

of Physicians, and stated that, between October 25th, 1871, and December, 22nd, 1871, he attended the defendant, Mr. William Gregory. There was still a balance of his bill remaining unpaid, amounting to £1 13s. 6d. In that sum, he included his charge for medicines supplied and for services rendered as a surgeon. Dr. Pitman, registrar of the Royal College of Physicians of London, produced the original charter of the College, and also the bye-laws, under the seal of the corporation. One of the bye-laws stated that every candidate for the College licence, except in cases specially exempt, was obliged to produce evidence of having attended medical and surgical lectures, etc., at a recognised hospital, and studied the practice of pharmacy, the practice of medicine, and the practice of surgery, and having passed previous examinations. His Honour said he would give his decision on the 29th instant. Mr. Skinner is also qualified as a surgeon; but, for the purposes of the above action, he claimed only as a member of the Royal College of Physicians.

THE WEBB FUND.

THE CONTRIBUTIONS to this fund received up to the 21st instant amounted to £420 15s. A list will be published in next week's JOURNAL.

Contributions may be paid to the St. James's Square Branch of the London and Westminster Bank; or to the Treasurer (Mr. Augustus Churchill, 11, New Burlington Street); or to either of the Secretaries (Dr. W. Cholmeley, 63, Grosvenor Street, and Dr. A. Silver, 2, Stafford Street, Bond Street).

Dr. J. G. Wakley has been added to the Committee.

SPECIAL CORRESPONDENCE.

PARIS.

[FROM OUR OWN CORRESPONDENT.]

Maison Municipale de Santé.—*M. Demarquay and Esmarch's Method of Bloodless Operation.*—*M. Demarquay on the Regeneration of Tissues.*—*Mortality after Operations in the French Hospitals.*—*Hysterotomy and Ovariectomy.*

I LATELY paid a visit to the *Maison Municipale de Santé*, a hospital destined for persons of both sexes, who, though not considered proper subjects for admission into the ordinary hospitals, cannot afford to have the necessary care and professional attendance in their own homes. The building and ground are very extensive, and the former, which is two storeys high, is capable of containing from three hundred to four hundred beds, arranged in separate rooms. Each room contains one or more beds; and the patients pay from four to seven francs (three to six shillings) a day, according to the accommodation required. For this trifling sum, the patients are boarded and lodged, and get the best medical and surgical advice. It was formerly a private institution, but is now under the direction of the "Assistance Publique." I was much struck with the clean appearance of the building, and the absence of the foul smell so common in the other hospitals; but, notwithstanding this, I was surprised to learn that the general mortality was not much diminished. Every variety of bath may be had on the premises, and the grounds are laid out in beautiful gardens. There are two physicians and only one surgeon attached to the hospital, though it struck me that there is ample work for two surgeons in it.

Dr. Demarquay, the present surgeon, is so well-known to your readers, that it would be almost superfluous to give a sketch of him here. I may, however, mention that he is one of the ablest surgeons in Paris. He is practically a man of the time, and is ever ready to adopt everything that is new and useful, whatever be its source or origin. He is just now the great vulgariser of Esmarch's method of "bloodless operation" in France. I have seen him remove a charge of powder and shot from the leg of a young man in the hospital without the loss of a single drop of blood; but, when the bandage was removed, about a table-spoonful escaped. A gentleman present asked Dr. Demarquay whether there was no danger in stopping the circulation in so effectual a way as is done by this method? To this, the reply was, that there was none, as long as the compression and constriction did not last more than a few minutes; but he was afraid that there was danger of reflux of the blood to the heart and central organs, and consequent rupture or other serious accidents. Experience alone can decide the question, as the method is as yet in its infancy; and, considering the other advantages, which, to my mind, are immense, I am only surprised that it is not more generally adopted in the Paris hospitals.

Après of Dr. Demarquay, I find he has brought out a work entitled

De la Régénération des Organes et des Tissus en Physiologie et en Chirurgie, which will add another wreath to the many laurels he has already won. Dr. Demarquay is not only known as an eminent surgeon, but he has distinguished himself by his researches in anatomy and physiology. Dr. Demarquay says, in his preface, that he first confined his studies to the regeneration of tendons; but he was soon induced to extend his researches to the regeneration of organs, tissues, bones, nerves, muscles, etc. Like all prudent experimenters, he tried experiments on the lower animals before applying his theories to the human body, and the work under notice gives a *résumé* of the results. There is a very good article on skin-grafting, and two long chapters are devoted to the regeneration and suture of nerves; and our author winds up by an *exposé* of the local influence of certain agents on the part in process of regeneration, such as air, light, cold, heat, etc.—conditions already much insisted on by Hunter and Jules Guérin. The work is much better got up than the generality of books in France, and contains, at the end, four beautifully coloured plates and sixteen lithographed and chromo-lithographed figures; also a copious bibliographical list and table of contents. The work will be found interesting, not only to the physiologist and to the pure surgeon, but to all engaged in the practice of the healing art.

It is now commonly known that, in the Paris hospitals, and, indeed, in all large French hospitals, operations in general, and capital operations in particular, do not succeed so well as on the other side of the Channel, and this is ascribed to the notoriously insanitary condition of these institutions, caused by overcrowding. Professor Richet, of the *Hôtel Dieu*, lately declared publicly, at a clinical lecture, that this state of things was much to be deplored, not only in the interest of the patients, but in that of the surgeons, whose time and efforts for the preservation of human life are thus entirely lost, as the most trivial operations are followed by death.

These remarks were made *à propos* of an operation performed by M. Richet, which, however, from its serious character, was likely to prove fatal in any hospital or country. Hysterotomy is at any time a grave operation, ending nearly always fatally, but, when combined with ovariectomy, the prognosis must be infinitely more unfavourable. It was this latter operation (hystero-ovariotomy) that M. Richet performed, on a woman aged 39, nullipara, who was the subject of fibrous tumour of the uterus and an ovarian multilocular cyst of the left side. The uterus and ovarian mass were removed through an opening made in the abdominal wall, extending from a little above the umbilicus to the pubes, and the patient was doing apparently well until about the thirteenth day, when diarrhoea and symptoms of peritonitis set in, and were soon followed by those of purulent infection, which terminated fatally on the twentieth day after the operation.

M. Richet examined the question, whether hysterotomy and ovariectomy offered any points of comparison. He replied in the affirmative; but, he continued, there are such enormous differences between them, that, when we consider the question of lethality, it is impossible to compare them. The first difference is that, in hysterotomy, one has to deal with an irreducible tumour which necessitates an incision sufficiently large for its removal; whereas, in ovariectomy, where there are no adhesions, the cysts, previously emptied, are more easily removed. This, of course, constitutes a very serious item as to the success or failure of the operation; and, in order to obviate the risk of making a large opening into the abdomen, which sometimes extends to the ensiform cartilage to the pubes, it has been proposed to divide the uterine tumour into several portions before its extraction; but this, in M. Richet's opinion, would simply render the operation more difficult and dangerous. But a still more serious objection raised against hysterotomy is the difficulty of pediculating the tumour, as in ovariectomy; and the after-treatment is also much more complicated. Notwithstanding these disadvantages, M. Richet is of opinion that, if the operation can be performed under more favourable circumstances than obtain in the Paris hospitals, the chances of success would be comparatively greater; he, therefore, considers that the operation ought not to be rejected.

ASSOCIATION INTELLIGENCE.

METROPOLITAN COUNTIES BRANCH.

AN ordinary meeting of this Branch will be held at 11, Chandos Street, Cavendish Square, on Friday, January 30th, at 8 P.M., when Mr. W. H. Michael will read a paper on "The Public Health Act (1872): its defects and suggested amendments."

A. P. STEWART, M.D. } *Honorary Secretaries.*
ALEXANDER HENRY, M.D. }

London, January 13th, 1874.

COMMITTEE OF COUNCIL: NOTICE OF MEETING.

A MEETING of the Committee of Council will be held at the Queen's Hotel, Birmingham, on Wednesday, the 4th day of February next, at a quarter past 3 o'clock in the afternoon.

FRANCIS FOWKE, *General Secretary.*

37, Great Queen Street, London, Jan. 22nd, 1874.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH:
PATHOLOGICAL AND CLINICAL SECTION.

THE next meeting will be held at the Midland Institute, Birmingham, on Friday, January 30th, at three o'clock.

VINCENT JACKSON, } *Honorary Secretaries.*
ROBERT JOLLY, }

January 19th, 1874.

CORRESPONDENCE.

THE WEST HADDON TRAGEDY: TEMPERATURE
OF THE BODY AFTER DEATH.

SIR,—In reply to your inquiries of yesterday's date, as to the maintenance of warmth in the human body after death, I give you my experience as follows.

1. When I was for many years engaged in pathological inquiries, as successively resident medical officer, ordinary physician, and clinical professor, in the Royal Infirmary here, I was much struck, and not very seldom, by the long maintenance, after death, of a degree of heat most sensible to the hand of others, as well as to my own, both on the external surface and in the cavities of the human body. Although I noticed this fact again and again, and although I always felt at a loss to account for it on the basis of the dominant theory of the source of animal heat, I never had the curiosity to ascertain what the actual temperature was. But as it is a peremptory rule here, which I never allowed to be violated, that no dead body shall be submitted to pathological examination till at least twenty-four hours after death, and as nevertheless the sensation communicated to the hand was that of decided warmth, I cannot entertain any doubt that the temperature must have been considerable. In truth, the sensation of warmth was sometimes so decided, that I had some apprehension in allowing the examination to go on.

2. These were all cases of natural disease. I never noticed the occurrence in the bodies of those emaciated by long disease; and, on the whole, my recollection is—but on this point I cannot be positive—that it did occur chiefly after death from diseases of the head, and in persons who retained a fair amount either of muscularity or of fat. At the same time, in by much the large proportion of such cases of head-disease in fairly lusty persons, the body has communicated after twenty-four hours the usual cold, chill sensation of death.

3. I have never had occasion to attend to the condition of the dead body, as to the maintenance of warmth, in any instance of poisoning: but, if such maintenance of warmth do occur after death from any species of poison, I cannot, in face of what is stated above, admit that such a phenomenon is any evidence of death by poison, or even a just ground of suspicion of poisoning.

In regard to the suspicion stated to have been expressed, that death in the case, described at page 289 of the BRITISH MEDICAL JOURNAL for the 19th current, might have arisen from hydrocyanic acid, I must say that, if the symptoms for some time before death be accurately given, I cannot recognise any resemblance to what are usually understood be those of poisoning with hydrocyanic acid. It may be added, that I have myself seen but one person poisoned by that poison, whose life, however, was saved in most unpromising circumstances; and I cannot imagine any symptoms more unlike what I witnessed on that occasion than those which preceded death in the case to which you have referred me.

I am, etc.,

R. CHRISTISON.

Edinburgh, January 20th, 1874.

SIR,—In the case of the West Haddon Tragedy, the jury appear to have been influenced in the determination of their verdict by a witness declaring that there was a high temperature after death, his statement being that "that would negative the idea that the deceased died from syncope. Further, I would state that, in consequence of this high temperature, I am of opinion that she died from some volatile noxious substance given to her immediately prior to death, but which I am unable to detect". It would be interesting to know on what grounds this statement was made, and what evidence the professor has to show that there are any volatile substances which sustain the temperature at the time of death. I know of no published observations to support such a view, nor, on the other hand, any to contradict it.

It is probable that this idea was suggested to the witness by an opinion once propagated, that a rapid cooling of the body takes place after death from hæmorrhage or from syncope, which is considered to be a temporary withdrawal of blood from the heart. If this were true, it might be imagined that some stimulant had been administered in a death from such a cause where the temperature had been sustained.

I write more especially to state that some observations made some years ago by Dr. Taylor and myself, and subsequently by Dr. Goodhart, published in *Guy's Hospital Reports*, clearly showed the error of the supposition that the body cooled more rapidly after sudden death—in fact, there were some reasons to suppose the contrary. It is true that a great rise of temperature occurred in persons suffering from acute or active disease, and that the low temperature at time of death was found in those who had long suffered from chronic disease; but in persons who had died from hæmorrhage, syncope, or other similar cause, no rapid fall of temperature was found.

I am, etc.,

SAMUEL WILKS, M.D.

SIR,—The professional evidence given as to the West Haddon tragedy appears to me to require more than a mere passing notice. As quoted in your issue of last week, the toxicologist says: "Mr. Walker tells me that there was a high temperature after death; and that would negative the idea that she died from syncope." I think the grounds for such a statement should be searched, and its validity examined. I believe that statement is directly contrary to the received views of the profession, as it certainly is to my own experience in the matter. I would first remark that the term syncope, though in very common use, is nevertheless by no means constant in its application. In a general way, syncope is held as equivalent to faintness; so that if a person is said to die through syncope, it would be understood that he had died through fainting, or, in other words, failure of the circulation. A little practical experience, however, soon shows us that an uncomplicated cessation of the action of the heart only occurs in theory; and that in those cases in which death takes place immediately by cessation of the heart, the attendant circumstances are so various as to give rise to great variety in the observed phenomena. Assuming that Mrs. Gulliver's case was one of those in which death takes place by syncope, I shall proceed presently to show that these are precisely the cases which would probably retain heat for an unusually long period after death. But at present I shall concern myself in proving that the quoted opinion is contrary to current teaching. I shall content myself with taking for this purpose some extracts from Dr. Aitken's *Practice of Medicine*, as it lies convenient to hand, though such evidence might be multiplied indefinitely. He says: "Persons whose death is by *anæmia* or *asthenia* are often spoken of as having died in a faint, or by syncope;" and "But another mode of death may be more immediately connected with the heart itself, and be independent of the supply of blood. In other words, the stimulus from blood may be sufficient, but the contractile power of the organ may fail. Such a mode of death is by *asthenia*. Many poisons act in this way, and many diseases which are due to morbid poisons in the blood tend to prove fatal by this mode of dying. Cases of extensive mortification of parts, of acute inflammation of the peritoneum, and of malignant cholera, die in this way" (page 151). Here we find one of our leading text-books teaching that in a number of diseases death is by syncope, and specifying *malignant cholera* as an instance, and this, no doubt, truly. Those who have witnessed death by cholera will bear out Dr. Aitken's view; and yet it is precisely in malignant cholera (in which people die of syncope) that the

BYE-LAWS OF SANITARY AUTHORITIES.

DR. J. J. MACKINTOSH of Caistor, Medical Officer of Health, asks:—Can you inform me how I can become possessed of a code of bye-laws for a Rural Sanitary Authority already approved of by the Local Government Board? We are about to frame a code in this district; and it would facilitate matters very much if we could have the assistance of one already approved of.

* * The only purposes for which bye-laws can be made by a Rural Sanitary Authority, are:—1. The cleansing of footways and pavements adjoining any premises. 2. The removal of refuse from any premises. 3. The cleansing of privies, ashpits, and cesspools. A form of all bye-laws that may be framed by sanitary authorities will be found in the third edition of *A Digest of the Statistics relating to Public Health*, by G. F. Chambers. This work will appear in a few days. The publishers are Stevens and Son, 119, Chancery Lane.

SIR,—I should like to know if a medical officer of health is entitled to the usual fees and charges when called upon to give evidence in Courts of Law; for instance, in a case of this kind. His attention is called to a quantity of meat exposed for sale, and he gives a certificate to the effect that it is unfit for human food; after which, he is subpoenaed to give evidence at a magistrates' meeting.

January 9th, 1874. I am, etc., J. T.

* * Mr. W. H. Michael writes in reply:—I do not understand what is meant by a magistrates' meeting. If the writer be subpoenaed to give evidence at petty or quarter sessions, he is entitled to his fee, precisely in the same manner as other scientific witnesses. The same would apply to coroners' inquests, attendance at assizes, etc.

MILITARY AND NAVAL MEDICAL SERVICES.

MR. CARDWELL'S INJUSTICE TO THE ARMY MEDICAL DEPARTMENT.

WE have received with much satisfaction letters from army medical correspondents, relating to our efforts in bringing to the notice of the authorities the great injustice done to the department by recent proceedings. Our correspondents may rest assured that those efforts will suffer no abatement till they have succeeded. Early means will now be taken to bring the subject under notice in Parliament, for which purpose we are now taking the necessary steps, and shall presently inform our military readers of the form which the matter is likely to take.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At the Primary or Anatomical and Physiological Examination on January 13th, 36 candidates presented themselves for examination, of whom 25 passed; viz.:

W. L. Abbott, Leeds School of Medicine; A. H. Blake, Dublin and Middlesex Hospitals; W. G. Bott, St. Thomas's Hospital; J. Boughton, Guy's Hospital; R. H. Clarke, St. George's Hospital; H. Colborne, St. George's Hospital; T. K. Fell, Guy's Hospital; E. Ferrand, St. Bartholomew's Hospital; H. Flint, University College; J. G. S. Forrest, St. George's Hospital; A. H. Garrod, King's College; C. W. Godfrey, University College; E. T. Johnson, St. Mary's Hospital; W. A. Kidd, Guy's Hospital; Joseph Lewis, Guy's Hospital; T. G. Lithgow, St. Mary's Hospital; H. H. Murphy, Cambridge and St. George's Hospital; R. A. Oliver, Newcastle School of Medicine; S. P. Phillips, University College; T. L. Porter, Cambridge and Guy's Hospital; J. H. Pugh, St. Thomas's Hospital; A. G. Sandberg, Liverpool School of Medicine; F. S. Scovill, St. Mary's Hospital; E. G. C. Snell, London Hospital; L. H. Stevenson, Guy's Hospital.

On January 14th, 36 candidates presented themselves, of whom the following 21 passed.

R. G. Allen, Queen's College, Birmingham; T. W. Barron, Cambridge and University College; T. A. Bell, Guy's Hospital; H. R. Brown, King's College; W. S. Chadwick, Leeds School of Medicine; A. E. Dalton, King's College; Thomas Davies, King's College; S. T. Fairland, Guy's and Westminster Hospitals; J. G. Fitzgerald, Dublin; D. C. B. Griffith, St. George's Hospital; W. H. Hall, Guy's Hospital; F. G. Hayes, King's College; E. B. Holwell, Leeds School of Medicine; J. B. James, King's College; W. B. Johnson, London Hospital; F. D. Miller, King's College; J. P. Oliver, Dublin; W. R. Smith, King's College; A. L. Williams, St. George's Hospital; C. F. Willis, St. Thomas's Hospital; W. L. Winship, Newcastle School of Medicine.

On January 15th, 12 candidates presented themselves, and the following 5 passed.

E. Carcenac, St. Bartholomew's Hospital; E. W. Evans, King's College; J. R. Kemp, St. George's Hospital; C. Newland, St. Mary's Hospital; W. Rough-ton, St. Bartholomew's Hospital.

Mr. G. Greenslade, having previously passed in surgery, was admitted a member on January 13th.

APOTHECARIES' HALL.—The following gentleman passed his examination in the science and practice of medicine, and received a certificate to practise, on Thursday, January 15th, 1874.

Elliott, William Hawes, Andover, Hants

The following gentleman also on the same day passed his primary professional examination.

Davey, William Thomas, St. Bartholomew's Hospital

MEDICAL VACANCIES.

THE following vacancies are announced:—

- ADDENBROOKE'S HOSPITAL, Cambridge—House-Surgeon: £65 per annum. Applications, 13th February, to F. Barlow, Sec.
- 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.
- ARMY MEDICAL DEPARTMENT—Surgeons. Applications to T. G. Logan, Director-General.
- BIDEFORD UNION—Medical Officer for the Clovelly District.
- BIRMINGHAM GENERAL DISPENSARY—Resident Surgeon: £130 first year, £140 second, £150 per annum afterwards. £30 per annum for cab-hire, furnished rooms, etc. Applications, 28th instant, to Alexander Bottle, M.D., Secretary.
- BOLTON (Borough)—Medical Officer of Health and Public Analyst: £400 per annum. Applications, 27th instant, to R. G. Hinnell, Town Clerk.
- BRADFORD, Yorkshire—Public Analyst: £100 per annum, and the cost of necessary chemicals. Applications, 27th instant, to W. T. M'Gowen, Town Clerk.
- BURTON-ON-TRENT, Lichfield, and Penkridge Rural, and Lichfield and Rugely Urban, Sanitary Districts—Medical Officer of Health: £600 per ann., for three years. Applications, 26th inst., to John Bown, The Close, Lichfield.
- CALNE UNION—Medical Officer and Public Vaccinator for the whole Union: £200 per annum, and fees. Applications, 3rd February, to H. S. Heath, Clerk.
- CALNE RURAL and URBAN SANITARY DISTRICTS—Medical Officer of Health: £50 per annum.
- CAMBRIDGE UNION—Medical Officer for the Third District: £70 per annum, and fees. Applications, 27th instant, to J. Deacon Fetch, Clerk.
- CAMELFORD UNION—Medical Officer for the Camelford District and the Workhouse: £45 and £10 per annum. Applications, 5th February, to C. C. Hawker, Clerk.
- CHORLEY UNION, Lancashire—Medical Officer for the Rivington District.
- CRANBROOK UNION, Kent—Medical Officer and Public Vaccinator for the Benenden District: £43 per annum, and fees. Applications, 26th instant, to H. J. Farrar, Clerk.
- DERBYSHIRE GENERAL INFIRMARY, Derby—House-Surgeon: £100 per annum, increasing to £150, apartments, board, etc. Applications, 7th February, to Samuel Whitaker, Sec.
- DOWNPATRICK UNION—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Downpatrick Dispensary District: £100 per annum, and fees. Applications, 31st instant, to S. C. Nelson, Hon. Sec.
- FEMALE LOCK HOSPITAL AND ASYLUM, Westbourne Green—House-Surgeon.
- HOLLINGBOURN UNION, Kent—Medical Officer and Public Vaccinator for the Headcorn District: £44 per annum, and fees. Applications, 4th February, to Edward Hoar, Clerk, Maidstone.
- HUDDERSFIELD INFIRMARY—Physician.
- INDIAN MEDICAL SERVICE—Eighteen Surgeons. Applications to Major-General Pears.
- LEITH HOSPITAL—Assistant-Surgeon. Applications, 31st instant, to A. Mann, Secretary.
- LITCHURCH URBAN SANITARY DISTRICT—Medical Officer of Health: £25 for one year. Applications, 26th instant, to W. H. Whiston, Clerk to the Authority.
- LIVERPOOL EYE AND EAR INFIRMARY—Honorary Surgeon.
- LLANFYLLIN UNION—Medical Officer for the Llanfair District: £65 per ann.
- LLANFYLLIN RURAL SANITARY DISTRICT—Medical Officer of Health for the Llanfair Subdistrict.
- LONDON and SOUTH WESTERN RAILWAY COMPANY—Medical Officer.
- NAVAL MEDICAL SERVICE—Surgeons. Applications, 12th February, to A. Armstrong, Director-General.
- NEW ROSS UNION, co. Wexford—Medical Officer for the Templedigan Dispensary District: £50 per annum. Applications, 29th instant, to Edward Kavanagh, Hon. Sec.
- NORTHUMBERLAND PAUPER LUNATIC ASYLUM, Cotingham, Morpeth—Resident Medical Superintendent: £400 per annum, furnished house, etc. Applications, 9th February, to Wm. Dickson, Clerk to Committee.
- NOTTINGHAM GENERAL HOSPITAL—Physician. Applications, 10th March, to E. M. Kidd, Sec.
- PLYMOUTH URBAN SANITARY DISTRICT—Medical Officer of Health: £50 for one year.
- PUBLIC DISPENSARY, Stanhope Street, Clare Market—Resident Medical Officer: £105 per annum, and furnished apartments. Applications, 26th inst., to J. S. Phillips, Hon. Sec.
- ROYAL EDINBURGH HOSPITAL FOR SICK CHILDREN—Resident Medical Officer. Applications, 26th instant, to John Henry, Secretary, 20, St. Andrew Square, Edinburgh.
- ROYAL HANTS COUNTY HOSPITAL, Winchester—House-Surgeon and Secretary: £100 per annum, board and lodging. Applications, 28th instant, to W. Allnutt, Secretary.
- ROYSTON UNION—Medical Officer for the Fourth District.
- ROYAL SOCIETY OF MUSICIANS—Aural Surgeon.
- ST. MARY'S HOSPITAL—Aural Surgeon.
- ST. MARYLEBONE GENERAL DISPENSARY, Welbeck Street—Physician and Surgeon.
- SCARIFF UNION, co. Clare—Medical Officer for the Annacarriga Dispensary District: £100 per annum. Applications, 26th instant, to W. H. Mayne, Honorary Secretary.
- SUNDERLAND EYE INFIRMARY—Surgeon. Applications, 26th instant, to Thomas Dixon, Honorary Secretary.
- THETFORD UNION, Norfolk—Medical Officer for the Croxton District.
- 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.
- WARRINGTON DISPENSARY AND HATTON'S CHARITY—Resident Surgeon-Apothecary: £180 per annum, £12 for servant's wages, furnished residence, fuel, and lighting.
- WATERFORD UNION—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Kilmeaden Dispensary District: £100 per annum, and fees. Applications, 30th instant, to Richard Gamble, Hon. Sec.

WESTERN GENERAL DISPENSARY, Marylebone Road—Resident Surgeon and Apothecary. Applications, 26th instant.
 WESTMINSTER HOSPITAL—Assistant-Surgeon. Applications, 10th February, to F. J. Wilson, Sec.
 WEST BROMWICH UNION—Medical Officer for the E. District, Oldbury: £65 per annum.

MEDICAL APPOINTMENTS.

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

CHAMBERS, Eber, M.B., appointed Visiting Surgeon to the Chester General Infirmary, *vice* Wm. J. Fleetwood, L.K.Q.C.P.I., appointed House-Surgeon.
 FLEETWOOD, Wm. J., L.K.Q.C.P.I., appointed House-Surgeon to the Chester General Infirmary, *vice* *William Haining, M.B., resigned.
 *KIRK-DUNCANSON, J. J., appointed Assistant-Surgeon to the Edinburgh Eye Infirmary.

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.

BOGGS.—At Paris, on January 20th, the wife of Alex. Boggs, M.D., late of Her Majesty's Indian Army, of a daughter.
 DOLMAN.—On Saturday, January 10th, the wife of *A. H. Dolman, Esq., Surgeon, Derby, of a daughter.

DEATH.

HARRIS, Herbert Robey, Esq., at his residence, 52, Bolton Street, Bury, Lancashire, aged 42, on January 19th.

OPERATION DAYS AT THE HOSPITALS.

MONDAYMetropolitan 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.
 TUESDAYGuy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—West London, 3 P.M.—National Orthopaedic, 2 P.M.
 WEDNESDAY .St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.30 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—St. Thomas's, 1.30 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Cancer Hospital, Brompton, 3 P.M.—King's College, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.
 THURSDAYSt. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.
 FRIDAYRoyal Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.—Royal South London Ophthalmic, 2 P.M.
 SATURDAYSt. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—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. Dr. Hughlings Jackson will exhibit a drawing of Optic Neuritis, with good sight: Mr. Spencer Watson, "Case of Neuro-paralytic Keratitis"; Mr. Sewill, "Case of Cleft-palate"; Mr. Pennefather will show "Aural Polyp". Communications by Mr. Bloxam and others.
 TUESDAY.—Royal Medical and Chirurgical Society, 8.30 P.M. Mr. Henry Lee, "Case of Primary Excision of the Ankle-joint"; Drs. Hennessey and MacLaren, "On Cholera (in India)"; Mr. John Wood will show Two Cases of Ectopia Vesicæ; and Dr. John Harley will again bring forward his patients treated by Conium for disorders of Muscular Movement.
 FRIDAY.—Quekett Microscopical Club (University College), 8 P.M. "Insect-mounting in Hot Climates."

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.

KAPPA (Bath) wants a reference to Dr. Binz's experiments on alcohol.

CRAMP IN THE LEGS.

SIR,—I shall feel obliged by any of my fellow members informing me how to alleviate or cure cramp in the legs, occurring almost nightly, and interfering with sleep (age 50). I am, etc., IGNORAMUS.

Manchester, January 18th, 1874.

TREATMENT OF HOOPING-COUGH.

SIR,—In reply to "Inquirer," allow me to say that I have found the following mixture very serviceable in cases of whooping-cough; viz.: Bromide of potassium, 30 grains; dilute hydrocyanic acid, 5 minims; tincture of conium, 1 drachm; syrup of squills, 3 drachms; water, 2 ounces. Two teaspoonfuls to be taken every four hours. I am, etc., WILTON PROVIS.

Bath, January 19th, 1874.

SIR,—During the last three months, we have had here a most severe epidemic of whooping-cough, and I have found the following mixture most invaluable in both mitigating the severity of the paroxysms and lessening the duration of the disease. Chloral hydrate, 12 grains; ipecacuanha wine, 1 drachm; syrup of orange, 2 drachms; peppermint water, 1½ ounce. To a child three years old, one teaspoonful of the above mixture should be given every four hours.

Lydney, January 20th, 1874.

I am, etc. J. GIMBLETT, M.D.

MR. SANGER (Alfriston).—Writers of this class are sufficiently aware that they have forfeited professional esteem, and deliberately choose their path to a dear-bought end. There is, however, always a certain large average of fools in the world, on whose suffrages writers of "popular treatises" gratuitously circulated by post can count. The subject might be brought under the notice of the Faculty; but we expect that little good would occur. Mr. Eldridge Spratt's book is professionally beneath contempt; but it is probably not for professional opinion that he cares.

MR. HARDAY (West Haddon).—The point which is of capital importance to science and justice in the West Haddon case is, not the fringe of evidence as to motive, but the ground on which Mr. Rodgers inferred that death had occurred from the influence of a noxious volatile substance administered immediately before death, of which he found no trace.

DR. FOX (Cockermouth).—If Dr. Fox wish publication for communications such as those with which he has favoured us, he must allow his name to be appended to them. His first letter avowed a belief of corrupt intention on the part of writers from whom he differs. He now charges them with unworthy subterfuge. If he really desire to make such charges, he must at least authenticate them and sign them. We must warn him that his charges are within our knowledge unfounded, and made under erroneous impressions.

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, Worksop, 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. George Johnson, London; Dr. Cobbold, London; Dr. Broadbent, London; Mr. Erichsen, London; Mr. Jonathan Hutchinson, London; Dr. Theodore Williams, London; Dr. Spencer, Clifton; Dr. Bond, Gloucester; Our Dublin Correspondent; Mr. Haviland, Northampton; Dr. Embleton, Newcastle-upon-Tyne; Dr. Lockhart Clarke, London; Mr. H. A. Reeves, London; Mr. Fairlie Clarke, London; Dr. Philipson, Newcastle-upon-Tyne; Dr. Vinen, London; An Associate; Mr. Parkinson, Wimborne; Mr. Lawson, Huddersfield; Mr. Eassie, Child's Hill; Mr. Eastes, London; Dr. Murray, London; The Secretary of the Pathological Society; Mr. Holmes, London; Dr. Munro, Cupar-Fife; Dr. Robert Barnes, London; Mr. Fuller, London; Dr. Lipscomb, St. Albans; Dr. T. Snow Beck, London; Dr. Gardner, Box; Dr. J. M. Fothergill, London; M.R.C.S.E.; 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; Mr. J. W. Langmore, London; Dr. Farquharson, London; Mr. Bartleet, Birmingham; Dr. Power, Prince Town; Mr. Warren Tay, London; Dr. Hughlings Jackson, London; Dr. Winn, London; Dr. Davey, Northwoods, Bristol; Mr. Vincent Jackson, Wolverhampton; Dr. B. W. Foster, Birmingham; Mr. Ingham, London; Mr. W. Provis, Bath; Mr. Blackett, London; Dr. Althaus, London; Dr. Waldenburg, Berlin; Dr. Woakes, Luton; The Secretary of the Pathological Society; Dr. D. Ferrier, London; Inquirer: Our Manchester Correspondent; Dr. Hamilton, Liverpool; Mr. H. Morgan, Lichfield; Mr. H. L. Harper, London; Mr. Noble Smith, Paddockhurst; Mr. Midlemore, Birmingham; Mr. Lennox Brown, London; Dr. Wilson, Cheltenham; Dr. Williamson, Ventnor; Mr. Harday, West Haddon; Dr. Dowse, Highgate; Dr. Kitching, Enfield; J. W. P.; Justice; Mr. James Cooper, Cromer; Rev. J. Russell, Dennington, Swimbridge; Dr. Silver, London; Mr. R. E. Gibson, Norwich; Dr. F. T. Bond, Gloucester; Mr. K. L. Morgan, London; Dr. M. G. Evans, Glastonbury; Dr. H. Jacob, Dublin; Dr. Lockhart Clarke, London; The Registrar of the Royal College of Physicians; Mr. Sanger, Alfriston; Dr. Haining, Chester; Dr. Gimblett, Lydney; Mr. P. B. Burgoyne, London; Dr. Malins, Birmingham; Mr. Bromley, Oldham; Mr. A. Prichard, Bristol; Our Dublin Correspondent; Dr. Egan, Dublin; Dr. Boggs, Paris; Mr. L. King, Bath; Dr. Hope, London; Surgeon-Major Owens, Dundalk; Dr. Tripe, London; Dr. Dalby, London; Our Paris Correspondent; etc.