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REPORTS TO THE SCIENTIFIC GRANTS COMMITTEE OF THE BRITISH MEDICAL ASSOCIATION.

Continuations of the Report on the Life-History of Contagium, by Dr. Braidwood and Mr. Vacher, were published in the JOURNAL of May 22nd and June 24th.

paper covers, of folio size, and with margins two and two-and-a-half inches wide); and the very poor coloured lithographs at the end, will lead many of the subscribers to be disappointed, and to refrain from dipping into the "Monument". This, however, will be their loss, inasmuch as a careful perusal of even isolated discussions of individual still debated topics with regard to vaccination would show that the author, though not experimentally acquainted with his subject, is conversant with its literature, and presents the most orthodox opinions on it. This reference to the literature of vaccination leads us to express surprise that, in the long list of authors appended to the end of the volume, we find scarcely any of the leading authorities cited. We look in vain for the names of Ceely, Seaton, Ballard, Moore; even Jenner's works have not been examined by the author; while Bulmerincq, Trousseau, Fröbelius, Husband, etc., are, in England at least, considered to carry greater weight on this subject than Abernethy, Bouchardat, or even Virchow.

As regards, next, the substance of the volume; its style from first to last is garrulous and diffuse. The scheme (for such must be supposed to have guided the author of a large tome like that under review) is not one exhibiting any habit of method or arrangement. Moreover, in treating any one topic, Dr. Burggraave, unfortunately for the reader, strays to consider some one neighbouring, though not kindred to the subject.

Although, as we have said, Dr. Burggraave represents, as a rule, the opinions more usually held in this country on vaccination, we have him in this treatise very commonly expressing doctrines which are far from consonant with the most recent advances of science, and which we should have imagined were long ago consigned to the ashes of departed medicine.

One example to point will suffice. At p. xiii, having divided epidemic diseases into two classes, the infectious and the contagious, our author proceeds: "Peut-être est-ce une distinction purement arbitraire, et les maladies infectieuses et contagieuses ne diffèrent-elles que par le genre de parasites et le milieu où ils se développent. Il y a là des affinités ou lieux d'élection. Ainsi, les parasites des fièvres pernicieuses et du choléra, du typhus, de la peste, c'est-à-dire des algies, en général, se développent dans le sang et les humeurs; c'est cette dissémination qui produit la fièvre; ceux de la teigne dans les follicles pileux, c'est-à-dire une maladie contagieuse localisée ou sans fièvre, etc. De même, nous voyons des vers ou helminthes élire domicile dans certains animaux (le porc par exemple) avant d'arriver à l'homme."

We refrain from pointing out many other evident defects in the handling of his subject by Dr. Burggraave (for example, his most sparing account of variolous epidemics); but we cannot overlook the typographical errors (Woodville for Woodville, etc.) which are repeated over and over again in the course of the volume. Nor can we pass unnoticed, seeing it is fraught with danger, the recommendation to follow the example set in Russia (*vide* pp. 98 *et seq.*), of intrusting the performance of vaccination to unqualified persons. We are surprised to find no mention made in this volume of the excellent laws on vaccination first promulgated in Italy; and more lately, in improved form, established in Great Britain. One of the greatest injuries inflicted on Jenner's noble discovery has resulted from the old practice of vaccination by ignorant and unprofessional operators.

We regret to be unable to give a more favourable opinion regarding Dr. Burggraave's "Monument à Jenner"; and we embrace this opportunity, also, for the purpose of urging on the profession in Great Britain the advisability of issuing a treatise worthy of the greatest discovery in modern medicine, a volume exhaustive of the subject, and illustrative not only of the normal progress of vaccinia in bovine and human subjects, but also of the contingencies (skin-eruptions, etc.) associated with the course of the disease, and erroneously ascribed to it. A small committee of experts to carry out this work would be thanked by the profession for rendering a most valuable service; and a volume worthy of the memory of Jenner would, no doubt, be welcomed by the profession of this country, of America, and of foreign countries, as one much wanted.

A GUIDE TO THE PRACTICAL EXAMINATION OF URINE. For the Use of Physicians and Students. By JAMES TYSON, M.D., Hospital Lecturer on Pathological Anatomy in the University of Pennsylvania, etc. With a Plate and numerous Illustrations. London: Trübner and Co. 1875.

THERE are numerous works in existence which treat of the examination of the urine; but, as Dr. TYSON justly remarks in the preface to his useful little volume, the larger and more comprehensive books are too bulky for convenient daily use, while the smaller manuals are too limited in scope. It might be added also that, for the most part, they deal with only a portion of the subject: some with its chemical rela-

tions alone; others with the microscopical appearances of urinary deposits, or with this and qualitative analysis. Dr. Tyson has endeavoured to comprehend in small compass all branches of the investigation of urine, chemical, physical, and microscopical; and has given the methods in use for exact volumetric as well as approximate analysis. Amongst the latter, we have the modes in use in German laboratories, such as Heller's tests for hæmatin, uro-hæmatin, and bile; and a modification of Pettenkofer's test for the bile-acids adopted by the author himself. Every one who has much experience of urine-examination for clinical purposes must, we think, have arrived at the same conclusion as Dr. Tyson, that the detection of these acids "by the direct application of the elements of Pettenkofer's test in urine, or other animal fluids, is practically impossible, even if the bile-acids be present in considerable quantities". Nor have any of the modifications of it proposed proved satisfactory or clinically available. It is true that the determination of the presence or absence of the bile-acids is not of the importance which has been supposed. More recent investigations have shown that they are not invariably present in the urine in cases of obstruction, and consequently of *reabsorption* of bile; nor invariably absent in cases of so-called suppression. Their presence or absence does not, therefore, afford an infallible means of diagnosis between the two conditions. They appear, however, to be always present in the urine in diseases accompanied by rapid destruction of liver-cells, such as acute yellow atrophy and phosphorus-poisoning; and any satisfactory test for them would be of much value as an aid to the diagnosis of these rare affections. If Dr. Tyson's process prove a reliable one, it will not fail to be appreciated, since it appears to be also the most simple, although requiring more time than is usually at the disposal of a busy practitioner.

The book is systematically arranged; and the descriptions of the various qualities of morbid urine, and of the various processes of analysis, are exceedingly lucid. The author has been unusually successful in conveying all essential details very briefly, without becoming obscure. The portion of the book which deals with the microscopic examination of urinary deposits is illustrated by a number of woodcuts, which are somewhat rough, but still sufficiently exact for the purpose, showing the chief forms of urinary crystals, casts, and other deposits. Amongst these is a coloured plate of that very common appearance which Dr. W. Roberts has described as "pigment-flakes", or pigmentary particles. Dr. Tyson, however, has come to the conclusion that these are nothing but stained flaws or markings in the glass. A few more illustrations of the appearances presented by other foreign bodies, such as wood-fibre, flax, etc., which are so puzzling to commencing students, would have formed a very useful addition. As it is, however, the work is a very good, convenient, and fairly comprehensive manual, and one to be highly recommended for the use of the students and practitioners for whom it is designed.

SELECTIONS FROM JOURNALS.

MIDWIFERY AND DISEASES OF WOMEN.

PREGNANCY AND LABOUR IN EPILEPTIC WOMEN.—Dr. J. S. Parry (*American Obstetrical Journal*) adduces a variety of facts which seem to warrant the following statements. 1. Epileptics rarely have convulsions during labour. They are not more liable to puerperal convulsions than healthy women. Labour in them is as a rule not more unfavourable than in healthy women. 2. In the exceptional cases in which violent epileptic convulsions occur during labour, it is not decided whether it is best to hasten delivery or to trust to nature. 3. Pregnancy may be the immediate cause of epilepsy. In these cases, fits rarely occur during labour, and the disease is immediately arrested by parturition, but it will almost always reappear whenever the woman becomes pregnant. 4. Either form of epilepsy may result in the death of the foetus, but convulsions of this kind are not as likely to destroy the child as are those which may be correctly designated puerperal.

SUDDEN DEATH AFTER UTERINE INJECTION OF IRON.—The following case was reported by Dr. Cederskiöld before the Swedish Medical Society. The patient was pregnant for the second time. A considerable hæmorrhage followed the birth of the child, the uterus did not contract fully, and the fundus could be felt over the pubes. Ergot was of little use, and the hæmorrhage recurred from time to time. Eighteen days later, a strong solution of the perchloride of iron (1 to 7) was injected into the uterus. Every precaution was taken; the syringe was freed from air; the pressure on the piston was gradual, etc.; but, when the injection was half completed, the woman suddenly complained of pain in the breast, stretched backward, drew a few short

breaths, and was dead. A *post mortem* examination was made the next day. The small intestines were actively congested; a few spoonfuls of thin blackish fluid were found in the fossa of Douglas, and on the peritoneum in that vicinity there were numerous black spots. The uterus was pretty firmly contracted. The interior of the uterus and vagina was stained dark-brown. The interior of the uterus was uneven and covered with a reddish granulation-tissue, with the exception of the sides and fundus, where three superficial oval ulcerated surfaces were found, each $1\frac{1}{2}$ to 2 inches long. Here the uterine substance was exposed, and had a ragged surface, in the centre of which there were leaf-like somewhat firm structures, 0.4 inch high and 1.2 inches long. These were intimately united with the underlying tissues, and consisted of organic muscular fibres. At the sides of these formations, there were open-mouthed vessels, some of them large enough to admit a fine sound, which passed into the larger veins of the uterus. These were slit up and followed into the hypogastric and iliac veins and the vena cava inferior. The blood in these veins was found markedly coagulated and stained brown. Bubbles of air were also found in them. The same condition was found in the right side of the heart. The lungs and other organs presented nothing abnormal.—*Hygiea*, August 1875.

PATHOLOGY.

THE NERVOUS SYSTEM IN RABIES.—N. Kolesemkoff has examined the nervous system in ten mad dogs in Professor Rudneff's pathological laboratory in St. Petersburg (*Central-Blatt für die Medicin. Wissenschaften*, No. 50, 1875). The parts examined were the cerebral hemispheres, the corpora striata, thalami optici, cornua Ammonis, cerebellum, medulla oblongata, spinal cord, and the sympathetic and spinal ganglia. The changes were always most marked in the ganglia, and were as follows. 1. The vessels were much distended and filled with red corpuscles. Here and there along their course were seen groups of red corpuscles and round indifferent elements (probably emigrated white corpuscles) scattered in the perivascular spaces. The walls of the vessels were spotted with hyaloid masses of various forms, sometimes extending into and obstructing the lumen of the vessel like thrombi. Not far from these were collections of white and red corpuscles. 2. There was found to be a collection of round indifferent elements in general around the nerve-cells, sometimes penetrating into the protoplasm of the cells to the number of five or eight; sometimes in such number as quite to displace the cell-protoplasm. The number of migrated cells produced various changes in the form of the nerve-elements. The nuclei of the cells were sometimes pushed towards the periphery by the intrusive elements. In other cases, the nerve-cells seemed entirely replaced by masses of round (indifferent) corpuscles. These changes were seen even in isolated nerve-cells. The author points out the analogy of these changes to those described by Popoff in enteric fever and injuries.

EXUDATIONS CONTAINING FATTY MATTER.—Dr. Quincke (*Deutsches Archiv für Klinische Medicin*, Band xvi) has in two cases removed chylous fluid by puncture; once from the right pleural cavity, and once from the abdomen. The first case was one of injury, in which the effusion took place on the third day after the accident, without symptoms of inflammation. On three occasions, an abundance of milky fluid was removed by puncture, and was found, on microscopic examination, to exactly resemble the chyle of animals. The diagnosis was, rupture of a large chyloferous vessel, probably the thoracic duct itself. At the necropsy, the point of rupture could not be found; but there was effusion of chyle, with some coagula, in the subpleural tissue opposite the first costal cartilage. In the second case, the patient, as well as other members of her family, had suffered for many years from elephantiasis of the limbs. The effusion of chyle was here attributed to closure or obliteration of the lacteals of the intestinal villi by peritonitic exudation. Dr. Quincke also removed an ascitic fluid containing fat, and yielding a cream-like stratum, from a woman in whom primary cancer of the peritoneum was found at the *post mortem* examination; the fluid had acquired its character through fatty change in the new growth. He refers to a case of Friedreich, in which fatty matter was found in the ascitic fluid in a case of tubercular peritonitis, and to one of his own in which a similar cause was probable. In these cases, the microscope distinctly showed that the fatty matter came from the destruction of organic cells. Fatty matter in exudations may thus arise either from chyle or from cells undergoing fatty transformation; the latter seems especially to be the case in cancer and tubercle of the peritoneum. Both conditions can be distinguished by the microscope; and Dr. Quincke proposes for them the names *hydrops chylusus* and *hydrops adiposus*.—*Berliner Klinische Wochenschr.*, November 6th.

BRITISH MEDICAL ASSOCIATION: SUBSCRIPTIONS FOR 1876.

SUBSCRIPTIONS to the Association for 1876 become due on January 1st, Members of Branches are requested to pay the same to their respective Secretaries. Members of the Association not belonging to Branches, are requested to forward their remittances to Mr. FRANCIS FOWKE, General Secretary, 36, Great Queen Street, London, W.C.

BRITISH MEDICAL JOURNAL.

SATURDAY, JANUARY 1ST, 1876.

ACTION AND INACTION.

I.

REGARDING the nervous system, as we are compelled to do, as the source of all action, it is obvious that the agents to which we resort, when we desire to affect action, or to rouse from inaction, must belong to the class of remedies called neurotics. There are two factors engaged in great functional activity. The one is a certain condition of activity in the parts, by which they attract a larger supply of blood to themselves; the second is the large supply of arterial blood which is indispensable to sustained activity. It becomes obvious, then, that in the reducing of action there are two inverse methods of procedure: the checking of action in the part, and the diminution of the blood-supply. These two methods are often to be found, more or less, combined in the various agents to which we resort when we desire to allay action in a part. At other times, artificial combinations are required to meet the wants of a case. In order to make this subject clearer, it may be as well to review briefly and to contrast the action of some of our chief nerve-sedatives, variously known as hypnotics and analgesics.

The first of these is opium, which seems first to rouse action in the nervous system and then to arrest it. It is well known that by practice and continual consumption of this agent its first action can be prolonged in a surprising manner, as in the cases of confirmed opium-eaters; but there are long reactions of nervous exhaustion and of lethargy after such manifestations. Here we are rather concerned with the action of opium as a medicine, and administered to persons not habituated to its use; the effect of habit being the same with opium as with alcohol. The amount of alcohol which a well seasoned toper will imbibe with the consequence of gentle exhilaration, would produce profound comatose sleep in one not habituated to its use.

The effect of a moderate dose of opium upon an ordinary person is to produce sleep. There is first a period of gentle stimulation with cerebral activity, and then follows a sound, but not necessarily dreamless sleep. If the dose be increased, there results a death-like coma, with great depression of the circulation and slow irregular respiratory movements. If the dose be fatal, "death occurs generally by failure of the respiration and almost complete extinguishment of the vital functions" (Wood). Thus we see that the higher faculties associated with the cerebral convolutions are first affected, and then ultimately the action of the centres at the base of the brain is abolished. Consequently, we find that voluntary motion disappears while the movements of respiration and the circulation are but little affected; but that a larger dose will entail arrest of action in these movements so essential to life. There is one point, not unimportant, to be noted in connection with the action of opium in relation to motor action, and that is the fact that in the lower animals, and especially frogs, opium excites convulsions. This has been explained as follows. The cerebral organisation of man is infinitely higher than is that of these lower animals, and, therefore, he is infinitely more susceptible to what may be termed the cerebral action of the drug, *i.e.*, its action upon the cerebrum; while the spinal action is more pronounced in these lower creatures, whose spinal cord is by comparison much more highly developed than is their

o'clock—the tea hour—the sisters, nurses, and resident officers took tea in most of the wards with the patients. The evening was enlivened by the singing of two or three Christmas carols in each ward; and, as some care had been taken in the training of the singers, consisting chiefly of nurses, the result was a highly creditable performance. On Tuesday, the 28th, there was an entertainment provided by the medical staff, at which a magic lantern was exhibited and a conjuror performed for a short time. As many patients as possible were gathered in one ward, and, with sisters, nurses, lady pupils, some of the staff, and a goodly complement of visitors, an audience of over a hundred people was collected. The magic lantern, kindly exhibited by one of the staff, elicited much mirth and applause, and the conjuror following engaged both old and young for about an hour in the performance of some clever tricks.

GUY'S HOSPITAL.—At Guy's, Christmas Day was celebrated in the orthodox fashion by the substitution of roast beef and plum pudding for the ordinary diet of the hospital. This substantial fare was further supplemented by the students, who subscribed among themselves a sufficient amount to enable each of the 560 patients at present in the hospital the value of tenpence in the shape of additional luxuries, the privilege of indulging in pipes and tobacco being considered not the least important. Some unknown friends from outside had generously sent Christmas cards with little books, each one addressed in a separate envelope, to all the patients. These were thoughtfully placed under the pillows on Christmas eve, so that their recipients might meet with an agreeable surprise when they awoke next morning. All the wards were more or less gaily decorated with holly, evergreens, and other ornaments, according to the tastes of the sisters and nurses, and with the assistance of volunteers, chiefly dressers and ward-clerks. Some of the designs and monograms were remarkably good. The hospital motto, "Dare quàm accipere", shone conspicuously in one of the wards, and might have been taken as a gentle hint to visitors that their contributions were more acceptable than themselves; but we were assured that this was not the intention of the writer. Another design by a student, purporting to represent the clandestine application of the actual cautery, afforded much amusement. The doctor in this instance was personated by the Clown, and the patient by Pantaloon, who is suffering from a wound on his nether extremity, produced by a red-hot poker. In the wards containing children, there were numerous Christmas trees loaded with toys for the little ones and presents for all. In most instances, the boxes of sweets and the ordinary foliage of the trees were replaced by articles of more lasting utility, in the shape of gloves, wristbands, mufflers, and other pieces of wearing apparel, which might be treasured up as *souvenirs* of the pleasant Christmas the recipients spent in the hospital. All passed off cheerfully and quietly, and it is becoming a proverb among the staff that the annual entertainment invariably produces a healthy stimulus among the patients, and is attended with unmixed good.

LONDON HOSPITAL.—Mr. R. D. Smith (House Surgeon) writes as follows. "Owing to the crowded state of our wards, only very urgent cases have been admitted of late, cases that are far too ill to enjoy anything approaching the Christmas of 'olden times.' Some of our wards are tastily and extremely prettily decorated, especially the two children's wards; and early in the new year there will be a Christmas tree for the benefit of all the juvenile patients in the hospital. Every child under ten years will receive something from the tree, and it is very gratifying to see that the majority of articles are either useful or instructive."

EAST LONDON HOSPITAL FOR CHILDREN.—Mr. Julius Cæsar (House-Surgeon) reports that the little inmates of the hospital were regaled on Christmas day with roast turkey, chicken, and plum pudding for dinner, and sponge cakes and various kinds of fruit at tea-time, all of which were provided by the liberality of some friends of the charity. They are to have their "annual treat" on January 12th; this will consist of a good tea (cakes, tea or milk, sweetmeats, oranges, and various other kinds of fruit), a Christmas tree, a Punch and Judy show, a shadow pantomime, singing and music, and a magic lantern. Each little visitor will receive, before leaving, a suit of warm clothing, some oranges, cakes, and toys off the tree. Cards of invitation have been sent to one hundred children who have been inmates within the last twelve months. It is hoped, by the assistance of the charitable, to be able to give the next treat in the new hospital, which is rapidly approaching completion.

BELGRAVE HOSPITAL FOR CHILDREN.—On December 29th, a large gathering assembled to take part in the Christmas festivities at

the Belgrave Hospital for Children. Through the kindness of some lady friends, a very handsome tree had been provided, and the numerous gifts which its branches furnished were distributed in the most genial manner by the Rev. Brymer Belcher. This part of the ceremony over, thirty or forty old patients adjourned to the waiting-room of the newly opened out-patient wing, where tea was served, and no child was permitted to go home without a substantial proof of the interest still taken in him, in the form of a present of some useful article of clothing. Nothing could exceed the happy and contented appearance of the children; and the general arrangements and present condition of the hospital reflect much credit on the indefatigable Lady Superintendent, Miss Monro.

ASSOCIATION INTELLIGENCE.

BATH AND BRISTOL BRANCH.

THE next meeting of the above Branch will be held at the York House, Bath, on Thursday, January 20th, 1876, when a discussion on Cerebro-spinal Meningitis (based on Dr. Cole's paper, printed at page 667 of last volume of the JOURNAL) will be opened by Dr. Brabazon.

R. S. FOWLER, Bath. } *Honorary Secretaries.*
E. C. BOARD, Clifton. }

Bath, December 15th, 1875.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: ORDINARY MEETING.

THE second ordinary meeting of the session 1875-76, was held on November 11th, at the Midland Institute, Birmingham; present, Dr. W. F. WADE, President, in the chair, and forty members and visitors.

Report of Habitual Drunkards Committee.—A report of the proceedings of this Committee of the Branch was read by the Honorary Secretary, Dr. Rickards.

Membership of the Association.—On the motion of Mr. LAWSON TAIT, seconded by Mr. J. J. HADLEY, it was resolved: "That, in the opinion of this Branch, the membership of the British Medical Association should be limited to persons whose names appear in the *Medical Register*, or who possess qualifications entitling them to be registered."

Communications.—The following specimens were exhibited.

1. Mr. FURNEAUX JORDAN showed a Sarcomatous Tumour removed from the Abdominal Wall.

2. Mr. LAWSON TAIT showed a New Form of Ether-Inhaler and a Modification of his Ovariectomy Trocar.

3. Dr. A. H. CARTER exhibited a specimen of Cirrhosis of Liver, taken from a youth, aged 19. There was no history of spirit-drinking, nor could anything to account for his condition be ascertained. The spleen was enormously enlarged.

4. Dr. PHILIP BINDLEY showed two specimens of Fractured Skull. One was a depressed fracture of the lower and anterior part of the left parietal, with rupture of the middle meningeal artery, which was caused by direct violence. The second was a case of fracture of the posterior fossa through the basilar process half an inch in front of the foramen magnum. It was caused by a fall on the top of the head. Both lateral sinuses were torn.

5. Mr. FURNEAUX JORDAN read a paper on the Gradual Decrease of Operative Surgery. He was of opinion that the amount of operative surgery in relation to the population was gradually diminishing. He believed this was due to higher education of both the medical profession and the public. The character of operative surgery, too, had changed. It was marked by more mechanical ingenuity and superior dressing. Where so-called Nature's efforts could not be checked by man, surgery remained much the same, and the prospect of change was not hopeful. Such cases were tumours, ovarian cysts, cancers, club-foot, arrests of development, etc. In conclusion, he said, if there be no diminution of operative surgery, surgeons are not free from censure and humiliation.

6. Dr. WARDEN read a paper on Contraction of the Meatus Auditorius Externus and its Treatment by a New Form of Dilator.

PRESENTATION.—On December 23rd, the Lord Mayor, after giving away the prizes to the successful scholars at the Aske's Schools at Hoxton, presented, on behalf of the Court of the Haberdashers' Company, a handsome purse containing a cheque for fifty guineas to Dr. Robert Charles Croft, the late Surgeon to Aske's Hospital, in testimony of the kind and valuable services rendered by him for eleven years to the pensioners and scholars of the late hospital.

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF CAMBRIDGE.

OPEN SCHOLARSHIPS AT GONVILLE AND CAIUS COLLEGE.—An examination will be held at Gonville and Caius College, on Tuesday, April 4th, 1876, and the three following days, beginning at nine o'clock, when three scholarships, at least, will be offered for competition to students, intending to begin residence in October 1876, under twenty years of age on the first day of the examination. One of these scholarships will be awarded for classics, one for mathematics, and one (which will be free from restriction as to age) for natural science. Each will be of the value of £60 a-year, and tenable for two years, after which time the holder will be eligible to a scholarship of longer tenure. . . . Candidates for the natural science scholarship will be examined in chemistry, chemical physics (including light, heat, and electricity), zoology with comparative anatomy and Physiology. Excellence in one or two of the above subjects will be preferred to a less perfect acquaintance with a greater number. Each candidate for this scholarship will be required to furnish a list of those of the above subjects in which he desires to be examined, at least three weeks before the examination. He will also be required to satisfy the examiners in elementary Latin, Greek, and mathematics. These scholarships are limited to persons who have not yet begun residence in the University, and have not yet been elected to a scholarship at any College. Candidates are required to send their names, with certificates of age, and testimonials of good conduct, to the Rev. N. M. Ferrers, Tutor of Gonville and Caius College. The successful candidates will be required to enter their names at the College forthwith, and to begin residence in October next. Those who acquit themselves creditably in the examination will, if they enter at the College, be excused from the entrance examination in October.

SECOND EXAMINATION FOR DEGREE OF M.B.—Examined and approved, December 16th, 1875: Bettany, B.A., Caius; Black, Caius; Duke, M.A., Corpus Christi; Groome, Catherine; Lapage, B.A., Magdalene; Prickett, B.A., Trinity; Pycok, B.A., Jesus; E. J. Wood, B.A., Sidney. Signed, G. E. Paget, R.P.P.; Henry Power, F.R.C.S.; Chris. Heath, F.R.C.S.; N. Davies-Colley, M.A., M.C.

THIRD EXAMINATION FOR M.B. DEGREE. Examined and approved, December 16, 1875: Gosset, B.A., King's; Owen, B.A., Downing; Phelps, M.A., Sidney; Smith, C. C., B.A. Signed, G. E. Paget, R.P.P.; A. W. Barclay, M.D.; J. B. Bradbury, M.D.; Chris. Heath, F.R.C.S.

TRINITY COLLEGE, DUBLIN.

EXAMINATION FOR DIPLOMAS IN STATE MEDICINE.—Notter, J. L., Stanley, W. H. K.

OBITUARY.

WILLIAM SANDS COX, F.R.C.S., F.R.S., D.L.

WE regret to record the death of Mr. Sands Cox, which occurred on December 23rd, at Kenilworth. The eldest son of Mr. Edward Townsend Cox, who was a surgeon of repute in the Midlands, he was born in Birmingham in 1802. He received his early education in the Grammar School of his native town. When eighteen years of age, he was articled to his father, and began the study of medicine at the General Hospital. He subsequently went to London, and attended the practice of Guy's and St. Thomas's Hospitals, where he resided with his old schoolfellow, the late Edward Grainger, founder of the Webb Street School of Anatomy. Mr. Grainger's success gave Mr. Cox the idea of establishing a medical school in Birmingham. After being admitted a member of the Royal College of Surgeons, in the year 1824, Mr. Cox spent about twelve months in Paris, where he enjoyed the teaching of Dupuytren, Laennec, Lisfranc, and Larrey. In 1825, he was elected surgeon to the Birmingham General Dispensary; and three years afterwards, assisted by a few professional friends, he established the Royal School of Medicine. By the liberal financial aid of the Rev. Dr. Warneford, and his own untiring energy, he was enabled to expand the medical school into an important college, provided with a chapel and accommodation for a large number of resident students, for which, under the name of the Queen's College, a Royal Charter of Incorporation was obtained in 1843. Another Charter, adding an arts department, was granted in 1847; and a subsequent Charter, establish-

ing a theological department, was secured in 1851. Mr. Cox desired that the college might ultimately become the "Queen's University for the Midland Counties".

Mr. Cox also founded the Queen's Hospital as a clinical school for the college. The corner-stone was laid in 1840; and in the following year, the wards were opened and the institution started, free from debt, the whole of the funds having been raised by the indefatigable founder. In obedience to a law of the charity, since repealed, which limited the tenure of office of the honorary officers to twenty years, Mr. Cox resigned the office of senior surgeon to the hospital in 1863, when he was appointed consulting surgeon.

A public meeting was held in Queen's College in 1857, for the purpose of acknowledging the great services of Mr. Cox to his native town; it was resolved to raise a fitting testimonial by public contributions. Mr. Cox suggested that the sum subscribed should be devoted to the endowment of medical scholarships and the completion of the college museums, and these wishes were carried into execution. A few years afterwards, some unfortunate differences arising in the management of the Queen's College and the Queen's Hospital resulted in his retirement from the conduct of those institutions. For the last twelve years, he did not reside in Birmingham; and he wholly withdrew from public work.

Mr. Cox contributed largely to professional literature. For many years he edited the Annual Reports of the Queen's Hospital. He published in 1845, a translation of *Maingaull's Illustrations of the different Amputations performed on the Human Body*. In the same year he wrote a *Memoir on Amputation of the Thigh at the Hip-joint*. He was also the author of an anatomical hand-book, entitled a *Synopsis of the Bones, Ligaments, Muscles, Blood-vessels and Nerves of the Human Body*; a *Case of Aneurism of the Femoral Artery, treated by Compression*; an *Introductory Lecture on the Study of Anatomy and Physiology*; and of numerous other brochures. He employed the leisure of his retirement in literary pursuits, and published a series of large works upon the history of the Birmingham Medical School, viz., *Edward Townsend Cox*, imperial octavo, pp. 104, 1871; *Reprint of the Charter, etc., of Queen's College*, pp. 425, 1873; *Annals of the Queen's College*, 4 vols., pp. 709, 1873. At the time of his death, he was preparing for the press a fifth volume of the last-named work, and he was engaged in the production of a new book, *Annals of the Queen's Hospital*.

Mr. Sands Cox was a magistrate and deputy-lieutenant for Warwickshire, a Fellow of the Royal Society, a Fellow of the Royal College of Surgeons, a Fellow of the Chemical Society, and a Member of the Société de Chirurgie of Paris. He was a man of rare energy. For many years he devoted unstintingly both time and money to the maintenance of the two great institutions he established. He possessed an ample fortune, and he might have enjoyed a large consulting practice, but his private engagements were ever subordinate to his public work. He was full of enthusiasm for surgery, an accurate anatomist, a fluent lecturer, and a brilliant operator. He had a kindly manner, and he took a warm personal interest in the welfare of his pupils.

RICHARD HASSALL, M.D.

WE lament at having to record the death of Dr. Richard Hassall, which took place on December 13th, at his residence in St. George's Square, London. Dr. Hassall was born at Chelmsford, in 1811. His father and grandfather were both medical men in the North of England. His father, Mr. Thomas Hassall, was born in Sunderland. He was appointed a captain and surgeon to the Durham Fencibles, a regiment raised by the county of Durham, which served in the Irish Rebellion in 1798. He was at the battle of Arklow, under General Skerritt, where he received a wound which deprived him of the sight of one eye, and for which he received a pension. He afterwards became Surgeon to the 1st Surrey Militia, an appointment which he retained for thirty years, and in which he was succeeded by his son, Dr. Richard Hassall. For several years, Mr. Thomas Hassall practised at Teddington, when he attended the family of the Duke of Clarence, afterwards William the Fourth.

Dr. Richard Hassall was the second son of Mr. Thomas Hassall, who married Miss Sherrock, of Downpatrick. The eldest son was lost at sea; the third son is the present Dr. Arthur Hill Hassall, Physician to the National Hospital for Consumption at Ventnor, and author of several valuable contributions to medical literature. The Hassall family seem to have had a strong predilection for the medical profession; for Dr. Richard Hassall's father, grandfather, and one of his uncles, Mr. Richard Hassall, were medical men; while his younger brother has long been a distinguished member of the same profession.

Dr. Richard Hassall entered the profession somewhat late in life,

and subsequently to his younger brother. He studied at the Charing Cross Hospital, under Mr. Hancock, Mr. Hood, and others. He commenced practice at Richmond, secured a large connection, and remained there until about two years before his death, having realised a handsome competence. He subsequently came to London and took chambers in Suffolk Place, Pall Mall, where he practised with great success until a few weeks before his death. Dr. Hassall was twice married: first to Mrs. Gibbons of Richmond, and secondly to Miss Alicia Goddard, daughter of the late Archdeacon Goddard, by whom he leaves four children. Dr. Hassall was an excellent practitioner, cautious, without timidity; a warm-hearted friend; and a kind, good, faithful, and earnest man in all things.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, December 23rd, 1875.

Dell, Joseph Francis, Dunstable, Bedfordshire
Hayes, Thomas Edward Darley, Burton Crescent
Horsman, Godfrey Charles, King Street, Portman Square
Jones, David Rhys, 85, Camden Street, S.W.
Mason, John Wallis Barron, Osnaburgh Terrace, Regent's Park
Osborne, John Henry, Southwell, Nottinghamshire
Popert, Adolph Joseph, Workworth Terrace, Limehouse
Smith, Stephen Francis Sretton Villas, Hackney
Steil, George Robert, Park Villas, Shepherd's Bush
Weller, John, Amersham, Buckinghamshire

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

Clarke, Reginald, King's College
Clarke, Richard, Westminster Hospital
Holloway, George, Queen's College, Birmingham
Kay, William, St. Bartholomew's Hospital
Morton, Augustus Charles, Guy's Hospital
Quicke, William Jenkins, Westminster Hospital
Reader, Jeremiah, Guy's Hospital
Thomas, David Edward, St. Thomas's Hospital

MEDICAL VACANCIES.

The following vacancies are announced:—

AMERSHAM UNION.—Medical Officer for Second Medical District of Chesham. Salary, £70 per annum. Applications not later than the 18th instant.
ARDWICK AND ANCOATS DISPENSARY, Manchester—Resident House-Surgeon.
BELHELVE, Parish of—Medical Officer.
BERKS COUNTY ASYLUM, Moulsoford—Assistant Medical Officer. Salary, £80 per annum, with board, lodging, and washing.
BIRKENHEAD BOROUGH HOSPITAL.—Senior House-Surgeon (unmarried). Salary, £100 per annum, with board and residence in the house. Applications to R. S. Shield, Esq., 4, Hamilton Square, on or before the 13th instant.
BIRMINGHAM, Parish of—Resident Assistant Workhouse Medical Officer. Salary, £100 per annum, with furnished apartments, coals, gas, and attendance. Applications on or before the 14th instant.
BOOTLE BOROUGH HOSPITAL.—House-Surgeon. Salary, £80 per annum, with board, furnished apartments, and washing. Applications to the Honorary Secretary.
BROMPTON HOSPITAL.—Resident Clinical Assistant. Applications, with testimonials, on or before the 1st instant.
CAPE OF GOOD HOPE.—Surgeon for Cape Copper Mines; three years' agreement. Salary, £250, £275, and £300. Lodgings, drugs, instruments, etc., provided. Applications to Secretary, 6, Queen Street Place, E.C.
CARMARTHEN UNION.—Medical Officer.
CENTRAL LONDON SICK ASYLUM DISTRICT.—Assistant Medical Officer. Salary, £100 per annum, with board and residence. Personal attendance at Board-Room, Cleveland Street, on the 10th instant, at 3 P.M.
CHORLTON-ON-MEDLOCK, RUSHOLME, and MOSS SIDE DISPENSARY, Manchester—House-Surgeon.
DUMFRIES and GALLOWAY ROYAL INFIRMARY.—Assistant House-Surgeon. Board and washing. No salary. Applications to the Treasurer.
GENERAL HOSPITAL and DISPENSARY FOR SICK CHILDREN, Pendlebury, near Manchester—Superintendent. Salary, £100 per annum, with everything found.
GLOUCESTER INFIRMARY.—Surgeon and Assistant-Surgeon. Applications before the 27th instant.
HAMBLETON UNION, Surrey—District Medical Officer. Salary, £70 per annum, inclusive of fees. Applications not later than the 12th instant.
HARDINGSTONE UNION.—Medical Officer for the Bradford District. Salary, £45 per annum, in addition to which the person appointed will receive fees for midwifery and surgical operations. Applications, with testimonials, etc., to the Clerk, on or before the 1st instant.
HUDDERSFIELD INFIRMARY.—Physician.
MALE LOCK HOSPITAL.—House-Surgeon.
MOFFAT HYDROPATHIC ESTABLISHMENT.—Medical Man to take charge. Applications to Messrs. Bruce and Kerr, W. S., Edinburgh.
NORTHAMPTON FRIENDLY SOCIETIES MEDICAL INSTITUTE.—Resident Medical Officer. Salary, £180 per annum, with fees, residence, and lighting. Applications not later than the 10th instant.
PARISH OF LISMORE AND APPIN, Lettermore—Medical Officer. Salary, £100 per annum. Applications to the Rev. D. Dewar, Manse, Appin, Argyll.

RADCLIFFE INFIRMARY, Oxford—Dispenser for In- and Out-patients (non-resident). Salary, £120 per annum. Applications to the Secretary not later than the 3rd instant.
RIPON DISPENSARY.—Resident House-Surgeon. Salary, £100 per annum, with furnished apartments, attendance, coals, and candles. Applications on or before the 1st instant.
ST. LUKE'S HOSPITAL.—Clinical Assistant for six months, from 1st Jan. 1876. Board and furnished apartments in the Hospital. Applications to the Secretary.
ST. MARY'S HOSPITAL AND DISPENSARY FOR WOMEN AND CHILDREN, Manchester—Medical Officer. Salary, £80 per annum, with board and residence in Hospital. Applications not later than the 7th instant.
ST. MATTHEW, Bethnal Green—Medical Officer of Health. Salary, £200 per annum. Applications by the 10th instant.
ST. SAVIOUR'S UNION, Surrey—District Medical Officer and Public Vaccinator. Salary, at the rate of £130 per annum. Applications on or before the 3rd instant.
SHEFFIELD GENERAL INFIRMARY.—Physician. Applications on or before the 5th instant.
SOUTH-EASTERN SANITARY ASSOCIATION.—Sanitary Inspector. Salary, about £12 per month. Applications to Messrs. Wollacott and Leonard, solicitors, 61, Gracechurch Street.
STROUD GENERAL HOSPITAL.—House-Surgeon. Salary, £60 per annum, with board, furnished rooms, attendance, and washing.
SURREY DISPENSARY.—House-Surgeon. Salary, £120 per annum, with furnished apartments. Applications on or before January 18th, 1876. Candidates are requested to attend the Committee on Tuesday, January 11th, to produce their testimonials, etc.
TRINITY COLLEGE, Dublin—Professor of Botany. Applications on or before the 22nd instant.
UNIVERSITY COLLEGE HOSPITAL.—Assistant Medical Officer in the Skin Department. Applications not later than the 1st instant.
WANDSWORTH and CLAPHAM UNION.—Resident Medical Officer. Salary, £250 per annum, with furnished apartments, rations, washing, gas, and coal.
WESTERN DISPENSARY, Broadway, Westminster—Resident Medical Officer. Salary, £105 per annum, with apartments, coals, gas, and attendance. Personal attendance on the 10th instant, at 5 P.M.

MEDICAL APPOINTMENTS.

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

BARROW, Albert Boyce, F.R.C.S., appointed Surgeon to the Westminster General Dispensary, *vice* R. P. Middlemist, M.R.C.S. Eng., resigned.
CLARKE, Henry, L.R.C.P., appointed Resident Medical Officer to the West Riding of Yorkshire Prison.
COOKE, William C., M.R.C.S. Eng., appointed Resident Medical Officer to the St. Pancras and Northern Dispensary.
EVANS, David T., M.R.C.S. Eng., appointed House-Surgeon to the Denbighshire Infirmary, *vice* E. J. Lloyd, M.B., resigned.
EWART, William, M.R.C.P., appointed House-Physician to Addenbrooke's Hospital, Cambridge, *vice* H. F. Barsham, M.B., resigned.
***INGLIS,** Alexander, M.D., elected Consulting Physician to the Worcester Infirmary.
JACKSON, Ernest Carr, M.R.C.S., appointed House-Surgeon to St. Mark's Hospital.
LUCAS, Thomas, M.R.C.S. Eng., appointed Medical Officer to the Cambridge Police Force, *vice* J. Hough, M.R.C.S. Eng., resigned.
SAMPSON, Henry M., L.R.C.P. Ed., appointed Resident Medical Officer to the Gloucester Infirmary.
SMITH, John B., M.B., appointed Resident Surgeon to the Queen's Hospital, Birmingham.
TURNBULL, George H., M.D., appointed Physician to the Kelso Dispensary.
WALTER, William, B.A., M.B., appointed House-Surgeon to the North Staffordshire Infirmary, Stoke-upon-Trent, *vice* W. J. Faulkner, M.D., resigned.

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.

KING.—On Christmas Eve, at 48, Harley Street, the wife of *Robert King, M.B., of a daughter.

DEATHS.

***HINTON,** James, M.R.C.S., at St. Michael's, Azores, aged 54, on December 16th.
Cox, William Sands, J.P., D.L., F.R.S., late of Birmingham, at Woodside, Kenilworth, suddenly, aged 74, on December 23rd.

BRITISH MEDICAL DEFENCE ASSOCIATION.—At a general meeting of the members of the British Medical Defence Association, held at the Guildhall Tavern, Gresham Street, City, on the 21st ult.—Dr. B. W. Richardson, F.R.S., President of the Association, in the chair—the following additional Vice-Presidents were elected for the ensuing year; viz.: Dr. Herbert Davies; Dr. A. Ernest Sansom; Dr. C. J. White (Snodland, Kent); and Mr. Spencer Watson, F.R.C.S. Dr. Herbert Davies was unanimously elected Honorary Treasurer; and the following gentlemen were elected members of the Council; viz.: Dr. J. David Allen; Mr. F. G. Aubin, M.R.C.S.; Mr. J. E. Brooks, L.R.C.P. Ed.; Mr. R. H. S. Carpenter, L.R.C.P. Lond.; Mr. Thomas Cooke, F.R.C.S.; Dr. Hugh Cuolahan; Mr. W. H. Drew, L.R.C.P. Ed.; Mr. Sebastian Gardner, M.R.C.S.; Mr. W. Douglas Hemming, M.R.C.S.; Dr. W. B. Johnston; Dr. Percy Leslie; Mr. Norman Maclean, L.R.C.P. Ed.; Mr. J. Wallis Mason, M.R.C.S.; Mr. Matthew Reid, L.R.C.P. Ed.; Dr. Charles Royston; Dr. J. T. Slater; Mr. Walter Smith, L.R.C.P. Ed.; Dr. James Stevenson; Mr. G. Danford Thomas, M.R.C.S.; and Mr. Duncan Turner, L.R.C.P. Lond.

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.

WEDNESDAYSt. 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.—Hospital for Women, 2 P.M.—St. Thomas's (Ophthalmic Department), 3 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.—Guy's, 1.30 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.—East London Hospital for Children, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 9.30 A.M. and 1.30 P.M.—Royal Free, 9 A.M. and 2 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8.30 P.M. Dr. C. T. Williams, M.A., M.D., F.R.C.P., Lettsomian Lectures "On the Influence of Climate in the Treatment of Pulmonary Consumption".

TUESDAY.—Pathological Society of London, 8.30 P.M. Annual Election of Officers and Council. Mr. Nunn: Injury to Radius. Mr. Nunn: Deformity from Rheumatic Gout. Dr. Wickham Legg: Aneurism of Heart. Dr. Wickham Legg: Aneurism of Mitral Valve. Dr. Wickham Legg: Displaced Kidney. Dr. Fletcher Beach: Trachea and Fatty Tumours from a Case of Sporadic Cretinism. Mr. D. Balding: Sarcoma of Sciatic Nerve. Dr. Coupland: Cancer of both Breasts and Ovaries. Mr. C. Heath: Artificial Teeth removed from Trachea. Dr. John Williams: The Amyloid Reaction in the Dysmenorrhoeal Membrane. Mr. Godlee: Anomalous Blood-Cyst. Mr. Walsham: Fibroma of Ovary.

WEDNESDAY.—Royal Microscopical Society, 8 P.M.

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, 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, 36, Great Queen Street, W.C.

CONCERNING BOOKS.

SIR.—I. Will you kindly state whether the work by an American physician on Therapeutics (Dr. Wood), that you recommended in the Student's Number of your JOURNAL, is the same as that by H. C. Wood, jun., M.D., published at 12s. 6d., by Smith, Elder, and Co.? 2. Also, has any critical notice appeared as to I. auder Brunton's new *Manual of Materia Medica*, as to T. Holmes's *Manual of Practical Surgery*, and, if you know of any, where? I shall feel obliged by any information you can give me on these points; or (3) as to a book of reference for a busy practitioner on medicine and on skin-disease.—I am, sir, faithfully yours, PROBE.

* * * 1. Yes. 2. See last week's BRITISH MEDICAL JOURNAL. We have not seen Dr. Brunton's book; it consists, we believe, of the valuable Lectures on Experimental Investigation of the Action of Medicines, published in the BRITISH MEDICAL JOURNAL. 3. Roberts, Aitken, or Hartshorne, on Medicine; Tilbury Fox or Naylor, on Skin-Disease.

CHLORAL HYDRATE AS AN ANTIDOTE IN SEA-SICKNESS.

SIR.—Some years since I experimentally prescribed chloral hydrate for some friends who were about to make a sea-voyage, and much dreaded sickness. They all reported most favorably, having enjoyed complete immunity for the first time from sickness, and have ever since used it. Since then, I have over and over again prescribed it for friends crossing the Channel, and never heard of it failing. I give it in fifteen minim doses, generally with a little infusion of roses.—I am, sir, your obedient servant, MELVILLE THOMSON, L.K.Q.C.P.I.

Newport, Salop, December 1875.

M.B. M.A. (Manchester).—Mr. Stone, of the College of Surgeons, published a few years ago an admirable and life-like portrait of the late Mr. William Sands Cox, F.R.S., F.R.C.S., etc., of Birmingham, who died at Kenilworth, suddenly, on December 23rd.

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, 36, Great Queen Street, W.C., and not to the Editor.

AN APPEAL.

SIR.—Will you allow me a small space in your valuable JOURNAL, as the best means by which I may appeal to the medical profession (of which my late husband, John Samuel Beale, M.R.C.S., was a member, and practised at Paddington for nearly thirty years), for aid in my necessitous circumstances, having been left perfectly destitute through his death, which occurred some few months ago. I have been advised, and am desirous, to join a brother in Canada, if sufficient money can be raised for the occasion. The Committee of the British Medical Benevolent Fund have kindly promised me some assistance towards defraying the expenses of my passage out. I enclose a circular. Apologising for thus troubling you.—I remain, sir, yours respectfully, SARAH BEALE.

197, Junction Road, Holloway, N., Dec. 28th, 1875.

"In consequence of the death of the late Mr. John Samuel Beale, M.R.C.S., who practised as a surgeon at Paddington for nearly thirty years, his widow has been left without any means for her future support. Some of his medical brethren have therefore determined to raise a fund to enable them to place Mrs. Beale in such a position as will enable her to maintain herself for the future. Henry Hodson Gugg, Esq., M.R.C.S., 1, Grove Road, St. John's Wood, N.W., and R. Walter Goddard, Esq., M.D., 107, Edgware Road, Paddington, W., have kindly consented to receive subscriptions, which will from time to time be acknowledged.

CORONERS' INQUESTS.

SIR.—Would you kindly inform me what says the law as regards the necessity of holding coroners' inquests in cases of sudden death? It seems to me that the practice varies much in different districts. In my own neighbourhood, the affair apparently rests with the police. If they think it necessary, the inquest is held, although they often do not think it necessary to have any medical opinion. On the other hand, if they do not see the necessity of an official investigation, the affair seems to get hushed up without the medical man called to the case being required to give any certificate as regards the cause of death. Is a district registrar allowed by law to register a death, without the production of a certificate of the cause of death, either from a qualified medical practitioner or from the coroner of the district? and, if so, what are the kind of cases in which he is allowed to do so? With reference to the subject of coroners' inquests, is it necessary to hold one over the body of a person dropping down dead in the street or in a railway station? or is it enough if the medical man called to deceased at the time of his death make a *post mortem* examination, at the request of the other members of the family, and gives a certificate of the cause of death in accordance with the facts so discovered? I have myself been called to see a dead child, and, on arriving at the house, have been informed that the mother went out marketing with the child in her arms apparently well, but that, on returning home, she observed that the child was dead. Again, I have been summoned to see a child said to be in a fit, and on going immediately, have found the child in a hot bath quite dead. In such cases I have refused to give certificates of death, much to the surprise of the police, who have informed me that, had such a case occurred in a neighbouring district, there would have been no difficulty with the medical men there, for they would have certified to the cause of death at once. Does the law require an inquest in such a case? or would it be sufficient for the medical man called in to make a *post mortem* examination and certify accordingly?—I am, dear sir, yours, etc., A. W.

* * * Our correspondent asks a string of questions, to give full answers to which would be an exceedingly difficult task, for the reason that coroners are officers of such ancient date, that their proceedings are regulated as much, if not more, by custom than by statute law. It is undoubtedly true that the practice with respect to inquests varies much in different districts, but we think it may be taken as quite clear that the primary responsibility and discretion as to holding inquests rests in law with the coroner rather than with any police officer. No doubt in many instances the police authorities are able to tender judicious advice to a coroner when a death may have been brought about by negligence or foul means, but for all that a policeman's responsibilities are of a secondary character. As regards the question of refusing to give certificates after the event, and on hearsay, there can be no doubt that such refusals are in the main justifiable; and we cannot advise our correspondent to relinquish his obstinacy merely to oblige a policeman or a relative, or to accommodate his practice to the loose system of some neighbouring surgeon.

MR. W. BIRD (York).—1. We are not aware. 2. The manuals on State Medicine by Michael, Wanklyn, and Corfield (Smith, Elden, and Co.) may answer the purpose; but our correspondent might manage to examine the various manuals before selecting.

CASE OF TRIPLETS.

The following case may be interesting to some compiler of "obstetric memoranda". The case was attended by my assistant Mr. J. Milne Chapman, whose notes upon it are as follows.

"About 10 A.M. on the 10th of last month, I was requested to go to a labourer's wife in a neighbouring suburb, who had been confined some three and a half hours previously by a midwife. The messenger stated that 'I was to go at once, as the midwife could not get the after-birth away'. On arriving at the house, I found that a well formed and healthy looking male child had been born: but I also found, on examination, that there was another foetus, the presentation of which was 'breech'. After the expulsion of this foetus I found, on running my finger along the two cords, a large rounded and extremely tense mass, which proved to be the membranes of a third foetus. These speedily ruptured, and a fairly developed female child was born: the presentation of this foetus was pedal. The two first children are alive at this date, but the third survived its birth only a few minutes. There was only one placenta. The mother, who was about thirty-six years of age, and of a very spare and debilitated make, recovered rapidly."

T. LAWRIE GENTLES.

Wellington House, Derby, November 13th, 1875.

LITHOTOMIST.—William Cheselden was born at Sowerby, Leicestershire, and was buried at Chelsea Hospital April 19th, 1752, where his tomb, we are informed, may be seen in a most dilapidated condition. He resided in the house of Cowper, the celebrated anatomist, under whom he studied.

NOTICE TO ADVERTISERS.—Advertisements for insertion in the **BRITISH MEDICAL JOURNAL**, should be forwarded direct to the Publishing Office, 36, Great Queen Street, W.C., addressed to Mr. FOWKE, no later than *Thursday*, twelve o'clock.

THE CÆSAREAN SECTION.

SIR,—The paragraph under the above heading in the *JOURNAL*, of 27th ult., raises a question of considerable importance. Dr. Taylor (*Medical Jurisprudence*, p. 532) puts the extreme case: "A medical man," he says, "wishing to perform it (Cæsaean section), may find the husband or representatives of the deceased parturient woman will object to its performance, although the child may be living in the womb, and there may be a reasonable hope, by an immediate operation, of extracting it living. I apprehend that no medical man would proceed to operate by force, or against the will of the husband; at the same time, in refusing his permission, the husband is not guilty of any legal offence." Dr. Taylor does not assert that the husband is not guilty of any moral offence; he only says he is not guilty of any legal offence; nor does he allege that a medical man would not be justified in operating even against the will of the husband. In the Manchester case, at all events, the woman's husband could offer no opposition, for he was out at work; nor has it been alleged that any one else did offer any opposition to the medical man.

In Churchill's *Midwifery* will be found a very interesting chapter on the Cæsaean section, and incidentally on its ethics, in which that eminent obstetrician, with apparent approval, quotes, among others, Guillemeau (1635), who recommends that the operation should be performed immediately after the death of the woman, in order that "the child may be saved and receive baptism." When he was operating on Madame Pasquiers, he tells us that the curé of St. Andrew was present, but he omits to mention that he consulted the lady's husband. It is quite plain that if the Cæsaean operation is to be successfully performed on a woman who has died suddenly, there is no time for consultation.

The propriety of performing the Cæsaean section on a dead parturient woman has, as far as I am aware, never been called in question; and I am somewhat at a loss to know whether the *JOURNAL* now disputes it. The law respecting *post mortem* examinations, which the coroner laid down, no more applies to the Cæsaean operation than it does to the chopping up of the dead body of Harriet Lane; and Mr. Holmes' justification rests not on any statute, but on the moral law. In my opinion, he deserves the credit due to a man endeavouring to save a human life. The *Pall Mall Gazette* fails to point out the moral wrong in what it describes as "an extraordinary piece (*sic*) of conduct on the part of the priest." He was sent for, I presume, to give the last rites of the church to Mrs. Conely, and thus became acquainted with her condition. He will, I dare say, survive the censure of the coroner and the jury, who, no doubt, are more conversant with the moral law than he can be; but I take leave, in passing, to say that in Ireland a Protestant minister is very rarely indeed held up to odium by his Catholic fellow countrymen. Is it the opinion of an English jury, of the *Pall Mall Gazette*, or the *JOURNAL*, that a father may decree the death of his child without incurring moral censure because he violates no statute? In ancient Rome, a father had originally absolute power over the life of his son; and in Athens, I believe, Solon enacted no law against parricide; yet a Roman who put his son to death, or an Athenian who murdered his father, though guilty of no legal offence, would be esteemed infamous. Why? Because he violated the moral law, which has been written from all time upon the human heart.

I will not trespass further on your space, but merely add that some member should bring the Cæsaean section before the Association, with a view to obtain an authoritative pronouncement on the subject.—I remain, sir, your obedient servant,

JEREMIAH DOWLING, M.D.

Tipperary, December 15th, 1875.

A DEMONSTRATOR.—The bodies of all murderers are now buried within the precincts of the prison where executed. Formerly, all those hanged at the Old Bailey were claimed by the College of Surgeons, and by the Council distributed amongst the anatomical schools in this metropolis.

SHIP-SURGEONS.

SIR,—In your *JOURNAL* for November 13th, it is stated that public attention has been directed to the above subject; and, I am sure, it is one that most undoubtedly deserves also the attention of the profession, especially when we find that the employer's estimate of the medical officer is below that of an ordinary seaman, or, therefore, judging from the fact that the remuneration they receive is mostly less than those in the latter position. A brief analysis of the first parliamentary paper was sent to the *JOURNAL* in June last. In the second parliamentary paper, thirteen vessels have unregistered surgeons, and of these eleven are engaged on whale and seal-fishing vessels going to the Arctic regions, and I have reason to know that a complete return has not yet been made. When visiting Peterhead this summer, from which place many vessels leave for the Arctic Fishery, I made inquiry into this matter, and from an owner and a captain of a vessel learned the following. The medical officer's pay is £3 per month, and three shillings allowed upon every ton of oil brought home. These voyages usually last from six weeks to nine months according to the success they meet with, and also the severity of the weather; so that this will frequently leave the doctor occasionally as long a period as six months at home without being in receipt of anything. The last voyage one of these vessels made, the crew suffered severely from an epidemic of scarlatina. In the numerous mail-boat services, I believe the pay of the ship-surgeons is from £100 to £120 per annum, out of which they have to provide themselves with four suits of uniform; and of course, claret only being provided at dinner, and from the nature of their occupation, they frequently find it necessary to provide themselves with grog. The old custom of passengers making presents individually and collectively has now become extinct, so that the doctor has to depend alone on his salary. I think all passenger-ships should carry surgeons, and I also think that all engaged as such ought to be qualified, but at the same time I do hope that qualified men will avoid this department until the pay is improved. They must consider, too, beside the ordinary sea risks, they will be exposed to climates of a most trying nature, and meet with diseases much more virulent in character than at home. I sincerely hope the profession will take up this matter.—Very truly yours,

GEO CHAS. COLES.

December 15th, 1875.

DE CANDOLLE.—Lobel says of the Brassica Eruca, or the Rocket Plant, that it was carefully cultivated in the gardens of monasteries and nunneries, to preserve chastity; but the ancients considered it a most powerful aphrodisiac, and consecrated to Venus; hence Ovid, "Nec minus erucas jubet vitare salaces".

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

DR. GEORGE makes a suggestion which he thinks may not have occurred to others similarly situated. Being called on to draw off the urine from a very aged patient, where it was impossible to collect the urine in an utensil of any kind, only being able to use towels, which ultimately wetted the bed, he suddenly thought of an India-rubber tube; and on the next occasion, placing the catheter in one end, and the other in the *pot de chambre*, he was able to draw all off without soiling the sheet.

GYNECOLOGICAL NOTES.

SIR,—I have a small half-bred female spaniel, which on repeated occasions has exhibited the phenomena of having swollen dug, with a copious secretion of milk, just nine weeks (the period of canine gestation) after being in heat, and without having been lined. A slightly febrile condition is also present on such occasions, which last from eight to twelve days (the same length of time in which she is in heat). The animal has twice had puppies, but exhibited the above symptoms previously to her first impregnation. I am not aware whether this is a matter of common observation; but I am unable to find any notice of it in the veterinary works at present within my reach, and I think its existence suggests a physiological riddle which perhaps some of your correspondents may be able to solve.

Turning for a moment from canine to human reproduction, may I also inquire if none of our microscopists can, from examination of the mammary gland, tell whether or not milk has been secreted on some past occasion. I do not refer to the particular instance of Harriet Lane, where the thoracic walls were decayed and examination impossible; but the doubt so freely and confidently expressed in the Wainwright case by one of our highest authorities as to the existence of any *post mortem* appearances—even in a fresh uterus or its appendages—affirmative or a woman having borne a child, has just put our medical jurists somewhat on their mettle; and after a perusal of some remarks on the subject, especially in the article Mamma, in Todd's *Cyclopaedia of Anatomy and Physiology*, and in one or two recent articles in the *Journal of Microscopical Science*, I am led to believe that a previous lactation may be reasonably inferred, if not clearly demonstrated, from the minute anatomy of the mammary gland. At all events, there is ample room for research in this direction, albeit somewhat beyond the pale of yours faithfully,

A STAFF-SURGEON, ROYAL NAVY.

Gosport, December 12th, 1875.

The papers concerning which Dr. Percy Boulton, Dr. Haddon, and Dr. G. Griffith write to us are marked for insertion.

K. M. D.—The results of revaccination in the Prussian army in 1841 was published in Forbes' *British and Foreign Medical Review*, No. xxvii, in which it was shown that out of 44,941 men who had been vaccinated and were revaccinated in that year, 23,383, or 52 in 100, exhibited a genuine pock, which went duly through all its stages. The number of cases requiring revaccination was observed to be gradually increasing: thus in 1840, there were 48 in 100; in 1839, 46; in 1838 and 1837, 45; in 1836, 43; in 1835, 39; in 1834, 37; and in 1833, 31.

We are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Hastings and St. Leonard's News; The Belfast News-Letter; The Sheffield Daily Telegraph; The Chester Guardian and Record; The Hereford Times; The Bristol Daily Post; The Statesman; The Birmingham Morning News; The Cork Constitution; The Newcastle Weekly Chronicle; The Worcester Journal; The Hobart Town Mercury; The Weekly Times; The Mid-Weekly Hampshire Independent; The Lincolnshire Herald; The Sunderland Daily Echo; The Co-operative and Financial Review; The South Wales Daily News; The Marcellus Courier; The Glasgow Herald; The Croydon Advertiser; The Glasgow News; The Hastings and St. Leonard's Chronicle; The Metropolitan; The Londonderry Sentinel; Saunders's News-Letter; The Tenby Advertiser; The Eastern Daily Press; The Craven Pioneer; The Worcester Chronicle; The Nottingham Daily Guardian; The Glasgow Herald; The Liverpool Weekly Courier; The Scotsman; etc.

* * We shall be greatly obliged if correspondents forwarding newspapers will kindly mark the passages to which it is desired to direct attention.

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

M. Marey, Paris; Sir Wm. Fergusson, Bart., London; Dr. G. H. B. Macleod, Glasgow; Dr. George Johnson, London; Dr. Braidwood, Birkenhead; Dr. R. Liveing, London; Dr. Wardell, Tunbridge Wells; Mr. E. Lund, Manchester; Dr. J. Wickham Legg, London; Mr. W. Mac Cormac, London; Dr. R. J. Lee, London; Dr. Roberts, Manchester; Mr. W. F. Teevan, London; Mr. Furneaux Jordan, Birmingham; Mr. E. Nettleship, London; Dr. G. H. Philipson, Newcastle-upon-Tyne; Dr. A. Ogston, Aberdeen; Dr. S. H. Cartwright, London; Dr. Bradbury, Cambridge; Mr. T. Holmes, London; Mr. Joseph Bell, Edinburgh; Dr. J. W. Moore, Dublin; Dr. Copeman, Norwich; Dr. Farquharson, London; Mr. W. Fairlie Clarke, London; Mr. Eastes, London; Mr. C. Heath, London; Dr. Southey, London; Dr. Lombe Aithill, Dublin; The Secretary of the Royal Microscopical Society; M. Masson, Paris; Dr. Egan, Dublin; Mr. Eassie, Gloucester; Dr. Coulthurst, Rathgar; Dr. Swayne, Bristol; Mr. C. Williams, Norwich; Dr. Sawyer, Birmingham; Dr. Wade, Birmingham; Mr. J. R. Lane, London; Mr. W. Reeves, London; Mr. G. Brown, London; Mr. L. W. Marshall, Nottingham; Dr. Foster, Birmingham; Mr. F. Hird, London; Dr. Priestley, London; Our Dublin Correspondent: Mr. West, Stoke-upon-Trent; Mr. Walker, Wakefield; Dr. Ringrose Atkins, Eglinton; Mr. J. J. Skegg, London; Mr. James Koss, Manchester; Dr. Farquharson, London; Mr. Colinson, London; Mr. A. E. Barrett, Lynn; Mr. Macnamara, London; Dr. Rickards, Birmingham; Dr. Squire, New York; Mr. Wilson Hope, Petworth; Our Edinburgh Correspondent; Dr. Melville Thompson, Newport, Salop; A. M. D.; Dr. Ingles, Cheltenham; Dr. R. C. Croft, Hoxton; Dr. Greenhow, Dublin; Mr. Murrell, London; Dr. Hayes, France; The Secretary of the Pathological Society; Dr. J. Milner Fothergill, London; Dr. J. W. Langmore, London; etc.