the above branches of inquiry, whose function would be, each in its own sphere, to promote the collection of materials and the production of papers relating to the subject in which they may feel particular interest.

In this way, it is clear that all the subjects will be placed on an equality, and it is to be hoped that each in its turn will receive the same attention.

As the first step in this direction, it may be stated that a Committee was formed at the first meeting of the new Council, on the 4th February 1873, for the purpose of promoting psychological research: consisting of Mr. Francis Galton, F.R.S. (Chairman); Sir John Lubbock, Bart., F.R.S.; and Messrs. John Beddoe, M.D.; Hyde Clarke; David Forbes, F.R.S.; Col. A. Lane Fox; Geo. Harris; E. B. Tylor, F.R.S.; and A. R. Wallace; with power to add to their number, and to confer with other scientific bodies.

E. W. BRABROOK, Director Anthropological Institute.

THE LATE MR. ISAAC BAKER BROWN.

SIR,—May I trespass once more on your kindness, and be permitted, through your JOURNAL, to inform the subscribers to the "Baker Brown Fund" that it is proposed that Mrs. Brown be permitted to draw from the balance of the fund (£217 17s. 10d.) £2 2s. weekly for the support of herself and three young children, respectively aged eight, seven, and five, as well as to aid in the maintenance of a crippled daughter of Mr. Brown by a former wife?

I beg to acknowledge the receipt of a donation of £5 from "An Old Patient," sent since Mr. Brown's death by Dr. Nicholl of Denmark Hill.

I am, etc.,

FORBES WINSLOW, M.D.

Cavendish Square, March 3rd, 1873.

* * * It is difficult to suppose that this is really the most judicious way of disposing of the fund.

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.

A VICTIM.—If our correspondent can point out any medical degree which is printed or used in our columns by any gentleman who obtained it by purchase in *absentia* from an American or any other University, it certainly shall not appear again. With other than medical degrees, we have no concern. The particular title to which our correspondent refers was we believe known, and published at the time, as a purely honorary one, and how far it is honourable is best known to the gentleman who uses it. We believe our correspondent to be in error as to its source.

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.

It is stated in an American paper, that one of the results of having a young medical woman as city physician in Springfield, Massachusetts, is, that a young gentleman has had himself vaccinated by her twenty-one times within a few weeks.

HOSPITAL ADVICE.

SIR,—Now that the abuse of hospital out-door relief is on the tapis, and very justly too, it is only right that the general practitioners of the sister isle should have a voice in the matter. As regards having an association like their Saxon brethren, or getting anything like unanimity amongst them, is, I fear, totally out of the question. I am not aware that in England the surgeon or physician attached to an hospital gives advice gratis at his own residence; but here this has been the case for a period of some years; and, latterly, it has gone a step further. Patients—*i.e.*, any one—are seen during an hour in the evening, and the question is put: "Are you able to buy the medicine?" The answer, as a rule, is, "No." The prescription is then written accordingly; and they are told to take it down to the Dispensary in the morning, where it will be dispensed gratis. The next thing that suggests itself is, Why is this done? To get practice; to visit those same patients when they are bedridden; and to get a guinea for two, three, or four visits, or for the whole duration of the malady, in some instances.

It is as well to observe *en passant*, that this is the usual scale of fees adopted in Dublin by nine tenths of those whose fee is a guinea. An eminent physician of this city, in reply to a lady patient as to why he visited some persons more than once for his fee (he had already told her that he was sworn in by his College not to take less than a guinea), said that the extra visits were charitable ones.

This is all very well; but is it charity, or rather common honesty, to try to get practice by supplying the medicines belonging to hospitals, supported partly by a government grant and partly by voluntary contributions, gratuitously and indiscriminately? As this system appears to be unique, as well as a grievance, I trust my trespassing on the space of your valuable JOURNAL, will be excused.

Dublin, March 1873.

I am, etc., HAMPDEN.

We are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Liverpool Weekly Albion, March 1st; The Manchester Guardian, March 5th; The Aberdeen Daily Free Press, March 1st; The Bath Express, March 1st; The Birmingham Daily Post, March 3rd; The Hampstead and Highgate Express, March 1st; etc.

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

Mr. Jonathan Hutchinson, London; Sir Henry Thompson, London; Dr. George Johnson, London; Dr. J. Matthews Duncan, Edinburgh; Dr. C. Handfield Jones, London; Dr. C. Parsons, Dover; Mr. J. B. Langmore, London; Mr. P. Thornton, London; Mr. Lawson Tait, Birmingham; Dr. Burney Yeo, London; Dr. R. J. Lee, London; Mr. R. S. Fowler, Bath; Mr. Royes Bell, London; An Associate; Mr. Myers, London; Dr. Cobbold, London; The Secretary of the Epidemiological Society; Dr. Farquharson, London; Dr. Dalby, London; Our Liverpool Correspondent; Mr. Lupton, Liverpool; Dr. Handsel Griffiths, Dublin; Mr. Clover, London; Mr. Poole, London; Dr. Playfair, London; The Secretary of the Clinical Society; Dr. Waldenburg, Berlin; Mr. Wilkin, Newmarket; Our Paris Correspondent; Mr. Hickinbotham, Birmingham; Dr. Heaton, Leeds; 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; Surgeon-Major Atchison, London; Dr. A. Smith, Calcutta; Dr. De Renzy, Lahore; Dr. Procter, York; Mr. Lattey, London; Our Dublin Correspondent; Mr. Hodges, York; Dr. Lloyd Roberts, Manchester; A Member; Dr. Skrimshire, Clydach; Dr. W. A. Smith, Bournemouth; Mr. R. Ellis, London; Dr. Duckworth, London; Dr. Pye-Smith, London; Dr. Crichton Browne, Wakefield; Dr. Southey, London; Mr. Gaine, Bath; Mr. Balmanno Squire, London; Mr. H. Marks, Dublin; Mr. Croft, Snitterfield; Mr. G. Bowman, Manchester; Mr. Wilders, Birmingham; Mr. A. Durham, London; Mr. Palmer, Great Yarmouth; Rev. Dr. Houghton, Dublin; Dr. Delbranche, Brussels; Mr. Tickler, Bawtry; Dr. Trollope, St. Leonards; Mr. Morgan, Waters Upton; Dr. Little, Manchester; Mr. Haviland, London; Mr. R. H. Cooke, London; Scrutator; Dr. Marshall, Bristol; Mr. Alfred Coleman, London; Dr. W. M. Cooke, London; Dr. John Ogle, London; etc.