

such operations chiefly to the success of the method of stopping bleeding by plugging, and also to the principle in which the best possible egress to discharge was given, by delay in bringing the skin-wounds into contact.—Dr. TAYLOR referred to a case somewhat similar to those mentioned by Dr. Watson, which he had lately seen in the wards of St. Thomas's Hospital in London.—Dr. WATSON said that in another patient he had lately excised the ends of the tibia and fibula, all the bones of the tarsus except the astragalus, and the base of the metatarsus. The case promised well.

SELECTIONS FROM JOURNALS.

THERAPEUTICS.

TREATMENT OF ACUTE RHEUMATISM BY IMMOVABLE BANDAGES.—Dr. Oehme reports, in the *Archiv der Heilkunde*, vol. v, 1873, the observations made by Heubner in the hospital at Leipzig, on the treatment of acute rheumatism by fixing the parts immovably. Similar experiments had already been made by Seutin and Gottschalk; and in more recent times by Concato of Bologna, with good result. Heubner used pasteboard; but for small children and restless patients, the plaster of Paris bandage was necessary. In applying the pasteboard splints, the upper limb was bent at a right angle at the elbow, and the leg was straightened at the knee; the splints were well wadded, and fastened by bandages. The apparatus was generally applied immediately on the admission of the patients, and was allowed to remain, not only until all pain and swelling had left the joint, but until the constitutional symptoms had disappeared, and especially until the temperature had returned to the normal standard. The results of this treatment were extremely favourable as regarded the pain, the fever, and the duration of the disease. Even when the pain had been most severe, the fixing of the part was followed in a few minutes by so great an amount of relief, that the patients were almost free from pain. Of forty-five cases collated by Dr. Oehme, this result occurred in all without exception. After a time, varying generally from one to two days, all pain finally disappeared in the joints which were fixed. The period of final cessation of pain is later in those joints—the hip and shoulder—which cannot be so securely fixed as others. To show the effect on the duration of disease, Dr. Oehme gives tables, comparing forty-five cases treated by fixing the joints with forty-five similar ones treated otherwise. While in the latter the average duration of the pain was 21.75 days, in the former it was only 13.11 days. The treatment by fixing the joints had also a favourable influence on the duration of the fever, which was distinctly shortened. It seemed also as if the fixation of a joint acted as a prophylactic in preventing the other joints of the same limb from being affected. From the observations now made, it may with safety, Dr. Oehme thinks, be asserted that the treatment of acute rheumatism with the immovable bandage reduces the pain to a minimum, shortens the duration of the fever, and essentially cuts short the course of the whole disease.—*Medicin.-Chirurg. Rundschau*, March 1874.

HYDRATE OF CHLORAL IN INCONTINENCE OF URINE.—Dr. E. Vecchiotti, in a communication made to the Medico-Physical Society of Florence in December last, after citing the observations of Thompson, Bradbury, and others, on the use of hydrate of chloral in nocturnal incontinence of urine, relates five cases of the malady occurring in his own practice. All had been treated unsuccessfully; and all the patients recovered under the use of rather less than half a gramme (about $7\frac{1}{2}$ grains) of hydrate of chloral, given in a little water in the evening; abstinence from drinks being at the same time enjoined. The effect was rapid, and in most cases permanent after taking the first dose. He explains the action of the chloral by supposing that the bladder is under the influence of two sets of nerves, one connected with the cerebro-spinal system and the other with the sympathetic; that incontinence of urine depends on irritation of the bladder at the same time that the sphincter is withdrawn from the action of the will; and that the chloral reduces the exaggerated excitability of the organ.—*L'Imparziale*, March 1874.

MEDICINAL USES OF CHLORAL.—Dr. Joseph Pollak of Salzburg concludes an elaborate paper on chloral hydrate and its uses in medicine, published in the *Wiener Medizinische Wochenschrift* (Nos. 4, 5, 6, 8, and 9, 1874), with the following summary. 1. Chloral is a good hypnotic. In all diseases consisting of or complicated with abnormal irritability of the brain, it tends to produce sleep and tranquillise the patient. 2. It allays pain by producing sleep; without sleep, it has no power to allay pain, and when pain is very intense, it has little hypnotic power. In such cases, it is very useful to combine the chloral with

morphia. 3. It relaxes the muscles, single or in combination, voluntary and involuntary; and is an excellent remedy against the most varied forms of convulsion. 4. In cases of diseases of the heart and lungs, with disorder of the digestive canal, it is sometimes inoperative, and sometimes produces unpleasant and even dangerous symptoms; hence it is here either contraindicated, or should be given with caution. 5. In general, it cannot be used as an anæsthetic for great operations. 6. Its continued use is generally not followed by any unpleasant after-symptoms; and if such appear, they are of no importance, as it does not produce congestion of the brain or disturbance of digestion and nutrition. 7. In most diseases in which it is used, it is an excellent palliative, but it has almost no influence on the disease itself. It may be briefly said, that chloral hydrate is especially indicated where morphia would be indicated, except for its unpleasant after-effects. It is contraindicated in diseases of the heart, lungs, and digestive canal.

SUBCUTANEOUS INJECTION OF CARBOLIC ACID IN ERYSIPELAS.—Dr. Aufrecht of Magdeburg says (*Centralblatt für die Medicinischen Wissenschaften*, February 21st) that, having last year under his care four cases of erysipelas of the limbs in old persons, in all of which treatment was unsuccessful, he was led to try the effect of carbolic acid. If erysipelas were the result of the entrance of minute organisms into the subcutaneous connective tissue and of their multiplication, and if carbolic acid had the property of destroying such germs, then, he argued, it should arrest the spread of erysipelas. To ascertain that the hypodermic injection of carbolic acid was harmless, he injected into his own subcutaneous tissue six decigrammes (about ten minims) of a one per cent. solution. No local or general disturbance followed. In July of last year, he applied this treatment in the case of a woman aged 56, with erysipelas of the forearm and hand, following a slight abrasion; and in January he used it in the case of a man aged 82, who had erysipelas of the leg after the breaking out of a cicatrised ulcer. In the first case, he injected carbolic acid night and morning for three consecutive days—making five injections in all; in the second, four injections in two days: they were made into the healthy subcutaneous tissue in the neighbourhood of the erysipelatous portion lying nearest to the body. The erysipelas did not spread in the direction of the part where the injection was made; but some isolated patches above the points first injected necessitated the more frequent repetition of the remedy. Not only was the erysipelas arrested, but the fever and the frequency of the pulse were reduced, and the general condition of the patients was improved. The erysipelatous swelling and redness diminished perceptibly, remaining only two days after the injection.

PATHOLOGY.

TUMOURS OF THE SPLEEN IN PRIMARY SYPHILIS.—Dr. A. Weil of Heidelberg, in a short article on this subject in the *Centralblatt für die Medicinischen Wissenschaften*, March 7, remarks that the syphilitic affections of the spleen are numerous. Besides gummata and amyloid degeneration, Virchow described an indurated and a soft hyperplastic tumour, the latter depending chiefly on a multiplication of cell-elements, and indicating a slighter degree of irritation. Some of these diseases may be diagnosed during life with more or less accuracy. Gee, Eisenhitz, and others, have attached especial importance to the presence of splenic tumour as an indication of hereditary syphilis. Dr. Weil says that, contrary to all previous statements, so far as he has been able to find any allusion to the subject, he has ascertained, by palpation and percussion, the presence of enlargement of the spleen during the stage of primary syphilitic induration in three cases under his notice in the hospital at Heidelberg. Two of the patients came into hospital soon after infection, three or four weeks before the first appearance of a syphilitic exanthem; the third had already had a macular eruption for a month before admission. The splenic tumour was well marked in all the patients at the time of their admission. The breadth of the splenic dulness in the axillary was from 4 to 4 $\frac{3}{4}$ inches; in front, the dulness extended to the ribs, where in one case the spleen could be distinctly felt. Under antisiphilitic treatment, the splenic enlargement completely disappeared within periods varying from five to ten weeks. As there was no other apparent cause for the splenic tumour, Dr. Weil attributes it to syphilis. He has not found it in cases of blennorrhœa, or of local contagious ulcer; and it is absent in many cases of constitutional syphilis. He believes that the best explanation of the origin of these splenic tumours is, that they arise from syphilitic infection of the blood, and are analogous in this respect to the splenic enlargements arising from the circulation of irritant matters in the blood in typhus and intermittent fevers and in the acute exanthemata. According to this theory, the anatomical sub-

stratum of the tumour will be hyperæmia and multiplication of the cell-elements of the splenic pulp; this, however, remains to be proved by pathological examination.

EPITHELIOMA CONTAGIOSUM IN THE DOMESTIC FOWL.—Under this name, O. Bollinger describes in Virchow's *Archiv*, vol. lviii, 1873, a disease which he had the opportunity of observing in his poultry-yard at Zürich. The first symptom was the appearance of a nodular exanthem on the head, especially on the part not covered with feathers. The nodules were firm in consistence, of a yellowish or greyish yellow colour, and in a time varying from five to seven days become as large as peas. On microscopic examination, they were found to consist of circumscribed growths of polygonal epithelial cells, with nuclei having a peculiarly fatty glistening appearance, and a scanty vascular stroma. Similar growths were also observed in the mouth and fauces, but soon fell off. The animals often died with inflammation of the mucous membrane of the larynx and progressive cachexia, three or four weeks after the first appearance of the nodules, and four or five weeks after the commencement of the infection. Dr. Bollinger produced the disease in two healthy hens by shutting them up with the diseased ones; but this did not occur in pigeons or in domestic mammalia. He regards the disease as analogous to molluscum contagiosum in man.—*Centralblatt für die Medicinischen Wissenschaften*, March 14.

MIDWIFERY.

IMPERFECTLY HEALED CÆSAREAN SECTION A CAUSE OF DEATH IN SUBSEQUENT LABOUR.—A. Willigk describes in the *Prager Vierteljahrsschrift* for 1873 the case of a woman on whom Cæsarean section was performed in 1870, on account of narrow pelvis, and who died of general peritonitis after a subsequent labour. On *post mortem* examination, the cicatrix in the abdominal wall was found to be as large as the palm of a hand, and like the cicatrix of a burn; the fundus uteri was firmly adherent to the cicatrix. From the point of attachment a gaping wound, more than two and a half inches long, extended into the uterus. The edges of the laceration were covered with red granulation-tissue; and this led Willigk to suppose that it was the result of the Cæsarean section, and had lasted throughout pregnancy. It must be assumed that during pregnancy a recess was formed in the uterine cicatrix, which, closed at first by the surrounding tissues, was torn open during labour; and that effusion of ichorous matter into the peritoneum took place and produced peritonitis.—*Centralblatt für die Medicinischen Wissenschaften*, April 4.

REPORTS AND ANALYSES

AND

DESCRIPTIONS OF NEW INVENTIONS

IN MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

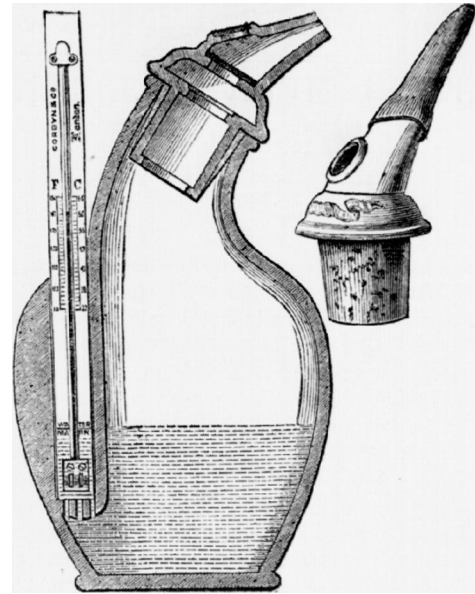
CORBYN'S IMPROVED DOUBLE VALVE-INHALER.

THIS instrument is adapted for the use of a thermometer which indicates the requisite quantity of water as well as registers the temperature. Most practitioners are acquainted with the principles of Maw's double valve-inhaler, which is as convenient and efficient an instrument of the kind as any hitherto introduced, whilst its moderate price brings it within the reach of all classes of patients.

The apparatus represented in the annexed figure, while retaining all the advantages of that of Maw, has been greatly improved by Messrs. Corbyn and Co., at the suggestion of Mr. Lennox Browne. The side aperture is made larger, and is carried lower into the inhaler. This enables the thermometer to be kept *in situ* during the whole time of inhaling, and ensures that the water is very thoroughly impregnated with the active ingredient to be inhaled. One great difficulty in preparing an inhalation with all previous inhalers, is to know exactly how much water is required. A pint of water is not sufficient in an ordinary Maw's inhaler; and it is not easy to follow the printed directions, that "in all cases there must be sufficient boiling water to cover the holes at the end of the tube inside the inhaler", since the steam arising from the water prevents one from seeing how high the water has risen. Messrs. Corbyn have, therefore, had a water-mark placed on the thermometer, which indicates exactly the amount of water necessary for use. The

thermometer is further marked with the Fahrenheit scale on one side, and (approximately) with the *centigrade* on the opposite side—a great convenience for foreigners.

For nasal inhalation, which is a most valuable remedy in cases of ozaena, Eustachian congestion, and other affections of the naso-pharynx, a very simple and easily adapted India-rubber nasal piece has been added; and the worse than useless piece of sponge placed at the orifice



of most inhalers is in this instrument "conspicuous by its absence". The whole apparatus is packed in a strong case lined with green baize, and it is recommended that in cases where it is desirable to maintain a high temperature the inhalation should be taken from the inhaler in the case; for while, if this be done, the thermometer descends only 10 deg. Fahr. in as many minutes, more than twice that amount of heat will be lost in the same period if the inhalation be taken from the inhaler unprotected by the case. By thus utilising the box, all necessity for the expense of a spirit-lamp or other similar means of keeping up the temperature is avoided.

BROMO-CITRATE OF LITHIA WATER.

MR. HOGG, of Albion Place, Hyde Park, who is already well known as a manufacturer of reliable mineral waters, forwards us a specimen of a new mineral water called "bromo-citrate of lithia". It contains bromine, with the citrates of lithia, potash, and ammonia in the doses usually prescribed, varying from five to twenty grains of these preparations. It is strongly charged with carbonic acid gas, and forms an elegant preparation, and one which will, we have little doubt, be found a valuable adjunct in the treatment of rheumatic affections.

PHOSPHORISED COD-LIVER OIL.

WE can speak favourably of this preparation, of which a sample has been forwarded by Messrs. Young and Postans, 35, Baker Street, W. Convenient forms for the administration of phosphorus are among the desiderata of modern pharmacy: for need of such forms, physicians occasionally give themselves, their dispensers, and their patients, a good deal of unnecessary trouble. One teaspoonful of this cod-liver oil contains one-hundredth of a grain of pure phosphorus, the taste of which is simply and effectively disguised by the addition of a little essence of lemon, so that the preparation itself is nearly tasteless.

VACCINATION.—Mr. W. F. Lovell, of Compton Martin, has been awarded the sum of £9:15:4, by the Local Government Board, for his efficient performance of vaccination duties.

DR. RYOTT of Thirsk was thrown from his dog-cart on Sunday, and received severe internal injuries and a concussion of the lower part of the spine, from which he is lying in a precarious state.

ASSOCIATION INTELLIGENCE.

MIDLAND BRANCH.

THE spring meeting of this Branch will be held at the President's house, 74, High Street, Leicester, on Tuesday, April 28th, at 7 P.M.

Members intending to bring forward cases, or to read papers, are invited to communicate with the Secretary without delay.

THOMAS BLUNT, M.D., *Honorary Secretary*.

Leicester, April 14th, 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. Emmer-son, 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.

STAFFORDSHIRE BRANCH.

THE North Staffordshire Medical Society having resolved to become a Branch of the British Medical Association, the medical practitioners of the county of Stafford are earnestly requested to attend a meeting at the London and North-Western Hotel, Stafford, on Thursday, April 30th, 1874, at 3 P.M., when a scheme for the management of the Branch will be submitted for their approval.

J. WEAVER, *President*, J. M. TAYLOR, *Honorary Secretary*,
North Staffordshire Medical Society.

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.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: GENERAL MEETING.

THE sixth general meeting of the session was held at the Midland Institute, Birmingham, on Thursday, March 12th, at 3.30 P.M. Present: FURNEAUX JORDAN, Esq., President, in the chair; and forty members and visitors.

Communications.—1. Mr. J. V. SOLOMON exhibited a large *Cysticercus Cellulosæ* which he had removed in a living and perfect state from the upper eyelid of a young gentleman, aged 18. The parasite was contained in or beneath a small abscess. This was only the second case which Mr. Solomon had met with.

2. Dr. CARTER showed a specimen of Miliary Tuberculosis affecting the lungs, liver, spleen, and kidneys of a child, aged 2½ years, who had been severely burnt, and who died eight hours after the receipt of the injury. The question arose as to whether the tubercular lesions were or were not directly dependent on the constitutional disturbance set up by the burn.

3. Mr. LAWSON TAIT showed a Multilocular Ovarian Tumour, recently removed, and of the type where ova are not found in the loculi.

4. Mr. TAIT also showed a modification of an Aspirator-needle, by which a director is added to the side of the needle, so that when pus has been discovered the track of the needle may be accurately followed by a bistoury, if such a plan be thought advisable. Mr. Tait had repeatedly used it with advantage in pelvic abscess.

5. Mr. W. THOMAS read a paper on the Occasional Separation of the Attachments of Tendons in consequence of Periostitis and Osteitis. Separation of the periosteum was one of the most frequent accompaniments of inflammation. If this occurred at the attachment of a tendon, it would produce separation which might become permanent, if sufficient rest were not given to allow proper recovery. He showed a specimen in which the hamstring tendons were completely separated from the

tuberosity of the ischium. The bone beneath was bare, the surface tuberculated and much resembling an articular surface, the seat of chronic rheumatic arthritis. He gave the particulars of a case which came under his care, in which the history and symptoms pointed to separation of the hamstrings after inflammation. He also alluded to other cases where the sterno-mastoid, the hamstrings, and the ligamentum patellæ were affected. The most important point in the treatment of such cases was rest, but iodide of potassium and counter-irritation were also of service.

6. Dr. BALTHAZAR FOSTER narrated the particulars of a case of old standing Pleuritic Effusion in the right side, which had been admitted under his care at the General Hospital, and in consequence of the urgent dyspnoea had been tapped by means of the aspirator. One hundred and thirty ounces of fluid were drawn off, and the breathing was much relieved; but on the next day there were only six ounces of urine passed, and there was much pain in the back. On the following morning, the right leg was found to be cold and discoloured, and there was no pulsation in the right femoral and external iliac arteries. In thirty-six hours later, the left leg was similarly affected, and both became gangrenous from the cutting off of the blood-supply through the main arteries of the limbs. These conditions Dr. Foster referred to embolism, first of the renal arteries, and next of the right and left femoral arteries by means of clots detached from the pulmonary veins of the lung which had been compressed. The patient afterwards had pleurisy developed on the left side, and he died on the twelfth day after the tapping. The *post mortem* examination disclosed embolism of branches of both renal, of the right and left femoral arteries, and of branches of the splenic artery. From one of the pulmonary veins of the lung which had been relieved by tapping, an old firm branched clot was drawn out, and similar clots were found loose in the left ventricle. The pleurisy of the left side was tubercular, and there was also miliary tubercle of the peritoneum.

The West Haddon Case.—A letter was read from Mr. A. J. Waters, thanking the members for their sympathy.

YORKSHIRE BRANCH: SPRING MEETING.

THE spring meeting of this Branch was held at the Town Hall, Halifax, on Wednesday, April 11th.

Papers.—The following papers were read.

1. The Parasitic Origin of Cancer. By R. H. Meade, Esq.
2. Malignant Bronchial Catarrh. By T. Clifford Allbutt, M.D.
3. A Case illustrating the Functions of the Corpora Striata. By D. Goyder, M.D.

Several other papers were promised, but the readers were unavoidably absent.

Dinner.—After the meeting, about twenty members dined together at the Swan Hotel.

SOUTH WALES AND MONMOUTHSHIRE BRANCH: GENERAL MEETING.

A GENERAL MEETING of this Branch was held at the King's Head Hotel, Newport, Monmouthshire, on Friday, April 10th. Present: W. T. EDWARDS, M.D., president-elect, in the chair; and nearly forty other gentlemen.

Consultation with Unqualified Practitioners.—The secretary read the report of the committee meeting, held at Neath, on March 27th, "to consider the question of qualified practitioners meeting unqualified practitioners, and sanctioning their proceedings", and at which meeting the case of Mr. J. D. Brown, F.R.C.S.Eng., of Haverfordwest, a member of the Association and this Branch, charged by Mr. J. H. Wathen of Fishguard, with supporting and countenancing a certain unqualified practitioner, was considered, and the following resolutions were carried unanimously:

1. That the report of the committee be adopted.
2. That the resolutions of the committee adopted by this meeting be published in the JOURNAL.
3. That a copy of these resolutions be forwarded to Mr. Brown by the secretary.

The following were the resolutions of the committee above referred to:

1. That, this committee having heard the charge brought by Mr. J. H. Wathen of Fishguard, against Mr. J. D. Brown of Haverfordwest, of meeting and generally countenancing an illegal medical practitioner, and having heard the replies sent by Mr. J. D. Brown to the secretary, Dr. Sheen, in which he refuses to submit his defence to the South Wales and Monmouthshire Branch of the Association, and intimates his determination to withdraw from membership, this Committee reports

that, in its opinion, Mr. Brown's conduct is deserving of the censure and reproach of the Society.

2. The committee have further to report, that they are of opinion that Mr. J. H. Wathen is fully justified in having brought the conduct of Mr. Brown before the Association.

(Signed) ALFRED SHEEN, M.D., Honorary Secretary.

New Members.—Twelve gentlemen were elected members of the Branch, ten of them having been previously elected members of the Association by the Council.

SPECIAL CORRESPONDENCE.

LIVERPOOL.

[FROM OUR OWN CORRESPONDENT.]

Case of Railway Injury.—Mr. R. Harrison and the Royal Infirmary School of Medicine.

THE case of Dolan *v.* the London and North-Western Railway Company, tried at the late assizes at Liverpool, is deserving the attention of all medical men, who are liable to be called upon to give evidence on such occasions. The plaintiff, a horse-dealer, while travelling in November last on the line with some horses, sustained a collision near Rugby, in which he was thrown forward and then backward in the compartment of the carriage in which he was seated, receiving, as he alleged, serious injury to his head, spine, and knee. He was removed to Rugby in another train, and remained there a fortnight, under the care of three doctors, one of whom attended at Dolan's own request, the other two on behalf of the Company. When he returned to Liverpool, he was attended by several other medical men, and was still under treatment. The serious symptoms, we understand, were those usually described by sufferers as "railway spine". A most remarkable effect of the injury, as described by the patient, was that, during the collision, a stick which he had in his hand was driven forcibly against his person, and one of his testicles thereby thrust up into the abdomen. On examination, only one testicle was found in the scrotum. He was also said to have passed blood *per anum*, and vomited it for a few days after the accident. It was, however, suggested, in the course of the trial, that blood had been procured for the purpose of application to the injured hocks of one of the plaintiff's horses.

When called, the plaintiff walked towards the witness-box with the assistance of a crutch and stick, and is described as presenting the appearance of a man suffering from great pain. On cross-examination, the following letters were produced, which plaintiff admitted to be in his own handwriting.

"Windmill Inn, November 16th, 1873.

"My dear D—,—I write a few lines to say we had a collision close to Rugby Station. I had a fortunate escape, but I think I will be able to get something handsome out of the Company. . . . I think I ought to get £500. . . . Yours truly, F. B. DOLAN."

"Windmill Inn, November 18th, 1873.

"Dear D—,—I have a damn good hold of the London and North-Western Company, and I want to make the best of it, as far as getting a big lump from them; so I want you to put a sketch of it in the paper—'The Rugby Railway Accident', if it did not already appear, to say there was nine injured, and the only one seriously injured was an Irish horse-dealer, a Mr. Dolan. I have two Rugby doctors attending me, and one from London was sent down to-day; so all agree that I am badly injured about the back and spine; so I won't say much more to you, but you may guess or judge the rest. I am writing this in bed. If I send you a telegram, don't be uneasy; put it in *Bell's Life*, or any paper you like."

In a letter to his wife, dated November 10th, he said:

"I am going for £1000 for losses and damages, and will get it; so I have to be very quiet for a day or two. . . . The hed (*sic*) men of the Company are all in my favour. Don't you be uneasy, as I am all sound and well, I thank my God. . . . If I send you a letter to say I am ill, don't be uneasy. I have to make out a good case, so I may send a telegram. And be on your guard; I want the Company to see I am bad."

This correspondence appears to have fallen into the hands of the Company's solicitor through some disagreement between Mr. Dolan and his former friends. It brought the case to a speedy termination. As two medical witnesses—one from Rugby and one from London—gave their opinion that the man was suffering from injuries to the membranes of the spine, which caused the helplessness which the plaintiff

manifested, and that they thought this helplessness was real, and not a sham, counsel admitted the existence of some slight injury, and in consideration also of the damage to one of his horses, agreed, on the part of the Company, to give the plaintiff £100, which his counsel prudently accepted.

At a recent meeting of the Council of the Royal Infirmary School of Medicine, Mr. Reginald Harrison having announced his desire to retire from the office of Registrar of the School, in consequence of the pressure of other professional work, the following resolution was passed unanimously.

"That this Council accepts with great regret the resignation of Mr. Harrison as Registrar of the School—an office which he has held for the past nine years. The members desire to express their sincere thanks to him for the able, zealous, and efficient manner in which he has performed his duties, and record their opinion that the School is largely indebted to him for the aid which he has rendered in promoting its interests and raising it to its present state of prosperity."

This expression of opinion from Mr. Harrison's colleagues is, we are well assured, nothing less than they individually and collectively feel to be his due, and certainly it is nothing more than his devotion to their cause fully entitles him to.

At the same meeting, Mr. W. M. Banks, Lecturer on Anatomy, and Assistant-Surgeon to the Royal Infirmary, was unanimously chosen to fill the vacant office of Registrar to the School.

MANCHESTER.

[FROM OUR OWN CORRESPONDENT.]

The Medical Charities and the Provident System.—*Hydrophobia.*—*Syphilitic Cerebral Disease.*—*The Medical School.*

ON Monday, April 13th, the representatives of the medical charities of Manchester and Salford held a conference in the Board-room of the Infirmary on the subject of establishment of provident dispensaries. Mr. Hugh Birley, M.P., presided. The general feeling of the meeting was decidedly against the scheme, the Royal Infirmary being the only institution that had accepted it without any modification. Neither the Salford nor the Clinical Hospitals could assent to the scheme, although the latter hospital sympathised with it. The Clinical Hospital objected to the fifth and sixth clauses, which forbade the medical charities of Manchester and Salford receiving any out or home patients from a district where a provident dispensary had been established, except on the recommendation of such a dispensary. The committee of the Hulme Dispensary were desirous of establishing a provident dispensary in connection with the present one, but objected to being absorbed in a central committee. The committee of the Ardwick and Ancoats Dispensary objected to the fifth clause. A resolution was finally proposed and carried, that four gentlemen (named) be appointed a deputation to wait upon the committees of the various medical charities of Manchester and Salford who have not already assented to the scheme, with a view of obtaining their adhesion to it, and to report to a future meeting of the committee. One speaker proposed that a provident dispensary should be started in some one district of Manchester, to see how it would work. This suggestion seems to be very feasible, and worthy of a trial.

Two cases of hydrophobia have lately been admitted into the Infirmary. They were from different districts; both proved fatal on the third day from the first appearance of hydrophobic symptoms. In the one, the time of the infliction of the bite could not be accurately ascertained, but, in the other, the symptoms set in forty-two days after the man had been bitten in the thigh by a dog which was shot a few minutes afterwards. In consequence of the occurrence of these cases, notices signed by the Mayor have been posted about the town, ordering the destruction of all stray dogs. Similar notices are generally posted about the same time every year. As hydrophobia has been proved to occur as frequently in winter as in summer, why is not this destruction enforced at all seasons of the year?

Dr. Morgan has three very interesting cases of cerebral tumour under his care at the Infirmary. In all, there is a history of syphilis. Two of the cases are rapidly becoming worse, and are likely to prove fatal at no distant date, although undergoing antiseptic treatment. There is a great similarity in the symptoms: persistent headache, confined more or less to one side of the head, and the sudden occurrence of hemiplegic symptoms.

The new building of the Medical School is fast approaching completion, and will be ready for use at the beginning of the next winter session. The city is still remarkably free from any epidemic.

MOUNTED MEDICAL OFFICERS.

THERE is a comic as well as a tragic side to most things, and perhaps the ludicrous somewhat predominates in the little incident referred to by Mr. Henry Herbert the other night. To see a medical officer in charge of a battery of artillery, perched on a dog-cart, whilst his more adventurous comrades ride by his side, can hardly have failed to provoke public derision, and to lower his status and authority amongst the men who are openly obliged to show him respect. In this particular instance, the gentleman in question may have been temporarily incapacitated from horse exercise by illness or accident; but if his inability to take advantage of the charger furnished for his use by the commanding officer, arose from sheer incompetence, we are obliged to protest most vigorously against a system which rendered this possible. And yet we are by no means surprised to hear that such has been the case. Reports have reached us from some of our larger camps, to the effect, that the medical officers in responsible charge of batteries, are so frequently changed, or, more correctly speaking, that this special duty so often belongs to no one in particular, that it is really astonishing how some part of the work is ever efficiently done at all. For instance, it often happens that this or that battery may have to take the field for gun practice, and as it has no doctor permanently attached, the staff assistant-surgeon, who is looking after their sick, finds himself suddenly in orders to proceed on horseback to the scene of action. Even although he should have any equestrian experience, which is doubtful, it is very plain that he has no horse specially detailed for his own use, and must therefore either accompany the troops on foot, or take advantage of any vicious or impracticable animal which may be placed at his disposal for that occasion. Formerly, every battery had its own medical man, who had not only passed through a regular course of riding drill at Woolwich, but had a horse set aside for his particular use; but, in these days, one surgeon may not only have to do the duty of several regiments at the same time, but may be practically repudiated by all, and is usually quite unable to procure any animal fit to ride. After all, the question really narrows itself into this: that no medical officer should be considered fit to serve unless he has passed through a regular course of riding-horse drill. We know that, in the Prussian Army, this requirement is rigorously exacted, and, when the deputation from the British Medical Association met the late Secretary of State for War last summer, this point was very specially insisted on by Mr. Ernest Hart in his opening statement. The usefulness of a medical officer who cannot ride must be very seriously hampered in the field; and, now that the question of forage may be expected to come soon again under discussion, we are glad to supply one very potent argument in favour of the old system.

We have always strongly held that every medical officer in the enjoyment of field rank should be invariably granted the privilege of keeping a horse; and, although this might not prevent the scandal of such makeshifts as Mr. Herbert very properly brought under the notice of the House of Commons, it would at least encourage the possession of an accomplishment which no army medical officer ought to be without.

OBITUARY.

ALEXANDER H. BEGG, M.B., C.M.

THE late Dr. A. H. Begg was born at Glasgow on January 18th, 1842. Between 1860 and 1863, he attended the university there, and distinguished himself highly in classics. He commenced the study of medicine in 1866 at the University of Edinburgh, and took the degrees of M.B. and C.M. in 1869. Thereafter, he attended the hospitals in Paris; but, being possessed of private means, and his health not proving very good, he never engaged in actual practice. He travelled a great deal on the Continent, and made a tour round the world in 1871-2. He died, unmarried, at No. 5, Morningside Park, Edinburgh, on April 8th, 1874, after a lingering illness borne with much patient resignation.

SIDNEY HAYWARD, M.D. ST. ANDREW'S.

DR. SIDNEY HAYWARD died at Falmouth on the 1st instant, aged 33. He was born in London, and was the third son of Mr. Henry Hayward, the formerly well known dentist, and brother to the surgeon-dentist of St. Mary's Hospital. He received his education at the Middlesex Hospital, where he filled various resident offices. After a voyage to India in the steamship *Indiana*, he commenced general practice in Hobart Place, with the strong conviction, which he impressed on his patients, that their best interests were mutually served by a medical attendant not supplying drugs. For a few years, he was physician to the Pimlico

Dispensary and Samaritan Free Hospital; but the great work of his life, in conjunction with Dr. Edward Ellis, was the establishment of the Victoria Hospital for Children in Chelsea, which he was spared to see become one of the most successful and valuable of such institutions. Finding the labour of his various public and private duties too heavy for him, he retired to a country practice at Overton in Hampshire, with the usual union and sanitary offices.

The earnest Christian devotion and uprightness of his character secured from all he attended the utmost esteem and respect, though his views, religious and political, were too liberal for the untravelled occupiers of an agricultural parish.

Dr. Hayward was twice married; firstly, to Miss E. Chaffey, of Mandlin, and leaves one son; secondly, on 17th February last, to Miss Jane Corps, of Overton. His death took place after a few hours' great suffering, just six weeks after his marriage. His body was interred at Overton on the 7th instant, many of the inhabitants attending, also several members of the medical profession of note in the neighbourhood.

MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.—April 21st.

Registration of Births and Deaths.—Dr. LYON PLAYFAIR asked the President of the Local Government Board whether he intended to introduce this year a Bill for the compulsory registration of births, and for the better verification of the causes of deaths.—Mr. SCLATER-BOOTH (President of the Local Government Board) said he hoped on Thursday next to introduce such a Bill.

Sanitary Legislation for Ireland.—In answer to Mr. Power, the CHANCELLOR OF THE EXCHEQUER said that the advances made for sanitary purposes in this country were made at a lower rate of interest than usual, but the law which governed such advances was confined to England. It was not, therefore, in the power of the government to make advances under similar conditions to Ireland. It was, however, the intention of the government to introduce a Bill upon the subject and make it applicable to Ireland in the present session, and he hoped that such measure would meet the approval of hon. members.

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 16th, 1874.

Butter, George Bleack, Warminster
Dalton, Charles Bernard, Whitehaven
Dyson, William, Thuyland, near Sheffield
Harrison, Charles Edward, Upper Norwood
Taylor, Joseph, Harthersage, near Sheffield

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.—At examination meetings of the College, held on Tuesday, Wednesday, and Thursday, April 14th, 15th, and 16th, the following candidates obtained the license to practise Medicine

Hayward, William Thornborough	Norman, Hugh
Jones, Charles John	O'Connor, Frederick
Marmion, James	Rawson, Louis William
Morgan, Evan Abraham	Stone, William Pierre Patterson
Morton, Thomas Henry	Williams, Austin Edward

The following candidates obtained the Midwifery License.

Hayward, William Thornborough	Williams, Austin Edward
Rawson, Louis William	

At a special examination meeting, held on Wednesday, April 8th, the license to practise Medicine was granted to:

Burke, Dominick, M.R.C.S. Eng.

MEDICAL VACANCIES.

THE following vacancies are announced:—

ALNWICK INFIRMARY.—House Surgeon: £120 per annum, furnished apartments, etc., and the privilege of taking an apprentice. Applications, 2nd May to W. T. Hindmarsh, Honorary Secretary.

ARDEE UNION, co. Louth.—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Dunleer Dispensary District: £120 per annum, and fees. Applications, 2nd May, to Patrick Carroll, Honorary Secretary.

CAMBRIDGE POLICE FORCE.—Medical Officer: £35 per annum. Applications, 25th instant, to Edmond Foster, Town Clerk.

CHELTEMHAM GENERAL HOSPITAL AND DISPENSARY.—Honorary Medical Officer to the Branch Dispensary. Applications, 1st May, to David Hartley, Secretary.

GENERAL HOSPITAL, Birmingham.—Resident Medical Officer: £100 per annum, board, and residence. Applications, 27th instant, to W. T. Grant, House Governor and Secretary.

GENERAL INFIRMARY, Leeds—House-Physician; House-Surgeon: each £100 per annum, board, residence, etc. Applications, 30th instant, to Dr. Heaton.

GLASGOW ROYAL LUNATIC ASYLUM—Resident Physician-Superintendent: £600 per annum, house partly furnished, coal, gas, and water.

GREAT CROSBY URBAN SANITARY DISTRICT—Medical Officer of Health: £20 per annum.

HULL GENERAL INFIRMARY—Honorary Physician. Applications to the Chairman.

KILBURN DISPENSARY—Assistant Resident Medical Officers: £80 per annum, with apartments, coals, and gas.

KILCHRENAN and DALAVICH, Argyllshire—Parochial Medical Officer. Applications, 1st May, to Rev. N. Mackenzie, Kilchrenan.

LEICESTERSHIRE and RUTLANDSHIRE LUNATIC ASYLUM—Assistant Medical Officer: £100 per annum, board, and lodging. Applications, 9th May, to W. Napier Reeve, Clerk to Visitors, Leicester.

LINCOLN COUNTY HOSPITAL—House-Surgeon and Apothecary: £100 per annum, board, and lodging. Applications, 4th May, to J. W. Danby, Secretary.

LINCOLN GENERAL DISPENSARY—House-Surgeon and Apothecary: £150 per annum, furnished apartments, fire, and gas. Applications, 27th instant, to James Ward, Secretary.

LIVERPOOL DISPENSARIES—Three Honorary Medical Officers to the North Dispensary. Applications, 29th instant, to W. Lister, Secretary.

LONDON HOSPITAL—Assistant Physician. Applications, 27th instant, to the House Committee.

MIDDLESEX HOSPITAL—Assistant Dental Surgeon.—Resident Physician's Assistant.

NENAGH UNION, co. Tipperary—Medical Officer for the Workhouse: £100 per annum. Applications, 30th instant, to J. H. Sheehan, Clerk.—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Silvermines Dispensary District: £100 per annum, and fees. Applications, 2nd May, to W. H. Carroll, Honorary Secretary.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, Bloomsbury—Medical Registrar: £50 per annum. Applications, 7th May, to B. B. Rawlings, Secretary.

NEWPORT (Monmouthshire) INFIRMARY and DISPENSARY—Resident Medical Officer: £85 per annum, furnished lodgings, board, etc. Applications, 6th May, to E. W. Willey, Secretary.

NEW ROSS UNION—Medical Officer for the Templeduigan Dispensary District: £50 per annum. Applications, 7th May, to Edward Kavanagh, Honorary Secretary, Ballygalvert, Ballywilliam.

NOTTINGHAM COUNTY and BOROUGH LUNATIC ASYLUM—Assistant Medical Officer: £100 per annum, board, lodging, etc. Applications, 29th instant, to Kemp Sanby, Clerk to Committee of Visitors.

OXFORDSHIRE—Public Analyst.

QUEEN'S HOSPITAL, Birmingham—Pathologist. Applications, 16th May, to W. Young, Secretary.

RICHMOND DISTRICT LUNATIC ASYLUM, Dublin—Assistant to the Medical Superintendent: £150 per annum, apartments, etc. Applications, 27th instant, to Joshua Nunn, Secretary.

ROYAL LONDON OPHTHALMIC HOSPITAL, Moorfields—Curator.

ROYAL SOCIETY OF MUSICIANS—Aural Surgeon.

ST. THOMAS'S HOSPITAL—Resident Physician's Assistant: £100 per annum, furnished rooms, and commons.

SCHOOL FOR THE INDIGENT BLIND—Consulting Physician.

STRATHKINNESS, Fifeshire—Parochial Medical Officer: £10 per annum, and fees, and £110 per annum from a Club. Applications to Mr. M. Thom.

THINGOE UNION—Medical Officers for Nos. 4 and 5 Districts: £50 and £42 per annum.

WARNEFORD, LEAMINGTON, and SOUTH WARWICKSHIRE HOSPITAL—House-Surgeon: £80 per annum, board, lodging, etc. Applications, 4th May, to the Secretary.

UNIVERSITY OF OTAGO, New Zealand—Professor of Anatomy and Physiology: £600 per annum and class fees, and allowance for passage money and outfit. Applications, 25th instant, to John Auld, Esq., W. S., Edinburgh.

WESTERN INFIRMARY, Glasgow—Superintendent: £250 per annum, with board and lodging.

WINDSOR ROYAL INFIRMARY and DISPENSARY—House-Surgeon: £100 per annum, residence, etc. Applications, 29th instant, to George Cartland, Sec.

WOLVERHAMPTON and STAFFORDSHIRE GENERAL HOSPITAL—House-Surgeon: £100 per annum, board, furnished apartments, etc. Applications, 27th instant, to the Chairman of the Medical Committee.

MEDICAL APPOINTMENTS.

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

BENHAM, William T., M.D., Assistant Medical Officer of the City and County County Lunatic Asylum, Bristol, appointed Pathologist and Assistant Medical Officer to the West Riding Asylum, Wakefield.

HANNAH, Nathan, L.R.C.P.E., appointed Medical Officer of Health for the Township of Ashton-in-Makerfield (Rural).—Salary, £30 per annum.

STEELE, Henry Francis A., M.R.C.S., Assistant House-Surgeon to the Liverpool Eastern Dispensary, appointed Resident Medical Officer to the Bloomsbury Dispensary.

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.

LYNES.—On April 19th, at 9, Priory Row, Coventry, the wife of *Edward Lynes, M.D., of a son.

DEATHS.

***ALLCOCK, Christopher, L.R.C.P.Ed.**, at Waterloo, Liverpool, aged 34, on April 11.

BAYFIELD, S. J., M.R.C.S., late of St. Thomas's Street, Southwark, at 10, Maryland Road, aged 69, on April 7th.

SUTTON.—On April 18th, aged 6 months, Francis Edward, infant son of Frederick Sutton, M.R.C.S., Resident Medical Superintendent of the Norwich Borough Asylum.

OPERATION DAYS AT THE HOSPITALS.

MONDAY Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.

TUESDAY Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—West London, 3 P.M.—National Orthopaedic, 2 P.M.

WEDNESDAY St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.30 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—St. Thomas's, 1.30 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Cancer Hospital, Brompton, 3 P.M.—King's College, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.

THURSDAY St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.

FRIDAY Royal Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.—Royal South London Ophthalmic, 2 P.M.

SATURDAY St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.—East London Hospital for Children, 2 P.M.—Hospital for Women, 9.30 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 9.30 A.M.—Royal Free, 9 A.M. and 2 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8 P.M. Dr. J. K. Spender (of Bath) will read an abstract of his successful Foothergillan Essay, on "Therapeutic Means for the Relief of Pain"; Dr. Routh, "On certain new preparations of Phosphorus, and their action on the Economy"; Mr. Ashburton Thompson, "On the Medicinal Use of Free Phosphorus"; Mr. Wm. Adams, "On a Case of Strangulated Femoral Hernia reduced by a large Injection of Oil".

TUESDAY.—Royal Medical and Chirurgical Society, 8.30 P.M. Dr. Dobell, "On the Natural History of Pulmonary Consumption"; Mr. Barwell, "On Septic Disease in and out of Hospitals".

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.

DR. J. K. SPENDER (Bath).—The Hastings Prize Essays are published in the JOURNAL. The manuscript of the last has just been received for press; and its publication will be commenced forthwith.

NIL DESPERANDUM.—The information furnished shall be used effectively.

CREMATION.

SIR,—It is said that this is the age of progress; but it appears to me that we are drifting back into the dark ages, when Sir Henry Thompson and others are advocating the cremation of the dead, which is only practised by savage nations. There is something very horrible and revolting in the idea of burning to ashes the dead bodies of our nearest and dearest friends and relations; but I think that the feelings of Englishmen will revolt at such a desecration of the dead. Respect for the dead is one of the most beautiful traits of our character.

Newcastle-upon-Tyne, April 1874.

I am, etc., J. LIDDELL.

ANY gentlemen who have not signed the address lately presented to Dr. Murchison, but who still wish to do so, can have the opportunity by calling at 79, Wimpole Street.

DR. JACKSON (Leamington).—Mr. Richard Jones was unquestionably in the wrong in the matter, but the act seems to have been one of simple inadvertence.

WE concur with a gentleman, who writes in the name of some London surgeons, in the opinion that the thanks of the Poor-law medical officers are due to Dr. Lush, M.P., and Dr. Brady, M.P., for the unflinching kindness which they show in supporting the cause of the Poor-law medical officers.

SANITARY MANAGEMENT AT NEWBIGGIN.—The unaccountable carelessness in regard to sanitary matters, so often observed at our so-called health resorts, is, according to the *Blyth and Bedlington Star*, especially prominent at Newbiggin, the great fashionable watering-place of the North. This place ought to be looked after by the joint vigilance of its inspector of nuisances and its policemen; but, notwithstanding these presumed safeguards against sanitary shortcomings, the same authority states that the beautiful sands and extensive beach of Newbiggin are in a much worse condition than they were before the introduction of these officials.

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.

MEDICAL ETIQUETTE.

SIR,—As you have published the correspondence carried on in reference to some communication between Mr. Elwin and myself, I wish you to make it known that I have replied to his letter by explaining clearly that there was no intentional breach of etiquette whatever on my part, and what I appeared to have done wrongly was due to ignorance of facts. I am, etc.,

EDWARD JEPSON, House Surgeon, St. Bartholomew's Hospital.

JACKMAN FUND.—The receipt of £1 is from Mr. Edwin Truman is thankfully acknowledged. It is proposed to place the sum already collected for the benefit of Mr. Jackman in the names of two trustees, and to pay it to that gentleman in weekly instalments of £1.

DR. HYSLOP (Stretton).—The circumstance that the London firm undertook the publication at request, does not, so far as we can see, improve the paper or printing, or excuse them in impressing the name on a book of such defective mechanical execution.

NEW MEDICAL AND CHEMICAL TERMS.

SIR,—In answer to Alpha Omega's reply to my observations upon the above subject, others as well as myself, I am sure, are indebted to him for his kind and explanatory remarks. I would, however, with all respect, correct some little errors which that gentleman has, no doubt, unintentionally committed—viz., where he makes me say "because there is not a dictionary to explain the meaning of words", etc. On reference to my remarks, he will find me simply asking a question—viz., "Whether there is, or is soon likely to be, any little work which will include those words I cannot find in my present dictionaries, including Fowler's medical one (1860)?" A. Ω., then, "thinks he has said enough to show that a dictionary of modest dimensions would be inadequate to explain comprehensively all the terms used in our science". In reply to this, I scarcely know what "our science" implies; and in asking for "a little work which will explain new medical and chemical (not surgical or botanical) names that I cannot find in my present dictionaries, etc.", up to 1860, I think it is not an unreasonable question, especially when finding that the framers of our *British Pharmacopæia* of 1867 publish an addendum to it in 1874, because, to quote the words in the advertisement, "The General Medical Council have thought it desirable to supply the requisite information concerning several new medicines and new preparations which have been introduced or established in use since 1867".

A. Ω. next says, "When a new word is introduced to medical or scientific literature, it is undoubtedly to supply a want, and is also fully explained by its introducer". Did the legally qualified medical patentee of chlorodyne introduce this word for the express purpose of supplying a want, and of fully explaining its meaning or secret composition, which I contend ought to be known, inasmuch as I know that the government which grants this patent, likewise orders it to be placed in the medicine-chests of her Majesty's navy, etc., without even informing the medical officers therein of the secret and burning nature of its composition? Would not brownodyne or brownadyne be quite as expressive as greene-odyne or chloro- or even chloradyne?

I now come to the word "aspiration", than which my friend A. Ω. says "he does not think a softer or more musical word could have been chosen". I do not profess to possess a very musical ear, therefore must appeal to more refined ones to decide whether this word is "the softest or most musical of words". My dictionary defines "aspiration as the pronunciation of a letter with a rough breathing"; and to prove that there is a softer letter than "s" in the vexed word "aspiration", I unhesitatingly declare that of all consonants in the French language the euphonistic Parisians have a greater horror of encountering this harsh, hissing, rough consonant than any other one in their Italian-aping language. They dodge about in order to get rid of it whenever they can; as in *bête* for beast, *ôte* for *faist*, *pâte* for paste, *pâté* for pasty; *étranger* for stranger, *étude* for study, *école* for school, *être* for estare, etc.; *tempête* for tempest, *apôtre* for apostle, *côte* for coast, etc.; and even when printed, it is, as a rule, not pronounced at the end of words. Thus we see that this word in question means not only, in English, "a rough breathing", but has a harsh and anything but soft and musical sound even when Frenchified and pronounced by a lightly tripping Parisian. My instructive friend

A. Ω. also informs us that "aspiration in English" is synonymous with a longing and yearning; so, also, sir, is this French word aspiration synonymous with the French word *inspiration*; and when a baby is yearning for the bottle or breast, the act of inspiration must be first instinctively accomplished before a vacuum can be created in the little stranger's mouth, that such longing may be gratified. With all due deference to the first employer of this word in reference to his valuable little instrument, I would modestly express my opinion, as an Englishman, by intimating that I think the term "suction trocar" would be quite as expressive as aspiration. I will leave myself in the hands of my medical brethren to make their choice of the two terms in question.

I now come to the word "aldehyde" which A. Ω. says "he agrees with me has neither sense nor meaning". On referring to my remarks, he will, however, find I have not thus expressed myself, but have simply stated "that the new chemical terms of the last twenty or thirty years, even to middle-aged practitioners, have neither sense nor meaning". I however by this expression do not by any means wish to infer that the above word, *aldehyde*, has neither sense nor meaning; for, on the contrary, after A. Ω.'s very kind definition of it, I think it quite as expressive as the derivation of church from *oikos kúriov*. *Chloraldehyde* also is regarded by me as equally expressive, now I know its derivation. Am I, then, I repeat, asking too much in suggesting an addendum to explain the *British Pharmacopæia* and other medical and chemical words, as amylydride, amylic alcohol, ozone, fousel oil, etc.? Shaw and Co., in 1871, brought out a 5s. dictionary appendix, with seven thousand words not found in ordinary dictionaries; and the *Bankers' Gazette* testifies that "it supplies a desideratum long felt".

Apologising for thus trespassing upon your valuable columns, and sincerely thanking A. Ω. for his able ventilation of this subject, as well as hoping that some old parish and club doctors like myself will express their opinions upon this interesting question, I am, etc.,

ALPHA BETA.

Spalding, April 1874.

NOTICES of Births, Marriages, Deaths, and Appointments, intended for insertion in the BRITISH MEDICAL JOURNAL, should arrive at the Office not later than 10 A.M. on Thursday.

NEW MEDICAL AND CHEMICAL TERMS.

SIR,—A. B., whose letter on this subject appeared in the JOURNAL of March 28th, is not the only reader of medical and chemical literature who feels the want of a new dictionary of scientific terms. Many years ago, I found Hoblyn's *Dictionary of Medical Terms* very useful. It did not give the pronunciation of words, which I considered a defect. A new edition, with this defect remedied, would be acceptable. Country practitioners have not the opportunity of hearing new words uttered, and are, therefore, often uncertain about their pronunciation. A new dictionary should meet this want. So far, then, I support A. B.'s proposition; but I wish to make a suggestion which, if carried out, would go very far in supplying this want of a modern lexicon. My suggestion is, that every author should supply at the end of his work a glossary, both pronouncing and etymological, of the scientific words used in the book. Some authors have done so; I may mention Erichsen, Wharton Jones, and the editors of Quain's *Anatomy* and of Hooper's *Vade Mecum*. If this plan were generally adopted, students and busy practitioners would read new works with more ease and advantage.

April 1874.

I am, etc.,

R. B.

CHEAP MIDWIFERY.

SIR,—For many years past, I have had a fair share of midwifery practice in a mining district, and I cannot say that my experience of its effects at all agrees with that of your correspondent Dr. Aveling, in the JOURNAL of March 28th. Even if the case were as strong as Dr. Aveling describes it, I doubt whether we are justified in refusing to attend "women of the humbler class", unless the midwife to whom he would "hand them over" is of a superior class to any I have met with. But my view of the case is different from Dr. Aveling's; and, if he will allow me, I should like to show him how he may easily avoid the "deteriorating effects" which he has classed under four heads; viz., "mental", "moral", "physical", and "pecuniary".

First. Never go to a labour without the last number of the JOURNAL in your pocket.

Second. Never drink anything stronger than tea. I am not a teetotaler, nor ever likely to be one; but I know no stimulant so refreshing as tea, especially in the night.

Third. Take every opportunity of getting a nap in your chair, or on a sofa, if only for half an hour at a time, and you will be all the better for it the next day.

Fourth. Never charge less than a sovereign; or, in special cases, fifteen shillings. The miners can well afford it with the high wages they get now; and, as a rule, if you let them see that their wives get good attendance, they will seldom grudge the money.

I am, etc.,

GEORGE TERRY.

Mells, Somerset, March 31st, 1874.

IODIDE OF SODIUM IN TERTIARY SYPHILIS.

SIR,—Allow me to call the attention of your correspondent, "A Liverpool Associate", to the bromo-iodine water of this spa, which may be useful in the case of "lupoid disease" of which he speaks. Whether the beneficial results should be attributed to its various salts intimately combined by Nature, or simply to its iodides and bromides, with sodium as a base, it is difficult to determine. In many cases where mercury is unsuitable, the iodides of sodium is very useful; it acts differently from the salts of potassium; it is tolerated when the latter salt nauseates. Mr. Berkeley Hill says the salts of sodium contain less alkali, and, therefore, are less deteriorating to the blood than those of potassium. Some French writers are of opinion that when sodium is combined as a base, it is more potent and less debilitating. Be this as it may, I can with truth say that most cases of tertiary syphilis are benefited when the treatment is persevered with. "A Liverpool Associate" should refer to Mr. T. Nunn's case of lupus, read before the Clinical Society, October 18th, 1871 (see BRITISH MEDICAL JOURNAL, vol. ii, 1871, p. 484); also Dr. Skaife's case, May 18th, 1873.

I am, etc.,

ROBERT CUFFE, M.R.C.S. Eng.

Woodhall Spa Villa, April 7th, 1874.

We are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Carlisle Patriot, April 17th; The Ayr Advertiser, April 16th; The West County Lantern, April 11th; The Scotsman, April 16th; The Brighton Examiner, April 14th; The Leicester Advertiser, April 18th; The Blackburn Standard, April 22nd; The Hull Evening News, April 17th; The Sunderland Times, April 17th; The Auckland Chronicle, April 16th; The Blyth and Bedlington Star, April 18th; The Northern Daily Express, April 14th; The Sussex Advertiser, April 15th; The Newcastle Daily Journal, April 15th; The Bridgwater Mercury, April 8th; The Richmond and Twickenham Times, April 11th and 18th.

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