

Amputation at the Thigh, after Unsuccessful Excision of the Knee-joint.—Mr. Callender excised the knee of this child in October last for disease, but the operation never showed a favourable result. The tibia and femur did not unite, and great displacement took place. The child was very young—five or six years of age—and the joint was composed only of cartilage. Under these circumstances it was almost impossible to get osseous union, the processes of repair going on much more slowly in cartilage than in bone. Mr. Callender amputated in the usual way, but used no ligatures. He stated that he had practised torsion even of the femoral artery in every case of amputation with no unfavourable results, except when the vessel gave off branches at the point of the amputation, in which case he used a ligature.

SELECTIONS FROM JOURNALS.

MIDWIFERY.

DECIDUAL HÆMORRHAGIC ENDOMETRITIS IN CHOLERA PATIENTS.—Dr. K. Slavjansky observes (*Archiv für Gynecologie*, vol. iv, part 2) that the so-called pseudo-menstruation in cholera patients, as well as the pains resembling those of labour, the increased movements of the fœtus, its death, and the occurrence of abortion or miscarriage, have been described by previous writers; but the exact condition of the female sexual organs in cholera has not been investigated. During the epidemic of cholera in St. Petersburg in 1870, Dr. Slavjansky made a number of observations, the results of which he has communicated to the Obstetrical Society in Leipzig. In twelve non-pregnant women who died of cholera, the sexual organs were almost without exception diseased. The part of the uterus that had undergone most change was always the mucous membrane; it presented the condition known as acute hæmorrhagic inflammation, attended not unfrequently with partial destruction or even almost entire removal of the membrane. In one case only was there observed a combination of this form of inflammation with the diphtheritic form. This condition explains the hæmorrhages which take place, without any necessity for assuming the existence of pseudo-menstruation; while the pains may in like manner be referred to the changes that have been described as occurring in the uterine membrane. Dr. Slavjansky examined the bodies of two women who died a day after abortion, while the subjects of cholera. One woman was in the fourth month of pregnancy, the other in the sixth. The morbid changes were similar to those observed in the non-pregnant cases. That part of the mucous membrane which formed the decidua was most affected, and the disease extended also to the foetal membranes. Purulent infiltration was most marked in the uterine decidua, and gradually diminished in intensity in the membranes of the fœtus. In the case of six months' pregnancy, the alteration was greater and more extensive than in the other; and extravasations of the size of hazel-nuts were observed in the decidua serotina. Dr. Slavjansky recognises the disease of the mother as the exciting cause of the abortion, and explains the death of the fœtus by the diseased condition of the placenta which he found in both cases. The epithelium covering the villi was greatly altered, so that only some finely granular masses could be found here and there in its place. The important physiological bearing of this epithelium on the process of foetal respiration readily explains how its destruction should lead to the death of the fœtus.—*Wiener Medizin. Wochenschr.*, February 22nd.

SUBPERITONEAL EMPHYSEMA OF THE UTERUS DURING PREGNANCY.—Dr. Dohrn of Marburg relates in the *Archiv für Gynecologie* (vol. iii, part 3) the case of a woman, aged 36, pregnant for the third time, who was received into the lying-in institution in July 1872. In both her previous labours, the forceps had to be used; the children were still-born. The pelvis was found, on examination, to be narrow. At the end of August, she having arrived at the thirty-fifth week of pregnancy, an attempt was made to induce premature labour by the ascending douche and by the introduction of bougies; but, although these means were persevered in for five days, only feeble uterine contractions were excited. On September 2nd, the waters escaped, the os uteri being a centimeter wide, and the cervix thick. The fœtus lay high in the pelvis; its pulsations were distinct, but ceased the next day. No progress was made with the labour. The fœtus began to undergo decomposition; and the woman had rigors and diarrhœa in the night. On September 4th, strong labour-pains set in, and in five hours a fœtus was expelled in an advanced stage of decomposition. After this, the uterus remained distended with gas; it reached an inch above the umbilicus, and gave a clear sound on percussion. Friction and compression had no effect in causing the expulsion of the placenta

or of gas; nor did the latter escape when a catheter was introduced into the uterus. On examination, emphysematous crackling could be perceived over the whole anterior surface of the uterus. The placenta was removed by the hand; very little gas escaped, and the condition already described remained unchanged. On the morning of September 7th, the patient died. An examination of the body was made twelve hours after death. On opening the abdominal cavity, a moderate amount of very foetid gas escaped. The peritoneum showed signs of incipient inflammation, especially at its lower part. The uterus extended nearly as high as the umbilicus; its anterior surface had a dark green appearance, and the peritoneum was raised from it over its whole extent by gas. The peritoneum had burst in two places in the anterior wall. There were some cavities filled with putrid gas in the muscular structure of the uterus, and some gas was also present in the cavity of the organ. Dr. Dohrn explains the occurrence of the emphysema by supposing that a partial laceration of the uterus took place, and that the gases developed from the putrefaction of the fœtus were forced through the rent between the uterus and its peritoneal covering. Death was the result of the subsequent laceration of the peritoneum and the escape of the gas into the abdominal cavity. Dr. Dohrn has been able to find a notice of only one similar case, which was recorded by Dr. McClintock in the *Dublin Quarterly Journal* in 1858.—*Allgemeine Medicin. Central-Zeitung*, February 26th, 1873.

HYPERTROPHY OF THE CERVIX UTERI DURING PREGNANCY: SPONTANEOUS INVOLUTION.—In connexion with a case described by Matecky, in which the anterior lip of the os uteri was elongated during pregnancy to the extent of five inches, Scharlau describes an analogous instance (*Beiträge zur Geburtsh. und Gynäkol.*, vol. ii, part 1). A healthy woman, with a normal pelvis, who had already had several easy labours, while walking in the street one day towards the end of her last pregnancy, suddenly felt that something was protruding from the vagina. Dr. Scharlau found a bluish red tumour, about as large as an apple, hanging outside the vagina by a pedicle a little more than an inch long. This pedicle could be traced up to the anterior lip of the os uteri. There were weak labour-pains, the os uteri was dilated, the membranes were entire, and the head presented. During delivery, which was rapid, the tumour was pushed quite on the mons Veneris by the child's head. The placenta was expelled spontaneously. The tumour was replaced within the vagina, and decoction of linseed with liquor plumbi was injected several times daily. On the tenth day, no appreciable difference between the lips of the os uteri could be detected; and in six weeks the vaginal portion was not only in no way enlarged, but even rather small and atrophied.—*Wiener Med. Wochenschr.*, February 22nd.

SURGERY.

AMPUTATION THROUGH THE METATARSUS.—Dr. G. W. Topping records (*Michigan Univ. Med. Journ.*, July, 1872) a case in which this operation was performed. F. J. P., aged 18, on the 4th of January, 1870, by a single blow from an axe, severed the first four toes in a slanting direction, partly through the heads of the metatarsal bones, and partly through the metatarso-phalangeal articulation. The detached portion hung only by a piece of skin an inch in width, and the bones protruded so as to render amputation higher up necessary. An oval flap was dissected from the dorsum of the foot, the metatarsal bones sawn through the middle, and a large flap taken from the plantar surface by cutting from within outward. Two arteries only required ligatures. The wound healed very quickly, leaving a sound and useful stump.

HYDROCELE OF THE SEMINAL VESICLE.—Dr. N. R. Smith records, in the *Baltimore Lancet*, a case in which he was called in consultation to a gentleman represented to have retention of the urine. A large pyriform tumour occupied the cavity of the pelvis, and also that of the abdomen, higher than the umbilicus. There was no gaseous resonance over any part of it, but when percussed it sounded and vibrated like a fluid in a tensely distended sac. The patient was passing, every hour, half an ounce of perfectly normal urine. The attending physician had repeatedly introduced the catheter into the bladder, and had not drawn more than an ounce of urine; not in the least reducing the volume of the tumour. Dr. Smith introduced a long catheter fairly into the bladder, but only an ounce of urine escaped. The tumour was not in the least reduced, and as he moved the catheter, he distinctly felt the instrument in close contact with the walls of the abdomen. After another careful exploration externally, Dr. Smith introduced his finger into the rectum, and found the prostate normal, but on carrying the finger deeply and to the left of it, he encountered an

elastic tumour communicating the sensation of a sac tensely distended with fluid. On palpating with the other hand on the abdomen, the vibratory motion of a fluid was manifest. The matter was now clear. There was a hydrocele of the left seminal vesicle. Tapping through the rectum was effected with an ordinary straight trocar. On withdrawing the stylet, the fluid issued with force, and in a few minutes ten pints of a brown serous fluid were drawn off. No unpleasant symptoms followed, but in four weeks the tumour refilled and was again tapped. After this, there was no recurrence.

REPORTS AND ANALYSES

AND

DESCRIPTIONS OF NEW INVENTIONS

IN MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

ROBUR.

THE introduction to public favour of a new alcoholic beverage, recommended on excellent authority for general use, is a matter of some importance. Robur was announced as a new tea-spirit. We have been asked to form a judgment of it; and, as dietetic qualities of a unique character have been claimed for it, and it is rising into popularity, we have thought it right to subject it to critical examination. Full opportunities have been afforded for investigating analytically its properties at its place of manufacture; and to these we have, of course, added the examination of samples purchased of retail agents who supply the public. Medical men are likely to be questioned as to the character of this new form of alcohol; and the materials for an opinion are of two kinds, theoretical and practical. Theoretically, the combination of theine and tannin with alcohol has much to recommend it. Theine and alcohol both belong to the class happily defined by M. Angel Marvaud in his recent treatise as economisers of force—"aliments d'épargne"; and otherwise as aliments preventive of waste—"aliments deperditeurs". In the discriminative use of alcohol, and in the right use of tea as a beverage, this function must always be considered as of prime importance. It is to this, even more, perhaps, than to its stimulating properties, that a large part of the value of alcohol in fevers and in exhaustive diseases must be held to be due. The universal instinct of mankind has selected the plants which furnish theine or its analogues, caffeine and theobromine—tea, coffee, and maté—in virtue of similar properties. That alcohol gives wings to tea, every one who has added a *chasse* to a cup of black coffee as a digestive after dinner, or has "laced" a cup of tea with a liqueur of brandy after exhaustive fatigue, will readily testify. The same principle is involved in the composition of robur. It is a pure spirit, singularly free from fusel-oil, with which most brandy and whiskey are largely contaminated. It is extremely palatable—most so when mixed, like toddy, with hot water, and sweetened. It contains a considerable percentage of theine, with tannin and sugar. It leaves on the palate the pure flavour of tea, and no more wholesome spirit can be found. As a spirit intended for popular use, it has many great merits. It does not tempt to intemperance, for it rather helps than muddles the intelligence; and, if robur were substituted for gin, brandy, or whiskey, it would, we think, be a clear gain to the cause of temperance. The digestive properties which Dr. Lankester asserts it to possess are such as have long been attributed to the *chasse café*, which it resembles in character. Medically, it is, we think, likely to be more useful than any of the forms of spirit which are in daily use. On the whole, we consider that no more has been claimed for it than is fairly its due, and that it is a valuable addition to the dietetic list.

GRIMAULT'S GUARANA.

SPECIMENS have been forwarded to us by Messrs. Newbery and Sons, Newgate Street, of guarana prepared by Messrs. Grimault in two forms, as a pulp, and in the form of powder of the seeds. The experience of a large number of eminent practitioners has confirmed the first recommendation by Dr. Wilks in these pages of these seeds (seeds of the *Paulinia sorbilis*) as of very great value in many forms of that most uncertain, unmanageable, and tormenting disorder, sick-headache. It is not infallible, or universally useful; but, if it fail altogether in one case, it will often be found to achieve as signal a success in the next. It is sold in *flacons*, of which a twelfth part is a dose; or in boxes of powders, separated into packets. It is most simply administered stirred into sugar-water, and is by no means unpleasant in flavour.

EFFERVESCING LOZENGES.

A PHARMACEUTICAL novelty introduced by Mr. W. T. Cooper, of 26, Oxford Street, has really something of the character of a surprise. A dry effervescing medicated lozenge is a form of preparation which has obviously much to recommend it; but, until lately, no means had been found of overcoming the difficulties which stood in the way of producing it. It is very convenient to be able to carry an effervescing draught in one's waistcoat-pocket, and to have in this portable solid form all the advantages of a mode of administering medicines which heretofore required an apparatus of tumblers and a water-bottle. Among the preparations submitted to us are effervescing morphia lozenges, effervescing ipecacuanha lozenges, effervescing protocarbonate of iron lozenges, and chlorate of potash lozenges. The iron and chlorate of potash lozenges are particularly agreeable and useful inventions; and so also is an effervescing saline lozenge, which is quaintly but well described as a "thirst-quencher".

BRITISH MEDICAL JOURNAL.

SATURDAY, MARCH 15TH, 1873.

DEBATES AT THE PATHOLOGICAL SOCIETY.

THERE is, we believe, some probability that the view may prevail, which we last week expressed, of the inconvenience likely to arise from the limitation of time which it was proposed to impose upon the speakers in the debate about to open at the Pathological Society on the thesis of Dr. Wilson Fox on Tubercle. The more that view is considered, the more sound it will, we think, be found, and the greater the favour it will conciliate. It must indeed be apparent, that half an hour will barely suffice for the statement of Dr. Wilson Fox's views, not to speak of their orderly and adequate development, and their illustration by reference to drawings and specimens, which will, of course, need description and expository argument. To discuss views such as these, ordinarily requires greater space of time and amount of matter than to state them. The original speaker may be content, if necessary, with a bare statement: those who follow him and any who differ from him may easily require to show at length how far they agree with or differ from him, and their reasons.

So far as has yet been observed, there is very little tendency to diffuseness on the part of speakers at the English medical societies: this is greatly to their credit, and it has tended very much to edification that the rule in our societies has been to cultivate a studious brevity and conciseness which might have satisfied Lacon. It may, however, reasonably be doubted whether harm has not resulted from the excessive prudery of diction and speculation to which the prevalence of this rule has led. The cultivation of the study of facts is a grand pursuit; but a fact is not necessarily the more valuable from a systematic abstinence from the attempt to interpret it or to draw from it legitimate deductions. Nor is it an offence against science, to attempt from time to time to group facts and to trace by their aid the operation of law. It would be immensely refreshing to some minds to watch the growth of doctrines in the place in which their foundations are laid, and to rise sometimes from the particular to the general. How many hundred, how many thousands of specimens of tubercle have been brought before the Pathological Society of London we know not, and shall not attempt to count. Is it not recorded in fourteen volumes of *Transactions*? The number of hours passed in their description and the amount of muscular and nervous

tolerably familiar to your readers already, but the freedom and entire fearlessness with which it is given here, is, so far as I know, not all realised by the profession in England, it seemed worth while to relate what I have seen of its use; and, I may add, were chloroform given in the same way, and with the same absence of all precautions, the deaths would count by hundreds.

THE NEW EDITION OF THE PHARMACOPEIA OF THE UNITED STATES.

II.

THE remarks made in a former number were directed chiefly to the weights and measures used in the present work, which, on account of the complex way in which they are used, and from their differing in value from those used in our own *Pharmacopæia*, render a comparison with our own standard a matter of some difficulty.

The United States *Pharmacopæia* is divided, as usual, into two parts *Materia Medica* and the *Preparations*. The *materia medica* portion is again divided into a primary and a secondary list, consisting apparently of what are considered to be but little used and unimportant drugs, which, oddly enough, are almost exclusively of American growth and introduction into medicine.

Among the additions to the primary list of former editions, are oxalate of cerium; hypophosphites of calcium, iron, potassium, and sodium; iodoform; both American and Indian hemp; conium-seed; bark of cotton-root; Calabar bean; origanum; and three others promoted from the secondary list—viz., galverium, hydrastis, and rue.

The *Preparations* embrace directions for the pharmaceutical compounds, and also elaborate manufacturing processes for producing a few ounces of these commercial chemical products, which are usually made by the ton. It is difficult to understand what it is that induces compilers of *pharmacopæias* to make their books cumbrous by expending type and paper upon processes which it is perfectly certain nobody will ever attempt to carry out. The only possible pretext for the introduction of such processes is, that the *Pharmacopæia* may in certain cases be used as an educational book. If this were so, it would be at least worth while to ascertain what are the processes practically in use, and describe them properly; but this is not done. Indeed, the majority of almost all the processes here described are those of an amateur who has never been inside a chemical factory, and knows absolutely nothing of the practice. These remarks are applicable to the British and Continental *Pharmacopæias*, as well as to that of the United States.

Among the preparations are the aceta, which continue the same as before. The acids next claim attention. Hydriodic acid is omitted. Hydrochloric acid is still called "muriatic". Phosphoric acid is directed to be prepared by a process which, although not exactly that by which pure phosphoric acid is prepared by manufacturing chemists, yields an acid of excellent quality; but an alternative process is given—viz., to dissolve the commercial product called glacial phosphoric acid in water. The result attained is quite another thing. Pure phosphoric acid cannot be attained in the hard glacial form, for, when evaporated in platinum, it yields a soft sticky substance. The glacial phosphoric acid of commerce is an acid salt of some alkali. Formerly it consisted of acid phosphate of ammonium; now it consists chiefly of acid phosphate of sodium, obtained by fusing syrupy phosphoric acid and crystallised phosphate of sodium together, about equal weights of each. By the one process, a pure acid is obtained; by the other, only a diluted solution of the acid salt of an alkali; and yet the two results are considered by the United States *Pharmacopæia* to be exactly the same.

The ammonium group, which before had only one preparation—viz., the valerianate—has now added to it benzoate, bromide, purified chloride, and the iodide. Bromide of ammonium is directed to be made by an old-fashioned process. That of adding bromine to caustic ammonia is far better, as a pure solution of bromide of ammonium is obtained without filtration or precipitation. The product is described as white, becoming brown on exposure; but the pure bromide is not at all changed by exposure: any change indicates the presence either of iodine or of iron. Aluminum sulphate is a preparation, the utility of which is not apparent. What advantage is to be gained by getting an alum free from the small quantity of sulphate of potassium or ammonium contained in ordinary alum, is not evident. The process given will attain the object, supposing the object to be worth attaining. Two waters are added to the group aqua—the carbolic acid water, made from the glycerite, and aniseed water. Confections and cerates remain unaltered.

[To be concluded.]

ASSOCIATION INTELLIGENCE.

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, } *Honorary Secretaries.*
LAWSON TAIT, }

Birmingham, March 3rd, 1873.

YORKSHIRE BRANCH.

THE spring meeting of this Branch will be held at the Infirmary, Huddersfield, on Wednesday, March 19th, at 2.15 P.M.

The members will dine together at the George Hotel, at 5 P.M. Tickets (exclusive of wine), 6s. each.

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

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

York, March 8th, 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.

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.

Papers are promised by Dr. Bagshawe, of St. Leonard's, "On the Sequelæ of Measles"; Dr. Barry, of Tunbridge Wells, "A Note on Purpura Hæmorrhagica"; and the Secretary will exhibit some morbid specimens.

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

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

WEST SOMERSET BRANCH.

THE spring meeting is appointed to be held at the Royal Clarence Hotel, Bridgwater, on Thursday, April 3rd, at 5.15 P.M.

The following question will be discussed after dinner:—"What is the best plan of preventing the spread of infectious and contagious diseases, having special reference to Dr. Budd's mode of treatment by camphorated oil and baths?"

Gentlemen who intend to be present at dinner, or who may have communications for the meeting, are requested to send notice thereof to the Secretary.

W. M. KELLY, M.D., *Honorary Secretary.*

Taunton, March 11th, 1873.

METROPOLITAN COUNTIES BRANCH: ORDINARY MEETING.

AN ordinary meeting of this Branch was held at 32A, George Street, Hanover Square, on January 31st; Sir WILLIAM FERGUSSON, Bart., F.R.S., President, in the chair.

Strain in its Relation to the Circulatory Organs.—Dr. J. MILNER FOTHERGILL read a paper on this subject. [It is published at p. 281.]—The PRESIDENT expressed the thanks of the meeting to Dr. Fothergill for his paper.—A MEMBER asked Dr. Fothergill whether he had investigated the cases of young men who had led very active lives as cricketers, etc. In agricultural districts, men exposed to hard work often reached long lives without suffering inconvenience. It was some-

times said by men that they worked better after severe exertion. Persons who took little exercise were often more liable to degenerative changes than those who led active lives.—Dr. SHRIMPTON regarded sudden transition from rest to exertion as most likely to produce disease. Training seemed to produce an equilibrium. During laborious work, he thought, the tonicity of the whole system was increased; but, when a weak person was suddenly called on to undergo exertion, then a special strain was put on the heart.—The PRESIDENT believed that the influence of moral emotion on the heart was often as great as that of physical action.—Mr. LORD referred to the action of the mind on the circulation. It had been said that, among the disorders of the first French revolution, there was a great frequency of heart-disease.—Dr. GEORGE HARLEY said that the influence of strain on the heart and arteries could not be doubted. But was the result owing to sudden strain on prepared or on unprepared organs? In Vienna, runners were very subject to heart-disease; and these were men who often had to start suddenly. He had noticed the same thing in patients under his care in London. He could scarcely admit that strain was a cause of atheromatous deposit; for this was as common among the upper classes as among those subjected to much exertion. It probably arose from constitutional causes. Scrofula was a very common cause of atheroma. He had no doubt that a great deal of heart-disease was excited, if not produced, by mental emotion. The so-called anæmic murmurs in women were doubtless often thus produced in weak hearts.—Dr. BEGLEY said that heart-disease traceable to mental emotion was very common among the insane.—Dr. AVELING had noticed that more disease was caused by inactivity than by strain. He would like to know the effect of posture. It was doubtful whether the modern position of sitting was so good as the ancient one of reclining.—Mr. STREETER referred to the importance of studying the nervous and vascular supply of the heart, and the conditions in which changes were produced in them. The perfection of health consisted in the maintenance of a proper balance between the functions.—Dr. STEWART said that suddenness of exertion had often much to do with the production of disease. But the standing position, maintained for a long period, caused great strain and fatigue. In runners, liable to undergo sudden and violent exercise, he had met with varicose veins as well as heart-disease. There were only general impressions as to the prevalence of heart-disease among various classes; but experience had shown that its frequency was great among shoemakers, and that this was lessened among them by the upright position. In various trades, posture seemed to tend to heart-disease; but, perhaps, the habits of the individuals also had much to do with it. He would like to know whether heart-disease was relatively more frequent among hammermen than among others, and whether it might not be in part attributed to drink.—Dr. FOTHERGILL having replied, the meeting adjourned.

REPORTS OF SOCIETIES.

CLINICAL SOCIETY OF LONDON.

FRIDAY, FEBRUARY 28TH, 1873.

P. HEWETT, Esq., President in the Chair.

Partial absence of Pectoral Muscles.—Dr. BURNEY YEO presented a boy, aged 14, in whom there was an absence of the sternal and costal portion of the pectoralis major and the whole of the pectoralis minor on the left side. The case had come under his notice as an out-patient at the Brompton Hospital, the great apparent depression and flattening of the right side of the chest having induced the boy's friends to believe that he was suffering from serious intrathoracic disease. The deformity produced by the absence of these muscles was very considerable, and was increased by depression and imperfect development of the right side of the sternum and the adjacent ribs and cartilages. No ensiform appendage could be felt. The clavicular portion of the pectoralis major was considerably hypertrophied, and the posterior fold of the axilla, containing the fibres of the latissimus dorsi, felt much thicker than that on the opposite side. There was a remarkable difference in the radial pulses on the two sides. That on the right side being exceedingly small and weak; seeming to indicate some irregular distribution of the vessels on the same side as the muscular abnormality. The boy in all other respects was well developed, though small. He had never complained of any weakness of the right arm, and he was not left-handed. Dr. Yeo believed that a similar muscular defect had been rarely observed during life. He had appealed to Professors Flower, Humphry, and John Wood, and they had all assured him that they had heard of no like observations in the living subject. Several anatomists had recorded partial absence of the pectoral muscles observed

on dissection, and; within the last few days, Mr. Taylor of Guildford had informed Dr. Yeo, that he had now under his observation a volunteer in the 2nd Surrey Militia, with complete absence of the left pectoralis major. Cyrtometric tracings, showing the difference in the dimensions of the two sides of the chest, were handed round.—Mr. NUNN showed drawings of a case in which there was absence of the latissimus dorsi and the sternal portion of the pectoralis major. He had brought the case before the notice of the Pathological Society seventeen years before. He had seen the absence of the pectoralis also in a patient who had been treated at a special hospital by means of a back-board, for out-growing shoulder-joint.

Overstrain of the Heart and Aorta.—Dr. CLIFFORD ALLBUTT read a paper on this subject. He said that it was one to be very fitly examined by the Clinical Society. It was impossible for him within the usual limits to bring the whole of his views before the Society. He would, however, try to read enough to draw out some of the experience of his hearers. He referred for farther detail to a pamphlet on the subject which he had recently published. (*On Overwork and Strain of the Heart and Great Vessels*. Macmillan, 1871.) The affections of the heart due to physical strain were by no means rare. They consisted in an obstinate "irritability" of the organ, and in dilatation of both chambers with or without hypertrophy; and these cases were often very difficult to cure. He referred to the case of a professed runner, who had suffered from irritability of the heart and dilatation especially of the right ventricle, and who was now much relieved after three years' treatment and rest. Cases of injury to the mitral valves are rare; the author had notes of two cases only. The mischief resulting from strain was found, as might be anticipated, rather in the aortic region. Here the injury might be sudden or chronic. If sudden, the aortic valves were forced, or the aorta was cracked by a single excessive effort. More commonly, however, the mischief was slowly established; the aorta, long stretched beyond its strength, became the seat of chronic inflammation or of so-called atheroma, and the valves likewise were slowly degenerated. In this condition, regurgitation might occur suddenly, or may supervene more gradually. Dr. Allbutt next considered the kind of physical strain which led most easily to these results. After some remarks upon the mechanism of these strains of the circulation, he went on to say that he was at first disposed to think that athletics were often to blame for their appearance. On examining his own materials and other existing evidence, however, he discovered that this agency, though no doubt effectual in some instances, was not so injurious as the heavier labours of the working classes. Strikers in foundries, bargemen, heavy porters, and others similarly employed, were often injured in this way. The author then inquired into the reason of this difference, and thought that the principal one lay in this, that the labour of an artisan was more continuous, and left less time for repair. It was also carried on in spite of fatigue, of diminished health, and imperfect feeding. It was probable, too, that work done *con amore* was less exhausting than the drearier kinds of toil. Dr. Allbutt concluded by stating two cases in which he had reason to believe that mitral contraction with presystolic murmur and thrill had been the result of blows upon the præcordial region. At the request of the meeting, Dr. Allbutt read condensed notes of seven cases selected for illustration.—Dr. GREENHOW expressed his opinion that injury from athletics was not so uncommon as generally believed. He had seen a dozen cases of harm from athletic sports, and at present had under his care a case of dilated heart from alpine climbing.—Dr. POORE referred to the case of the celebrated hound "Master M'Grath." At the *post mortem* examination made by Dr. Haughton, the heart was found much dilated and greatly hypertrophied. He thought it not improbable that many of the cases of valvular disease met with in athletes might be due to rupture of the aortic valve from exertion, and alluded to a remarkable case in point which he had brought before the notice of the members at a recent meeting, in which a very loud aortic murmur was audible.—Dr. ANSTIE referred to the case of a young Swiss gentleman, in whom severe angina was produced by inordinate walking. There was a loud aortic murmur mainly occurring with the first sound, and perhaps also with part of the second. He remained in a dangerous position for some time, but at length recovered, and is now an officer in the Swiss army.—Dr. DOUGLAS POWELL observed that, although the symptoms in most cases of atheroma came on with some abruptness, yet he thought they were to be regarded, not as marking the commencement of the disease, but as due to some additional lesion supervening upon long preceding disease; and that the unusual effort often regarded as the exciting cause of the disease was so, as a rule, only in so far as it still further damaged the already weakened aorta. A lighterman, aged 24, accustomed to pull barges up the river, six months before coming under Dr. Powell's observation at Brompton, had had a "heavy job," being almost continuously at work for two or three days. From this

as the muscles were tightened or relaxed. There could be no doubt that the subject of exercise, and particularly training, should be studied at first as a mechanical problem; and even regarded in this simple view it was one of great difficulty. It was not to be desired that we should return to such a system of gymnasia as existed in classic ages; but it was distinctly the duty of the profession to endeavour to establish some rational system of training, and thus prevent the injurious consequences of excessive exercise by pointing out the causes of them, and the means by which they could be avoided. The universities derived immense benefits from their muscular sports, and it was to be hoped that they might always continue. The Clinical Society was to be congratulated on the important step it had taken in promoting the serious consideration of this subject.—Dr. CLIFFORD ALLBUTT, in reply, pointed out that he had not denied the occasional injurious consequences of athletics, but had stated that they were less injurious than might be supposed, and much less so than the labour of the workman. He believed that Dr. Morgan of Manchester was in position to prove this of university men, and his own knowledge of university men, of Alpine men, and other gymnasts was not inconsiderable. The case of "Master M'Grath" was described to him by Dr. Haughton, and he was endeavouring to procure some evidence as to the state of the heart in racehorses. Trustworthy details of this kind were very hard to obtain. In horses and dogs also the system of training must prevent much of these ill consequences. He would state, in conclusion, on Dr. Hilton Fagge's authority, that in acute rheumatism in men the aortic valves were much oftener attacked than in women, as if the physical work of men rendered these parts most liable.

OBITUARY.

DUNCAN MACNAB, M.D., CAMPBELTOWN.

DR. MACNAB died on January 2nd, at his residence, Campbeltown, Argyshire. Born on February 22nd, 1808, he had nearly completed his sixty-fifth year. After receiving a liberal education in the Grammar School of his native town, he studied medicine in the University of Glasgow. In 1831, he obtained from his University the diplomas of M.D. and C.M. Though the scattered state of the country population rendered the practice difficult and laborious, he determined to enter upon the exercise of his profession in the place of his birth. In 1854, he took charge of an emigrant ship to Australia, where, early in 1855, he was elected a Licentiate of the Medical Board of Victoria, New South Wales, and received the highest commendations of the Commissioners for his attention to the emigrants. With the exception of the ten months spent in connection with this appointment, his whole professional career was confined to Campbeltown and the neighbouring parishes.

WILLIAM COOKE, M.D., M.R.C.S.

DR. COOKE was born at Wem, in Shropshire, August 4, 1785, and died at his house in Upper Clapton, March 2, 1873. His father was a tenant-farmer. At the age of thirteen, he was apprenticed to Mr. Gwynn, of Wem, whose son and successor died about a fortnight ago, in his eightieth year. Before he was sixteen, he was engaged in obstetric practice, and after he had completed his eighty-seventh year he performed successfully paracentesis of the tunica vaginalis.

On coming to London, he entered at St. Bartholomew's hospital, where Abernethy was his favourite teacher, and Lawrence his junior fellow student. In 1806, he "passed the College," and then, after a short assistantship in Tring, settled in practice at Plaistow, in Essex, at that time a suburban village, and retreat of city merchants. Here he married the eldest daughter of Robert Humphrey Marten, a distinguished merchant and philanthropist, and a nonconformist, when nonconformity needed more courage than at the present day. With Mr. Marten he was intimately associated in many religious and benevolent enterprises. A few years later, he moved to the larger sphere of London practice, and, first at Great Prescot Street, afterwards at 39, Trinity Square, Tower, was well-known in a large circle of patients and friends.

In 1819, with a few colleagues, who have all long passed away, he established the Hunterian Society, which lately celebrated its fifty-fourth anniversary. Only once before had this festival missed his genial presence. This society he served, either as secretary or treasurer, for half a century. How kindly his services were appreciated he had memorials on his sideboard and his walls to show. In 1839 he delivered the annual oration before the society. "Mind and the Emotions," was the subject he chose, and the oration, which was at first printed in a pamphlet, was afterwards expanded into a small volume.

His other works, besides a few pamphlets, were an abridged translation, in two volumes, of Morgagni *De Sedibus et Causis Morborum*, published by subscription in 1822, and a treatise on *Disorders of the Digestive Organs*, 1828.

He was the first medical officer of the Protector Life Insurance Company, and on its amalgamation with the Eagle joined the medical staff of that company. From this he did not withdraw till he left London, in 1870. He leaves only two sons, both in his own profession.

Many can testify to his life: those who were with him in his months of retirement and days of death can say that the close was worthy of the course. His mind was clear, his heart warm, and his faith firm, until the near approach of death precluded the power of expression.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, March 6th, 1873.

Collins, Henry Beale, Bessborough Street, S.W.
Fenn, Charles Draper, Newmarket
Jelley, Richard, Elton, Peterborough
Manser, Robert, Chatham
Spurgin, William Henry, Thrapston

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

Davies, James Harris, St. Bartholomew's Hospital
Newton, William Thomas, St. Bartholomew's Hospital
Stericker, William, Guy's Hospital
Wilding, Leonard James, Guy's Hospital

As Assistants in compounding and dispensing medicines.

Adams, Frank, Bodiacre, Hawkhurst
Baldock, James Thomas, London
Marin, Ferdinand Baptist, London

INDIAN MEDICAL SERVICE.—List of successful candidates at the competitive examination held at Burlington House, on February 17th, for sixteen appointments as Assistant-Surgeons. [Maximum number of marks, 3700.]

	Marks.		Marks.
Wilkie, D.	2812	MacDonald, D. P.	2117
Battersby, W. E.	2660	Baker, O.	1968
Wall, A. J.	2523	Mallins, H.	1950
Moodie, R.	2411	Wright, F. W.	1899
Goldsmith, S. J.	2354	Robinson, M.	1895
Moynan, W. B. E.	2319	Browne, W. R.	1752
Twohy, F. J.	2330	Leapingwell, A.	1710
Thomas, A. A.	2216	Dill, J. S.	1690

MEDICAL VACANCIES.

The following vacancies are announced:—

ASTON URBAN SANITARY DISTRICT—Medical Officer of Health: £100 per annum. Applications to Joseph Ansell, Esq., 42, Temple St., Birmingham.
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.
BORRISOKANE UNION, co. Tipperary—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Cloughjordan Dispensary District: £100 per annum, and fees. Applications to Wm. Hodgins, Esq., Hon. Secretary.
BRACKLEY UNION, Northamptonshire—Medical Officer and Public Vaccinator for District No. 4: £60 per annum, and fees.
BROMSGROVE RURAL SANITARY DISTRICT—Medical Officer of Health: £80 per annum.
CARMARTHEN INFIRMARY—House-Surgeon: £100 per annum, lodging, coal, and candles. Applications to H. Howell, Secretary.
CLITHEROE UNION, Lancashire—Medical Officer for the new Workhouse and Infirmary: £20 per annum.
DUNSHAUGHLIN UNION, co. Meath—Medical Officer for the Workhouse: £95 per annum.
GATESHEAD URBAN SANITARY DISTRICT—Medical Officer of Health: £25 per annum.
GLOUCESTER, Chepstow, Dursley, Chipping Sodbury, Thornbury, Cirencester, Tetbury, and Westbury-on-Severn Rural Sanitary Districts, and Awre, Cirencester, Kingsholm St. Catherine, Newnham, Tetbury, and Westbury-on-Severn Urban Sanitary Districts, combined—Medical Officer of Health: £600 per annum, and £200 per annum for expenses. Applications to L. G. Hubert Mayer, Esq., Gloucester.
HOSPITAL FOR SICK CHILDREN, Pendlebury, Manchester—Resident Medical Officer: £100 per annum, residence, and board.
HOWDEN UNION, Yorkshire—Medical Officer and Public Vaccinator for the Holme on Spalding Moor District: £30 per annum, and fees.
ISLE OF MAN GENERAL HOSPITAL and DISPENSARY, Douglas—Resident Medical Officer: £85 per annum, rooms, attendance, cooking, coal, and gas. Applications to E. J. Watts, Esq., Honorary Secretary.
KIDDERMINSTER URBAN SANITARY DISTRICT—Medical Officer of Health: £50 per annum.
KILBURN DISPENSARY—Resident Medical Officer: £100 per annum, apartments, attendance, coal, etc.
LEEDS—Public Analyst: £100 per annum. Applications to C. A. Curwood Esq., Town Clerk.

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., Lisenan, Letterkenny.

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

LOUGHREA UNION, co. Galway—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Bullaun Dispensary District: £100 per annum, and fees. Applications to James Wallace, Esq., Cahitiny, Loughrea.

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

MALE LOCK HOSPITAL—Dispenser.

MALTON UNION, Yorkshire—Medical Officer for the Rillington District, and Public Vaccinator for the Rillington and Heslerton Districts: £28 per annum, and fees.

NEWPORT UNION, Salop—Medical Officer for District No. 3: £35 per annum.

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.

PERSHORE UNION, Worcestershire—Medical Officer for the Fladbury District: £50 per annum, and fees.

PRESTWICH URBAN SANITARY DISTRICT—Medical Officer of Health. Applications to Michael Potter, Esq., 88, Mosley Street, Manchester.

QUEEN CHARLOTTE'S LYING-IN HOSPITAL, St. Marylebone Road—Medical Officer.

SEAMEN'S HOSPITAL, Greenwich—House-Surgeon.—House-Physician. Applications to Kemball Cook, Esq., House-Governor and Secretary.

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

ST. MARYLEBONE—Medical Officer for St. Mary District: £100 per annum.

ST. MARY'S HOSPITAL, Quay Street, Manchester—Honorary Surgeon.

STOCKTON RURAL SANITARY DISTRICT—Medical Officer of Health: £400 per annum. Applications to Wm. Best.

SUNDERLAND URBAN SANITARY DISTRICT—Medical Officer of Health: £50 per annum.

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

THOMASTOWN UNION, co. Kilkenny—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Instigoe Dispensary District: £95 per annum, and fees. Applications to Alex. Hamilton, Esq., Hon. Secretary.

WESTMINSTER HOSPITAL MEDICAL SCHOOL—Lecturer on Botany. Applications to George Cowell, Esq., the Acting Dean.

WESTON-SUPER MARE URBAN SANITARY DISTRICT—Medical Officer of Health: £35 per annum. Applications to Wm. Smith, Esq.

MEDICAL APPOINTMENTS.

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

GLASCOTT, C. G., M.D., appointed Surgeon to the Manchester Royal Eye Hospital, *vice* R. H. McKeand, Esq., resigned.

STEELE, Frank, Esq., appointed Assistant House-Surgeon to the Liverpool Dispensaries.

WILLIAMS, W. H., Esq., appointed Resident Surgeon to Rossall School, Fleetwood, *vice* J. T. Williams, 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.

DEATHS.

LONG, Richard, M.D., at Arthurstown, County Wexford, aged 78, on Feb. 12th.

TURNER, Thomas H., Esq., Surgeon, at Sowerby Bridge, aged 39, lately.

WALSH, Arthur D., M.D., of Cloughjordan, Tipperary, aged 60, on March 1st.

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

Dr. Living, London; Dr. J. Matthews Duncan, Edinburgh; Dr. C. Handfield Jones, London; Mr. J. W. Langmore, London; Mr. P. H. Holland, London; The Secretary of the Harveian Society; Dr. C. Parsons, Dover; Our Manchester Correspondent; Dr. Southey, London; Dr. Procter, York; Mr. Partridge, London; Mr. H. Cripps Lawrence, London; Mr. Cross, Stoke, Devonport; Our Liverpool Correspondent; Dr. Harrington Tuke, London; Mr. Teevan, London; Mr. R. L. Bayley, Stourbridge; Mr. T. Spencer Wells, London; Our Dublin Correspondent; Dr. Farquharson, London; Dr. Cumming, Edinburgh; The Secretary of the Pathological Society; Dr. Hollis, London; Mr. R. H. Cooke, Stoke Newington; Dr. J. W. Moore, Dublin; Mr. Haviland, London; Dr. George Johnson, London; Dr. Leared, London; Mr. Gaskoin, London; The Secretary of the Clinical Society; Dr. Steele, Liverpool; Mr. C. S. Tomes, Boston; Our Paris Correspondent; Inspector-General Parratt, Old Charlton; 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; Surgeon-Major Atchison, London; Dr. Crichton Browne, Wakefield; Mr. Clover, London; Dr. H. Marshall, Clifton; Dr. John Ogle, London; Dr. Gowers, London; Mr. Royes Bell, London; Mr. Richard Davy, London; Dr. John Ford Anderson, London; Dr. Lauchlan Aitken, Rome; Dr. Trollope, St. Leonard's-on-Sea; Dr. J. Milner Fothergill, London; Mr. S. E. Simpson, Bingham; Mr. Speer, Seaforth; Mr. Sydney Jones, London; Dr. Foster, Birmingham; Dr. Kelly, Taunton; Mr. Vincent Jackson, Wolverhampton; Dr. Strange, Worcester; Mr. Sandford, London; Mr. Sutton Baker, Wragby; Mr. F. W. Braine, London; Dr. Warwick, Southend; Mr. Grove, London; Dr. Day-Goss, London; Dr. A. Duncan, Dundee; Mr. Frank Cooper, Leytonstone; etc.

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. A Clinical Evening, including a very interesting case of Glossopharyngeal Paralysis (patient shown) by Mr. T. J. Dowse; and contributions by Mr. Thomas Bryant and others.

TUESDAY.—Pathological Society of London, 8 P.M. Dr. Wilson Fox will open a discussion on the Anatomical Relations of Pulmonary Phthisis to Tubercle of the Lungs. Specimens and Drawings of Tubercle will also be exhibited by Dr. Andrew Clark, Dr. Burdon Sanderson, Dr. Lionel Beale, Dr. Moxon, Dr. Bastian, Dr. Powell, Dr. Cayley, Dr. Henry Green, etc. Dr. Fox's specimen will be open to inspection for one hour before the commencement of the meeting.

THURSDAY.—Harveian Society of London, 8 P.M. Mr. G. Everitt Norton, "On Anæsthetics."

FRIDAY.—Medical Microscopical Society, 8 P.M. Mr. E. A. Schäfer, "On the Structure of Voluntary Muscle"; Dr. F. Payne, "On some points in the Structure of the Omentum."

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.

A DISPENSARY MEDICAL OFFICER.—It is not right that a medical man should apply for a public appointment held by another, and in which there is no apparent reason for expecting a vacancy.

DR. WARWICK.—We have forwarded Dr. Warwick's letter to Dr. Humphry at Cambridge.

MR. SPEER (Seaforth).—We are unable to afford the required information. It might be obtained by writing to the editor of the *Chemical News*.

DR. CHARLES KIDD (Sackville Street) forwards to us a post-card couched in even more improper and ungentlemanly terms than many of his recent communications have been. Dr. Kidd will please take notice that communications from him will in future be destroyed unopened or unread.

NEW INHALERS.

SIR,—My Inhaler is not meant to be closed with the sponge. What I aim at is, a short wide tube through which to breathe, crossed by a porous easily fitting diaphragm of sponge to carry the anæsthetic. The directions particularly specify that specks of light shall be visible through it. The waste of vapour, of which so much is said, is in actual practice very limited, and may be made *nil* by lifting the edge of the inhaler from the face at every expiration. With other modes of administration left uncriticised, far greater waste of vapour takes place than with my inhaler, which makes three ounces of ether do the duty of six given with a pervious material, and in like manner make one drachm of chloroform go as far as two. The width of the sponge, an essential part of my contrivance, is no guide to the amount of chloroform to be used, nor need the inhaler be always closely applied to the face. My inhaler is for the profession, not for unskilled persons; and every medical man knows that the dose of chloroform must be carefully limited; that a little chloroform, scattered on a wide sponge with holes in it, insures ample dilution with air; that an inhaler can be raised to let in air, removed from the face, or reapplied, according to indications; and that these potent drugs require to be used with care and skill with any apparatus, my inhaler being merely a simple and convenient form of the same.

Brighton, March 1873.

W. E. C. NOURSE, F.R.C.S.

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.

CORRESPONDENTS, the publication of whose communications is delayed, are requested not to conclude that their value is underrated. The pressure on the space of the JOURNAL increases from year to year, and is at this time very considerable. We shall this year endeavour to meet it by frequently publishing four supplementary pages. Correspondents desiring early publication for their papers are requested to strive brevity. The following lectures and papers are marked for early publication. Dr. J. Crichton Browne: Clinical Lecture on Melancholia. Dr. Cumming: Treatment of Supposed Stricture of the Cervix Uteri. Mr. Campbell De Morgan: Clinical Lecture on Disease of the Neck, with Dyspnoea necessitating Tracheotomy—Probable Cancerous Nature of the Disease. Dr. Durrant: Retrospective Jotting. Dr. Embleton: Symmetry of the Pancreas and Spleen. Dr. A. Fergus: Case of a Centenarian. Dr. Tilbury Fox: Lecture on Dysidrosis. Dr. Haussman: Tania in Newborn Infants. Dr. Handfield Jones: Paralysis of the Diaphragm. Mr. C. S. Jeaffreson: Albinism. Dr. Leared: Visit to a Leper Village. Mr. Myers: Case of Femoral Aneurism. Dr. O'Shea: Retrospective Address of the Reading Pathological Society. Dr. J. J. Phillips: Dyspnoea after Labour. Mr. W. R. Smith: Introductory Lecture delivered to Nurses. Dr. Southey: Varieties of Phthisis. Mr. Tibbits: Excision of the Hip-Joint. Dr. Tuckwell: Vomiting of Habit. Dr. Yeats: Hæmatoma Auris.—The lectures at the Royal College of Physicians, by Dr. Liveing, Dr. Radcliffe, and Dr. Barnes, and those at the Royal College of Surgeons by Dr. Humphry, will be published in succession as delivered, as rapidly as circumstances will permit.

THE MEDICAL SOCIETY OF LONDON; MASSACRE OF THE H'INNOCENTS.
SIR.—The Medical Society dined at Willis's Rooms on March 8, 1873, and was well represented by provincial Fellows. After the eloquent speeches of the retiring and coming Presidents, a distinguished Cambridge graduate proposed the Examining Bodies, associated with the name of the President of the College of Surgeons. Then began the slaughter. Twice the fagelman introduced Mr. 'Enry 'Ancock; and subsequently the dislocation of this letter H was rendered complete. As Provincial Fellows at the 'undreth h'anniversary dinner, we see no objection to the letter H being admitted in proper place to our Society; preceding, as it now does with legitimate aspiration, the name of the President of our London College of Surgeons. A PROVINCIAL FELLOW.

A. B. H.—1. A student who has already attended lectures at a provincial medical school would be able to make arrangements with any of the London schools for entering to such classes as he might require. **2.** Every student must be registered. All particulars may be obtained on application at any medical school.

CARBOLIC ACID DRESSINGS.

SIR.—Seeing in the JOURNAL of March 1st an instance of carbolic acid acting as a cerebro-spinal poison, it may not be without interest to mention an incident that came under my notice some years ago at the Middlesex Hospital. A child had had the head of the femur excised for ordinary hip-joint disease, and carbolic acid dressing was applied to the wound, strength 1 in 40. The next day it was noticed that the urine had acquired a deep olive-green tint; and, the cause of this phenomenon not being at the time suspected, it was tested in the ordinary way by nitric acid for biliary colouring matter. The result of the test was doubtful, but after a day or two, as the urine still continued of the same colour, the carbolic acid dressing was removed, and Condy's fluid substituted, with the result of the urine returning, in less than twenty-four hours, to its natural colour. As a further test, after a day or two, the carbolic acid dressing was again applied with the same result to the urine as before; and finally, on again substituting Condy's fluid, the urine once more returned to its natural colour. Though no particular symptoms of any injurious action were noticed at the time, and the age of the little patient rendered any questioning on the subject almost useless, yet, knowing what an active absorbing surface is offered by an open wound, and how little may turn the balance after a severe operation, especially where there is concurrent organic disease (as, for example, is so often the case in morbus coxæ), I cannot but think it of the utmost importance that we should choose for disinfectant applications to wounds substances whose action on the animal economy is harmless, especially when experience has shown that there are such equally efficacious as carbolic acid. To those who may have the opportunity afforded them by hospital appointments, I would suggest that it would neither be uninteresting nor unprofitable to notice any particular symptoms that may occur after operations where carbolic acid dressing is used other than those which may naturally be looked for during the progress of the patients towards convalescence. I may just mention that this influence of carbolic acid on the urine, although perfectly new to me at the time, I found afterwards had been previously noticed; but I do not think that the scant notice of the subject given in books is at all commensurate with its importance, when we consider the position that disinfectant dressings have taken in modern surgery.

I am, etc.,

Stoke, Devonport, March 8th, 1873. JOHN CROSS, B.A., M.B. Cantab.

TREATMENT OF PYROSIS.

SIR.—Much will depend on whether it is atonic, irritative, or symptomatic of organic disease. If the former, I would suggest to your correspondent "Plato" a pill twice a day, composed of aloes and iron; quinine and extract of nux vomica; the diet being restricted chiefly to milk, with a mid-day meal of animal food and vegetables, preceded by twelve or fifteen grains of pepsine. One glass of dry sherry, or half that quantity of Scotch whiskey in water, may be allowed along with dinner.

If the pyrosis, on the other hand, be of an irritative character or of organic origin, I have found most benefit from bismuth and kino—ten grains of each three times a day, with half a grain of opium in addition, if pain be present; lime-water, simple or aerated, being given along with the milk. Mental worry and undue haste in taking meals to be studiously avoided. I am, etc.

Bridge of Allan, February 26th, 1873.

P. CAMPBELL, M.D.

SIR.—In reply to Plato, I have found the following prescription very useful; viz.,
 Liquoris opii sedativis min. vii; infusi gentianæ 3j. To be taken three times a day.
 I am, etc.,
 H. KIRWAN KING, M.B.

Welwyn, Herts, March 1873.

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.

MR. SANDFORD ON COUNTER-PRACTICE.

SIR.—In your remarks under the above heading in your JOURNAL of the 8th instant, you do me a great injustice—an injustice which I feel bound to point out, and which I think your spirit of fair-dealing will allow me to put before your readers in your own pages. You say—"If counter-practice be one of the occupations which Mr. Sandford thinks fitting for assistants at his counter or any other, it is very desirable that that should be distinctly understood. It is not, we believe, the opinion of the majority of respectable pharmaceutical chemists."

Now, Sir, so utterly opposed am I to counter-practice by chemists, that I feel the insinuation conveyed in the foregoing remark to be a gross libel. I venture to affirm that there is no chemist's shop in London in which prescribing is more persistently, if as persistently, discouraged as in mine. Daily, at the risk often of offence, customers are told here that we are not doctors, and are urged to seek advice in proper quarters; they are told that, although their ailments may seem trivial, it is safer to consult men who are qualified to advise on them.

Thus much for my private conduct in the matter; but, as you are pleased to draw attention to my former position as President of the Pharmaceutical Society, I may add that, during the many years I had the honour to hold that office, I always, to the best of my ability, denounced counter-practice as unjustifiable. We must, however, take things as they are; and you know as well as I do, that in many chemists' shops prescribing is not discouraged as it ought to be. You would know also, if you would give me the pleasure of your company for a week, that even chemists who will not prescribe are constantly called on to listen to a description of the ailments of their customers, and cannot refuse to do so. First, a man tells you what he suffers, that you may direct him to a physician, and, after consulting that physician, details to you the particulars of the interview, and expects you to aid him with more definite instructions as to the mode of using the prescribed remedies.

Highly as I value your opinion generally, I must submit to the unhappiness of differing from you on this matter of the ladies; and on the special question which has provoked this discussion, only say that the two who passed so good an examination are not deprived, as one might infer from your remarks, of the privilege of adopting pharmacy as their trade. By virtue of their certificates from the Board of Examiners, they have been registered as "Apprentices or Students," and the only question before the Council was whether they should be brought into the Society.

I am, etc.,

47, Piccadilly, March 10th, 1873.

GEORGE W. SANDFORD.

COPPER COINS SWALLOWED BY CHILDREN.

SIR.—In the beginning of last week, I was sent for to the infant daughter (about twelve months old) of an agricultural labourer, living at Bolas Heath, Salop. I was told that she had swallowed a penny-piece. On arriving at the cottage, I found the child's face swollen and discoloured, and she was constantly retching. With the exception of a fulness in the throat, I could not detect any hard body from the outside; but on putting one of my fingers as far down the throat as possible, I could just feel the edge of the coin. Inversion was immediately resorted to, but without success; and as suffocation was imminent, I pressed down the tongue with the fingers of my left hand, and passed down a long slender forceps with my right. After two or three trials, I succeeded, with considerable difficulty, in grasping the edge of the penny, and withdrawing it. For two days afterwards, the child was restless, constantly sick, and refused to suckle its mother; but it has now recovered.

About two years ago, I was called upon to visit a boy, about four years old, who had swallowed a half-penny. As this had entered the stomach, I recommended his mother to give him a dose of castor oil, which brought away the coin from the bowels in two or three days afterwards, without any untoward results.

Waters Upton, Salop.

I am, etc.,

JOHN MORGAN.

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.

SIGNIFICANCE OF THE ARCUS SENILIS.

SIR.—Your correspondent "Arcus," has raised a most interesting and important question, and one which, I hope, will receive a thorough ventilation in your columns. The significance of the arcus senilis has been so differently estimated by different authorities, that is difficult, nay impossible, to arrive at any satisfactory conclusion from the various theories laid down in our books. Every medical man is driven therefore to solve the question in the best way he can, from his own experience.

I have no faith in the dogma that "the arcus senilis is an indication of proneness to extensive or general fatty degeneration of the tissues;" and I should no more consider myself justified in making an additional premium on a life, because the applicant was the subject of an arcus senilis, than I should because he had lost his hair, or some of his teeth, provided always that he were a good life in other respects.

I am, etc.,

S. C.

We are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Liverpool Weekly Albion, March 8th; The Manchester Guardian, March 12th; The Aberdeen Daily Free Press, March 8th; The Bath Express, March 8th; The Birmingham Daily Post, March 10th; The Constitution, or Cork Advertiser, March 7th; The Newcastle Daily Journal; The North of England Advertiser; The Bedfordshire Times; The Newcastle Daily Chronicle; The Southport Visitor; the Ayr Advertiser The Brighton Herald; etc.