

I remember seeing a case of traumatic tetanus successfully treated by Calabar bean in a provincial hospital (unfortunately, I have not the notes of the case), in which this was strikingly manifest. The bean was administered in increasing doses until the pupils were contracted down to a pin's point; and, as soon as this was so, the spasms ceased. They, however, recurred slightly upon the drug being left off, and when the pupils regained their normal condition, but were speedily brought under control upon the drug being again continued, which was done for several days following, diminishing the dose gradually. The case ultimately recovered perfectly. I may add that I have seen the bean tried in two other cases unsuccessfully; but in neither of these were the physiological effects produced.

Any drug used in the treatment of this terrible malady, after the administration of which recovery ensues, is hailed with joy by the profession; but if, after further trials, the result should not be equally satisfactory, it is often thrown aside as useless; and this may occasionally, perhaps, be due to our own neglect in not watching the effects of the drug sufficiently. I make this suggestion, as perhaps, in some of the cases in which Calabar bean has been used unsuccessfully, the physiological effects were not produced.

W. H. JALLAND, F.R.C.S., York.

SELECTIONS FROM JOURNALS.

SURGERY.

POPLITEAL ANEURISM TREATED BY THE APPLICATION OF ICE: RECOVERY.—A soldier named Manoel F. dos Santos, aged 39, was admitted on October 1st, 1873, into the military hospital in Bahia, under the care of Dr. Constantin Machado. He had in the left popliteal space a swelling of the size of a hen's egg, which presented all the characters of aneurism; it was very painful, and prevented him from walking. The skin over the aneurism was hot, shining, and smooth; the patient said that he had a feeling of heat and tension in the part. It was intended to employ digital pressure, but in the first place to apply ice over the aneurism as a palliative. Accordingly, a bladder of ice was applied constantly for three days, being changed whenever the temperature approached that of the body. At the end of this time, the tumour was found to be solidified, the *bruit* which was at first heard had disappeared, and the swelling had much diminished. The pain, however, remained until the coagulum was absorbed. No other treatment was adopted, and the patient left the hospital on November 28th perfectly cured.—*Gazeta Medica da Bahia*, December 31, 1873.

LUMBAR HERNIA IN A CHILD.—Dr. W. N. Campbell relates the following case in the *New York Medical Journal* for February. Thomas Whelan, aged 4, was brought to hospital on November 22nd, 1873, for the treatment of an abscess, as the father called it. On examination, there was found a convex curvature of the spinal column, at about the middle of the dorsal vertebra, which was first noticed by his parents two years ago, and which very gradually increased in size. Eighteen months ago, an abscess formed in the left loin between the crest of the ilium and the last rib. After attaining a considerable size, it was lanced by a surgeon in attendance, and much pus discharged therefrom. A poultice was then applied; and it continued to discharge up to the 1st of last May, at which time the poultice was discontinued, and the wound closed. One month following the closure of the wound, another tumour appeared, and gradually increased. The tumour was found to be situated at that point where the quadratus lumborum and latissimus dorsi intersect the external and internal oblique muscles. It was then about the size of a goose-egg, soft and fluctuating to the touch; tympanic resonance was obtained on percussion; and, upon performing taxis forward and inward, it was reduced, followed by a rumbling or gurgling sound, reappearing upon the patient's coughing or making muscular exertion. From these signs, it was diagnosed to be a lumbar hernia, due, in all probability, to disintegration of the muscular fibres of the muscles, owing to the long continued discharge from the abscess. It was reduced, and a compress and bandage applied. The case was afterwards presented to Professor Mott, at his clinic at Bellevue College, and he confirmed the diagnosis.

AMPUTATION BY THE GALVANIC CAUTERY.—Within the last two years, Dr. Paul Bruns has performed twelve amputations of the limbs by the galvanic cautery; viz., eight amputations of the thigh, two of the leg, one of the forearm, and one of a finger. The use of the galvanocaustic knife did not prevent hæmorrhage during the operation, while

the galvanic wire, when carefully applied, did so. To prevent hæmorrhage, the principal artery of the limb should be compressed, and the back flow of venous blood restrained by a circular ligature. Esmarch's method might be applied with advantage. The galvanic wire is most applicable in amputation by the circular method. The skin, having been cut through, is drawn back; the wire is then applied higher up, and the muscles and periosteum are divided; after which, the bone is sawn through. In the forearm and leg, the wire is passed by the aid of a needle through the interosseous space, and the muscles are divided in two portions. Towards the end of the operation, the current must be somewhat weakened, as the wire is apt to become red hot and cut through the tissues too rapidly. The large arteries must be tied after the operation. The eschar is very thin, but it affords security against secondary hæmorrhage. The shock, pain, and traumatic fever, were very slight in all the cases. The progress presented nothing remarkable; the danger of pyæmia did not appear to be less than after operation by other methods; and the healing process was slow. Bruns considers that the merit of the operation lies in the greater security against hæmorrhage and the small amount of constitutional disturbance.—*Archiv für Klinische Chir.*, vol. xvi; and *Wiener Med. Wochenschrift*, No. 14, 1874.

THERAPEUTICS.

GALVANISATION OF THE SYMPATHETIC IN TYPHOID FEVER.—Glax (*Pester Med. Clin. Presse*, and *Medicin.-Chir. Rundschau*, March 1874) states that, in thirty cases of abdominal typhus under his care, whenever the temperature in the axilla reached 102.2 Fahr., he placed the positive pole of a constant battery of twenty elements on the third cervical vertebra, and the negative pole "on the upper cervical ganglion of the sympathetic nerve", and found "in nearly all cases a remarkable fall of temperature in the course of some hours". Glax believes that in this way the temperature may be reduced.

LOCAL TREATMENT OF CAVITIES IN THE LUNGS.—In the *Berliner Klinische Wochenschrift*, No. 43 for 1873, Dr. F. Mosler stated that in two cases of advanced phthisis, with cavities lying near the surface of the lungs, he injected a dilute solution of permanganate of potash into the cavities. No reaction followed, and the general condition of the patients appeared to be at once improved. In another case, that of a man aged 49, who had for five years had bronchial dilatation in the upper lobe of the right lung, and who also suffered from amyloid degeneration of the kidney and intestine, he established a fistulous opening in the second intercostal space, and introduced a silver drainage-tube. The operation was not followed by any febrile reaction. There was an abundant purulent discharge through the tube, especially on coughing; and the patient's general health was improved. Some hæmoptysis appeared, which was restrained by the inhalation of a dilute solution of perchloride of iron through the cannula. After this, atomised carbolic acid and tincture of iodine were inhaled in the same way. The pus became more healthy and less abundant, and the pulmonary disease appeared to make no advance; but the patient gradually sank, and died four months after the operation. The inhalation of carbolic acid was continued twice daily to the last. The right pleura was adherent throughout, and at the upper lobe formed a thick almost cartilaginous membrane. The fistulous opening led into a cavity occupying nearly the whole upper lobe, filled with a yellowish creamy fluid; it was lined with a smooth membrane, presenting granulations at some points. The spleen, kidneys, and intestines were in a state of amyloid degeneration.—A similar mode of treating pulmonary cavities has been practised, independently of any knowledge of Dr. Mosler's contribution, by Dr. W. Pepper, Professor of Clinical Medicine in the University of Pennsylvania. In the *Philadelphia Medical Times* for March 14th, he describes three cases of phthisis with vomica, which he treated by injecting a few minims of a dilute Lugol's solution of iodine (four minims to an ounce of water). The operation was sometimes followed by transient cough and hæmoptysis. In the first case, that of a man aged 29, marked improvement in the patient's condition followed; the breathing was greatly relieved, the cough diminished, and there was some increase in flesh. In the other two cases, the result is not stated. Dr. Pepper says that the only point which is actually demonstrated by his cases is the possibility of puncturing and injecting pulmonary cavities without producing mischief: the practical value of this mode of treatment is as yet uncertain. It appears to him that, considering the almost hopeless nature of some of the cases of lung-disease, the proof that a puncture may be made into the lung-tissue, and remedial agents brought into direct contact with the seat of disease, without any serious danger, calls for a patient trial of it.

At length matters reached a crisis: cases of severe internal inflammation were directly traced to gross neglect in the nursing; the whole hospital became unhealthy from dirt and mismanagement; loud complaints of neglect were made by the patients; the matron either could not or would not satisfy the just requirements of the staff; and, accordingly, with a deep conviction of the gravity of the question, the Medical Committee requested Dr. Gairdner, on his retiring from the office of house-physician in November last, to present a report giving his experiences of the nursing and general internal management of the hospital. This was the first step in the dispute which has culminated in our resignations. Dr. Gairdner's report was thoroughly investigated by us, and finally sent to the Committee.

On this subject, Dr. Protheroe Smith sent a letter to the Medical Committee. The reply of the Committee caused us equal surprise and regret, for we all felt that not only was our request reasonable and proper, but that, being responsible for the lives of our patients, the conscientious discharge of our duties required acquiescence in it. Our first impulse, then, was to tender our resignations; but, after grave deliberation, we decided to remonstrate with the Committee, and to lodge with them a protest casting the responsibility of the future on their shoulders. This led to the appointment of a Subcommittee; no intimation, however, of this has ever been sent to us, but only a formal resolution, accompanied by no letter, asking for *written* evidence to be placed before the General Committee in support of the charges we had preferred, but which the Committee had previously declared had "little or no foundation."

About this time we heard, on good authority, that one or more of the staff had become particularly obnoxious to certain of the General Committee, and, apparently in order to effect their speedy removal, they secured an alteration in the bye-law which regulates the term of office of the honorary medical officers, so as to enable them to carry out this intention, and that, too, within twelve days of the time when notice of the alteration was received. The new bye-law was received by the staff on the 19th December, and was to come into operation on the 31st.

This *coup de main* was, however, frustrated by an intimation made to the Committee, that as the staff had been appointed for *two years* in the previous January, the contemplated action was illegal. Accordingly, the Committee met hastily, and so far rescinded their resolution as to postpone its application to the time when it could be legally enforced. The terms of the amended bye-law were, however, still objectionable; and it was, moreover, so evident that what we had regarded as a mere matter of form, was now to be a living reality—viz., periodical re-election, with the possibility and even probability of non-election—a formal proceeding which, in years gone by, had, indeed, been often entirely overlooked, some of the staff having never heard even of its existence, that we felt our position exceeding uncertain and insecure. In this opinion we were confirmed by the fact which was brought to our knowledge, that on a former occasion, several years ago, the Committee had so dismissed, by not re-electing, one of the physicians—the late Dr. Tanner.

Accordingly, we decided that, pending the settlement of this new question, that of the nursing had better be postponed, especially as the Committee had expressed themselves perfectly satisfied with the present *régime*, until it might be considered by those (our successors) who would have the responsibility of its experience.

Our remonstrances, and, finally, our threat of resignation, which was most unwillingly made, in reference to this alteration in the bye-law, were of no avail. The Committee referred us to other hospitals where a similar regulation existed; but they overlooked the fact, that in all of them the rule in question held good, not only in regard to the medical staff, but also to all other officers and committees. Besides which, in those institutions there is an appeal beyond the Committee to the general body of governors; whereas at Soho, not only is there no appeal, but the rule in question applies only to the staff, and the Committee are responsible to no one, for *they elect themselves, and the governors have no voice in the matter!* Moreover, we believe there is no instance on record where this power of dismissal by non-election has ever been exercised except in the one case already referred to at Soho.

At last, when the Committee found that we had determined to resign, they acceded to our request so far as to propose that the new bye-law should not apply to the existing holders of office; and although this proposal would have made our tenure of office permanent, inasmuch as the old bye-law had been swept away for the new, which was not to apply to us (a result which, we are informed, however, the Committee did not contemplate), yet the offer itself was made in terms so offensive and insulting, and accompanied by such imputations on our professional honour, that its acceptance was thereby rendered impossible; especially as it was now apparent that to return to work with a Committee so constituted, and with such a disposition towards an honorary medical

staff, would be to place ourselves in a position wherein we were liable at any time to have the stigma of a dismissal cast upon us.

In conclusion, as it has come to our knowledge that a rumour is current, to the effect that some religious question is at the bottom of the whole dispute, we desire to give this rumour the most emphatic contradiction, and to state most distinctly that throughout the whole discussion not one word on this subject has ever been uttered. How such an idea has originated we do not know, and can only imagine that it has been circulated by some who are anxious to divert attention from the professional bearing of the question.

We cannot conclude this statement without expressing our regret at the conduct of the Committee, and our surprise that they should have treated the staff—some of whom have been officers of the hospital for a great many years—with such scant courtesy and consideration. We regret very much that the charity should suffer by this action, and after years of faithful service and much hard work for the welfare of the institution, we are sorry to have had our resignations forced upon us as they have been; nor can we believe that the true interests of the charity, as is declared by the Committee, required such meddling legislation.

ASSOCIATION INTELLIGENCE.

COMMITTEE OF COUNCIL: NOTICE OF MEETING.

A MEETING of the Committee of Council will be held at the Freemason's Tavern, Great Queen Street, Lincoln's Inn Fields, London, on Friday, the 17th day of April next, at 3 o'clock in the afternoon.

FRANCIS FOWKE, *General Secretary*.

37, Great Queen Street, London, March 31st, 1874.

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.

NORTHERN BRANCH.

THE spring meeting of the Northern Branch will be held at Bishop Cosin's Library, Durham, on Thursday, April 30th, at 2.45 P.M.

The President, Dr. Heath, will deliver an address, entitled "Reminiscences of a Visit to Vienna and Zurich."

The following papers have been promised.

1. On a Rare Form of Dislocation of the Hip-Joint. By Dr. Heath.
 2. Notes of a Case of Injury to the Knee-Joint. By W. L. Emerson, Esq.
 3. Report of a Case of Paracentesis Thoracis. By Dr. Philipson.
- Gentlemen who are desirous of reading papers or exhibiting specimens are requested to communicate with the Secretary at their earliest convenience.

G. H. PHILIPSON, M.D., *Hon. Sec.*

Newcastle-upon-Tyne, March 30th, 1874.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT.

THERE will be only one meeting this spring, which will be held at Gravesend, on Friday, May 29th (D.V.); A. SHEWEN, M.B.Lond., in the Chair.

FREDERICK JAMES BROWN, M.D., *Hon. Sec.*

Rochester, March 30th, 1874.

WEST SOMERSET BRANCH: SPRING MEETING.

THE spring meeting of this Branch was held at the Royal Clarence Hotel, Bridgwater, on Thursday, April 2nd, at 5.15 P.M.; GEORGE GILLET, Esq., President, in the Chair.

The Secretary produced letters of regret from twenty-five members who were unable to be present.

Discussion on Chloral Hydrate.—The question on which the members of the Branch were invited to give their opinion, viz., as to the relative value of Chloral Hydrate and Opium, in allaying pain and inducing sleep, was introduced by the President. Written answers from Dr. Cordwent, Dr. Mackay, Mr. Stephens, and Mr. Collins were read. The members present severally stated their opinions, which were of a diversified character; and an animated discussion resulted.

Cases.—1. Mr. F. J. PARSONS (Bridgwater) read a short paper on

Two Cases of Stone in the Bladder, a disease of rare occurrence in the neighbourhood. Both his cases had occurred within a short time of each other, and the patients came from the same parish. In the one case lithotomy, and in the other lithotripsy had been successfully resorted to.

2. Mr. PARSONS also related a case of very severe Salivation from Pregnancy, in which he had been obliged to induce abortion to save the patient.

CORRESPONDENCE.

INSTRUCTION OF MIDWIVES.

SIR,—We all remember the Old Bailey instructions to counsel, “No case—abuse plaintiff’s attorney”. Either unable or unwilling to answer my objections to State recognition of a class of imperfectly educated practitioners, Dr. Aveling, having condemned my arguments as “illogical and desultory”, now accuses me “of wishing to turn midwives into the workhouse and of unconsciously working against the interests of the general practitioner, etc.”

I will reply to my friend Dr. Aveling in his own words: “His intentions, I know, are the very best, but, in this instance, his enthusiasm exceeds his discretion”. I take strong exception to the doctrine taught by Dr. Aveling, viz., that “most intelligent practitioners” are so selfish and mercenary, that, “having used the poor for their own purposes, in establishing their reputation, as soon as they have gained their object, they hand over to the midwife all those patients who cannot afford to pay remunerative midwifery fees”. He tells us “that a man who has been up all night, or detained all day at a labour, is often either tempted or obliged to neglect his other work”, but seems to argue that, while this is a serious objection to what he calls “low midwifery practice” (a term against which I protest, as applied to the work of the humblest practitioner), it is no insurmountable obstacle to the more remunerative practice in the higher social scale.

Dr. Aveling does well in recommending young men to attend a large number of labours; and, as there is a constant succession of young men growing up, why suggest the necessity for transferring this useful source of experience to imperfectly educated women? As to the honour which the obstetric department of medicine is to derive from the attempt to “meliorate midwives”, how stands the case at present?

The scheme of the Obstetrical Society has been before the profession for some two years, and I suppose its most sanguine advocates will scarcely pronounce it to have proved a success; in fact, its failure is implied in the subsequent attempt, on the part of the British Medical Association, to substitute for voluntary efforts, a compulsory basis, and this latter has been already condemned by one of the largest and most influential of the Branches.—I am, etc.

A. B. STEELE.

Liverpool, March 28, 1874.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HASTINGS AND ST. LEONARD'S WATER-SUPPLY.

FOR some time past, the water-supply for Hastings and St. Leonard's has been unsatisfactory, and, as its quantity is to a large extent dependent on a surface-supply, the dry autumn and winter which have just passed have caused renewed anxiety for the coming summer season. In the poorer districts, the supply has been decidedly deficient, and, even in the best houses fronting the sea, a full supply is rarely obtained when the town is full of visitors, and when it is most required. The water is also of an inferior quality. According to the *Hastings Chronicle*, visitors who have chosen St. Leonard's as a winter resort have, in consequence of the impure water-supply, been compelled to leave it; and analysis has shown that it contains about three times as much matter, of animal and vegetable origin, as occurs in the average of potable waters supplied to our large towns—a standard of comparison which is by no means high. Years ago, some of the leading inhabitants did all they could to induce the authorities to seek a fresh source of supply, but their efforts were unavailing, and even at the present time the Water Committee is stated to be unwilling to act. One thing, however, appears to be dreaded, and that is a falling off in the prosperity of the place, which is almost sure to result if the present unsatisfactory circumstances gain too much publicity. The facts cannot, in our opinion, be too widely made known.

THE POOR-LAW SYSTEM.

AT a meeting of the Victoria Discussion Society, held on Thursday week, Sir C. Trevelyan, Bart., in the Chair, Dr. Platt read a paper upon the subject of the administration of our Poor-laws. From his position of Poor-law Medical Officer, he said that the conviction had forced itself upon him that our Poor-law system was based upon wrong principles; and that by withholding aid where it was most needed, we increased the ranks of pauperism. The manner in which the sick were treated, he argued, was a most fruitful source of pauperism. The object should be to treat the sick poor at their homes; the doctor should have full power to order what he thought necessary, and the relieving officer should be bound to obey the order of the medical officer in supplying the sick person with whatever he (the medical officer) thought necessary.

ADULTERATION PROSECUTION.

AT the Leeds Borough Police Court, six dealers in milk have been charged with having sold adulterated milk. The average proportion of water added was 12 per cent. In one case, where the proportion was as much as 27 per cent., Mr. Bruce (stipendiary magistrate) imposed a penalty of 60s. and costs; in the other cases, of 40s. and costs each. The defendants were unanimous in denying that they had added the water to the milk, alleging that the admixture took place before the milk came under their control. Mr. Bruce, however, informed them that that did not relieve them of responsibility, as they had the option of having the milk supplied to them analysed. These are the first prosecutions of the kind in Leeds under the Adulteration of Food Act.

MEDICAL OFFICERS OF HEALTH.

A CORRESPONDENT of the Plymouth *Lantern* writes:

“Sir,—The town council of Brighton has elected Dr. Taaffe, medical officer of health for the borough, at a salary of £200 a year. Dr. Littleton has just been elected medical officer of health for Plymouth, at a salary of £50 a year; a remarkable difference, certainly, in the pecuniary estimate of the value of such services, as such would not be more arduous or more time-taking in Brighton than in Plymouth. I can only conjecture one must be *overpaid*, or the other *underpaid*; but which of these suppositions is the correct one? I shall be glad to have an authoritative opinion on the matter to present to the readers of the *Lantern*.”

REPORTS OF MEDICAL OFFICERS OF HEALTH.

MONMOUTH.—Dr. Willis, the Medical Officer of Health for the Monmouth rural sanitary district, reports that the death-rate during the latter half of 1873, was fourteen per 1,000 living; but, although this district has enjoyed a comparatively small general mortality, the conditions which tend to bring about high death-rates, and which favour the spread of infectious diseases, are by no means absent. In the West Dean or Forest District, enteric fever caused a large amount of sickness and some mortality last spring; some of the villages, which are mostly inhabited by miners and iron- and tin-workers, appear to be destitute of every proper sanitary arrangement, and pools fouled by human excreta are used for drinking purposes. All this was brought under the notice of the sanitary authority some time ago, but, as frequently happens, nothing whatever has been done in the matter. No time could, however, be more favourable than the present one for effecting improvements in the sanitary conditions under which the working classes of such districts live; trade is extremely prosperous, and the owners of property are better able than ever to provide decent accommodation and proper homes for those whom they employ. In some colliery districts great sanitary improvements are being made, but from the report before us, it is evident that no change for the better is taking place in the West Dean coal-field.

CHERTSEY.—Mr. E. L. Jacob, the newly appointed Medical Officer of Health to a combined district in Surrey, has issued reports on the sanitary condition of two villages in the Chertsey rural sanitary district. The first relates to the village of Hersham, which lies upon a bed of gravel overlying London clay. No means by which this porous subsoil could be polluted appear to have been neglected. The village is practically undrained; the slops and liquid refuse being poured into the subsoil either directly or indirectly by means of porous cesspools; privies with leaky cesspits, undrained piggeries, and heaps of refuse still further add to the prevailing pollution, and it is from this same soil that the water-supply of the village is procured, by means of shallow surface-wells. As a natural consequence, the place is unhealthy, and it has already been the seat of an outbreak of enteric fever. The village of

vomiting, followed by hæmatemesis, and he gradually sank, retaining to the end his consciousness and mental tranquillity.

John McFarlane, though one of those many young men to whom personal distinction and professional success were ruling objects of ambition, had been too well brought up to have any hostility to the considerations which refer to the life to come; and, therefore, when the hopes of the Christian faith were more closely brought home to him during his illness, he gladly welcomed them, and, with perfect calmness and peace, resigned himself to that fate which he saw to be inevitable.

The regard and esteem in which he was held was manifested at his funeral. About four hundred students preceded the hearse, which was followed by the resident physicians and surgeons of the Royal Infirmary, the rest of the *cortège* consisting of the mourning coaches containing his personal friends, and the carriages of Professors of the University, and medical and surgical officers of the hospital.

FREDERICK WOODMAN, M.D., L.R.C.P.

DR. FREDERICK WOODMAN, who died at Deal, on March 15, at the early age of 34, was the third son of the late Mr. William Woodman, surgeon, of Exeter; and following in the steps of his two elder brothers, commenced his professional career at the Exeter Hospital as dresser to Mr. James, then one of the most distinguished of our provincial surgeons. Thence he went to Guy's, where, in 1862, he took the first prize of his year (value £40). Having taken the usual qualifications, and graduated at St. Andrews, he was for a short time assistant medical officer at the Wyke House Asylum. He then accepted a commission as assistant-surgeon in charge of the steamship *Kwantung*, in the Anglo-Chinese navy. After the unexpected collapse of this perfectly-equipped little force, the *Kwantung* was ordered to Bombay to be sold, and on arriving there, early in January, 1864, it was found that the transport *Queen of the North* (crowded with invalids and time-expired men), was detained by the illness of the surgeon, and Dr. Woodman consented to take his place. Cholera was then prevalent at Bombay, and it speedily broke out on board the ship; and between February 8 and February 13, thirty-nine persons were attacked with it, besides very many with diarrhoea. In all there were twenty-six deaths. On the arrival of the ship at Portsmouth, a military court of inquiry was held; and the finding of the court, which was very complimentary, was conveyed to Dr. Woodman, by the Commander-in-Chief, in most flattering terms, fully appreciating his services, and approving of all that he had done. Soon after his return to England, Dr. Woodman succeeded to a practice at Deal, where he continued to reside until his death. This was caused by myelitis, obscure symptoms of which had existed for about two years; they were, however, thought to be only rheumatic. Shortly before Christmas he felt quite well, but there was still a stiffness in the lumbar region. Early in January he became rapidly worse, and was obliged to give up work. Paraplegia and disordered sensation came on very quickly, but after a few days gradually improved; double vision, however, and other signs of affection of the upper part of the spinal cord supervened, and he sank at last apparently from disorder of assimilation. There was no general paralysis, and he maintained his consciousness until within a few hours of his death.

His brother practitioners have united in expressing to his widow their sense of the loss they experience in the death of one for whom they had so much regard, and with whom they had worked with such unanimity and cordiality. His funeral was attended by a large number of people of all classes, who were anxious to show their respect to his memory.

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF CAMBRIDGE.

DR. BRADBURY'S LECTURES.—The Linacre Lecturer on Physic gives notice that he will resume his lectures on Pathology, at the Old Anatomical Schools, on Tuesday, April 14th, at 10 A.M., and continue them on every succeeding Tuesday, at the same hour, throughout the term. The subject of the lectures for the Easter Term will be the Pathology of Absorption, Nutrition and Secretion (skin and kidneys).

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, April 2nd, 1874.

Barlow, Thomas Carey, Dalston

Davies, Elijah Knox, Brimscombe Court, Gloucestershire
Rudduck, John Burton, Epping, Essex
Simmonds, William Allason, Gravesend, Kent

MEDICAL VACANCIES.

THE following vacancies are announced:—

- ARDEE UNION, co. Louth—Medical Officer for the Dunleer Dispensary District: £120 per annum.
- BALLINASLOE DISTRICT LUNATIC ASYLUM—Visiting Physician: £100 per annum. Applications, 13th instant, to Dr. Eaton, Resident Medical Superintendent.
- BOOTLE BOROUGH HOSPITAL—House Surgeon: £80 per annum, board, lodging, etc. Applications, 20th instant, to T. P. Dawson, Hon. Secretary.
- BRISTOL GENERAL HOSPITAL—Physician. Applications, 22nd instant, to Henry Fox, R.N., Secretary.
- BURY DISPENSARY—House Surgeon: £100 per annum, furnished apartments, etc. Applications, 16th instant.
- CAMBRIDGE—Medical Officer to the Police.
- CORK UNION—Medical Officer for the Workhouse.
- COUNTY DOWN INFIRMARY, Downpatrick—Assistant Surgeon and Resident Registrar: £63 per annum, board, apartments, etc. Applications, 14th instant, to John K. Maconchy, Surgeon.
- CROOM UNION—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Adare Dispensary District: £120 per annum, and fees. Applications, 20th inst., to Matthew O'Flaherty, Hon. Sec., Donoman Castle, Croom.
- CUMBERLAND INFIRMARY, Carlisle—House-Surgeon: £100 per annum, furnished apartments, board, etc. Applications, 22nd inst., to John Laver, Sec.
- *DONEGAL UNION—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Pettigo Dispensary District: £60 per annum, and fees. Applications, 23rd instant.
- GENERAL HOSPITAL, Birmingham—Resident Medical Officer: £100 per annum, board, and residence. Applications, 27th instant, to W. T. Grant, House Governor and Secretary.
- HOSPITAL FOR SICK CHILDREN, Great Ormond Street—Medical Registrar. Applications, 15th instant, to Samuel Whitford, Secretary.
- HOSPITAL FOR WOMEN—Physician; Two Assistant Physicians; Two Surgeons; Surgeon-Dentist.
- HULL and SCULCOATES DISPENSARY—Physician.
- HULL GENERAL INFIRMARY—Physician.—Pathologist: £100 per annum.
- *IRVINESTOWN UNION—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Clonelly Dispensary District: £60 per annum, and fees. Applications, 23rd instant.
- KILCHREHAN and DALAVICH, Argyllshire—Parochial Medical Officer. Applications, 1st May, to Rev. N. Mackenzie, Kilchrehan.
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- LINCOLN COUNTY HOSPITAL—House-Surgeon and Apothecary: £100 per annum, board, and lodging. Applications, 4th May, to J. W. Danby, Secretary.
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- NENAGH UNION, co. Tipperary—Medical Officer for the Silvermines Dispensary District: £100 per annum. Applications, 30th instant.
- NEWCASTLE-ON-TYNE HOSPITAL FOR DISEASES OF CHILDREN—Physician.—Two Medical Officers.
- NORTH LONDON CONSUMPTION HOSPITAL—Physician. Applications, 15th April, to W. Hornibrook, Secretary.
- OXFORDSHIRE—Public Analyst.
- ROYAL SOCIETY OF MUSICIANS—Aural Surgeon.
- ST. GEORGE and St. JAMES DISPENSARY, King Street, Regent Street—Accoucheur. Applications, 23rd instant, to J. H. York, Secretary.
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- WATERFORD UNION—Medical Officer and Public Vaccinator for the Ullid Dispensary District: £100 per annum, and fees. Applications, 16th instant, to Matthew Walsh, Hon. Sec., Ballynearla, Kilmacow.
- WOLVERHAMPTON and STAFFORDSHIRE GENERAL HOSPITAL—House-Surgeon: £100 per annum, board, furnished apartments, etc. Applications, 25th instant, to the Chairman of the Medical Committee.

* Held together.

MEDICAL APPOINTMENTS.

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

- GILL, Railton, M.D., appointed Medical Officer of Health for the Low District of Alston Union.—Salary, £20.
- JOSEPH, George W., L.K.Q.C.P.I., elected Medical Officer of Health for the Borough of Warrington, *vice* Frederick Barton, M.R.C.S. Eng., resigned.
- RICKARDS, Edwin, M.B., elected Honorary Physician to the Birmingham General Hospital.

OPERATION DAYS AT THE HOSPITALS.

MONDAYMetropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.
TUESDAYGuy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—West London, 3 P.M.—National Orthopaedic, 2 P.M.
WEDNESDAY	..St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.30 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—St. Thomas's, 1.30 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Cancer Hospital, Brompton, 3 P.M.—King's College, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.
THURSDAYSt. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.
FRIDAYRoyal Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.—Royal South London Ophthalmic, 2 P.M.
SATURDAYSt. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.—East London Hospital for Children, 2 P.M.—Hospital for Women, 9.30 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 9.30 A.M.—Royal Free, 9 A.M. and 2 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY	—Medical Society of London, 8 P.M. Professor E. Wilson, "On the Uses of Gorgon Balsam"; Mr. Keene, "On a Recent Death from Bichloride of Methylene"; Dr. Routh, "On Certain Preparations of Phosphorus, and their Action on the Economy"; Mr. William Adams, "On a Case of Strangulated Femoral Hernia reduced by large Injections of Oil"; Mr. Francis Mason will show a patient with Infecting Sore on Thigh with Secondary Symptom.—Odontological Society. Communications by Messrs. Sewell, White, Coles, and James Parkinson; Mr. Spence Bate, "On Transplanting and Replacing Teeth".
TUESDAY	—Royal Medical and Chirurgical Society, 8 P.M. Ballot. 8.30 P.M. Mr. Mahomed, "On the Etiology of Bright's Disease and the Prealbuminuric Stage".
THURSDAY	—Harveian Society of London. 8 P.M. Mr. J. Keene, "On some Affections of the Naso-pharynx which give rise to Deafness".

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.

XENO.—A Licentiate of the Royal College of Physicians of Edinburgh is considered to possess a fair professional status. The Licence only entitles him to practise *medicine*—not surgery.

OVARIOCTOMY IN THE YOUNG.

SIR,—In answer to Mr. Spencer Wells's request to be furnished with any cases of ovariectomy in young children that members of the Association may be acquainted with, I beg to refer him to the *Lancet* of the latter part of 1872, in a number of which journal are published the particulars of a case of ovariectomy in a child three years of age—the youngest, I believe, on record in this country—which I had under my care in the North Staffordshire Infirmary.

Burslem, March 23rd, 1874. I am, etc.,

JOHN ALCOCK.

DR. SPENCER'S STETHOSCOPE.

SIR,—Can any of your readers bear testimony to the superior excellence of Dr. Spencer's stethoscope? and, if so, say where they can be obtained, and what the price of one would be? I am, etc.,

London, April 6th, 1874. C. J. P.

CREMATION.

SIR,—Many years ago, the advantages of cremation over interment, in the disposal of the dead, presented themselves to my mind, but always weighted with this practical difficulty—viz., that by cremation all chances of the detection of crime by *post mortem* examinations and chemical analysis will be annihilated. Many cases of crime will be undetected, or *post mortem* examinations will have to be made much more frequently than they are at present; in fact, in almost every case. The advocates of cremation will have to meet this difficulty before this mode of disposal of the dead can be adopted even permissibly. I am, etc.,

EWING WHITTLE, M.D., M.R.S.A., Lecturer on Medical

Jurisprudence to the Liverpool Royal Infirmary School of Medicine. Liverpool, April 3rd, 1874.

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.

EXEMPTION OF MEDICAL MEN FROM SERVING AS JURORS.

SIR,—In reply to M.'s letter on this subject, in the BRITISH MEDICAL JOURNAL of March 28th, I have to remark that the Medical Act exempted *registered* medical men from all juries whatsoever; and it is no solution of the difficulty to say (even if it be the case) that the clause only applies to civil and not to criminal trials, and that such trials take place in Edinburgh and not in the provincial towns; and I see no qualification in the Act referred to distinguishing special from common jurymen, so far as medical men are concerned.

The Tichborne case was originally a civil case. Were a similar case to be tried in Edinburgh, and one or two M.D.s compelled to serve on such a trial as jurymen, it would be the next thing to professional ruin. I am, etc.,

March 30th, 1874.

A. J. KINLOCH, M.D.

MATERNAL IMPRESSIONS.

SIR,—Having observed in your issue of April 4th Mr. C. M. Thompson's remarks on "maternal impressions," I wish to place before your readers the following case, substantiating those quoted, which came under my notice many years ago.

Mrs. B., a healthy woman, about thirty-seven years of age, the mother of a large family, sent for me as usual to attend her in labour. The presentation was most extraordinary; in fact, I could not make it out. The labour, however, progressed favourably to its termination, when she (the mother), noticing some peculiar expression depicted on the countenances of those about her, exclaimed, "Oh, don't show it me; take it away; I know it's not right." (At this point your readers will perceive the maternal impression conveyed in the exclamation.) The object (or rather monster, more truthfully) had an elongated head somewhat resembling a frog's, with but one eye in the centre; the hands were almost human, but webbed completely from the wrists to the axilla, to the sides as far as the hips. Feet there were none, but rudiments from these to the buttocks were webbed in a similar manner. Fortunately, it was dead. The cause of this deformation, I ascertained afterwards, was, that in the early period of the mother's pregnancy, she was taking a walk in the fields, when she was suddenly startled by a large frog, which sprang across her path, and on to her foot and leg.

Other cases might be added, but I consider the above sufficient to verify the cases noted. I am, etc.,

T. R. LEESON, M.R.C.S. Eng., & L.M.D.
Wellington Street, St. John's, Blackburn, April 6th, 1874.

THE ADDENDA TO THE "BRITISH PHARMACOPOEIA."

SIR,—In the list given in your issue of to day of Addenda to the *British Pharmacopoeia*, with comments "from the dispensing point of view," I find that exception is taken to the new "Injectio Morphiae Hypodermica" as being only half the strength of that formerly in use. I take the liberty to say—having in view your promised examination of these Addenda from a medical and therapeutical point of view—that, in my humble opinion, the change in question is a step in the right direction. Ever since this mode of administering morphia was introduced, I have now and then heard and read of abscesses and other *désagréments* resulting from its use—consequences altogether attributable, I believe, to the employment of a too concentrated solution; the salt, etc., acting as a local irritant. From the time of its introduction up to the present, I have plied my Wood's Syringe, in administering morphia, as diligently, I venture to affirm, as most practitioners, and I cannot call to mind a single instance in which any, the slightest, mischance—beyond the occasional nausea induced by the constitutional action of the drug—arose from the practice.

The preparation I have invariably used—adopted at first, I admit, for no better reason than that it was at hand—is the Liquor Morphiae Hydrochloratis of the *Pharmacopoeia*; and my object in the present communication is to recommend this to others, as affording perfect immunity from injury or annoyance to the patient, and admitting, in all circumstances, of the necessary dose of morphia being administered hypodermically with perfect ease. I am, etc.,

Land Street, Keith, N.B., March 28th, 1874.

R. TURNER, M.D.

WE are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Carlisle Patriot, April 3rd; The Ayr Advertiser, April 2nd; The West County Lantern, March 28th; The Scotsman, April 2nd; The Brighton Examiner, March 31st; The Leicester Advertiser, April 4th; The Blackburn Standard, April 8th; The Hull Evening News, April 3rd; The Sunderland Times, April 3rd; etc.

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

Dr. Sibson, London; Dr. Murchison, London; Dr. Payne, London; Dr. George Johnson, London; Dr. Ransome, Manchester; Dr. Rumsey, Cheltenham; Our Paris Correspondent; Dr. Mercer, Beverley; Mr. T. Cooper, Glasgow; Mr. W. Storr, Brixton; Dr. Sheen, Cardiff; Mr. W. T. Grant, Birmingham; Dr. Hugh Miller, Glasgow; Mr. A. Parker, Birmingham; Dr. Elliott, Hull; Mr. Holmes, London; Mr. Murdoch, Shrewsbury; Dr. G. H. Philipson, Newcastle-upon-Tyne; Dr. F. J. Brown, Rochester; Mr. Hamilton, Liverpool; Dr. Whitehead, Manchester; Dr. Paul, London; Dr. Tripe, Hackney; The Secretary of the Odontological Society; Dr. J. W. Moore, Dublin; Mr. Poole, London; C. J. P., London; Mr. Howse, London; Dr. H. W. Williams, London; Mr. Shepherdson, Hull; Mr. Birchall, Leeds; Dr. Kelly, Taunton; Mr. Leeson, Blackburn; Our Dublin Correspondent; A. B.; Mr. Eastes, London; Dr. Mackey, Birmingham; 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; Dr. Bradbury, Cambridge; M.R.C.S.; Dr. Joseph Rogers, London; Dr. Phillimore, Nottingham; Mr. Oakley Coles, London; An Associate; Mr. Fairlie Clarke, London; Our Glasgow Correspondent; Dr. Robinson, Dublin; Dr. Langmore, London; Dr. Farquharson, London; The Secretary of the Quekett Club, London; Dr. Foster, Birmingham; Alpha Beta, Spalding; Mr. G. W. Joseph, Warrington; Mr. Poole, London; etc.

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The Annual Subscription to the British Medical Association for the year 1874 became due on the 1st January last. Members in Branches are requested to pay their Subscriptions to Branch Secretaries. Members not in Branches are requested to pay their Subscriptions to the undersigned.

FRANCIS FOWKE,
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