

## DR. BEALE'S VIEWS ON PUS-CELLS.

BY JOHN HUGHES BENNETT, M.D., F.R.S.E.

THE well-known corpuscles found in pus I, with most pathologists, call pus-cells. To this Dr. Beale objects. He says they are not cells. He admits that they are like young mucous and epithelial cells to look at; that they exhibit similar reactions, and are even alike in chemical composition; but they are not the same, because "each has a different life-history and performs a different function". If the bodies spoken of be not cells, why does Dr. Beale speak of them as such? Are distinctions between the various corpuscles only to be determined by their supposed life-history? This would be difficult, if not impossible, especially if the peculiar views of Dr. Beale are considered. Parts of the animal textures, and even of cells, which most physiologists believe to exhibit the clearest attributes of life, in his opinion are dead; for example, the striated substance of muscle and the exterior portion of a ciliated cell. Differing as we do on these fundamental points, Dr. Beale must pardon me for thinking that little benefit would result from entering into a discussion with him on the topics referred to.

But, with regard to pyæmia, I am surprised that Dr. Beale should have penned the last paragraph of his communication, because I so fully agree with him as to the confusion that would result from confounding what practical surgeons call pyæmia with suppuration of the blood, that, as I endeavoured to explain, I introduced the term leucocythæmia for the express purpose of avoiding it. It was with no intention of making "strictures" on the discussion, as Dr. Beale calls it, but with a desire to point out how the terms employed necessarily introduced a confusion which might be avoided. I regret that I have been misunderstood, and beg, therefore, to repeat that what is called pyæmia is not purulent blood, as the word itself indicates, but ichorhæmia—a poison evolved from ichorous or decomposed pus—a variety of septicæmia or toxæmia. As to the discussion itself, I regard it not only as one of great interest, but as having been most ably conducted, and likely to conduce to an advance in our theoretical and practical knowledge of a most important morbid condition.

Nice, March 23rd, 1874.

## THERAPEUTIC MEMORANDA.

## THE USE OF COCA.

## IV.

I HAVE employed coca for about two years at the Royal Southern Hospital, in the form of a tincture prepared by the Apothecaries' Company of this town, from leaves supplied, I believe, by Dr. Petrie, to whom I also was indebted for a sample. I have administered it in phthisis pulmonalis, in simple debility, and in one case of diabetes where there was great emaciation. The patient suffering from diabetes—Grace Hind—had been in hospital for four months, and the urine under the use of opium had been very greatly diminished in quantity. As emaciation continued, I prescribed a drachm and a half of the tincture of coca three times daily, in addition to her opium; and gave directions that she should be weighed. The drug was commenced on November 11th, 1872; and I find it noted on the 27th of the same month, that she had gained four pounds in weight. Its use was maintained until January 13th, 1873; but the increase in weight did not continue. The patient was discharged in the following month. There was no appreciable effect produced by the coca, either on the quantity or the specific gravity of the urine. In experimenting on myself, however, it has seemed to diminish the quantity of urea eliminated, as tea certainly does with me. Thus, on collecting the urine of two days, and carefully estimating the urea, I found the following results. When no coca was taken—all other conditions being as nearly as possible similar—there were voided in the twenty-four hours 35 ounces of urine, of specific gravity 1027, and containing 420 grains of urea. With one drachm of the tincture of erythroxylon four times daily, the amount was 35½ ounces, the specific gravity 1020, and the quantity of urea 315 grains. In phthisis, I could not see that the drug did any good, and I therefore discontinued employing it after a time.

WILLIAM CARTER, M.B., Liverpool.

## THE USE AND DOSE OF CROTON-CHLORAL HYDRATE.

I HAVE now used croton-chloral hydrate in several cases, and my experience of it is as follows. For producing sleep, it is inferior to hydrate of chloral, being more uncertain in its action, and leaving in some cases an unpleasant sensation of fulness in the head, and in one case impair-

ment of vision. I have never used a combination of it and hydrate of chloral. The cases where it will be found most useful are those of neuralgia, where it is desirable to relieve the pain, and not necessary to produce sleep; and in these I have found small doses (a grain and a half), repeated at frequent intervals, most successful.

The first case in which I used it was that of a lady who had suffered severely for months from trigeminal neuralgia, and had well-nigh exhausted all the usual remedies. A few doses of the mixture, of which I shall give the form, relieved the pain; and, by the use of iron and other appropriate remedies, she has recovered, and has not had any recurrence of the disease. In a case of severe spinal neuralgia in a young lady, it proved equally valuable. In both cases, I used the croton-chloral hydrate in combination with the bromide of potassium; and, as some may attribute the good effects to the latter, I should add that both ladies had used the bromide for the very same attacks, and had discontinued it as useless. I do not mean to convey that it will always succeed, as I have been disappointed by it in one case. The prescription was as follows: Croton-chloral hydrate, 24 grains; bromide of potassium, 2 drachms; distilled water, 8 ounces. A tablespoonful is taken every two hours until pain is relieved. As croton-chloral hydrate is very sparingly soluble in cold water, it should be rubbed up in a mortar in lukewarm water.

GEORGE GRAY, M.D., Castlewellan, Ireland.

## SELECTIONS FROM JOURNALS.

## DISEASES OF WOMEN.

INCISION OF THE CERVIX UTERI.—Dr. Olshausen of Halle (Volkmann's *Sammlung Klinischer Beiträge*, No. 67), being convinced that incision of the cervix uteri is indispensable in the treatment of contraction, but that it is often employed without the necessary limitations, gives the following indications of the proper course to be followed. This treatment is not adapted to all cases of sterility attended with flexion and narrowing of the internal orifice, but chiefly to cases of dysmenorrhœa dependent on abnormal narrowness of the external os uteri; also to sterile women with a simply virgin state of the part, in whom the sound detects a relative narrowness of the external orifice. If there be at the same time elongation of the vaginal portion, he recommends that it be shortened by operation. The incision is best made with the knife recommended by Marion Sims. The after-treatment must be directed to prevent too rapid healing; but Dr. Olshausen disapproves of dilatation by tents, as septic poisoning has been known to follow their use. He prefers making the incised part as yielding as possible, and preventing rapid union by the application of the actual cautery or of solution of perchloride of iron. In cases complicated with anteversion, incision alone is seldom sufficient. In such cases, Dr. Olshausen has successfully removed a wedge-shaped portion of the anterior lip of the os. He expresses a guarded opinion against the means hitherto adopted for incision of the interior os.—*Centralblatt für die Medicin. Wissenschaften*, January 31.

TREATMENT OF UTERINE FIBROIDS BY THE HYPODERMIC INJECTION OF ERGOTINE.—At a meeting of the Griefswald Medical Society last year, Dr. Bengelsdorf related four cases of uterine fibroid tumour which he had treated by the subcutaneous injection of ergotine. In two patients, aged respectively 61 and 49, in whom menstruation had ceased, twenty-one injections in each produced no result. In a third patient, in whom the tumour produced much distress from pressure on the urinary bladder, and in whom the menstrual discharge was prolonged and excessive, nineteen injections of ergotine greatly diminished the discharge; the tumour, though not apparently reduced in size, became more movable; and the urinary trouble was removed. In a fourth case, attended with chronic metritis, menorrhagia, and painful defæcation, sixteen injections of ergotine produced great relief of the symptoms, without exerting any notable influence on the tumour. He believes that this treatment is useful in cases of uterine fibroid, but with certain restrictions. In the first place, it is not likely to be of use in cases of fibroid tumours which have lasted beyond the cessation of menstruation, because the supply of blood to the new growth is no longer kept up by the increased vascularisation of the uterus during the menstrual periods—and it is by constricting the vessels that the ergotine acts. Secondly, he does not find that the remedy, when it acts, does so with such rapidity as has been stated. The result obtained in his fourth case has led Dr. Bengelsdorf to use the subcutaneous injection of ergotine in cases of chronic metritis, especially in young subjects; and he has found it more useful than the administration of extract of ergot. In almost all the cases which he has thus treated, the uterus

was reduced in bulk, and the tenderness and uterine catarrh were removed. In one case, the nervous symptoms—hysterical clonic convulsions—were greatly relieved. He believes that it acts in these cases on the vessels. The formula which he employs is that of Hildebrandt, of 3 parts of ergotine in  $7\frac{1}{2}$  each of distilled water and glycerine. He has found the injection to produce pain and inflammation, without suppuration, at the part; but he believes that he has reduced the liability to these disadvantages by pushing the cannula sufficiently deep to make the injection quite beneath the skin, and then rubbing the part so as to favour the diffusion of the ergotine in the subcutaneous tissue. The injections are generally made at intervals of three, five, or seven days.—*Allgem. Medicin. Central-Zeitung*, January 21.

### THERAPEUTICS.

**REMEDY FOR CHRONIC HOARSENESS.**—In chronic hoarseness, arising from thickening of the vocal cords and adjacent membrane, the ammoniated tincture of guaiacum is often a very efficacious remedy. It may be appropriately mixed with equal parts of the syrup of senega, and a teaspoonful of the mixture given two or three times a day.—*American Practitioner*.

**UNGUENTUM ALTHÆÆ, OR MARSHMALLOW OINTMENT.**—The Prussian *Pharmacopœia* gives the following formula:  $\frac{1}{2}$  lb. lard, 1 pound; curcuma, 2 drachms; water, 4 drachms; yellow wax, burgundy pitch, of each, 6 drachms. Boil the lard, curcuma, and water together, until all the moisture has disappeared; then add the wax and pitch, strain while hot, and stir while cooling.—*Philadelphia Medical Times*.

**ELECTRICITY IN THE TREATMENT OF CHILBLAIN.**—Dr. Alonzo L. Leach says that, in the treatment of chilblain, he found ordinarily the liquor iodi compositus, and aquæ ammoniæ, in equal parts, as recommended by Dr. Balfour, of the Royal Military Asylum at Chelsea, the most marked in its action. Last winter, it occurred to him to try the influence of electricity; he accordingly applied the secondary or induced current, and the result fulfilled his anticipations. This winter an aggravated case, of long standing, presented itself, and he pursued this mode of treatment; the relief afforded was so decided, as to leave no room for doubt of its efficacy. The ultimate result of frost-bite is a partial or complete paralysis of the vessels, as well as a nervous element, evinced by the pain and intolerable itching. Electricity tends to give tone to the parts, and restore them to their normal condition. This is the result sought for in all applications, but they only do so temporarily in a majority of cases. The cause reappearing, the pathological condition still remaining, we have a return of all the symptoms. Dr. Leach is convinced, from the success met with in those cases where he has used it, that electricity, applied for a period of time every day, or at longer intervals, as the case may be, will place the parts in a healthy condition, and effect a permanent cure.

**HYPODERMIC INJECTION OF WHISKEY.**—A man was brought into the wards of the Bellevue Hospital, having a crushed foot and ankle, as the result of being traversed by a railroad car-wheel. Previously to his admission, the patient had lost a great quantity of blood, and it was feared that he could never be rallied to the amputating point. Among the measures adopted for his restoration were hypodermic injections of whiskey, and these proved very efficient, not only for their immediate assistance in obtaining the stimulation of the alcohol, but they seemed to tide the man over a point at which his stomach had become very irritable, and rejected whatever was put into it. An ordinary dose, administered in this manner, is from fifteen to thirty drops. This man's pulse was raised sufficient to warrant amputation of the leg, which was done, after applying Esmarch's apparatus for arresting hæmorrhage. The apparatus was particularly adapted to this case, for the reason that it was desirable to retain all the blood possible, for the loss had already been too great. No blood was lost, and but four turns were given to the India-rubber cord.—*New York Record*, February 16th, 1874.

**THE ACTION OF AMMONIA AND ITS PREPARATIONS.**—Dr. Ranieri Bellini, in an article in *La Nuova Leguria Medica (Med.-Chirurg. Rundschau*, Jan. 1874), thus sums up the results of his researches on the action of ammonia and its salts. 1. All ammonia-salts are decomposed in the organism by the alkaline carbonates; the free ammonia combines with carbonic acid, when it meets with it, forming carbonate of ammonia. 2. The ammonia-salts with organic acids undergo this decomposition in the capillaries, where these acids are burnt up by the oxygen, and the ammonia is set free. 3. As a sequence of this decomposition, alkaline salts are formed at the expense of the carbonates in the blood and the

acids of the ammonia-salts, if these be formed of mineral acids. 4. On the other hand, no alkaline salts are formed, or only for a short time, when organic acids are combined with the ammonia, since these acids are more or less quickly burnt and decomposed. 5. When double ammonia-salts, such as copper sal-ammoniac, iron sal-ammoniac, etc., are taken into the system, carbonates of the metals are formed in the blood. 6. Caustic ammonia, carbonate of ammonia, and volatile ammonia-salts, when taken in small doses, are entirely eliminated through the lungs; in larger doses, by other ways. 7. In both cases, elimination is very rapid. 8. Fixed ammonia-salts are eliminated only when they have been administered in rather large doses and are not entirely decomposed. 9. Whatever ammonia-salt is taken, carbonate of ammonia is always eliminated, and escapes by the lungs. If given in small doses, it is already decomposed before it reaches the arterial system; while it is eliminated by other organs if the dose be large. 10. Elimination is rapid in the case also of the salts. 11. From the ammonio-chlorides of copper and iron, the ammonia only is rapidly eliminated. 12. Caustic ammonia and carbonate of ammonia, before being absorbed, irritate the tissues with which they come into contact. 13. They exert a depressing action on the heart, nerves, and voluntary muscles. 14. This depressing action is based on an alteration of the blood, especially of the red corpuscles. 15. Small doses of caustic ammonia or its carbonate are not followed by depression, since the ammonia escapes through the lungs before it can enter the arterial system. In the introduction of ammonia into, and its removal from, the organism by the lungs, the irritation of the mucous membrane of the digestive canal is not communicated to the nervous centres of the circulation. 16. The caustic action of caustic ammonia and of the carbonates is produced only by concentrated solutions. 17. The irritant manifests its effects on the tissues on its entry into any exit from the organism, when it is removed from the blood with the products of secretion and suppuration. 18. The depressant action, which may even amount to paralysis, is felt more quickly and strongly by the heart than by the sensory and motor nerves and the voluntary muscles. 19. All preparations of ammonia fluidify the blood, the organic constituents of the tissues, and the products of secretion. 20. The single and double ammonia-salts exercise local irritation on the tissues with which they come into contact. 21. Some of them, especially iron and copper sal-ammoniac, escape from the body as caustic ammonia. 22. All the ammonia-salts have a depressant action on the heart; this is possessed in the least degree by the valerianate, succinate, and benzoate. 23. This depressant action is produced by the ammonia set free in the decomposition of the salts. 24. All ammonia-salts fluidify the blood, epithelium, epidermis, and mucus; this is least done by the double salts—copper and iron sal-ammoniac. 25. The single ammonia-salts vary in their locally irritating, depressing, and fluidifying properties. 26. Chloride, bromide, and iodide of ammonium have a fluidifying action on the albuminates of mercury and of lead.

### SURGERY.

**SUBCUTANEOUS DIVISION OF THE NECK OF THE FEMUR FOR BONY ANKYLOSIS OF THE HIP-JOINT.**—Dr. H. B. Sands reports (*New York Medical Journal*, December 1873), the case of a man upon whom he operated successfully for bony ankylosis of the hip-joint. The patient was twenty-five years of age, of fair constitution, but somewhat irregular habits, and had suffered from a severe attack of articular rheumatism, four years previously to the time of the operation. The right hip-joint was kept in a flexed position during convalescence, and subsequently remained rigid, the thigh being considerably abducted, and flexed on the pelvis at an angle of 110 deg. to the vertebral column. The patient could not rest the right foot on the ground without assuming a crouching attitude, and could not walk without crutches. The rigidity being found to be due to true ankylosis, the following operation was performed. A long, straight, narrow bistoury was thrust through the soft parts just above the great trochanter, and carried directly in front of the cervix femoris, so as to separate the soft parts from this aspect of the bone. A narrow saw was introduced along the track made by the knife, and the neck of the femur divided. It was then found necessary to sever the tendons of the adductor longus and the tensor vaginae femoris; after which, the thigh was immediately and readily extended to a right line with the body, and kept there by a weight attached to the foot. The patient was put to bed, and confined there for six weeks, in the hope of obtaining bony ankylosis in the straight position. As it was found, at the end of that time, that the parts remained freely movable, he was permitted to get up and move around on crutches. There was a shortening of a quarter of an inch. He now walks quite well and steadily with a cane, an useful and satisfactory false joint having resulted.

## ANATOMY.

THE MUCOUS MEMBRANE OF THE LARYNX.—M. P. Coigne publishes, in the January number for the present year of *Archives de Physiologie*, some researches on the mucous membrane of the larynx, which are of much interest. He notices, first, the existence of a sub-epithelial reticulated layer analogous to the lymphoid tissue beneath the mucous membrane of the small intestine; also certain lymphoid bodies, which have been hitherto unknown, similar to the closed follicles of the small intestine. Great as may be the anatomical interest of this discovery, its pathological importance is greater. For the presence of these bodies may account for the ulcerations of the larynx which occur during the course of pyrexias, such as typhoid fever. Again, M. Coigne has observed, on the free border of the true vocal cords, certain papillæ contain vascular loops and probably a nervous twig also. With the greater development of these papillæ on the anterior half of the cord, may be associated the greater frequency of papillomatous growths at this part of the larynx. Besides the above, the author describes also some follicular glands whose ducts take an oblique direction so as to converge towards the free edges of the true vocal cords, with the manifest object of moistening a part liable to become dry. The closed lymphoid glands are situated chiefly beneath the mucous membrane of the false vocal cords and sacculus laryngis. Further, at the free border of both true and false vocal cords, the epithelium ceases to be ciliated and assumes a squamous character.

## TOXICOLOGY.

POISONING BY GREEN TEA.—Dr. W. H. King writes, in the *St. Louis Medical and Surgical Journal*, that Mr. L., living in the country three and a half miles from Jacksonville, Illinois, purchased a quantity of green tea, with the assurance from the grocer that it was the very best. An infusion was made from it, for the evening meal. Very soon after supper, the father, mother, and child, constituting the family, were taken suddenly ill, with vomiting, purging, and cramps, all having drunk freely of the tea—the child being attacked before finishing its meal. At 10 P.M., the symptoms growing gradually worse, the father dragged himself to a neighbour's house, one-quarter of a mile distant, to get a messenger to go for medical aid. On Dr. King's arrival, he found the child better, having sooner and more completely ejected the tea from the stomach; the father and mother were still vomiting and purging. Diluent drinks were given freely, and hypodermic injections of morphia administered, to control vomiting and cramps. All recovered, but were quite ill for some days. As a test, a portion of the tea was given to two dogs; in a short time, they were taken with vomiting and purging; one of them, a rat-terrier, was very nearly killed.

## NOTES ON BOOKS.

SIR HENRY THOMPSON'S *Clinical Lectures on Urinary Diseases* come to us in a French dress, translated, annotated, and augmented by a very careful and able anatomical introduction by Drs. Hue and Gignoux (Paris: G. Masson). This handsome and well edited volume is, for English readers of French, preferable even to the London edition, for it is more complete. The translators are pupils as well as warm admirers of the author.

Mr. DALBY'S *Lectures on Diseases of the Ear*, delivered at St. George's Hospital (London: J. and A. Churchill), are already well known to the profession, and are noteworthy for their clearness of expression, and for the evidence which they offer of the author's competency in a speciality which counts but few earnest followers, mixed with many illiterate pretenders.

*Cheerful Words*, by Dr. W. HYSLOP (London: Baillière, Tindall, and Cox), the proprietor of a well known private lunatic asylum, is a collection of sermons specially adapted for delivery before inmates of lunatic asylums, unions, workhouses, hospitals, and other public institutions. It bears the name of a country printer; but it is so badly got up, that we are surprised that a respectable London publisher should be willing to put his name on the title-page. Medical publishers in London have been favourably known for their care in putting forth with their imprint mechanical work of a creditable kind. It is unsatisfactory to find frequent exceptions in the case of this firm, such as we have had recently

to note. The matter of this book is beyond the range of our criticism; its intention is obviously excellent, and no doubt it will be widely welcomed.

*Longevity: the Means of Prolonging Life after Middle Age*, by JOHN GARDNER, M.D. (H. J. King and Co., 1874), is a very sensible and well written handbook for popular reading, by a physician whose *Handbook of Popular Medicine* has already shown him to possess the necessary qualifications for this rather difficult task. A general observation of the rules and knowledge of the facts described by Dr. Gardner would no doubt tend to prolong life; and, without disclosing any secrets, this little book may fairly claim to be ranked among those which diffuse useful knowledge.

BRITISH MEDICAL ASSOCIATION:  
SUBSCRIPTIONS FOR 1874.

SUBSCRIPTIONS to the Association for 1874 became due on January 1st. Members of Branches are requested to pay the same to their respective Secretaries. Members of the Association not belonging to Branches, are requested to forward their remittances to Mr. FRANCIS FOWKE, General Secretary, 37, Great Queen Street, London, W.C.

## BRITISH MEDICAL JOURNAL.

SATURDAY, MARCH 28TH, 1874.

## LONDON SLAUGHTER-HOUSES.

A PAPER on this subject was read on Saturday evening, March 21st, before the Society of Medical Officers of Health, by Dr. T. Orme Dudfield. The subject, he said, was of great sanitary importance, and must, in all probability, be settled in some way during the present year, the term being near its end that was fixed by Michael Angelo Taylor's Act, 1844, for the suppression of all trades scheduled as noxious within a limited area of roads and dwellings. A brief retrospect of the course of legislation with reference to slaughter-houses was given; and in illustration of the general ignorance of the provisions of the Act of 1844, it was stated that hundreds of such establishments have come into existence during the last thirty years, in direct contravention of the Building Act, being within the prescribed limits in which no new business of a noxious character was to be allowed. Speaking particularly of such of these as had their origin during the last eighteen years, the lifetime, thus far, of the Local Management Act, there could be no doubt they ought never to have been licensed at all.

The bill to repeal the abolishing clause brought into Parliament in the last session by Dr. Brewer, was withdrawn upon a reference of the entire subject to a select committee of the House of Commons. The evidence given before that committee was emphatic, and apparently decisive on both sides. On behalf of the butchers, it was contended that the improvements effected under the licensing system had rendered slaughter-houses innocuous, while the powers of inspection and opposition to renewal of licenses conferred upon local authorities were sufficient to insure all sanitary requirements being duly carried out. The results of personal observation led Dr. Dudfield to question the accuracy of this view, and the ground he took was in harmony with that portion especially of the committee's report, which stated the desirability of constant inspection, and of precise, stringent, and uniform regulations, with the ulterior object of using that inspection and those regulations for the detection of contagious diseases in animals and preventing the sale of unsound meat.

The principal recommendation of the committee was, however, opposed to the belief of the Society of Medical Officers of Health. The committee made the general wholesomeness of private slaughter-houses the ground of their future continuance; while the Society had expressed a decided opinion for their abolition by reason of their unwholesomeness. The select committee were influenced, no doubt, by the evidence of members after visiting certain premises. Those visits were paid while inquiry was in progress, and on days when

this difficulty, I have had packets of post-cards with my address printed on them, and have left one with every Medical Officer in my district, with a request to let me know on their first visit to any case of infectious or contagious diseases. I think this will answer admirably in the absence of a better system. I must say, with regard to the medical men in my district, that they are willing in every respect to further hygienic laws, and that hitherto I have found the greatest help and assistance from them, for which they have my best thanks. A better batch of medical gentlemen is not to be met with in Great Britain.

Another obstruction in the way of carrying out my work—to my own satisfaction, at least—is the want of power to enter at any time a lodging-house, to prove whether overcrowding does or does not exist. The same want I also feel in regard to many private dwellings, where overcrowding and the immoral mixing of the sexes occur. This can only be reached by bye-laws; but the Local Government Board is very particular as to the nature of the bye-laws they will sanction. I add a communication received from the Local Government Board on this subject, which may be useful to some of your readers. (See *Appendix 2*.)

The Medical Officer of Health or Inspector of Nuisances should have power to enter any public school, for the purpose of proving the sanitary or insanitary condition of it, without a magistrate's warrant, and the Local Sanitary Authority be empowered to close these schools on any outbreak of zymotic diseases. I append another letter from the Local Government Board on that question. (See *Appendix 3*.)

I am, etc.,  
ANGUS MACKINTOSH, M.D.,  
Medical Officer of Health, Chesterfield.

#### *Appendix 1.*

Local Government Board, Whitehall, S.W., Jan. 26, 1874.

Sir,—I am directed by the Local Government Board to acknowledge the receipt of your letter of the 21st instant. In reply to your question, I am directed to state, with regard to "private wells", that the Rural Sanitary Authority have no power to close them where the water is unfit for use. They can only inform the owners of the state of the water, and warn them against using it.

With regard to "public wells", I am to point out that, under section 11 of 29 and 30 Vict., cap. 90, and section 78 of the 11 and 12 Vict., cap. 63, the Rural Sanitary Authority may substitute for a "public well" another equally convenient; and if such substitution were made, the contaminated well might probably be closed.

I am, Sir, your obedient servant,  
FRANCIS FLETCHER, Assistant Secretary.  
To A. Mackintosh, M.D., Medical Officer of Health, Chesterfield.

#### *Appendix 2.*

Local Government Board, Whitehall, S.W., Jan. 19, 1874.

Sir,—I am directed by the Local Government Board to acknowledge the receipt of your letter of the 8th instant; and, as regards your inquiry whether the Inspector of Nuisances or any other official has power to enter a lodging or any other private house at night, or at any other time, to prove that overcrowding does or does not exist, to state that no power of entry is given by the statutes to either the Medical Officer or to the Inspector of Nuisances.

If the Sanitary Authority have any bye-laws in force for this district under the 29 and 30 Vict., cap. 90, section 35, it is necessary that reference should be made to them to ascertain whether they bear on the point.

I am, Sir, your obedient servant,  
DANBY P. FRY, Assistant Secretary.  
To A. Mackintosh, M.D., Medical Officer of Health, Chesterfield.

#### *Appendix 3.*

Local Government Board, Whitehall, S.W., Nov. 18, 1873.

Sir,—I am directed by the Local Government Board to acknowledge the receipt of your letter of the 21st ultimo, and, in reply, to state that, unless there is some bye-law of the Local Board at Chesterfield applicable to the case, you have no authority, as Medical Officer of Health, to interfere in the way that your letter describes.

If, however, you are permitted to enter the school, or if you lay an information as to the existence of a nuisance in the school before a justice, and obtain a warrant to enter the school, you can make the examination suggested. If you then find the school to be so overcrowded as to be in a state dangerous to health, you can proceed under the 18 and 19 Vict., cap. 121, section 11, to take the necessary steps for abating the nuisance.

I am, Sir, your obedient servant,  
JOHN LAMBERT, Secretary.  
To A. Mackintosh, M.D., Medical Officer of Health, Chesterfield.

MR. JOHN H. ASHWORTH, L.R.C.P. Ed., L.S.A., L.F.P. & S. Glas., has been elected Medical Officer and Public Vaccinator to the Bourne Workhouse and District, *vice* Burn, deceased.

## MILITARY AND NAVAL MEDICAL SERVICES.

A MOST excellent successor to Staff-Surgeon Willis has been found, as Senior Medical Officer of H.M.S. *Sultan*, in the person of Dr. W. N. Brake, late of H.M.S. *Jumna*. Dr. Brake has joined at Portsmouth, and taken up duty. The captain and officers of the *Sultan* entertained Dr. Willis at dinner a few evenings ago, on the occasion of his departure, when high eulogiums were passed on the worthy doctor, and also upon his successor, who was received with the utmost cordiality.

### ARMY MEDICAL ECONOMICS.

CERTAINLY the profession has not overmuch reason to thank the late Secretary of State for War. As a result of his innovations, and often ill-judged economical measures, we are given to understand that recruits for militia regiments are directed to be taken to the nearest military surgeon for examination as to their fitness for the service, and not, "as heretofore", to the surgeon of the militia regiment for which they desire to enlist. In this way, no doubt, a saving is effected, but with what result? A double injustice is done: first, to the military medical officer, who has extra work, for which, however, he gets no extra pay, thrown on his hands; secondly, to the militia surgeon, who is in this way "done out of" his fees for examining the recruits. This is the way our late rulers encouraged medical officers to take an interest in their duties, as well as to induce proficient members of the profession to enter Her Most Gracious Majesty's Service.

## ASSOCIATION INTELLIGENCE.

### WEST SOMERSET BRANCH.

THE spring meeting of this Branch will be held at the Royal Clarence Hotel, Bridgwater, on Thursday, April 2nd, at 5.15 P.M. The following question has been settled by the Council as the one on which each member should be asked to express his opinion at the said meeting:—"What is your opinion as to the relative value of chloral hydrate and opium in allaying pain and inducing sleep?"

W. M. KELLY, M.D., *Honorary Secretary*.  
Taunton, March 2nd, 1874.

### SOUTH WALES AND MONMOUTHSHIRE BRANCH.

THE next meeting of the above Branch will be held at Newport, Monmouthshire, on Friday, April 10th, 1874.

Gentlemen intending to bring forward communications are requested to send the headings to the Secretary by the 24th instant.

ALFRED SHEEN, M.D., *Hon. Sec.*

### BATH AND BRISTOL BRANCH.

THE next meeting of the session will be held at the York House, Bath, on Thursday evening, April 16th, at 7 o'clock. E. L. Fox, M.D., President, in the Chair.

R. S. FOWLER,  
EDMUND C. BOARD, } *Honorary Secretaries*.  
Bath, March 26th, 1874.

## CORRESPONDENCE.

### DR. SNOW BECK'S CASES.

SIR,—In the JOURNAL for February 28th, Dr. Snow Beck makes an elaborate show of vindicating his assertion that he had himself seen nine or ten cases of death by septicæmia, caused by the injection of perchloride of iron into the uterus to arrest *post partum* hæmorrhage. He begins, as usual, by repeating Dr. Heywood Smith's case, so that this has now been published several times, and adds another. In the following number of the JOURNAL, two more are published. Then comes a blank. Where are the five or six remaining cases which are required to make up the tale?

It cannot be made up by repeating the same cases over and over again, nor by such other erratic arithmetical processes as distinguish his argumentations on this subject. He must be reminded that two and two make four, and no more.

I will not at present discuss the cases which, at length, after much difficulty, have been extracted from him. I will only observe that much

Apothecaries' Hall, was declared, whilst the principle of the Conjoint Scheme of Examination for Ireland was admitted. Some of the originators of the meeting were opposed to any conjoint scheme; but they were unsuccessful in carrying the meeting with them.

It now remains to be proved whether a matter of detail as to the numbers of courses of lectures to be demanded of the future students will be allowed by the profession, by intending students, and by the country generally, to stand in the way of a scheme of conjoint examination for this country. If anything be required in this direction, it would seem to be a pruning off of a number of the lectures put down in the curriculum condemned by the meeting of this day, and a greater assimilation to the number of courses required by the English scheme.

I am, etc.,

A FELLOW OF THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

## OBITUARY.

THOMAS EBBAGE, F.R.C.S., L.S.A., LEAMINGTON.

MR. EBBAGE, who died at Leamington on the 15th instant, was born at Bungay in Suffolk. He received his medical education at St. Bartholomew's Hospital, and became a Licentiate of the Apothecaries' Hall in 1833, a Member of the Royal College of Surgeons of England in 1835, and a Fellow in 1858. He practised at Leamington for nearly forty years with great success, and was greatly respected by his fellow townsmen as well as his professional brethren. At the time of his death, he was the oldest practitioner in the town, except Mr. Jones.

Mr. Ebbage was well known to many of the members of the British Medical Association, having acted as Honorary Local Secretary when the Association held a very successful meeting in the town of Leamington. The great success of that meeting may be attributed chiefly to the untiring efforts of the late Dr. Jeaffreson, the President for the year, and Mr. Ebbage. The remarkable amount of tact, kindness, and hospitality which he showed on that occasion endeared him to many members of the Association, but more especially to its officers, who had the benefit of his services. Although of retiring habits, he was elected President of the Birmingham and Midland Counties Branch for the year 1872-73, the year the Association met in Birmingham. Again, he showed generous hospitality towards his professional brethren by entertaining at his house all the members who wished to visit Leamington. He continued an active member of the Association to the last, having attended a meeting of his Branch as late as Thursday, the 12th instant.

Mr. Ebbage was twice married; first, to Miss Minster, daughter of an eminent solicitor at Coventry; and, secondly, to Miss Jeaffreson, daughter of a clergyman at Tottenham, and niece of the late Dr. Jeaffreson, of Leamington. He was buried in the parish churchyard of Leamington on the 20th instant, most of the members of the profession in Leamington and many thousands of the inhabitants being present.

## MEDICAL NEWS.

**APOTHECARIES' HALL.**—The following gentleman passed his examination in the science and practice of medicine, and received a certificate to practise, on Thursday, March 19th, 1874.

Messiter, Matthew Arden, Repton, Derbyshire

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

Rawlings, Alfred, Guy's Hospital  
Theed, William Cawood, Guy's Hospital  
Walker, Hyde Edwards, London Hospital

### MEDICAL VACANCIES.

THE following vacancies are announced:—

**BRADFORD (Lancashire) URBAN SANITARY DISTRICT**—Medical Officer of Health: £20 per annum.

**BRISTOL LUNATIC ASYLUM**, Stapleton—Assistant Resident Medical Superintendent: £80 per annum, rising to £120, furnished apartments, board, etc. Applications, 2nd April, to J. F. Williams, Clerk to Visitors.

**CHORLTON-UPON-MEDLOCK DISPENSARY**—Resident Medical Officer.

**COUNTY DOWN INFIRMARY**, Downpatrick—Assistant Surgeon and Registrar.

**EASTERN DISPENSARY**, Bath—Honorary Medical Officer.

**EAST SUFFOLK HOSPITAL**—House-Surgeon: £100 per annum, furnished apartments, board, etc. Applications, 1st April.

**FULHAM UNION**—Medical Officer for No. 4 District: £50 per annum, and fees.—Public Vaccinator for No. 3 District. Applications, 1st April, to T. Aplin Marsh, Clerk, Hammersmith.

**GENERAL HOSPITAL**, Birmingham—Physician. Applications, 28th instant, to W. T. Grant, House-Governor.

**GUILDFORD UNION**—Medical Officer and Public Vaccinator for the Albury District: £60 per annum, and fees. Applications, 9th April, to Mark Smallpiece, Clerk.

**HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST**, Brompton—Resident Clinical Assistants. Applications, 6th April, to the Sec.

**HULL GENERAL INFIRMARY**—Physician.

**KILBURN DISPENSARY**—Two Resident Medical Officers: £120 and £80 per annum, apartments, etc., respectively. Applications, 6th April, to the Hon. Sec., 32, Boundary Road, N.W.

**KILMACHTHOMAS UNION**, co. Waterford—Medical Officer for the Kilmachthomas Dispensary District: £120 per annum, and fees. Applications, 14th April, to David Power, Hon. Sec., Newtown, Kilmachthomas.

**KING'S COLLEGE HOSPITAL**—Assistant-Physician.—Pathological Registrar and Curator of the Museum.—Assistant Dental Surgeon.

**LONDON HOSPITAL**—Physician.

**LUNESDALE UNION**, Lancashire—Medical Officer for Workhouse: £11 per annum. For District No. 1: £49 per annum, if resident in the village of Hornby; any other part of district, £30 per annum, exclusive of usual extras.

**MACHAR (Old)**, Aberdeenshire—Medical Officer for part of the Southern Division, and the Poor House. Applications, 10th April, to Thomas Skeene, Inspector of Poor, Aberdeen.

**MIDDLESEX HOSPITAL**—Assistant Physician; Assistant Obstetric Physician; Dental Surgeon. Applications, 31st instant, to the Weekly Board.

**NEWCASTLE-UNDER-LYME RURAL SANITARY DISTRICT**—Medical Officer of Health: £50 per annum.

**NEWCASTLE-UNDER-LYME UNION**—Medical Officer and Public Vaccinator for the Whitmore District: £15 per annum, and fees. Applications, 30th instant, to Joseph Knight, Clerk.

**NORTH LONDON CONSUMPTION HOSPITAL**—Physician. Applications, 15th April, to W. Hornbrook, Sec.

**PADIHAM and HAPTON URBAN SANITARY DISTRICT**—Medical Officer of Health: £25 for one year. Applications, 31st inst., to J. R. Fletcher, Clerk.

**POCKLINGTON UNION**, Yorkshire—Medical Officer for the Sutton-upon-Derwent District: £24 per annum.

**PRESTWICH UNION**—Medical Officer for the Bradford District: £20 per ann.

**ROYAL INFIRMARY**, Edinburgh—Resident Physician.

**ST. SAVIOUR UNION**—Medical Officer for the Newington St. Mary District: £130 per annum.

**ST. THOMAS'S HOSPITAL**—Dispenser: £100 per annum.

**SCHOOL FOR THE INDIGENT BLIND**—Consulting Physician.

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

**UNIVERSITY OF LONDON**—Examiners, viz.: two in Medicine, two in Surgery, two in Anatomy, two in Physiology, etc., two in Obstetric Medicine, two in Materia Medica, etc., and two in Forensic Medicine: £150, £150, £100, £150, £75, £75, and £50 each, respectively. Applications, 31st instant, to Dr. Wm. B. Carpenter, Registrar.

**WESTMINSTER HOSPITAL**—Surgical Registrar: £40 per annum. Applications, 31st instant, to the House Committee.

**WILTS COUNTY LUNATIC ASYLUM**, Devizes—Assistant Medical Officer: £100 per annum, board, residence, etc. Applications, 31st instant, to Clerk to Committee of Visitors.

**WYNNSTAY and WATERLOO COLLIERIES**, near Ruabon—Medical Officer. Applications, 1st April, to Wm. Jones, Sec., 25, Chapel Street, Rhos-y-Medre, near Ruabon.

### MEDICAL APPOINTMENTS.

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

**EAGLE**, H. F. C., M.R.C.S., appointed Surgeon to the Queen Adelaide's Dispensary, Bethnal Green Road.

**OWEN**, Alfred Lloyd, M.B., B.A., M.R.C.S.Eng., appointed Surgeon for In-Patients at the Royal Portsmouth Hospital.

\***PARKER**, Rushton, F.R.C.S. (Demonstrator of Physiology in the Liverpool Royal Infirmary School of Medicine), appointed Pathologist to the Liverpool Royal Infirmary, *vice* \*W. M. Banks, F.R.C.S., appointed Assistant-Surgeon.

**WOOD**, R. A. H., M.R.C.S.Eng., appointed Assistant-Surgeon to the Ladies' Charity and Lying-in Hospital, Liverpool.

### 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.

**MUDD**.—On March 21st, at Steyne Place, Bognor, the wife of \*Frederick C. Mudd, M.R.C.S., of West Pallant, Chichester, of a daughter.

#### MARRIAGE.

**STEWART--CONNER**.—On March 24th, at Christ Church, Belfast, by the Rev. Robert Vance, M.A., rector of St. Catherine's, Dublin, uncle of the bride, James Stewart, Esq., B.A., L.R.C.P.Ed., son of R. Stewart, M.D., Medical Superintendent of Belfast Hospital for Insane, to Matilda, daughter of the late Richard Conner, Esq., of Belfast.

#### DEATHS.

**KIERAN**, James, M.D., at Belturbet, on March 8th.

**LATHAM**.—On March 24th, at 442, Hackney Road, Emily, the wife of Charles W. Latham, M.R.C.S., L.S.A., Surgeon Tower Hamlets Rifle Brigade, of erysipelas, four days after the birth of a son, still-born.

**TOVNE**, Henry William, L.F.P.S.Glasg., at Ebor House, Beswick, Manchester, on March 14th.

\***WOODMAN**, Frederick, M.D., L.R.C.P.Lond., at Bedford House, Deal, aged 34, on March 15th.

**THE MAYFAIR MINSTRELS.**—A concert, in aid of the funds of the new Dental Hospital, was given in the Lecture Hall of that institution on Wednesday night by the Mayfair Minstrels. The affair was a great success. By the energy of a few ladies and gentlemen, over £100 was obtained, without any of the costly machinery usually attaching to the collection of money for charitable institutions.

## 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**.—Social Science Association, 8 P.M. Dr. Hardwicke, "On the Abolition of Slaughter-Houses in Towns, and Legislation on Noxious Trades."—Medical Society of London, 8 P.M. Dr. Brunton, "On the Therapeutic Use of Aconite: with illustrative Cases." Mr. Braine will exhibit a new Foot-Regulator and Nitrous Oxide Economiser.

**WEDNESDAY**.—Obstetrical Society of London, 8 P.M. Discussion on Dr. Playfair's paper "On Puerperal Thrombosis"; Dr. Copeman (Norwich), "On Consultation Midwifery in Private Practice"; Dr. Saboia, "On a New Operation for Atresia Uteri"; and other communications.—Royal Microscopical Society, 8 P.M.

**THURSDAY**.—Harveian Society of London. 7.15 P.M.: Meeting of Council. 8 P.M.: Dr. R. Farquharson, "On the Effects of Continued Physical Exertion on the Heart and Large Vessels."

## NOTICES TO CORRESPONDENTS.

**CORRESPONDENTS** not answered, are requested to look to the Notices to Correspondents of the following week.

**PUBLIC HEALTH DEPARTMENT**.—We shall be much obliged to Medical Officers of Health if they will, in forwarding their Annual and other Reports, favour us with *Duplicate Copies*.

**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.

**CORRESPONDENTS**, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

**WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.**

**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.

**L.R.C.P. ED.**—The mere licence of an examining body does not give its possessor the right of calling himself Doctor.

**DR. SANKEY**.—Thanks.

**WE** have received an important communication from Dr. D. T. T. Maunsell (Dublin), but, unfortunately, too late for insertion this week.

**MR. PILLISCHER'S** letter next week.

## THE CASE OF MR. JACKMAN.

**SIR**.—After sixteen years' service as Medical Officer in the Barnstaple Union, a fresh election took place at the end of the year, without giving me any notice whatever, although, under contract, I was entitled to two months' notice. Consequently, I applied to the Board for a superannuation, under the Act passed in 1870, being seventy-three years of age, and labouring under disability, of which I gave a medical certificate. The guardians at their weekly meeting, about six weeks since, proposed granting me an annual allowance of two-thirds of my yearly salary, whilst others proposed one-third, viz., £20 *per annum*, or eight shillings per week, the salary being £60 per year. The latter was carried by a majority of five. However, after this, it was necessary to give one month's notice to every guardian, to confirm it. At the end of the month, in a most extraordinary manner, they put it to the vote again, and thirteen voted for, and seventeen against; whereby I lost what before had legally been proclaimed by four.

If you will lay this statement before the profession and the public, you will greatly oblige: as, having no funds to fall back on for future support, makes my case the more sad.

I am, etc., JOHN HAWKES JACKMAN.

Swymbridge, Barnstaple, North Devon, March 18th, 1874.

Contributions will be gratefully received by the Editor of the JOURNAL, and by the Rev. John Russell, the Vicar, and Pyke Nott, Esq., Bydown House, Swymbridge, Barnstaple, North Devon.

**NOTICE TO ADVERTISERS**.—Advertisements for insertion in the BRITISH MEDICAL JOURNAL, 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.

## MEDICAL ETHICS AT ST. BARTHOLOMEW'S HOSPITAL.

We have received the following correspondence.

6, City Road, E.C., February 13<sup>th</sup>, 1874.

Sir,—Yesterday morning (Thursday), early, I was sent for to see an old patient residing in Old Street, who, I was informed, had injured his leg the previous evening. I found he had slipped, hurt his leg, and been taken to St. Bartholomew's Hospital, where he was told his leg was broken; and the gentleman who attended to him wished him to remain in the hospital, but the patient refused to do so, and was taken home with a simple bandage round his ankle and foot. I attended to him and saw him twice yesterday, but this morning, to my astonishment, I am told that last evening the person who was with the patient at the time of the accident had called at the hospital, taken the gentleman who attended to the injury the night before with him to Old Street; that the gentleman then took the case out of my hands by removing my applications and setting the leg. I have to ask you to kindly inform me—1. The name of the gentleman who was on duty on Wednesday evening, and who attended to the injured leg? and 2. Whether either student or house-surgeons, while on duty for the hospital, are allowed to follow patients home and to interfere with neighbouring practitioners?

By replying, you will oblige Yours,

CHAS. J. ELWIN.

The Warden of St. Bartholomew's Hospital.

P.S. The question of the interference by students at the hospital with practitioners who reside near large hospitals is so great, that I must claim the right to send whatever correspondence there may be, either between myself and the authorities of the hospital, or between myself and the at present nameless gentleman, to the medical journals.

St. Bartholomew's Hospital and College, February 14<sup>th</sup>, 1874.

The Warden of the College of St. Bartholomew's Hospital begs to acknowledge the receipt of Mr. C. J. Elwin's letter of February 13, 1874. As the patient referred to by Mr. Elwin received proper attention on the part of the officer who saw him, there is no ground for complaint as regards the hospital. With regard to the subsequent event, Mr. Elwin's letter distinctly states that the hospital officer was sent for, and taken by a friend of the patient to the patient's home. This reduces the matter to a question between the patient and two medical practitioners, with which the hospital has nothing to do.

C. J. Elwin, Esq., 6, City Road, E.C.

6, City Road, E.C., February 15<sup>th</sup>, 1874.

Sir,—I yesterday received from the Warden of St. Bartholomew's Hospital a communication which is a reply, but not an answer, to my letter of February 13<sup>th</sup>, in which I requested to be informed of the name of the gentleman who was on duty on Wednesday evening. I have, therefore, a second time to request you to forward me the name and status of the gentleman who has acted so unprofessionally. With regard to the latter portion of the communication, I must refuse to admit that the matter is reduced to a question between two medical practitioners; for if the gentleman was on duty for the hospital, who is designated by yourself as the hospital officer, I must distinctly deny that while in that capacity he can be a medical practitioner, and therefore, in my opinion, it is a matter with which the hospital has to do.

Awaiting your reply, I am, Sir, yours,

CHAS. J. ELWIN.

The Warden of St. Bartholomew's Hospital.

St. Bartholomew's Hospital and College, February 16<sup>th</sup>, 1874.

The Warden of the College of St. Bartholomew's Hospital begs to acknowledge the receipt of Mr. C. J. Elwin's letter of February 15<sup>th</sup>, 1874. If Mr. Elwin has a complaint to make on a matter concerning the hospital, his proper course is to lay it before the governors of the hospital.

To C. J. Elwin, Esq.

6, City Road, E.C., February 19<sup>th</sup>, 1874.

## To the Governors of St. Bartholomew's Hospital.

Gentlemen,—I have to lay before you the following facts, in order that I may obtain information which has been twice applied for from the Warden, but which I have been unable to obtain. A patient of mine, on the evening of Wednesday, February 11<sup>th</sup>, met with an accident and was taken to your hospital, where he was informed by the "hospital officer" that his leg was broken. The same gentleman wished him to remain in the hospital, but the patient refusing, he was taken home in a cab with but a simple bandage round his foot and ankle. The following morning (Thursday, February 12<sup>th</sup>) I was sent for early. I attended to the leg, and saw the patient the same day for the second time. The next morning (Friday) I was told that the previous evening a friend who was with the patient at the time of the accident had brought the gentleman from the hospital, and that he had set the leg, thereby taken the case out of my hands, although it must have been patent that some one had attended to the patient after he had left the hospital the previous night. On inquiring at my patient's, I can get no information as to the gentleman's name who has been guilty of this breach of professional etiquette, but that "it was the gentleman who attended to the leg at first". I have also made two distinct applications for the gentleman's name to the Warden of your hospital, but unsuccessfully. I have, therefore, to point out—1. That a fractured leg was sent out of the hospital with nothing but a simple bandage on; 2. That a gentleman while on duty for the hospital has interfered with the patient of a private practitioner, and has been guilty of a breach of professional etiquette; 3. That I have applied to the Warden, and been unable to obtain the name and status of the gentleman who was on duty at the hospital during the evening of Wednesday, February 11<sup>th</sup>.

Trusting that I am now in the right path to obtain the desired information,

I remain, gentlemen,

CHAS. J. ELWIN.

St. Bartholomew's Hospital, London, E.C., February 26<sup>th</sup>, 1874.

Sir,—Your letter of the 19<sup>th</sup> instant, addressed to the Governors of this hospital, has to-day been laid before the Committee of Almoners, by whom I am instructed to inform you that Mr. E. Jepson was the house-surgeon who attended to the patient therein referred to when brought to the hospital on the 11<sup>th</sup> instant.

I am, Sir, your obedient servant,

C. J. Elwin, Esq., 6, City Road.

W. F. CROSS, Clerk.

6, City Road, E.C., February 27<sup>th</sup>.

Sir,—Having, after repeated applications to the authorities of St. Bartholomew's Hospital, at last ascertained from the Committee of Almoners that you were the house-surgeon on duty at the hospital on February 11, when Mr. M— of Old Street was taken to the hospital with a fracture of the leg, but refused to remain

as an in-patient, I have to ask you to explain the circumstances under which you, while acting as house-surgeon for the hospital, on the evening of February 12th attended at the house of Mr. M—, and, although I was in attendance at the time, you, without communicating with me, thought proper to interfere with my applications and to set the leg.

Awaiting your reply, I am, Sir, yours,  
Mr. E. Jepson, St. Bartholomew's Hospital. CHAS. J. ELWIN.

## A QUERY.

SIR.—The Committee of the Bristol Lunatic Asylum are in want of a "person" of "high character and experience" as Assistant Medical Officer, to whom they offer £80 a year.—A Board of Guardians in the country require a Master of a Workhouse, at £140 yearly.

Why should an Assistant Medical Officer of "high character and experience" be worse paid than the Master of a Workhouse? I am, etc.,  
A HOUSE-SURGEON.

NOX.—Certainly; any registered practitioner is entitled to make a *post mortem* examination for a coroner, and to give evidence at the inquest.

## NEW MEDICAL AND CHEMICAL TERMS.

SIR.—Having been five and thirty years in full practice as a general practitioner, and at the same time wishing to keep pace with the times, I find myself sometimes unable to do so, in consequence of the numerous un-dictionary words now employed. I consequently ask if you will, through your widely circulating columns, kindly enlighten me, and I have no doubt many others, whether there is, or is likely soon to be, any little work which will include those words which I cannot find in my present dictionaries, including Fowler's medical one, etc. (1860).

The new and absurd word *aspiration* is a stumbling-block to many, and is, I fancy, of French origin. The English of it is "suction"; and as the French for suction is *sucement*, as well as *aspiration*, I think it would be the better word of the two, as less likely to puzzle an English reader, who would naturally regard *aspiration* as an English word, on which his dictionary would throw no light. Paresis, again, is a new word not in the above dictionary. There are also numerous new chemical words, of which even my little knowledge of Greek will not aid me in discovering either the derivation or meaning; and I am sure, sir, I am only expressing the feelings of thousands of my medical brethren, as well as of pharmaceutical and chemical students, etc., when I solicit your aid and co-operation in inviting the attention of competent persons to this important subject, with a view of inducing some one to publish, say, a cheap compendium to the present medical and chemical dictionaries, limiting it, perhaps, to those new words which have been coined during the last twenty or thirty years, especially the new chemical names, which, even to middle-aged practitioners, have neither sense nor meaning. Take *aldehyde*, for example. Is it a compound of two elements—one of which is met with in Aldgate, and the other in Hyde Park? or what is it? Again, I meet with *chlorodyne*, and, with my little knowledge of Greek, try to trace its derivation from *χλωρός*, "green", and *δύνη*, "pain"; but, as this does not satisfy me, I add the letter T to it, and make "green paint" of it; but what it has to do with the meaning of the word I know no more than I do of its secret composition, which has always prevented me from prescribing it. The new ether and alcohol compounds, and their (to many) outlandish names, require some little explanation as to why they are so called. Formyl and croton-chloral-hydrate also may be included.

Apologising, sir, for thus trespassing upon your pages, I sincerely hope you will be the means of bringing some one forward to publish a cheap little work (Medico-Chemical Lexicon), containing simply the latest coined words, as an addendum to our present ordinary medical dictionary, for I feel sure it will be well patronised by the many who are anxious to keep pace with the present times. Would you also kindly suggest that the coiners of new words would, in future, make them a little more expressive than the "green pain" or "paint" one; say, as expressive as the word "church", from *οἶκος* (oikos), the House; *κύριος* (kuriou), of the Lord; which, reversed, makes *kuriou oikos*, hence *kuri-kos*, *kurkos*; Scotch kirk (k hard); English church (k soft). I am, etc.,  
Spalding, March 1874. A. B.

## HOSPITAL OUT-PATIENT REFORM ASSOCIATION.

SIR,—I beg to enclose two letters received—one from Dr. Lush, M.P., and the other from Dr. Hawksley—with reference to the meeting of the above Association. The importance of the subject of hospital reform, and the well known ability of the writers, must be my excuse for asking you to give to these letters the wide circulation which will be secured by insertion in the columns of the JOURNAL. I am, etc.,  
H. NELSON HARDY.

21, Fitzroy Square, W., March 21st, 1874.

"Fisherton House, Salisbury, March 18th, 1874.

"Dear Sir,—I regret very much that I was unable to attend your meeting to-day. Your letter followed me about; but, though I gave Dr. Rogers to understand my intention to be present, I found I could not do so. I fully hope, however, that the present system of hospital management will, ere long, receive amendment, especially in the out-patient class. It is the same in county as in the metropolitan hospitals, and the evil is crying. Faithfully yours,  
"H. Nelson Hardy, Esq." J. A. LUSH.

"6, Brook Street, Grosvenor Square, W., March 18th, 1874.  
"Dear Dr. Meadows,—I intended accepting the kind invitation of the Hospital Out-patient Reform Association for this evening, and offering a few observations on the question you meet to discuss: I fear, however, that I shall not be able to attend, and I therefore trouble you with the following remarks, which perhaps you will have read if you think well to do so. The question has been constantly before us at the Charity Organisation Society, and I believe there is perfect unanimity of opinion in that body that reform in the administration of medical charities is urgently demanded. The reasons for this, I think, may be arranged under these heads.

"1. The demoralising effect on a large body of the community is, that medical relief can be had for the asking, without investigation and discrimination. From the governor's letter to begging for food, wine, etc., is an easy transition: thus the small beginning of the dependent and pauper spirit and practice.

"2. The injury done to the deserving by the overcrowded state of the waiting-rooms, caused by the presence of so many who have no right to be there.

"3. The imposition by the charities on the benevolent public when exaggerated and misleading accounts are published week by week of the numbers *relieved*; it should be written, of the numbers *injured*.

"4. In the case of out-patient departments of general hospitals, the injury inflicted on the *in-patients* by the foul air introduced from the waiting-rooms.

"In illustration of the first head, I wish to mention that yesterday I happened to see my coal-merchant, a man remarkable for good sense, and, mentioning the matter of relief to him, he said, 'I see constantly the ill effect of indiscriminate charity. The medical man in my neighbourhood, who is a very kind-hearted man, by accident met me the other day, and, seeing that he looked ill, I inquired how he was. 'Oh!' he said, 'I have been up all night with a poor woman in — Court.' 'Ah!' I said, 'I fear you will get little reward for your work there.' 'No,' he replied, 'they are so poor that I must look upon it as a work of charity.' 'Where,' said I, 'is it? because I know some people in that court.' 'It is Mrs. —, No. —, — Court.' 'Indeed, you astonish me,' I said; 'that woman ought not to be an object of charity; her husband is in my employ, and earns regularly £2 17s. a week.' The other day we were a little pressed for want of men at the wharf, and, seeing a great hulking fellow doing nothing, who was known to me, I called to him to come on for a job. 'No, thank you, sir,' was his reply, 'my old woman brings her 3s. 6d. to-night, and that's enough for me.' A third instance he mentioned of a stone sawyard near his wharf, where two men had been employed for fifteen or sixteen years, earning their six or seven pounds a week. Their employer adopted steam to do his work, and these two men were turned off. In a short time they were found to be in the workhouse as dependents upon charity, though for years they had been earning each nearly three or four hundred a year.

"Now, these examples were given to me in a few minutes by one practical man, and are they not indications of the immense improvidence and indifference to honest pride affecting the mass of our artisans and labourers? Is it, then, benevolence or cruel neglect to facilitate the progress of such a state of things? I doubt not, the latter.

"Poor-law dispensaries should efficiently provide for the destitute; provident dispensaries for those who are too poor to pay the ordinary charge of medical practitioners; and hospitals should receive all the severe cases of illness or accident which to their receiving officers appeared right and necessary, but out-patient departments should be abolished. The Poor-law and provident dispensaries would efficiently keep their wards supplied with suitable cases.

"Believe me, my dear Dr. Meadows, yours sincerely,  
"THOS. HAWKSLEY."

## ANEURISM OF ARCH OF AORTA.

Patient cannot swallow food  
So well, he says, as once he could.  
(Edema, pain, sometimes pulsation,  
Something wrong with Respiration.  
Five may be causes for dyspnoea;—  
Veins, vagus, bronchus, lung, trachea.  
If these are by the tumour pressed,  
The breathing will be much distressed.

Guy's Hospital Gazette.

We are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Carlisle Patriot, March 20th; The Ayr Advertiser, March 19th; The West County Lantern, March 14th; The Scotsman, March 19th; The Brighton Examiner, March 17th; The Leicester Advertiser, March 21st; The Blackburn Standard, March 25th; The Hull Evening News, March 20th; The Sunderland Times, March 20th; etc.

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

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## BOOKS, ETC., RECEIVED.

The Sphygmograph: its Physiological and Pathological Indications. By Edgar Holden, A.M., M.D. Philadelphia: Lindsay and Blackiston. 1874.

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