

UNIVERSITY COLLEGE HOSPITAL.

INTESTINAL OBSTRUCTION: PROLONGED STERCORACEOUS VOMITING: SUCCUSION: RECOVERY.

(Under the care of Mr. BERKELEY HILL.)

THE following case, reported from the notes of Mr. L. G. Betty, ward clerk, is interesting, to show how closely the symptoms caused by loaded bowel may simulate obstruction from entangled gut, and is inserted as a contrast to the cases on which Mr. Hutchinson's important paper on intussusception, read to the Royal Medical and Chirurgical Society on November 11th, was founded. The succussion was employed in the hope that, should the obstruction be caused by a thyroid hernia, the knuckle of gut might be disengaged; indeed, this might possibly have been actually the case. The course and termination of the case render the diagnosis of loaded bowel the more likely one.

S. G., male, aged 20, of slight spare build, but of generally good health, was admitted to University College Hospital on November 6th, 1873.

On October 24th, the patient, not having exerted himself in any way (indeed, the only unusual occurrence he could recollect was a large meal of pastry on the preceding day), was seized in the forenoon with sudden pain in the belly, which, about twenty minutes afterwards, was followed by violent vomiting. The pain and vomiting had continued more or less ever since. For the last three days the vomited matter had smelt and tasted like feces. The patient had frequent desire to pass matter *per anum*, but nothing, not even wind, had escaped since the vomiting began. Before admission to hospital, the patient had had several purgative draughts and turpentine enemata without effect.

On admission, the patient lay on his back, with his thighs extended, and vomited copiously, at short intervals, a liquid resembling the dejections produced by a smart purge, unmistakably fecal in odour. He answered questions slowly and in a feeble voice; complained little of pain, more of desire to defæcate, but mainly of the nauseous vomiting that continually oppressed him. His countenance was drawn and anxious; his skin cool; pulse 96, soft and very compressible. He had no appetite, but severe thirst; the tongue was small, brownish red, and dry along the middle. The abdomen was flaccid, nowhere tender; and the absence of any considerable tumour in either iliac fossa or across the abdomen at the umbilicus could be easily ascertained; and no tumour or tender spot could be found at the inguinal or femoral apertures, nor by deep pressure near the femoral vessels. The patient denied feeling any pain in the knee. The rectum was empty; no swelling or stricture of the gut projected into the pelvis; and the outlines of the sacro-sciatic ligaments and notches could be easily defined. The finger was clean after examination; there was no blood upon it. The patient was given one grain of opium every four hours, ice to suck, and brandy at short intervals. Hot fomentations with glycerine and extract of belladonna were applied over the abdomen.

November 7th. There was vomiting of stercoraceous matter three times during the night. At about 9.30 A.M. the patient was put under the influence of chloroform, by Mr. Hill's direction, and under Mr. Beck's superintendence, suspended by his legs with his head downwards, while the supporters jumped five times upwards from the ground. When questioned on regaining consciousness the patient complained of pain at the navel. Temperature at 11 A.M., 98.2 degs. Fahr.; pulse 104. There was anxiety and prostration as before; the lips were parched; the tongue dry at the middle. He vomited stercoraceous matter several times in the day.

November 8th. Temperature 97.4 degs. Fahr.; pulse 92, fairly strong. The patient vomited stercoraceous matter once in the night; he slept about four hours. About 4 A.M. he passed a pale semisolid motion, free from mucus or blood, about three ounces in quantity. The abdomen was distended with gas. There was some dullness in the right flank, none in the left, none at the pubes. The pain was less. An enema of gruel and castor-oil brought away feces of the same sort as those of the natural motion. In the afternoon, obscure tenderness in the region of the left thyroid foramen was detected. There was no pain in the knee. In the evening the patient was more restless; the tympanites and abdominal pain were increasing.

November 9th. He was in the same condition. Temperature 98 degs. Fahr. The abdominal distension was oppressive. He had great thirst. Stercoraceous vomiting occurred once, but less in quantity. At about 8.30 A.M. the patient passed a little flatus *per rectum*, and then a copious stool, darker in colour, more liquid, and with much flatus. The tympanites subsided. In the night he had two more motions of similar character.

November 10. The abdomen was flaccid, hardly tender at all. The pain was gone; the countenance was not anxious; tongue moist; he

demanding food. Temperature 98 degs. F.; pulse 94. He had repeated loose stools during the day.

November 11th. The bowels acted freely.

November 13th. He felt very hungry and sat up in bed. The opium was discontinued to-day.

November 14th. He began to take solid food, and was discharged cured on November 17th.

NOTES ON BOOKS.

On a New Treatment of Cancer by Internal Remedies. By S. DE GROB, M.D. (London: Baillière, Tindall, and Co.)—It is a little surprising that this book should have found a medical publisher willing to put his name on the title-page. It must rather disgust any other authors whose title-pages bear the same *imprimatur*. This pamphlet is of the character that might have been expected from its title. It lauds an internal method of "curing cancer", which the person who writes affirms to be in his possession. The pamphlet includes a list of the publications of the firm. It can hardly be agreeable to medical men of repute to be placed in such company as that of this pamphlet. *Noscitur a sociis* is a maxim of some weight; and we doubt whether a medical publisher is justified in bringing Dr. Letheby, Dr. Prosser James, and Surgeon-General Gordon, into the company of this pamphlet.

THE volume just completed of the *Quarterly Journal of Microscopical Science*, edited by Dr. PAYNE, Mr. LANKESTER, and Mr. THISELTON DYER (vol. xiii, New Series), is a volume of the highest interest, and well worthy of the perusal of all who are interested in the progress of microscopical science and research. The papers of Professor Lister on Bacteria and the Germ-Theory; Pasteur's New Contributions to the Theory of Fermentations; Betz on the Central Nervous System of Man; Balfour's Embryological papers; Cleland's Cell-Theories; Heitzmann's researches on Bone and Cartilage—are a few of many papers of obvious interest to medical readers. The quarterly chronicle is able, but meagre. The volume is splendidly illustrated, and is altogether honourable to its editors and publishers, and creditable to British science.

SELECTIONS FROM JOURNALS.

OBSTETRICS.

INDUCTION OF PREMATURE LABOUR BY BARNES'S DILATOR.—Mr. McMeekin (*Transactions of the Ulster Medical Society, 1872-73*) describes a case of this kind. Mrs. —, aged 32, had been married eleven years, and she had had seven previous pregnancies, of which the first terminated naturally. During her second pregnancy, she fell down a flight of stone steps, alighting on the sacrum. She was considerably injured by the fall. Gestation, however, went on till full term; but labour had to be terminated by craniotomy. Her third and fourth pregnancies ended in abortion at about the end of three months. Her fifth went on till full term, when craniotomy was again resorted to. Her sixth was a seven months' child; labour in this instance was artificially induced, but the offspring perished in the birth. At the termination of her seventh pregnancy at full term, she came under Mr. McMeekin's care, who, after consultation, performed craniotomy. During his attendance, he examined the pelvis, and found that the promontory of the sacrum protruded across the brim of the pelvis, reducing the antero-posterior diameter. Whether this was the result of the fall, or was an ordinary malformation, was not certain; probably it was the former, as the first labour ended naturally. She again became pregnant; and Mr. McMeekin determined to procure premature labour by Barnes's method. At about the two hundred and fiftieth day (November 1st), at 8 P.M., he inserted an elastic bougie between the membranes and the uterine wall, pushing it up for about six inches, coiling up the lower end; and, the more effectually to keep it *in situ*, he plugged the vagina. Everything remained as left till the next morning. At 11 A.M., slight pains at long intervals set in. At 2 o'clock on the same day, the pains had increased in force and frequency, and the os was slightly dilated. After some difficulty, Mr. McMeekin introduced a No. 2 dilator, and expanded it with tepid water. The os was so high up, that he could barely reach it with the index finger of the left hand; and, when he attempted to introduce the dilator into the uterus on a metallic rod, as directed, the os receded; and it was not until he had introduced the left hand into the vagina, that he effected

his object. In an hour, the os was dilated to an extent equal to the diameter of the medium bag, and the latter was expelled by uterine action into the vagina. Having now felt that the presentation was natural, Mr. McMeekin adapted a binder to the abdomen, to keep the head in apposition to the cervix, and prevent the cord from being washed down by the escape of the liquor amnii, ruptured the membranes, and allowed part of the water to escape. He next introduced the largest bag—this time without difficulty. Delivery was completed by the forceps, Dr. Croker being also present. The placenta gave no trouble; the patient was able to leave her bed in a week; and, at the time of the report, the child was strong and healthy. In the discussion on the case, Dr. John Moore said that, in a patient of his own, whom he had twice delivered by craniotomy, the induction of premature labour saved her next child, now a strong healthy boy.

CLINICAL CHARACTERS AND THERAPEUTICS OF HYDATID MOLES.

—Dr. Tucker (*Memorabilia*, vol. xviii; *Revue des Sciences Méd.*, vol. ii, No. 2) relates six unpublished cases, and collates forty-seven which have been published. These fifty-three cases present certain peculiarities. In nine, there was no indication of age. As to the rest, two cases were aged 20; eighteen cases from 20 to 30, fifteen from 30 to 40, eight from 40 to 50, 1 beyond 50. A table by Bloch gives one case before the age of 20, fifteen from 20 to 30, twenty from 30 to 40, eleven from 40 to 50. In six cases, there was no information as to the existence of prior pregnancies; thirty-two times the hydatid mole occurred before confinement, eight times after one confinement, eight times after two, three times after three, once after five, twice after six, twice after seven, twice after eight, once after nine; three times there had been an abortion; four times an application of the forceps; once detachment of the placenta; once profound anæmia. The existence of an hydatid mole was shown by vomiting, great loss of strength, leucorrhœa, the flow of a semi-purulent liquid of bad odour. Five times there was profound anæmia; seven times œdema of the feet; forty-one times metrorrhagia; once internal metrorrhagia, giving rise to death. Nine times the development of the uterus was in proportion to the period of pregnancy; eight times it was relatively too much advanced; once not enough. Fourteen times the mass was caught in the uterine orifice; in seven cases, a part of the mole was evacuated, four times a little before labour, three times several weeks before. Six times a fetus coexisted; once double pregnancy; once a placenta; four times multiple pregnancy. The weight of the mole varied from half a pound to six pounds. In twenty-three women, the uterine contractions sufficed to expel the mole; four of these women had taken ergot of rye. In three cases, plugging was employed; in one case, traction; in two cases, catheterism; in one case, prepared sponge; in eighteen cases, manual manœuvres in the uterine cavity. In two cases, transfusion was employed without result. Following the mole, there were observed one case of metropéritonitis; one case of phlebitis; two cases of metritis; one case of ovaritis; one case of dropsy; one of mucous polypus; there were eight cases of death, five by hæmorrhage, one by phlebitis, two by metritis. The diagnosis is only absolute when hydatids are collected. There is a strong presumption when the following general characters are found: 1. General disturbance, as described above; 2. An abnormal relation between the development of the uterus and the term of pregnancy; 3. Absence of movements, of the sounds of the foetal heart, of *ballotement*, etc.; 4. Metrorrhagia; 6. Presence of a mass in the uterine cervix. The prognosis is not so favourable as certain authors admit. It has been seen how often and how death has supervened, and that it was necessary twenty-three times to have recourse to operative proceedings. Account must be taken also of the accidents which follow hydatid mole—anæmia, hydræmia, uterine catarrh, amenorrhœa, sterility. The treatment must vary according to the conditions. 1. While the diagnosis is doubtful and the uterine losses slight, it will not be necessary to occupy ourselves with maintaining the strength. If the losses be more abundant, repose in bed, elevation of the pelvis, acid drinks, opium in small doses, etc. 2. When the diagnosis is certain, we must aim at freeing the uterus from the mole. Sometimes its issue may be obtained without delay; but most often preliminary proceedings are necessary—ergot of rye, spongetents. The continuance of hæmorrhage after extraction of a mole, denotes that part remains in the uterus; this must be removed with fingers or the forceps. Sometimes the hand must be passed into the uterine cavity to extract the mass. In a case of abundant hæmorrhage, ice and plugging are to be employed. If part of the mole remain in the uterine cavity, besides the persistence of hæmorrhage, pyæmia or septicæmia may be developed. In that case, astringent or antiseptic injections are necessary. Consecutive disorders will be treated by the appropriate known means.

TOXICOLOGY.

POISONING BY RED PRECIPITATE.—Mr. Russell (*Irish Hospital Gazette*, October 15, 1873) reports the case of a girl aged 15, who by mistake took half an ounce of red precipitate. She was admitted to the hospital a few minutes afterwards, having no urgent symptoms whatever. An emetic of sulphate of zinc was administered, and abundance of milk was ordered as diet. The following day, her lips, gums, and mouth, were very sore, swollen, and reddened; she had a distinct mercurial fetor from the breath, with headache and pain in the epigastrium. She was ordered thirty minims of Battley's sedative liquor, an alum gargle for her mouth, and poultices to the epigastrium. She began to improve immediately; her bowels were gently moved by a dose of castor-oil; and she had no further trouble from the effects of the drug, except that in about a week she lost two front teeth, and her mouth remained slightly sore for a few days longer.

REPORTS AND ANALYSES AND DESCRIPTIONS OF NEW INVENTIONS IN MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

AN IMPROVED PLUG FOR EPISTAXIS.

By HENRY COOPER ROSE, M.D.

HAVING lately had a severe case of epistaxis, which was obliged to be restrained by the old-fashioned plug of lint drawn into the posterior nares by means of a string passed through the nostrils, my attention has been directed to the subject. It occurred to me that, if an elastic India-rubber bag could be introduced into the nose, and then either inflated with air or filled with iced water, all hæmorrhage must inevitably be stopped.

I proceeded, therefore, to make an instrument in the following manner. I cut a No. 4 gum-elastic catheter into two equal lengths. At the end of one portion, I made small holes by transfixing it with a needle heated to redness in a spirit-lamp. These holes extended, at intervals of a quarter of an inch, for the length of about two and a half inches. Over this punctured portion I tied firmly in two places, first at the tip, and then again about three and a half inches nearer the handle, a soft India-rubber bag, so as to include between the two tied portions all the perforated part of the catheter. To the open end of this catheter I fixed a short piece of India-rubber tubing furnished with a small stopcock.

Mode of Using.—All the air having been let out of the bag by opening the stopcock and gently compressing the India-rubber, somewhat after the manner of fastening an umbrella, the instrument is passed into the bleeding nostril. When it is coaxed so far that the end projects into the posterior nares, or as far as it can be, the nose of a small ball-syringe is applied to the mouth of the stopcock, and the bag is gently inflated while the air is being propelled into it with the right hand. The short piece of India-rubber tubing attached to the stopcock is compressed with the thumb and finger of the left hand at the right moment to prevent the air from passing out again; and then with the right hand the stopcock is turned. By this means, the inflated bag is made to fill all the inequalities of the nasal cavity, and a painless and perfect plug results. Should it be deemed advisable, iced water may be used instead of air. It may be found in practice necessary to have a thicker tissue for the bag, or even to use two, one over the other, to prevent bursting with the pressure employed, which, however, need not be great. Should it be found necessary to make the instrument stiffer while it is being passed through the nostril, the ordinary wire stilette may be introduced through the open stopcock. Each instrument should be accompanied by several supernumerary bags; and, before using the instrument, it should be dipped into warm water, to increase the elasticity of the India-rubber.

I believe that this contrivance possesses sundry advantages over the ingenious instrument devised by Mr. Godrich; *e.g.*, it is exceedingly inexpensive, quickly made and repaired, very easily introduced because of its small calibre, and the universal pressure over the whole nostril is much less annoying than when exerted over two points only.

I have taken a specimen of the instrument to Messrs. Coxeter, of Grafton Street East, who will have some prepared for inspection and trial. It is well adapted to hospital practice, because the introduction of it for an hour will probably stop hæmorrhage; and the removal is effected very easily by simply turning the tap and letting out the air.

Africa and its trade. Mines of wealth lie idle because Kings Tom and Jack cannot settle their palavers in a peaceable manner. So wags this world of ours in benighted parts!

The *Tamar* arrived this morning at 11 A.M. As she steamed into harbour, she saluted the Commodore's flag with seven guns, which was immediately returned by the *Activ*. After landing a contingent of medical officers, the *Tamar* will accompany the *Himalaya* for a cruise to the northward. The destination of the *Amethyst* is St. Vincent. She takes Captain Gordon, 92nd Highlanders, Lieutenant Townsend, 1st Battalion 16th Regiment, and Lieutenant Warner, Adjutant, 2nd West India Regiment. The *Coquette* leaves in a few days for St. Helena.—4 P.M. *Himalaya* just steaming slowly to northward in the teeth of a fine sea-breeze; she will return on New Year's eve with the *Tamar*. The 1st of January, 1874, will see marching from our old sixteenth-century castle a gallant regiment in pursuit of fresh laurels, and that honour and glory so dear to the brave.

Commissaries Edridge and Burke have arrived to inaugurate the new hospital system, also a captain and lieutenant of orderlies. The medical staff of the expedition will number over sixty officers.

ASSOCIATION INTELLIGENCE.

BATH AND BRISTOL BRANCH.

THE next meeting of the Branch will be held at the York House, Bath, on Thursday evening, January 22nd, at 7 o'clock; E. LONG FOX, M.D., President.

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

Bath, January 1874.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

DECEMBER 15TH, 1873.

S. O. HABERSHON, M.D., President, in the Chair.

General Paralysis of the Insane: Treatment by Calabar Bean: Recovery. Dr. FOTHERGILL related the history of the following cases, which had occurred in the practice of Dr. Crichton Browne. The first case was that of George S., aged 40, a pushing and successful man, of good physique, with no family history of insanity, who was admitted on October 12th, 1872. He had most exalted ideas; e.g., that he would supply the earth with steam from one boiler. His pupils were somewhat contracted, and the facial muscles were constantly twitching; his tongue was tremulous, and the voice thick and husky. The diagnosis was, general paralysis; and the prognosis, death within two years. Extract of physostigma was given in quarter-grain doses three times a day. On November 9th, he had a paroxysm of paralytic furor. The dose of extract was increased to the third of a grain. On November 11th, he had had several attacks of pallor and vomiting; his head was shaved, and croton oil liniment rubbed in. On November 19th, he was decidedly calmer and better. On December 10th, the patient was much better and quieter; he slept well; and the hand was steadier. The zygomatic muscles and the tongue were still shaky. On February 12th, he was quiet and industrious, and repudiated all delusions. The twitching was confined to the lips and eyebrows. On May 2nd, he was quite rational and intelligent; there were no tremors. On July 30th, he was apparently quite well in mind and in body; and was discharged, recovered, on August 31st. The second patient was Annie H., aged 37, a housewife, healthy and free from any history of insanity, who was brought to the Asylum on July 4th, 1870, because she was excited and violent. She was a tall stout woman; her countenance was florid and flushed; the pupils were very dilated and unequal. She talked deliberately, with shaking lips and occasionally lapses of words. The tongue was tremulous; the gait was uncertain. She was mentally confused and bewildered; she expressed herself as very happy, and never better in her life. The diagnosis was general paralysis; the prognosis, death in a year. Liberal diet and oxide of zinc were ordered. On November 25th, she had become worse. Extract of physostigma was given in quarter-grain doses three times daily. On February 18th, 1871, she had improved; was clearer in her mind and steadier in her muscles. On May 2nd, she had vomiting with paralysis of the left arm; she could not masticate or swallow; pulse 110. Next day, the paralysis was increasing; the face was flushed, the skin hot, and bathed in perspiration; sensibility was di-

minished on the paralysed side. On May 5th, she was quite unconscious; she had retention of urine; and a bed-sore was forming. On May 12th, her power was returning; she had some short convulsive seizures. On the 20th, she was restless and talkative, having exalted ideas of a fragmentary character. The physostigma, which had been stopped on the 2nd, was resumed on June 3rd; she was quite calm but fatuous. On August 11th, the patient had much improved. On August 21st, she again had vomiting. The physostigma was stopped, and on August 29th it was resumed. On September 20th, the patient was gaining ground, and on the 24th was able to sew neatly and walk steadily. There was still nervousness about lips and tongue, and her ideas were exalted. On January 28th, 1872, she continued to improve. She had another attack of faintness and vomiting. Her improvement continued, and on December 14th the disease was undoubtedly arrested. On May 7th, 1873, there were no delusions; she conversed rationally but somewhat childishly. The pupils were still dilated; there was no muscular tremor. She was discharged cured on May 20th. Dr. Fothergill remarked that physostigma not only lowered the activity of the cardiac ganglia, but also rendered them very susceptible to extrinsic impressions. Syncope was not uncommon in patients at Wakefield during their daily walks, while on a course of the bean no unpleasant consequences had followed as yet. Dr. Forbes, at Shoreditch, had found the Calabar bean useful in the treatment of acute mania in its earliest stage.

The Depressants of the Circulation and their Use. At the previous meeting, Dr. J. M. FOTHERGILL had read a paper on this subject. It is partly published in the JOURNAL of this and last week.—Dr. LAUDER BRUNTON said that it was difficult to see how purgation could act as auxiliaries to bloodletting if they only emptied the intestine of its contents by increasing its peristaltic action, as taught by Buckheim, Radziejewski, and other German authorities. Their use at once became evident, if the view of Moreau and Vulpian, that they increased the intestinal secretion, were adopted. By draining away part of the fluid constituents of the blood, they diminished the pressure within the vessels in somewhat the same way as blood-letting, though to a less extent. Dr. Brunton had repeated Moreau's experiments, and found that sulphate of magnesia injected into the intestine of a cat caused about two-thirds of a drachm of fluid to be secreted in four hours by each inch of the bowel operated on, although the proportion of sulphate was only one grain to an inch. The effect of opium in inflammation was due, he thought, to its action upon the vaso-motor centre lessening the determination of blood to the inflamed part. Although congestion usually preceded inflammation, yet the two were quite distinct; congestion without inflammation being noticed in blushing, etc.; while inflammation without congestion has been observed by Hollis in sea-anemones, which had no vascular system, and in newts' tails after their separation from the body. Congestion was shown by Sinitzin's experiments to be adapted for the restoration of injured tissues; but, after inflammation had occurred, it increased the pain, and probably proved injurious in many instances. Congestion was occasioned by an irritation applied to a sensory nerve, causing the vessels of the part to dilate, while those of other parts contracted and raised the blood-pressure. The blood-supply of the injured parts, and the irritation of its nerves thus kept up and increased the congestion in it. Opium weakened or destroyed this effect of a stimulus to sensory nerves, and by thus diminishing supply of blood to a part afforded relief, just as raising the hand lessened the pain of an inflamed finger. He considered the beneficial effect of opium in peritonitis to be due to this action, and not merely to its keeping the bowels quiet. Not only was the vascular system capable of being greatly dilated by weakening or destroying the vaso-motor nerves, so that it could hold more than twice as much as usual, but it could contract so as to keep up the same tension on its contents after they had been reduced by bleeding. Vascular depressants which dilated the vessels thus acted more powerfully and permanently than venesection. Voit and Bauer had also found that bleeding increased the decomposition of the albuminous tissues, which was already too great in fever, and also lessened the combustion of fat. It thus increased the tendency to fatty degeneration. Aconite, on the contrary, lessened tissue-change; for Dr. Meymott Tidy had observed that the tissues of animals poisoned by it retained this irritability for a long time after death, just as in cold-blooded animals, where tissue-change went on slowly. Aconite had thus a double advantage over bleeding, and probably other depressants had a similar effect.—Mr. BRUDENELL CARTER said that the contraction and dilatation of vessels was best demonstrated by the ophthalmoscope. He mentioned the case of a lad under his care, in whom there was spontaneous pulsation of the retinal arteries, and suspected cardiac mischief, but none was found. The sphygmograph showed a high degree of arterial tension, and general narrowing of the blood-vessels; and thus the boy's re-

death was Physician to the Great Northern Hospital, and to the London Diocesan Home. He was additionally a Fellow of two learned Societies—the Antiquarian and Linnean.

The published essays of Dr. Webb were not numerous. The intention to continue his researches into the *History of Epidemics* (a task for which he was especially fitted) was frustrated by increasing demands on his time, first as sub-editor, and latterly as editor of the *Medical Times and Gazette*, not to mention the duties of hospital and of private practice.

The essays alluded to appeared in the following order:—"The Study of Medicine: its Dignity and Rewards" formed the Introductory Address at the Grosvenor Place School of Medicine, 1861-62, at which School he held the Chair of Medical Jurisprudence; "The Sweating Sickness in England;" "An Historical Account of Gaol Fever," *Transactions of the Epidemiological Society*, 1857; "Metropolitan Hygiene of the Past," 1858; "Reviews of Papers relative to the Death-rate of England;" "Moquin Tandon's Elements of Medical Zoology;" "On the Teeth in Man and the Anthropoid Apes." To this last was annexed a memoir "On the Teeth in the Varieties of Man."

These papers were all of remarkable merit, both as to form and matter. Their careful perusal disclosed a style as natural and elegant as the historical research was accurate and profound; they will, moreover, retain a permanent value for all who seek trustworthy information upon their particular subject matter.

But these contributions in reality comprise but scattered fragments of long literary labours, and perchance might fail to convey an adequate idea of the real capacity of the man. His general attainments were very considerable; he was a sound classic; well conversant with ancient and modern literature; a more than average metaphysist; and no mean critic of the fine arts.

We may be permitted to pay the final tribute to the worth of our departed friend by turning from his strictly professional and literary to his private life, and recording how irreproachable, in the largest sense of the term, the main tenor of that life had been. He was, beyond question, one of the most truly religious and pure minded men it has been our privilege to know.

He has passed away comparatively early, at an age when many in our profession have scarcely obtained the full recognition and material recompense of sustained and well directed effort. To a large family, his loss, at a time when they needed him most, must be great indeed!

By the many friends his kindly nature had won, the loss will also be most deeply felt, and he will be long remembered by those among them who knew him best, as uniting in unusual excellence the gifts of the understanding and the virtues of the heart.

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF CAMBRIDGE.

ANATOMY AND PHYSIOLOGY.—Professor Humphry gives notice that the Course of Lectures on Practical Anatomy will be continued on Thursday, January 15th, at 9 A.M., and daily at the same hour. The Course of Lectures on Anatomy and Physiology will be continued on Tuesday, January 27th, at 1 P.M., and on Tuesdays, Thursdays, and Saturdays at the same hour.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Wednesday, December 24th, 1873.

Powell, Harold Macaulay, 333, Wandsworth Road
Pocock, Frederick Ernest, Hill Martin Road, Camden Road

On Thursday, January 1st, 1874.

Jones, William Roberts, Tremadoc, North Wales
Paul, Frank Thomas, Pentney Swaffham, Norfolk
Williams, William, Drim, Fishguard

The following gentleman also on Wednesday, December 24th, 1873, passed his primary professional examination.

Bell, John Duncombe, St. Bartholomew's Hospital

On Thursday, January 1st, 1874.

Crossman, John, St. Thomas's Hospital

MEDICAL VACANCIES.

The following vacancies are announced:—

ARDNAMURCHAN, Argyshire.—Medical Officer for the Districts of Sunart, Ardnamurchan, and Moldart: £100 per annum, house, and garden. Applications, 2nd February, to Wm. Ralston, Inspector of Poor, Ardshealach, Strontian.

BIRMINGHAM GENERAL HOSPITAL.—Fifth (additional) Physician.

BRECKNOCK GENERAL INFIRMARY.—Consulting Physician.

BURTON-ON-TRENT, Lichfield, and Penkridge Rural, and Lichfield and Rugby Urban, Sanitary Districts.—Medical Officer of Health: £600 per annum, for three years. Applications, 26th inst., to John Bowe, The Close, Lichfield.

CITY OF LONDON LUNATIC ASYLUM, Stone—Assistant Medical Officer: £120 per annum, board, lodging, etc. Applications, 15th January, to H. F. Youle, Guildhall, London.

COTON HILL INSTITUTION for the INSANE, Stafford.—Assistant Medical Officer: £100 per annum, board, lodging, etc. Applications to Dr. Hewson, Coton Hill, Stafford.

CRICKHOWELL DISPENSARY.—Physician.

DENTAL HOSPITAL OF LONDON, Soho Square.—Dental House-Surgeon: £40 per annum. Applications, 14th instant, to Alfred Coleman, Honorary Secretary.

ENNISCORTHY UNION, co. Wexford.—Medical Officer for the Workhouse: £100 per annum. Applications, 15th inst., to John Kennedy, Clerk to Union.

GORTON, Lancashire.—Public Analyst: £5 per annum, and fees of 2s. 6d. or 10s. 6d. per analysis.

GUYS' HOSPITAL.—Lecturer on Mental Diseases.

HOSPITAL FOR SICK CHILDREN, Pendlebury, Manchester.—Resident Medical Officer: £100 per annum, board, etc. Applications, 15th instant, to the Hon. Sec.

INDIAN MEDICAL SERVICE.—Eighteen Surgeons. Applications to Major-General Pears.

LITCHURCH URBAN SANITARY DISTRICT.—Medical Officer of Health: £25 for one year. Applications, 26th instant, to W. H. Whiston, Clerk to the Authority.

NAVAL MEDICAL SERVICE.—Surgeons. Applications, 12th February, to A. Armstrong, Director-General.

NOTTINGHAM GENERAL HOSPITAL.—Physician. Applications, 10th March, to E. M. Kidd, Sec.

RADCLIFFE INFIRMARY, Oxford.—House-Surgeon: £105 per annum, board and lodgings. Applications, 10th instant, to F. J. Hallowell, Secretary.

ROYAL DRAMATIC COLLEGE.—Honorary Physician.

ROYAL EDINBURGH HOSPITAL FOR SICK CHILDREN.—Resident Medical Officer. Applications, 26th instant, to John Henry, Secretary, 20, St. Andrew Square, Edinburgh.

ROYAL INFIRMARY, Liverpool.—Surgeon.

ROYAL SURREY COUNTY HOSPITAL, Guildford.—House Surgeon: £75 per annum, board, residence, and washing. Applications, 12th instant, to the Assistant Secretary.

ST. MARYLEBONE GENERAL DISPENSARY.—Resident Medical Officer: 100 guineas per annum, with apartments, attendance, coals, and gas.

ST. MARY'S HOSPITAL AND DISPENSARY FOR WOMEN AND CHILDREN, Quay Street, Manchester.—Honorary Surgeon. Applications, 20th instant.—Medical Officer to attend patients at their homes: £60 per annum, board, and residence. Applications, 16th instant, to J. Barber, Sec.

SEAMEN'S HOSPITAL, Greenwich.—House-Physician: £120 per annum, and furnished rooms. Applications, 17th instant, to S. Kemball Cook, House-Governor and Secretary.

TEWKESBURY UNION.—Medical Officer and Public Vaccinator for the Forthampton District: £55 per annum, and fees. Applications, 20th inst., to George Badham, Clerk.

TIVERTON RURAL SANITARY DISTRICT.—Medical Officer of Health for one year: £2:2 for each inspection and report he may be required to make. Applications, 12th instant, to C. M. Hole, Clerk to the Authority.

UNIVERSITY OF DUBLIN.—King's Professor of the Institutes of Medicine: £100 per annum, and fees. Applications 1st February, to J. Magee Finny, M.B., or Joseph Carson, D.D.

VICTORIA HOSPITAL FOR SICK CHILDREN, Gough House, Chelsea.—Second Assistant Surgeon. Applications, 24th instant, to Capt. H. B. Scones, Secretary.

WEST HERTFORDSHIRE INFIRMARY, Hemel Hempstead.—House-Surgeon and Assistant Secretary: £100 per annum, furnished rooms, board, etc. Applications, 15th instant, to F. G. Hamilton, Assistant Secretary.

WESTMINSTER HOSPITAL.—Assistant-Surgeon. Applications, 10th February, to F. J. Wilson, Sec.

WHITCHURCH (South Hants) UNION.—Medical Officer for the Overton District: £40 per annum, and fees. Applications, 19th inst., to S. Clarke, Clerk.

WORCESTER GENERAL INFIRMARY.—Dispenser: £50 per annum, board, and washing.

MEDICAL APPOINTMENTS.

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

CRAVEN, R. M., M.R.C.S. Eng., appointed Resident Medical Officer to the Convalescent Hospital, Southport, *vice* E. Day McNicoll, L.R.C.P. Ed., resigned.
WRIGHT, F. Wade, Esq., appointed Assistant Medical Officer of the Aberdeen Royal Lunatic Asylum, *vice* D. A. Patterson, M.B., resigned.

BIRTHS, MARRIAGES, AND DEATHS.

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

BIRTH.

MORRIS.—On January 5th, at 13, Somers Place, Hyde Park Square, the wife of *James Morris, M.D. Lond., Fellow of University College, of a son.

MARRIAGES.

GRIFFITH—PACE.—On January 1st, at St. Mark's, West Hackney, by the Rev. J. G. Pilkington, M.A., G. de Gorrequer Griffith, L.R.C.P., of South Belgravia, son of the late Rev. J. Griffith, Rector and Prebendary of Dysart, Ireland, and nephew of the late Colonel G. de Gorrequer, K.H., etc., to Edith Camilla, youngest daughter of Henry Pace, Esq., of Hackney. No cards.

SMITH—TAYLOR.—On December 23rd, at St. Luke's Church, Cheltenham, by the Rev. Canon Bell, assisted by the Rev. J. A. Aston, Frederick Augustus Alfred Smith, M.D., 1, Park Place, Cheltenham, to Helen Elizabeth, eldest daughter of the late H. C. Taylor, Esq., of Cheltenham, and formerly of the Hayes, Staffordshire.

OPERATION DAYS AT THE HOSPITALS.

- MONDAY** Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 2 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. Clinical night. Mr. Gant, "Excision of Antrum of Upper Jaw for Cure of Cystic Growth": Dr. Lichtenberg will bring forward a patient on whom the Rhinoplastic Operation has been performed; and other communications.
- TUESDAY**.—Royal Medical and Chirurgial Society, 8.30 P.M. Mr. Walter Rivington, "On Dislocation of the first and second pieces of the Sternum"; Mr. Le Gros Clark, "Large Adenocoele complicated with Milk Cyst."
- THURSDAY**.—Harveian Society of London, 8 P.M. Mr. Lennox Browne, "On the Various Causes and Treatment of Loss of Voice."
- FRIDAY**.—Medical Microscopical Society, 8 P.M. Anniversary Meeting.

NOTICES TO CORRESPONDENTS.

- CORRESPONDENTS** not answered, are requested to look to the Notices to Correspondents of the following week.
- AUTHORS** desiring reprints of their articles published in the JOURNAL, are requested to communicate beforehand with the printer and publisher, Mr. T. Richards, 37, Great Queen Street, W.C.
- 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.

- ALPHA**.—It is certainly "legal for a L.F.P.&S.Glasgow to use the title of Surgeon".
- THEMIS**.—We are unable to appreciate the point of the epigram. Perhaps the further promised communication will make it more distinct.
- C. J. W. P.** and **A. J. H.** will see that we publish a letter on the same subject in another part of the JOURNAL, and further explanations from Dr. Cobbold.
- DR. BRUNTON'S LECTURES**.—Dr. Campbell Black (Glasgow) should read the whole of the Lectures of Bernard in the *Revue Scientifique*, as well as those translated in the *London Medical Record*. He is evidently at present not acquainted with the views of Claude Bernard, whom he professes to expound. He will find that it is himself, and not Dr. Brunton, who is in error.

SIR,—I will feel greatly obliged if you, or any reader of the JOURNAL, will kindly inform me where there is an asylum for training poor dumb children. I am anxious to find such a place for a very intelligent child of three, who has been perfectly deaf since an attack of convulsions at ten months of age. It chatters away unintelligibly, but cannot articulate one word.

I am, etc.,
THOS. WHITESIDE HIME, M.B., etc.

217, Glossop Road, Sheffield, January 8th, 1874.

CLUB PRACTICE.

SIR,—At the autumnal meeting of the West Somerset Branch, the good and evil of clubs were to some extent discussed; but as a member present, I did not understand the resolution, referred to in your report of Saturday last, especially the second part of it, to be what is stated in the JOURNAL—viz., "That with a view to arriving at some practical conclusions on this subject, the Council be requested to take into their consideration the question of club practice, and to frame such rules as they may consider appropriate for preventing abuse of clubs and provident societies, and generally for giving effect to the preceding resolution; and as soon as they can conveniently do so, to report the same to the general meeting of the Branch."

The majority of the meeting appeared to admit that clubs or provident societies were good attempts, or rather bad attempts at good; and in continuation it was argued whether the non-inclusion of wife and children in most medical clubs is a great failure, by still leaving a powerful initiative to pauperism—by leaving, in fact,

its seeds broadcast over the country. It was urged that a provident dispensary in every central village throughout the country would be in every aspect a great social gain, and would check that growing medical eleemosynism which is the high road to pauperism, and a disgrace to our country and to the medical profession. To quote the verdict of the first Medical Committee of the Charity Organisation Society, October 30th, 1871, page 5: "They believe that there is no class of charities which is doing so much to pauperise the population, to undermine their independence and self-respect, and to discourage habits of providence as medical charities." At the Branch meeting referred to, a calculation was made showing the probable facility with which a prospering provident dispensary may be established in each central village. The argument, backed by much quoted experience, showed that such institutions were fairly remunerative to medical men, and a desirable means of their concurrence. Experience also shows that each provident dispensary is certain to enlist the good-will and support of its neighbourhood; and it was suggested, as a great additional advantage, that whenever the funds admitted it there should be at each dispensary-house a couple of well equipped wards for the reception of those occasional extreme cases which occur in every locality, and yet the unfortunate patient may not have home accommodation. Fancy a journeyman mason or carpenter suffering compound fracture, and a chief artery perhaps wounded; contrast the humane facility herein suggested, with the rude expedient of jolting the wretched patient over miles of rugged road to the more ample hospital: besides its revolting cruelty and danger to life, it need not be named in a medical journal how much the implicated structures must be further injured by a distance of journey, and how to that extent rendered inapt to repair.

After such arguments and suggestions, it was at length in effect concluded that the Council of the Branch should make inquiry into the machinery and working of provident dispensaries, and report thereon at the next general meeting. I trust that in the interest both of the public and the medical profession this may be done, and completely done.

I am, etc.,
Taunton, December 15th, 1873.

Geo. CORDWENT.

The following letter has also reference to this resolution, and to our request for personal experience on the subject.

SIR,—In answer to your public request, I send you my experience of club practice, feeling it to be a serious one for our profession. I have two clubs, containing 1,100 members, with their wives and children make about 4,000. For attending these I get £500 *per annum*. I am not allowed private practice. Now I think this is much too little in the abstract, as nearly all the members are making their £500 *per annum*, some much more; still, if they were private patients, I doubt if any doctor would make that sum out of them, for they would rather move elsewhere than pay their bills. I believe if all clubs were raised to an uniform rate, of one guinea for married and half a guinea for single men, with a guinea midwifery fee, that clubs would be a blessing to the poor and a source of profit to medical men. As it is at present, I believe they are injurious to both, as they tend to lower the charges for private attendance, and cause people to think cheaply of doctors when they can be had by paying a few shillings a year.

I am, Sir, yours, etc.,

P.

WE are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Liverpool Weekly Albion; Allen's Indian Mail; The Retford, Workop, Isle of Axholme, and Gainsborough News; The Scotsman; The Torquay Directory; The Carlisle Daily Journal; The Blackburn Times; The Newcastle Daily Journal; The Leeds Mercury; The Northampton Herald; The Bradford Observer; The Liverpool Weekly Albion; The Edinburgh Courier; The Salford Chronicle; The Melbourne Age; The Newcastle Daily Journal; The Blackburn Journal; The Carlisle Express and Examiner; The Eastern Morning News; The Australian and New Zealand Gazette; The Somerset and Wilts Journal; The Halifax Guardian; The Daily Review; The Merthyr Express; The North Wales Chronicle; The North British Daily Mail; The Blackburn Times; The Glasgow News; The Glasgow Herald; The Manchester Courier and Lancashire General Advertiser; The Bath Express and County Herald; The Birmingham Morning News; The Tottenham Advertiser; etc.

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

Dr. W. H. Broadbent, London; Mr. W. MacCormac, London; Mr. T. Spencer Wells, London; Dr. Cockle, London; Mr. De Méric, London; Dr. George Johnson, London; Dr. Rumsey, Cheltenham; Dr. Madge, London; Our Dublin Correspondent; Dr. Lichtenberg, London; Dr. Edis, London; Dr. T. Lauder Brunton, London; Dr. Bradbury, Cambridge; Mr. Holmes, London; Dr. J. Milner Fothergill, London; Dr. Cobbold, London; Dr. T. Snow Beck, London; Our Edinburgh Correspondent; Dr. Mapother, Dublin; Dr. Ferner, London; The Secretary of the Harveian Society; M. D. Edin.; Mr. J. W. Langmore, London; The Secretary of Apothecaries' Hall; The Registrar-General of England; The Registrar-General of Ireland; Mr. Wanklyn, London; The Registrar of the Medical Society of London; F.R.C.S.E.; Dr. Farquharson, London; Our Own Correspondent, Cape Coast Castle; Mr. Eastes, London; The Secretary of the Royal Medical and Chirurgial Society; Mr. Jonathan Hutchinson, London; Mr. Erichsen, London; Mr. Pinching, London; Mr. Groves, London; Dr. Marcet, Nice; Dr. Cotting, Roxbury, Boston, U.S.; Dr. Braxton Hicks, London; Dr. Barnes, London; Mr. Bellamy, London; Dr. Markheim, Paris; Dr. Bond, Gloucester; Dr. Moriarty, London; Dr. MacSweeney, Carlrow; Mr. Kortright, London; Dr. Aveling, London; Dr. Cayley, London; Mr. Fleetwood, Chester; Mr. Sowerby, London; Dr. Hime, Sheffield; Mr. Fowler, Bath; Dr. Campbell Black, Glasgow; Mr. John Bailey, Crickhowell; Dr. Paget Blake, Torquay; Mr. Thompson, Sevenoaks; Dr. J. R. Stocker, London; Dr. Hollis, London; Mr. A. P. Watkins, Worcester; Mr. Ernest Morgan, London; Mr. Lord, Crewe; Mr. Toole, London; Mr. Karkeek, Torquay; Mr. Craven, Southport; etc.

BOOKS, ETC., RECEIVED.

An Introduction to the Study of Practical Histology. By James Tyson, M.D. Philadelphia: Lippincott and Co. 1873.
Diseases of Infancy and Childhood. By Charles West, M.D. London: Longmans, Green, and Co. 1873.