

of course, again as a syphon, only in the reverse way to that previously. When it is considered that the stomach is nearly empty, the tube is pinched between the ball and the basin, the end of the tube put back into the jug, and the whole thing repeated over again. The object of pinching the tube when the end of it is being shifted from the jug to the basin, and *vice versa*, is, of course, to retain the water in it by means of the atmospheric pressure, thus enabling it to act as a syphon. In a case of opium-poisoning, I have lately used this instrument, and by means of it thoroughly washed out the patient's stomach in a very brief space of time. In case the holes at the end of the stomach-tube become clogged with food, they can be easily freed by pinching the tube between the ball and the jug, compression of the ball will then force out the fluid contained in it, and thus clear the holes. In conclusion, I would draw especial notice to the low price at which this instrument can be obtained. I do not think I am wrong in asserting that the great majority of general practitioners do not possess a stomach-pump. This is chiefly due, I believe, to the high price of the instrument hitherto used. This objection being now removed, there can no longer be an excuse for any practitioner being henceforth unprovided with an instrument, the want of which may materially tend to lessen the chances of recovery in a case of poisoning.

LOUIS H. TOSSWILL, M.B. Cantab., Exeter.

## SELECTIONS FROM JOURNALS.

### PATHOLOGY.

**OSTEOMA OF THE FRONTAL SINUS.**—J. Arnold reports in Virchow's *Archiv*, vol. lvii, two bony tumours of the anterior region of the skull, which are remarkable examples of what has been called by Virchow enostosis, or osteoma developed from the diploë. Both tumours agreed almost entirely in their situation and mode of development, but differed in the rate of growth, in that one only of them represented an advanced stage. Both had their origin at the posterior and lower part of the wall of the frontal sinus, where the ethmoid bone approaches the part (here alone was there a close connection between the tumours and the wall of the sinuses), and thence grew into and distended the sinuses. One of them broke through the wall at separate points above, below, and in front; the large projections of the other pressed on the orbits, nasal cavities, and skull, destroying the anterior lamellæ of the frontal bone, so that the only guide to its origin in the frontal sinus was the presence on it of some mucous membrane with ciliated epithelium. Both tumours had a thin layer of connective tissue on their outer surface. The smaller one consisted entirely of ivory-like masses, while the larger one had this structure on the outside only, the interior being formed of a spongy tissue. Arnold believes that in these two cases, and in twelve others of which he has been able to find records, the tumours must have either been developed from the endosteum by the direct formation of bone-substance, or by bony transformation of enchondromata which themselves had their origin from the endosteum or from the remains of cartilage. In one of Arnold's cases, the patient was only twenty-three years of age; and Virchow has already observed that the occurrence of the disease in early life points to its origin, in many cases, in disturbance of the formation of bone.

**STATISTICS OF INTUSSUSCEPTION.**—Dr. O. Lichtenstern of Tübingen has collected and compared the statistics of 593 cases of intestinal invagination (*Vierteljahrsschrift für praktische Heilkunde, and Medicinisch-Chirurgische Rundschau*, January 1874), and has arrived at the following results. **A. Frequency according to Age and Sex.** 1. Inflammatory intussusception occurs more frequently (the average being 28 per cent.) in males than in females; the proportion being 1.8 to 1.0. Inflammatory intussusception occurs most frequently in the first year of life (131 cases). It is at this time six times as frequent as in the second year (22 cases), and thirteen times as frequent as in the third, fourth, and fifth years (each 10 cases). The frequency rapidly diminishes in the sixth year; it then remains nearly stationary between the sixth and fortieth years, and then increases, especially after the fiftieth year. 3. The disorder is very rare under the age of three months; it occurs most frequently between the fourth and six months of life. **B. Seat of Intussusception.** 4. The most common form of intussusception is the ileo-cæcal; then follow, in order of frequency, intussusception of the small intestines and the colic and the ileo-colic forms. 5. *a.* Ileo-cæcal intussusception predominates in childhood up to the tenth year, especially in the first year of life. It decreases in frequency with increasing age. *b.* Intussusception of the small intestines is very rare in the first year of life, and increases in frequency afterwards, especially after the fifth year. In adults, this form of intussusception is rather

more common than the ileo-cæcal. *c.* Invagination of the colon is more frequent in children than in adults; but it occurs more rarely in the first year than between the second and tenth. 6. The most usual seat of primary invagination of the small intestines is the lowest part of the ileum. It occurs very rarely in the middle of the ileum, but more frequently (though less so than in the lower part) in the jejunum and highest part of the ileum. 7. The most frequent point of primary intussusception of the colon is the lower part of the descending colon, or the sigmoid flexure. 8. The proportion of males to females in ileo-cæcal intussusception is 2.3 to 1; in intussusception of the ileum, 1.9 to 1; in ileo-colic intussusception, 1.7 to 1; and in invagination of the colon, 1.5 to 1. **C. Relations of Extent and Growth in the Seat of Intussusception in different Regions of the Intestines.** 9. As regards the size of intestinal invaginations in the adult, those of the ileum occupy on an average the first place, immediately followed by the ileo-cæcal and the colic forms. Intussusception of the ileum through the ileo-cæcal valve is generally of very small extent. Ileo-cæcal intussusceptions in early childhood increase more rapidly, and attain a relatively greater length, than in adult age. On the other hand, ileo-cæcal intussusception increases more slowly, and differs greatly in this respect from invagination of the ileum, which increases rapidly. **D. Ascending or Retrograde Invagination**, of the acute or inflammatory kind, occurs very rarely; it is found in the small as well as in the large intestines. **E. Multiple Invaginations** are rare; but credible cases of acute double and, more rarely, of triple invagination (forming five or seven layers), have been recorded. These have hitherto been met with only in the large intestine, and, with one single exception, in cases of primary ileo-cæcal intussusception; never in the small intestines. **F. Lateral or Partial Intussusception.** Pouch-like invaginations of a greater or less portion of the intestinal wall into the canal are usually the result of polypi of the mucous membranes; these produce first lateral invagination, which, by continued traction, is enlarged and becomes central. This form is very rare. **G. The Origin of Internal Hernia and Obstruction from Intussusception** occurs in two ways. 1. In cases of ileo-cæcal intussusception, the mesentery of the ileum becomes unfolded and lies parallel with the meso-colon at the point of invagination, so that a pouch of greater or less depth, with a wide opening, is formed. This cleft may be drawn open by the dragging of the mesentery and meso-colon, so as to allow the passage into it of more or less of the intestine lying above the intussusception. 2. In ileo-cæcal, and perhaps also in colic intussusception, it sometimes happens that a loop of the upper ileum, or of the jejunum or ileum, passes between the middle and inner cylinders of the invaginated portion. In such a case, the primary intussusception must evidently have attained a considerable size.

### THERAPEUTICS.

**ADMINISTRATION OF PODOPHYLLIN IN HABITUAL CONSTIPATION.**—Van den Corput recommends the following formulae. 1. Podophyllin, 20 centigrammes (3 grains); soap, 1 gramme (15 grains); essence of fennel or of canella, as many drops as are sufficient; the mass to be divided into ten pills, of which from two to four are taken daily. 2. Podophyllin, 30 centigrammes (4½ grains); extract of nuxvomica, 50 centigrammes (7½ grains); extract of belladonna, 30 centigrammes; to be divided into ten pills, of which two or three are a daily dose.

**THE DIAPHORETIC TREATMENT OF BRIGHT'S DISEASE.**—In a paper read at the last meeting of German Naturalists and Physicians, Dr. Koloman Müller described some experiments which he had made on dogs with regard to the antagonism between the skin and kidneys. He introduced cannulæ into the ureters of the animals, and counted the number of drops of urine which escaped in each minute. The hair of the animals having been shorn off, compresses dipped in hot and in cold water were applied to the skin; the former always diminished the renal secretion, while the latter increased it. In one case, the normal rate of urinary discharge was thirty drops in a minute; the application of cold to the skin for fifteen minutes increased the number to forty-one drops. In another case, where the normal rate of secretion was twenty-six drops per minute, the application of warmth in ten minutes reduced it to fifteen drops, and in twenty minutes to seven. He therefore concludes that continued diaphoretic treatment relieves the kidney in the inflammatory forms of Bright's disease. To show the palliative effect of diaphoretic treatment on the oedema of the skin in Bright's disease, Dr. Müller mentioned a case where, after being subjected once to the hydrotherapeutic plan, the patient lost ten pounds in weight. Dr. Bartels said that he had observed similar results at Kiel from the diaphoretic treatment of Bright's disease.—*Allgem. Medicin. Central-Zeitung*, January 28.

E. Nason, Esq., Bampton .....	1	1	0
Dr. Prance, Plymouth .....	1	1	0
Rev. R. K. Kestell-Cornish, Landkey.....	1	0	0
T. Mock, Esq., Barnstaple .....	1	0	0
S. C. Gray, Esq., Oxford .....	1	0	0
J. Questior Tamlyn, Esq., Horswell .....	1	0	0
S. J. Noake, Esq. ....	0	10	6
Dr. Sydney Ringer, London .....	0	10	0
A Brother Practitioner .....	0	10	0
Rev. A. W. Loveband .....	0	10	0
R. Greene, Esq.....	0	10	0
In small sums of five shillings and under .....	1	8	0

£48 3 6

The following sums have been received at the office of the JOURNAL.

Dr. W. C. Begley.....	£	s.	d.
F. Le Gros Clark, Esq. ....	2	0	0
Dr. Connel .....	1	1	0
Dr. Eastwood.....	1	1	0
J. Ewens, Esq., Cerne Abbas.....	0	5	0
J. W. Jeans, Esq., Grantham.....	0	10	0
Messrs. Norton .....	1	10	0
Dr. A. P. Stewart.....	0	10	6
A. T., per Dr. Stewart.....	0	7	0

## ASSOCIATION INTELLIGENCE.

### NORTH WALES BRANCH.

THE next intermediate general meeting of this Branch will be held on Tuesday, the 24th instant, at 11.30 A.M., at Cambrian Hotel, Pensarn, Abergele, under the Presidency of R. Davies, Esq., Llanfairtalhairn. The dinner will take place at 2.30 P.M. Tickets, 6s. 6d. each, exclusive of wine.

Gentlemen having papers or cases to communicate, and who purpose dining, will be good enough to send early intimation to the Honorary Secretary.

D. KENT JONES, *Hon. Sec.*

Beaumaris, February 3rd, 1874.

## CORRESPONDENCE.

### INSTRUCTION OF MIDWIVES: POST PARTUM HÆMORRHAGE.

SIR,—If you will permit me, I will answer in a single communication two letters contained in a recent number of the BRITISH MEDICAL JOURNAL referring to me. One from Dr. Aveling, and the other from Dr. Barnes; the former disapproving of my remarks on the subject of the education of midwives; the latter referring to what I wrote about the treatment of *post partum* hæmorrhage.

In answer to Dr. Aveling, I must repeat that I cannot understand anything more derogatory to the position of the Obstetrical Society, as a scientific body, more contrary to its functions, or more offensive to the medical profession, than the desire to reintroduce the attendance of women in midwifery, which was so many years ago repudiated as bad. Any one having the least knowledge of the world will be aware how easily women possessing any kind of certificate can impose upon the credulous; and I can imagine no greater nuisance to the medical men practising there than the presence of such women in a country town. It is true that the poor are at present unfortunately obliged to be attended by women, but, as their attendance is confined to the most natural labours, and as the promoters of the better education of midwives profess to desire to restrict these women within the same limits, there is no need of Government coercion or of the authority of the Obstetrical Society in order that they may be educated enough to perform their duties. If a little further education be really necessary, let it be obtained in the hospitals, where now, in my view, they are amply taught; and do not let us see the humiliation of medical men of position recording their testimony to the efficiency of women as medical advisers, which in fact they will be doing. Whatever explanation may be given, it is nothing less than the reintroduction of women to midwifery practice, and can any one doubt the combination of the two circumstances—this movement, and the one for the introduction of female practitioners as Fellows of the Obstetrical Society? My belief is that the movement has already, with other undoubted circumstances, irreparably damaged

the Obstetrical Society, and that no long time will elapse before the Society collapses. Let the question be tested by the opinion of its Fellows or of medical men at large, and I am certain my opinion will be confirmed. Although a very humble Fellow of the Society, having greater regard for my own reputation than the Society has for its position, I have ceased to belong to it; and I will call on all who have any regard for the dignity of their class, to oppose any such steps as those now being advanced. Let them take the thing in hand, and show by their opposition that they are not intending to allow a retrograde movement to detract from the position they hold as members of a profession of the highest order.

In answer to Dr. Barnes, I will ask him to look again at my paper to which his letter is the reply, and he will find that, although I wrote that I had witnessed the mischief of the use of perchloride of iron, I did not write that I had seen death result from it. I cannot therefore describe the *post mortem* appearances in the order he suggests; but as it appears that he himself, fortunately for science but not for his patients, has really had opportunities, such as he imagined I had had, of witnessing the fatal effects of the perchloride, it would be most interesting if he would record the *post mortem* appearances of all his cases in the order he proposes. Dr. Barnes writes, "who has not seen women die bleeding and swallowing brandy to the last?" To this I can only reply, that I myself have never seen a woman die from uterine hæmorrhage when under my own care, either in hospital or in private practice, under any circumstances whatever; and if Dr. Barnes had used brandy, as advocated by me *at the first*, he would not have witnessed so many dying women drinking it "*at the last*". In making this reply to Dr. Barnes, I am unable to resist alluding to Dr. Snow Beck's able papers upon the subject of perchloride injection, and thanking him for them. He is well able to defend himself from any accusation of inaccuracy. No one will disbelieve his statements. His arguments on the use of the perchloride are based on the clearest conviction, and his exposition of his views is too clear and too convincing not to be appreciated by all who read it.

I am, etc.,

G. T. GREAM, M.D.

### THE OBSTETRICAL SOCIETY OF LONDON AND MIDWIVES.

SIR,—Dr. Aveling has devoted so much time and labour upon what may be called "the midwife question," that anything from him on the subject deserves careful consideration. I have, however, the misfortune to differ so widely from some points in his letter, that I feel bound to notice them. My sympathies are quite with Dr. Gream and Dr. Tyler Smith, that "midwives are a mistake," and an attempt to enforce their education, examination, and legal recognition, if it succeed, will prove "derogatory alike to the profession, to science, and to the Obstetrical Society." I base my opinion upon the full and able disquisition on the subject published by Dr. Tyler Smith in 1849, confirmed, as it has been, by my subsequent opportunities of observation in this populous town. Dr. Aveling admits that Dr. Smith's "argument against midwives was a good one," but adds, that "he completely altered his opinion on the subject." Surely, in changing his mind, he does not necessarily change a good argument into a bad one.

Dr. Aveling assumes "that midwives are a necessity," because they are so largely employed; but that is begging the whole question. As well might he affirm that prescribing druggists, bonesetters, and other pseudo-practitioners, are a necessity, and ought to be improved and licensed because many persons will seek their aid.

I fail to see the analogy of the comparison between obstetric practitioners and workers in the church or in the army; and, as regards the latter, I would remind him that, although it is true that every soldier is not a general, yet every private is, or ought to be, a trained and competent soldier; and likewise, although every accoucheur cannot be in the first rank of the profession, he ought to be, for the safety of his patient, a properly educated and competent practitioner. But we are told that midwives are only to be entrusted with natural labour. Now, as no labour can be defined to be natural until it is completed; and, as some of the most perilous complications arise suddenly at various stages of its course, how can it be predicted, with any reasonable certitude, that a given case under the care of a midwife will prove a natural labour?

In flooding, occurring, as it generally does, suddenly, the life or death of the woman would often mainly depend upon the competency or incompetency of the practitioner by her bedside at the moment. It has been my misfortune to be called by midwives, as fairly qualified as such women can be made by the Obstetrical or any other society, only in time to see the patient die from hæmorrhage, which, *perhaps, at least*, might have been controlled by the prompt treatment which an educated practitioner alone can apply with efficiency.

## MILITARY AND NAVAL MEDICAL SERVICES.

### GRADUAL ABOLITION OF THE ARMY MEDICAL DEPARTMENT.

AN army medical officer writes to us: "According to Paragraph 28 of the new Army Hospital Regulations, March 6th, 1873, the increased duties and extended responsibilities of medical officers are to be assumed by them as soon as the requisite subordinate establishment is furnished. Now, a glance at the accompanying statistical table of the strength of the army medical department during the last six years (to the lists of which only I have access) will show a marked and alarming diminution in the number of officers by whom these increased duties, etc., are to be undertaken.

January Army List.	ADMINISTRATIVE RANK.		Total of Administrative Ranks.	EXECUTIVE RANK.			Total of Executive Ranks.
	Inspectors, or Surgeons-General.	Deputy Inspectors, or Deputy Surgeons-General.		Surgeons-Major over 20 years' service.	Surgeons-Major and Surgeons under 20 years' service.	Assist.-Surgeons, or Surgeons.	
1869	8	35	43	92	255	702	1049
1870	8	33	41	101	244	664	1009
1871	8	34	42	98	236	630	964
1872	9	33	42	104	232	635	971
1873	10	34	44	104	224	619	947
1874	10	34	44	117	290	504	911

"Total diminution of executive rank, 138, or 23 *per annum*; so that, at this rate, the army medical department will soon be eliminated from the list of 'Departments attached to the Army.' And, though the Regulations are generally in force, there is as yet no proper supply of the subordinate staff; and, in all probability, by the time it is furnished, the superior one may have ceased to exist.

"But the matter is still worse: we are carrying on what the Press calls a 'doctors' and engineers' war,' by which 73 or more medical officers are withdrawn from the general service; so there are in reality 211 less to undertake the 'increased duties and responsibilities.' I see, too, by the Gazette, there has been a still further reduction of 9 during the last month.

"Comment is unnecessary; as I think I have proved that a continuance of the present system (penny-wise and pound-foolish) must lead, if not to the abolition, at least to overwork and consequent inefficiency of the army medical department.

"P.S.—Leave of absence has become a tradition in the service."

## OBITUARY.

HERBERT R. HARRIS, M.R.C.S. Eng., Bury, Lancashire.

Mr. H. R. HARRIS, whose death we have to record, was the youngest son of the late Joseph Harris, Esq., who accompanied, as surgeon, the expedition under Sir John Moore to the Peninsula, and was afterwards a magistrate and colonial surgeon at Perth, Western Australia. At the age of twenty-one, Mr. H. R. Harris passed an examination before a medical board, and was appointed colonial surgeon and acting assistant-surgeon to the troops stationed at Albany, Western Australia. Having resigned these appointments, he came to England and pursued his medical studies at the Manchester School of Medicine and Surgery. He took his diploma at the Royal College of Surgeons of England in 1858, since which time he has practised in Bury, and was well known and highly esteemed for his ability, courtesy, and gentlemanly conduct. The deceased gentleman, who was only forty-two years of age, was in the enjoyment of his usual good health up to Monday, January 12th. On the next day he complained of being unwell; medical assistance having been called in, it was then found that he was suffering from an attack of typhus fever, which he had, in all probability, contracted in the course of his professional visits. Every possible medical and domestic attention was shown him, but he died at two o'clock on the morning of the 19th, little more than five days having elapsed since the first symptoms of the disease were manifested.

## MEDICAL NEWS.

### MEDICAL VACANCIES.

**THE following vacancies are announced:—**

ARMY MEDICAL DEPARTMENT—Surgeons. Applications to T. G. Logan, Director-General.

AXMINSTER UNION, Devon—Medical Officer for the Lyme Regis District.

BAILIEBOROUGH UNION, co. Cavan—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Shercock Dispensary District: £70 per annum, and fees. Applications, 18th instant, to Stephen Radcliff, Hon. Sec., The Rectory, Shercock.

BOLTON INFIRMARY and DISPENSARY—Senior House-Surgeon.

CUMBERLAND INFIRMARY, Carlisle—Surgeon. Applications, 26th instant, to John Laver, Sec.

DEVON COUNTY LUNATIC ASYLUM—Assistant Medical Officer: £120 per annum, increasing to £150. Applications, 25th instant, to T. E. Drake, Solicitor, Exeter.

DEVONSHIRE—Public Analyst. Applications, 26th instant, to H. Ford, Clerk of the Peace, Exeter.

DUMFRIES and GALLOWAY ROYAL INFIRMARY—House-Surgeon, Clerk, and Apothecary: £50 per annum and board.

DURSLEY UNION, Gloucestershire—Medical Officer and Public Vaccinator for District No. 3: £80 per annum. Applications, 25th instant.

EASTERN DISPENSARY, Bath—Two Honorary Medical Officers. Applications, March 2nd, to F. Savage, Esq., Honorary Secretary.

GUY'S HOSPITAL—Lecturer on Mental Diseases.

HOLBEACH UNION, Lincolnshire—Medical Officer for the Sutton Bridge District: £20 per ann., and fees. Applications, 16th March, to E. G. Ayliff, Clerk.

HOSPITAL FOR SICK CHILDREN—Assistant Physician. Applications, 18th instant, to S. Whitford, Sec.

INDIAN MEDICAL SERVICE—Eighteen Surgeons. Applications, 16th inst., to Major-General Pears.

INVERKIP, Renfrewshire—Parochial Medical Officer: £15 per annum, and an allowance of £100 for the first year.

KILKEEL UNION, co. Down—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Kilkeel Dispensary District No. 1: £100 per annum, and fees. Applications, 23rd instant, to James Walmsley, Hon. Sec.

LITTLEMORE PAUPER LUNATIC ASYLUM, near Oxford—Resident Assistant Medical Officer: £80 per annum, increasing to £120, furnished apartments, and board. Applications, 23rd instant, to the Superintendent.

LIVERPOOL ROYAL INFIRMARY—Surgeon. Applications, 17th instant.

LIVERPOOL SCHOOL FOR THE INDIGENT BLIND—Honorary Physician.—Honorary Surgeon. Applications, 28th instant, to Courtenay Crutenden, Treasurer.

LONDON HOSPITAL—Physician. Applications, 17th instant, to W. J. Nixon, House-Governor and Secretary.

LOWESTOFT Urban, Lowestoft Port, and Mutford and Lothingland Rural, Sanitary Districts: £50, £20, and £50 per annum, and private practice. Applications, 21st instant, to Wm. Rix Seago, Lowestoft.

METROPOLITAN FREE HOSPITAL, Devonshire Square—Assistant Physician. Applications, 21st instant, to George Croxton, Secretary.

MIDLAND RAILWAY COMPANY—Medical Officer for the Sheffield District.

NARBERTH UNION—Medical Officer for District No. 1, and the Workhouse: £55 and £20 per annum, and fees. Applications, 21st March, to John Thomas, Clerk.

NEW ROSS UNION, co. Wexford—Medical Officer for the Templeudigan Dispensary District: £50 per annum. Applications, 19th instant, to Edward Kavanagh, Hon. Sec.

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

PRESTON and COUNTY OF LANCASTER ROYAL INFIRMARY—Junior House-Surgeon: £80 per annum, with board, washing, and lodging. Applications to R. Blair, Esq., Preston.

QUEEN'S COLLEGE, Birmingham—Professor of Medicine.

RHAYADER UNION—Medical Officer for the whole Union: £80 per annum.

ROYAL MATERNITY CHARITY—Two Physicians.

ROYAL SEA-BATHING INFIRMARY, Margate—Resident Surgeon. Applications, 26th instant, to J. T. Walker, Sec., 1, Queen Street, Chapside.

ROYAL SOUTH LONDON DISPENSARY, St. George's Cross—District Surgeon: £20 per annum. Applications, 17th instant, to W. Hentsch, Resident Medical Officer.

ST. MARY'S HOSPITAL, Paddington—Aural Surgeon. Applications, 14th inst., to J. G. Wilkinson, Secretary.

ST. MARY ABBOTTS, Kensington—Public Analyst: £50 per annum, and 5s. per analysis. Applications, 16th instant, to G. C. Harding, Vestry Clerk.

SHEFIELD PUBLIC HOSPITAL and DISPENSARY—Surgeon.

STOCKBRIDGE Rural Sanitary District—Medical Officer of Health. Applications, 17th instant, to G. M. Footner, Clerk to the Authority, Romsey.

TEIGNMOUTH, DAWLISH, and NEWTON INFIRMARY—House-Surgeon: £50 per annum, board, lodging, and washing.

TORBAY INFIRMARY and DISPENSARY, Torquay—House-Surgeon and Secretary: £100 per annum, board, and apartments. Applications, 7th March.

### 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.

CASKIE, John, M.B., C.M., at Stewarton, Ayrshire, aged 23, on February 5th.  
 \*MORGAN, Major Butler, M.R.C.S., at Lichfield, aged 71, on February 5th.  
 \*LONG, Edward, Surgeon, Thornbury, of bronchitis, aged 40, on February 7th.

PRESENTATION TO DR. MACNAB.—On the evening of January 16th, Dr. Macnab, of Loch Inver, Sutherlandshire, was invited to meet a deputation of the inhabitants of Assynt for the purpose of presenting

him with a silver service of plate, along with a purse of sovereigns, as a mark of their high appreciation of his services and worth. Dr. Macnab has for several years practised his profession in Sutherland, and has, by his attention to the sick under his care, and by his courtesy to all with whom he associates, gained the respect and gratitude of the people. The inscription on the plate was as follows: "Presented to John Macnab, M.D., F.R.C.S.E., by a number of friends in Assynt, as a mark of esteem and regard for his services and worth."

### 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. Dr. Cotton will exhibit a Steam Kettle for use in Pulmonary Affections: Mr. Jabez Hogg, "A Case of Hemipia"; Mr. F. J. Gant, "On Strangulated Femoral Hernia"; Dr. Farquharson, "On some peculiarities of Pneumonia in early life."

**TUESDAY**.—Pathological Society of London, 8 P.M. Dr. R. Liveing: Extensive Atheroma of Pulmonary Artery, with Mitral Stenosis. Dr. Peacock: Dissecting Aneurism. Dr. Peacock: Typhoid Perforation of the Bowel. Mr. Nunn: Tumour which was attached to the Cervical Vertebrae. Dr. Morell Mackenzie: Congenital Papillomatous Web uniting the Vocal Cords: Removal *per vias naturales*, and Establishment of Voice. Dr. Coupland: Tuberculosis of the Choroid. Mr. Howard Marsh: Hydatids of the Spermatic Cord. Dr. F. Taylor: Aneurism of the Aorta opening into the Pulmonary Artery. Mr. Myers: Aneurism of the Aorta which burst into the Pericardium. Mr. Knowsley Thornton: Ovarian Tumour affected by Secondary Cancer. Mr. Knowsley Thornton: Dermoid Ovarian Cyst.

**THURSDAY**.—Harveian Society of London. 7.15 P.M.: Adjourned Meeting of Council. 8 P.M.: Mr. H. E. Sewill, "On Neuralgia of the Face."

### 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.

**MR. H. H. PHILLIPS** (Reading).—With pleasure, if condensed.

**STUDENS**.—Pages of solid type.

**MR. CLOUGH's** communication appears to relate to an advertisement, and should be addressed to the General Manager, Mr. Fowke.

**PERCHLORIDE OF IRON IN POST PARTUM HÆMORRHAGE.**

**DR. PALFREY**.—Dr. Snow Beck has undertaken to forward for publication next week the record of his nine cases in which he alleges that death was caused by the use of perchloride of iron. The subject will then be in a better position for continuing the discussion.

**CAMBRIDGESHIRE AND HUNTINGDONSHIRE, EAST ANGLIAN, AND SOUTH MIDLAND BRANCHES.**

**FORASMUCH** as the Annual General Meeting of the Association is to be held at Norwich early in August next, the members of the Councils of the above Branches have decided to recommend the postponement of the combined meeting, which it was agreed to hold at Cambridge at the end of June next, until the year 1875.

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

### THE DAY OF REST.

**SABBATARIAN** asks:—Would you be so kind as to publish the following queries in an early number?

1. What works may be consulted with advantage with reference to the prize offered by the Swiss Society for the Sanctification of the Sabbath; the conditions of which appear in the last number of the JOURNAL?
2. Are there any other people besides Jews, Christians, and Mahomedans, who observe a sabbath or anything equivalent to it?

**C.M. INFIRMARY**.—The degree of C.M. from a British University is a registrable surgical degree, entitling to the same privileges as any other surgical licence on the Register.

### MEDICAL ETIQUETTE.

**SIR**.—Differences existing between medical men are at all times unpleasant, but should one member of the profession by his acts wilfully incur such unpleasantness, I think it but right (it being the only check we possess) that an exposition should take place through the medium of a medical paper.

Some time ago, my partner (Dr. Thompson) and myself were in attendance on a case when Mr. Haslam (of Market Drayton) was called in and attended. Not having received any intimation from him, we naturally deemed that etiquette was entirely set at naught, he being fully aware that she was at the time under our care. My partner wrote to him, expressing his surprise at such a proceeding, and asking for some explanation of his conduct. Of his letter no notice whatever was taken. A short time after, we found the same thing had occurred with regards to another patient, in which case Mr. Haslam acted the same way. I wrote to him then, and to my surprise, received in answer a letter from "his wife"! Not considering her explanations at all satisfactory, I again wrote to Mr. Haslam. He, however, did not think it necessary to answer my letter. I regret not having any other alternative left but to ask if you will kindly insert this and the enclosed copies of the correspondence which has taken place in your JOURNAL (the copy of my partner's letter has been lost), and shall leave it to the profession to judge between us.

I am, etc., **GEORGE H. ORMSBY, L.R.C.S.I., L.K.Q.C.P.I.**  
Ashley, Feb. 2nd, 1874.

### No. 1.

"**SIR**.—On Tuesday last Dr. Thompson and myself received a letter from Mrs. Vyse of Westwood, saying, 'she had met a friend of hers who had introduced to her a medical man who would attend her husband *free of charge*, and that she had accepted his services.' I heard to-day that you were the medical man attending him. The same thing has happened before in the case of Mrs. Platt, when Dr. Thompson wrote to you demanding an explanation of your conduct. Of his letter you took no notice, which proves that you must be totally ignorant of medical etiquette and of the proper bearing of one gentleman to another. I shall feel obliged by your informing me whether it is the case or not that you are attending 'Vyse'; and if so, your reason for so doing without first acquainting us of the fact. We do not care about losing the case in a pecuniary point of view, but consider we would be lowering the dignity of the profession, and making little of ourselves by allowing such conduct to continue. If you do not deem it necessary to answer this letter, or give a satisfactory explanation of your conduct, I shall feel it my duty to lay the matter before the profession, and shall send the correspondence to the leading medical journals. Hoping to hear from you by return,

"I am, Sir, yours, etc., "GEORGE H. ORMSBY.

"To G. H. Haslam, Esq., Market Drayton".

### Answer to No. 1.

"**SIR**.—Mr. Haslam being so much engaged, wishes me to say for him, in answer to your letter received this morning, that as Mrs. Platt was his patient during some time of last summer he did not hesitate when sent for to attend to her case, and as she did not wish for a consultation (it was not under the distressing state she was in) for Mr. Haslam to delay operating, Mr. Haslam has been perfectly justified in whatever he has professionally done in Ashley. If any misrepresentations have been circulated to the annoyance of anyone, it is not Mr. Haslam who should be called in question. Please tell your partner Mr. Haslam did not feel inclined to answer his letter, which like your own amounts to a demand not usual in professional communications. If you feel inclined to publish any part of my husband's conduct, you will remember to act cautiously, as he has friends who will protect him from injustice and untruthfulness, and, if necessary, to give publicity to facts as well as yourself.

"I remain, Sir, yours truly, "E. M. HASLAM."

"To G. H. Ormsby, Esq."

In answer to this I wrote No. 2.—G. H. O.

### No. 2.

"**SIR**.—I was surprised to receive a letter this morning from Mrs. Haslam in reply to one addressed to you. I do not consider 'engagements' any excuse whatever for your not writing, especially when on professional business. Mrs. Haslam mentions the fact of your attending Mrs. Platt last summer as justification for your taking charge of her during her present illness. We do not agree with you at all in that aspect of the case, as she was at the time of your being called in under our care, and had been so for some time previously. All we wanted and expected was that you should acquaint us of the fact of your being called in, and there the matter would have ended. Instead of doing that, you took the case without our knowledge, and not only exulted over your success, but had not the common courtesy to answer a letter from my partner on the subject.

"Relative to the second case (Vyse), no mention is made of it in Mrs. Haslam's letter. In his case also you acted the same way, and had not even the excuse of 'former attendance', with which you try to justify yourself in your conduct towards us in Mrs. Platt's case. According to medical etiquette, you should have refused to attend till you had either seen us or informed us by letter of your being called in, but we received no such intimation; and unless you can offer some better excuse or apologise for acting as you have done, we feel it our duty to the profession at large to expose the whole correspondence.

"I am, Sir, yours, etc., "GEORGE H. ORMSBY.

"To G. H. Haslam, Esq., Market Drayton.

"P.S.—What have you to say in Mrs. Allman's case, whom I have just heard you have taken in the same way?—G. H. O."

**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.

D. B. asks the favour of an opinion regarding a case that he is attending, particulars of which are annexed. It seems to him to be a case of intermittent fever with rheumatism superadded; but how to account for the rash he is quite at a loss.

C. M., a shepherd, aged 44, has been subject to slight attacks of rheumatism for about ten years. He was for five weeks previously to his present illness daily on the hill, exposed to wet and cold, almost every day wet through, and obliged to change his clothes on arriving home at night.

On January 1st, 1874, he felt severe pain in the left knee, accompanied by swelling of the part, incapacitating him from work. For a day or two he felt as if suffering from cold and had a slight cough, pain (occasionally) in the head, back, and joints, especially the left knee; he never felt shivering. On January 4th, I was called to visit him and found him in bed. There was nothing unusual in his general appearance; he complained of pain in the left knee, which was found to be slightly swollen. There was slight pain in other joints at times. He had pain in the left side over the region of the heart. He felt a sense of oppression at the pit of the stomach and over the chest. There was frequent yawning; pulse about 75; tongue moist, covered with thin white fur; skin moist; urine acid, with a thick light yellow deposit of lithates.

I prescribed a brisk aperient (calomel and jalap), bicarbonate of potash mixture, and Dover's powder at bedtime. A blister was applied to the left side, which removed the pain. On January 6th, the patient had a distinct rigor at night, then a hot and sweating stage in succession, followed by a measly eruption about the face and neck. The spots were distinctly papular on the neck. He was now given quinine mixture. On the 8th, there was a copious eruption over the body and extremities. The spots were in crescentic clusters of a deep red colour. On January 12th, he complained of slight pain in the abdomen and flatulency. He had voided urine for the last twenty-four hours. On the 14th, he had had an intense paroxysm the previous night, and more eruption appeared after it. He complained of sore-throat—felt it sore. Since the 12th the fauces had been dusky red. On the 18th, the fauces were of a claret colour and sore; and there were small aphthous patches between the pillars. The paroxysms recurred regularly every night about or after midnight, but now were of shorter duration and not so intense; probably owing to an extra dose of quinine taken before they came on. The eruption still continued, [appearing and disappearing alternately. When it disappeared it left a faint redness in the skin on the neck, forehead, and crown (which is bald). On January 21st, the eruption was faint on the forehead and neck. The patient felt quite well. On the 24th, the eruption was entirely gone away. The tongue was moist and clean; pulse about 60; throat better. He seemed quite well and free from paroxysms. On January 29th, the eruption reappeared in small slightly raised vesicles on the chest. On February 2nd, the patient had a distinct cold stage, followed by a hot and sweating stage about 10 A.M. After perspiring profusely, he felt quite well, as if there were nothing the matter with him. The tongue was clean and moist; pulse about 60; appetite good. He was without quinine for the last twenty-four hours, to which probably the relapse was owing.

#### THE OBSTETRICAL SOCIETY OF LONDON.

SIR,—If you could exercise your powerful influence in such a manner as to induce the Council of this great Society to modify its laws or bye-laws, as the case may be, so as to permit authors to read their own papers (the usual course adopted by the Medical and other societies), you would render a real service to the Fellows of the Society in general, and to the authors in particular.

It is a little too bad, after a man has spent days, or, in some cases, perhaps weeks, in the careful preparation of a valuable paper, to have it so hashed and hacked about, in the process of what is called *reading*, as to render it all but unintelligible.

At the last meeting of the Society (February 4th), the paper of the evening, a most important one by Dr. Playfair, was so shamefully mangled by "official reading", as to render it next to useless for discussion, as it was impossible for the most careful listener to intelligibly to follow the thread of the author's argument. A more humiliating display it would be impossible to conceive.

As the secretaries just appointed will, in all probability, hold office for two or more years, it is not difficult to conceive how much injury may result to the Society, as it cannot be expected that the Fellows will give up other, and often more agreeable, engagements, to attend the Society's meetings, if such *readings* are to be continued.

By way of a remedy for this evil, I would respectfully suggest, for the consideration of the Council, three alternatives; viz.—

1. That the Council shall so modify the laws of the Society, as to permit authors to read their own papers—the most practical and prudent course.

2. That all papers to be read at the Society's meetings shall be printed in good type, at the cost of the Society.

3. That the Council shall create a new office—that of "reader" to the Society—whose duty it shall be to read all papers brought before the Society; and further, in order to attract gentlemen who can read writing, I would suggest that a certain stipend should be attached to the appointment. This, I am sure, would attract gentlemen who are able to read correctly and intelligibly.

If you, sir, would kindly aid the Council in this important matter, you would place the Fellows of the Obstetrical Society of London under lasting obligations. I am, etc., A SENIOR FELLOW.

#### CLUB PRACTICE.

SIR,—I beg to thank you for taking up the very important subject of club-practice; and I think I cannot better illustrate the degrading effect which it produces on the profession than by stating what has lately occurred in this district.

A few months ago, a man broke his thigh, and was attended by the colliery doctor. After some time had elapsed, that gentleman found that no union had taken place, and he called in consultation a very experienced F.R.C.S.; but, when the two doctors arrived at the house, they found that a "bone-setter" had been there before them. They, therefore, retired.

A few weeks ago, a man belonging to the same colliery received a severe injury to the spine, from which eventually he died. He was attended by the same colliery doctor; and the men of the colliery did not think that he visited the case often enough. They, therefore, had a meeting, and came to the conclusion that, having regard to the two cases, they would no longer have M.B. as colliery doctor; and they wrote a note to him to say that, after a certain date, not a man at the pit would pay to him.

It is proper here to say, that there are about fifty-two men at the colliery, each of whom pays 4d. per week to the doctor; and that at this pit no money is "kept off" for anyone but the man favoured by the owners; and that, in consideration of this privilege, M.B. attended all accidents without fee or reward!

To go on with my story. The men arranged to have another meeting to decide who should be the colliery doctor. To this meeting M.B. went; and I am informed that he was questioned somewhat as follows. Was M.B. capable of setting a fracture? If so, why did he not do so? Why did he bring F.R.C.S.? Were his assistants qualified men; and not competent, but "qualified," and their names in the *Medical Directory*, and were they duly registered? M.B. had only visited K—Square a certain number of times himself. If they agreed to pay him again, would he attend oftener? Eventually, it was agreed by the men that those who wished should still pay to M.B., and the others might pay to M.D.; and the men further said that M.B. and M.D. were to apply to the colliery owners for fees for accidents, and that they (the men) would back them out. M.B. assured them that probably the bone-setter would soon have done with the fractured thigh; and that he would then attend the case, and give it his best attention.

The pitmen are a shrewd, intelligent, well-organised body of men, and doctors would do well to study their tactics; but if the club-system is to produce the unpleasant result of an educated man, a member of an honourable profession, having to endure the indignity of answering such questions, in order to be employed by the men, then the sooner the club-system is put an end to the better.

Another evil result of the club-system is, that it leads to unnecessary visiting. A medical man who is "a good attender" has much more chance of getting a good word from the pitmen, than the man who brings, perhaps, more skill to his cases, but who only sees them when he considers it necessary to do so.

Again, the club-system can only be effectively worked by having a staff of assistants; and the annoyance and worry so caused are almost incredible. If the old apprentice plan were adopted, the thing would work better. As it is, if you get a good assistant, he does not stay very long, as he naturally wants to get on for himself; and if you get a bad one, you are better without him.

The club-system makes the doctor the slave of his patients. They can change when they like, and do not hesitate to do so if the doctor be "too independent;" and some other doctor is only too ready to take them as patients. It is common enough for them to send for a doctor, pay to him so long as they are ill—say a fortnight—and then give over paying.

The club-system spoils the people. They become exacting—send at any unreasonable hour, and expect the medicine to be such as they approve of, and to have it supplied as often as they think proper.

One more illustration of the evils and annoyances of club-practice. I had a patient, a stout old woman, with varicose ulcers. She sent, every second day, a pint bottle for lotion; she had a large box of salve twice a week; she sent for lint; she had a "bad stomach," and she was in want of pills. She got all she wanted, even to quinine to put in port wine; but, because I did not find it convenient to call every time I rode past her house, she informed me that she was not going to pay 9d. per fortnight for nothing, and that I was no longer her doctor.

A druggist can make more money than a club-doctor.

Please take the matter up, and deeply oblige Yours, etc., ARTEM.

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:—

Sir William Fergusson, London; Dr. Desmond, Liverpool; Sir W. Linton, London; Dr. Southey, London; Dr. Playfair, London; Rev. J. Reed, Swimbridge; Dr. Broadbent, London; Dr. Smart, Haslar; Mr. Erichsen, London; Dr. George Johnson, London; Mr. Holmes, London; Mr. J. T. Clover, London; Our Paris Correspondent; Mr. H. Morris, Petworth; Dr. Gream, London; Dr. T. Snow Beck, London; Mr. Warburton, Pateley Bridge; Dr. Crane, Leicester; Mr. A. Napper, Cranleigh; Mr. H. H. Phillips, Reading; Mr. F. Barlow, Cambridge; Mr. R. Jackson, Birkenhead; Dr. A. Mackintosh, Callington; The Secretary of the Pathological Society; Mr. E. Cripps, Cirencester; Dr. Aitken, Woolston, Southampton; Dr. Ransome, Bowden; Mr. Carter, West Derby; Mr. Rigden, Canterbury; Dr. G. O. Rees, London; Mr. Jay, Chippenham; Dr. A. Ogston, Aberdeen; Dr. Cassells, Glasgow; Mr. R. E. Gibson, Norwich; Dr. Wynn Williams, London; Mr. Annington, Cambridge; Dr. I. Mackenzie, Sidmouth; 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. Foster, Huntingdon; Dr. Cobbold, London; Mr. Burroughs, Weston Zoyland; Mr. Karkeek, Torquay; Dr. Hope, London; The Secretary of the Harveian Society; Mr. Eassie, Child's Hill; Dr. Hermann Weber, London; Dr. Bradbury, Cambridge; Dr. Crichton Browne, Wakefield; Mr. Tosswill, Exeter; Dr. A. R. Simpson, Edinburgh; Dr. Lowe, Lynn; Dr. Priestley Smith, Birmingham; Dr. Begley, Hanwell; Mr. Clough, Eastbourne; Dr. Watt, Ayr; The Director-General of the Army Medical Department; Dr. Palfrey, London; Dr. G. H. Savage, London; Our Correspondent at Cape Coast Castle; Our Dublin Correspondent; Mr. Fairlie Clarke, London; Mr. Gordon Brown, London; The Secretary of the Obstetrical Society of London; Mr. W. Date, Crewkerne; etc.



# BRITISH MEDICAL JOURNAL.

*Being the Journal of the British Medical Association.*

No. 685.]

SATURDAY, FEBRUARY 14, 1874.

{Registered as  
a Newspaper.} 5d.

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Gen. Sec. British Medical Association.

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