

transmission, and is interchangeable with scirrhus. 3. Skin or mucous membrane can, by being subjected to long-continued irritation, take on the characteristic ulcer of epithelioma. 4. The lymphatics do not become affected so early in this disease as in scirrhus, osteoid, encephaloma; and, in consequence of this, epithelioma is more amenable to treatment, and operations for it are attended with more satisfactory results.

Ménière's Disease.—Dr. BYROM BRAMWELL read a paper on this subject, and gave the history of a typical case which had lately been under his care. A discussion followed, in which Drs. Hume and Embleton, and the writer of the paper, took part.

NORWICH MEDICO-CHIRURGICAL SOCIETY.

TUESDAY, DECEMBER 7TH, 1875.

THE following papers were read and discussed.

The Local Use of Cold in Abdominal Inflammation. By P. EADE, M.D.

The Therapeutic Value of Quinine in Enteric Fever. By J. C. WADDELL, M.D.

Obstruction of the Bowels. By F. BATEMAN, M.D.

Notes of a Case of Catalepsy. By H. TURNER, Esq. The discussion on this case will be resumed at the next meeting, which will be held at the Medical Library on January 4th, at 7 P.M.

CORRESPONDENCE.

COLEMAN'S GAG FOR OPERATIONS ON THE MOUTH.

SIR,—I am very pleased to hear Sir W. Fergusson speak so highly of a gag for opening and keeping open the mouth under anæsthetics, in action precisely, and in form almost precisely, similar to one I devised fifteen years ago, but which I should certainly not consider superior to that introduced by my colleague Mr. Thomas Smith. The instrument in question was described in the *Medical Times and Gazette* of January 26th, 1861. My friend Mr. F. Mason was, I am convinced, unacquainted with my instrument when he devised his, and, therefore, if mine claim merit, he is fully entitled to the same. I may add that mine has received, at the suggestion of Professor Humphry, a valuable addition which Mr. Mason's does not appear to possess, which I think Sir W. Fergusson would find especially useful in operations for cleft-palate. I am, etc.,

ALFRED COLEMAN.

19, Savile Row, December 31st, 1875.

REMOVAL OF PORTIONS OF THE SKULL.

SIR,—In your issue of December 25th, 1875, there appears a report by Dr. J. R. Hayes of a case in which, owing to a burn, the parietal and a portion of the frontal bones separated, and the patient recovered. At the close of his report, he says he believes this to be the largest portion of cranium recorded as being lost with recovery.

In the *Dublin Quarterly Journal of Medical Science* of February 1869, I have recorded a case in which a similar accident occurred. "The portion of bone which came away consists of a small piece of the frontal, almost the entire of the two parietal, and a bit of the occipital bones. It measures seven inches from before backwards, and nearly five inches from side to side at its broadest part. It is now in the museum of the Adelaide Hospital." (*Dublin Quarterly Journal of Medical Science*, February 1869, p. 97.)

The bone was brought before the Surgical Society of Ireland by Dr. Albert Walsh in November 1868, and the report he read on the case was published in the *Medical Press and Circular*. The patient is at the present date alive and well. The accident happened in June 1868, and the bone separated in the following November. The portion of bone which separated was much larger than in Dr. Hayes's case. His description of the state of the membrane after the separation of the bone exactly coincides with what I observed.

Your obedient servant,

R. J. KINKEAD, M.D.

Tuam, Co. Galway, January 1st, 1876.

* * In some additional notes which arrived too late for insertion with his paper, Dr. Hayes says :—

December 1875.—The patient continues in good health. She is able to pursue the occupation by which she made a living previously to her receiving the injury. The whole of the exposed ulcerated surface has completely cicatrised, but presents a marked appearance. The centre portion which grew from the grafted pieces towards the circumference has the natural colour and appearance of healthy skin on any other

part of the body, and has not contracted; while the part which healed at the margin previously to the skin-grafting looks like a thin film; has a reddish colour, glazed, and has become somewhat contracted, presenting the ordinary appearance of cicatrix after a burn.

[In Figs. 2 and 3, the terms "outer surface" and "inner surface" should be transposed.]

ASSOCIATION INTELLIGENCE.

COMMITTEE OF COUNCIL:

NOTICE OF MEETING.

A MEETING of the Committee of Council will be held at the Office of the Association, 36, Great Queen Street, Lincoln's Inn Fields, on Thursday, the 13th instant, at Three o'clock in the afternoon.

FRANCIS FOWKE,

General Secretary.

36, Great Queen Street, London, W.C., January 3rd, 1876.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

The next meeting of the above Branch will be held in the Council Room of the Midland Institute on Thursday, January 13th, 1876. The Chair will be taken by the President at 3 o'clock P.M. precisely.

The following papers are promised.—1. Mr. Gamgee: On the Treatment of Compound Fractures.—2. Mr. Lloyd Owen: On a peculiar form of Vesicular Corneal Eruption.—3. Dr. Rickards: On four consecutive cases of Thoracic Aneurism.

Members are invited to exhibit pathological specimens at the commencement of the meeting.

BALTHAZAR FOSTER, M.D. }

JAMES SAWYER, M.D. }

Honorary Secretaries.

Birmingham, January 1876.

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. }

E. C. BOARD, Clifton. }

Honorary Secretaries.

Bath, December 15th, 1875.

REPORTS AND ANALYSES

AND

DESCRIPTIONS OF NEW INVENTIONS

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

HYDROSTATIC CATHETER.

MESSRS. SALT and Son, Birmingham, write to us:—In a paragraph which appeared in the *BRITISH MEDICAL JOURNAL* January 1st, 1876, you mention a suggestion of Dr. George for rendering a catheter more convenient for use with bedridden patients by the attachment of a piece of India-rubber tube connecting the catheter with the *pot de*



chambre. The engraving above will show the plan we recently devised for accomplishing this purpose. To an ordinary catheter (elastic) we attach a curved tube, on the end of which the India-rubber tube is slipped, having at its other end a small weight to prevent the tube from leaving the vessel. The distal end is made to act as a syphon; the flow only takes place when the sliding tube is drawn out about half an inch. By this arrangement, the bedclothes and the surgeon's hands are protected from the fluid.

and that we should gladly see examined by a War Office Committee. The Army Sanitary Commission, in 1858, made great improvements in the food of the troops; but times have changed since then. The present ration may be enough for a soldier of thirty or forty years of age, whose stomach has generally suffered from alcohol, but it is not enough for the young men. Our army will be soon largely made up of men from eighteen to twenty-four; young fellows in the most voracious period of life, and who, when drilled and exercised, could eat largely, and be all the better for doing it. When the last committee on recruiting was held, two proposals, we believe, were finally debated as likely to possess attraction for the recruit. One was to increase his allowance of meat; the other was to increase his pay twopence a day. The Committee were wise in their generation, and adopted the money bid, and with success at the time; but it would have been really better for the army had the alternative won the day. In the long run, there is nothing the majority of men so much consider as good food, and nothing makes them more contented. Besides, as already intimated, we ought to feed our young recruits as well as possible, simply to make them strong serviceable soldiers. It is not, however, only the meat ration which has to be considered, but other parts of the diet and the times of meals, and especially the way in which the entire food is supplied and paid for.

It is only justice to a very conscientious officer, the late Director-General Sir James Gibson, to say that he felt very strongly on this matter of food, and brought it on more than one occasion under the notice of his superiors. He nearly succeeded in carrying his point, until the unlucky decision of the Committee on Recruiting led the Government in another direction. The end of it will probably be that, after giving the twopence, the War Office will have to give the meat also. We are heartily glad that Mr. Wright has raised this point; and we think he will receive very general support from the officers of the Army Medical Department, many of whom have long held the view that the soldier's ration required remodelling.

NAVAL MEDICAL APPOINTMENTS.

BENNETT, Staff-Surgeon William R., M.D., to the *Minotaur*.
HADLOW, Staff-Surgeon Henry, to the *Rover*.
JOYCE, Surgeon Alexander R., to the *Rover*.
KEARNEY, Surgeon M., to the *Orwell*.
MACDONNELL, Staff-Surgeon H., to the *Warrior*, in lieu of Surgeon.
RIORDAN, Surgeon T. T., to the *Fox*.

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 30th, 1875.

Budgett, John Alfred Henry, Backchurch Lane
Woollett, Charles Jerome, Monmouth

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

Duke, George Amos, St. Mary's Hospital
Hewett, Augustus, St. Bartholomew's Hospital
Pedley, Thomas Franklin, Guy's Hospital
Schön, James Edward, Middlesex Hospital
White, Octavius Mark, St. Mary's Hospital
Wood, John Francis, St. Bartholomew's Hospital

UNIVERSITY OF DUBLIN.—The following were the successful candidates for degrees at the winter comitia, December 15th, 1875.

Bachelors in Medicine.—Edward Joseph Blacker, Lawrence Corcoran, Kendal Matthew Franks (*antea per diploma*), Charles Featherstonhaugh, Thomas Harrison, Cuthbert Henry Cooke Huddart, James Jackson, John Russell West, Richard Blayne Wrightson.

Masters in Surgery.—Francis George Goodman, George Arthur Hughes, Thos. Harrison, Archibald Henry Montfort, John Russell West.

Doctors in Medicine.—John Barton, Charles Edward Gray, Hercules Henry MacDonnell, Archibald Henry Montfort, James Lane Nutter, Jacob O'Connor, William Henry Robert Stanley, Rev. William Speer, William Josiah Smyly.

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.

BARONY, Parish of—District Medical Officer.

BEDDGELETT and other SLATE QUARRIES, and **BRYNYFELIN COPPER MINES.**—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 13th instant.

BOLTON UNION.—Resident Assistant Medical Officer for the Workhouse. Applications on or before the 10th inst.

BOOTLE BOROUGH HOSPITAL.—House-Surgeon. Salary, £80 per annum, with board, furnished apartments, and washing. Applications to the Honorary Secretary.

BRISTOL DISTRICT FORESTERS' HALL and MEDICAL DISPENSARY COMPANY (Limited).—Medical Practitioner. Dispensary, drugs, etc., and dispenser provided. Applications on or before the 11th inst.

BRYNMAWR.—Certifying Factory Surgeon.

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.

COLCHESTER UNION.—Medical Officer for the First Ward.

DERBYSHIRE GENERAL INFIRMARY.—Assistant House-Surgeon. Board, lodging, and washing; no salary. Applications not later than the 15th inst.

DUMFRIES and GALLOWAY ROYAL INFIRMARY.—Assistant House-Surgeon. Board and washing. No salary. Applications to the Treasurer.

DUNDEE.—Public Analyst.

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.

HAMBLEDON UNION, Surrey.—District Medical Officer. Salary, £70 per annum, inclusive of fees. Applications not later than the 12th instant.

HOMERTON FEVER HOSPITAL.—Assistant Medical Officer. Salary, £120 per annum, with board, furnished apartments, and attendance. Applications to the Medical Superintendent.

HUDDERSFIELD INFIRMARY.—Physician.

HUNTINGDON COUNTY HOSPITAL.—House-Surgeon. Salary, £60 per annum, with board and residence in the hospital. Applications on or before the 25th inst.

LANCASHIRE.—Public Analyst. Salary, £300 per annum; 6s. for each certificate, and reasonable travelling expenses when required to give evidence. Applications to the Clerk of the Peace, Lancaster.

LIVERPOOL EYE AND EAR INFIRMARY.—House-Surgeon. Salary, £80 per annum, with residence and maintenance in the house. Applications not later than the 15th inst.

MALE LOCK HOSPITAL.—House-Surgeon.

MOFAT 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.

PENRITH URBAN SANITARY DISTRICT, Glamorganshire.—Medical Officer of Health, Treasurer, Surveyor, Inspector of Nuisances, and Collector.

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.

ROYSTON UNION.—Medical Officer for the Fifth District.

ST. MATTHEW, Bethnal Green—Medical Officer of Health. Salary, £200 per annum. Applications by the 10th 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.

TRURO URBAN SANITARY DISTRICT.—Medical Officer of Health.

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.

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.

BIRTHS.

IRELAND.—On January 3rd, at the Limes, Linton, Cambridgeshire, the wife of *Edward Ireland, M.R.C.S.E., of a daughter.

STEWART.—On December 27th, 1875, at Mexborough, Rotherham, Yorkshire, the wife of James Stewart, L.R.C.P., L.R.C.S.E., L.M., of a son.

DEATH.

EDWARDS.—On the 1st instant, at his residence, Ash Mount, Sparkbrook, Birmingham, aged 48, John Edwards, M.D., M.R.C.S.

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.—Samarian 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.—Hospital for Women, 2 P.M.—St. Thomas's (Ophthalmic Department), 3 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.—Guy's, 1.30 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.—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. Adjourned Discussion on Dr. T. Lauder Brunton's paper on the "Physiological Action of Alcohol".

TUESDAY.—Royal Medical and Chirurgical Society, 8.30 P.M. Dr. Moss, "On Pathological Absorption-Spectra"; Mr. H. T. Butlin, "On the Minute Anatomy of Two Breasts, the Areolæ of which had been the seat of long standing Eczema"; Mr. G. Gaskoin, "On the Etiology of Skin-Disease".

WEDNESDAY.—Hunterian Society. Council Meeting at 7.30 P.M. General Meeting at 8 P.M., when Mr. Wanklyn will read a paper entitled "Milk Analysis from a Physiological Point of View".—Epidemiological Society, 8 P.M.: Council Meeting, 8.30 P.M.: Report on Plague, by Dr. Colvill of Bagdad.

FRIDAY.—Clinical Society of London, 8.30 P.M. Annual Meeting. Dr. T. S. Dowse, "Case of Thrombosis of Cavernous Sinus: Sudden Loss of Vision: Hemorrhage into Anterior Lobe"; Mr. Venning, "Case of Congenital Tumour of Back"; Mr. C. Heath, "Case of Gunshot-wound of the Arm, dividing the Brachial Artery and Median Nerve".

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.

DR. MACLEAN'S APPEAL.

SIR,—It will be in the recollection of your readers that, with your kind permission, I ventured, through your columns, to appeal to the members of the profession, more particularly to those in the public services, in behalf of the family of a late army medical officer, left in circumstances of great distress, and this, as explained in my appeal, without any blame attaching to his memory. This appeal has been responded to in the most generous manner by those to whom it was addressed; and contributions have come in, not only from comfortable English homes, but from almost every part of the world where the British drum is heard, and from distant continents and islands of the sea.

The fund in the hands of Messrs. Atherley, Hankinson, and Darwin, bankers, Southampton, amounts to £373 15s. 6d. Three trustees will be appointed by Major-General Lewis, R.A., Dr. Parkes, Surgeon-General Longmore, and myself, and the money will be invested in their names, with the advice of the bankers, in such manner as the law permits trustees to use, for the benefit of the family.

I have to add, that since the publication of the appeal, the two youngest girls have been placed by two benevolent ladies in a first-class orphanage; and a strenuous effort is being made to secure the election of the youngest boy into the Medical Benevolent College, Epsom.

It is not my intention to load your columns with a long list of subscribers. I have already acknowledged every contribution made through me, and a great many subscribers have expressly desired that their names should not be published. It only remains for me, in my own name, and in the names of the friends associated with me, to thank all those who have, at our call, so generously helped in a case where help was sorely needed.—I am, sir, faithfully yours,

Netley, January 3rd, 1876.

W. C. MACLEAN, M.D.

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.

"HOMŒOPATHY."

ALLOPATH.—We cannot accept the *Monthly Homœopathic Review* as an authority. The eminent Fellow of the London College of Physicians, who declined to meet a homœopath in consultation, was undoubtedly right in saying that there is an implicit understanding amongst practitioners of legitimate medicine, that they cannot and will not countenance the homœopathic delusion, or the "mixed treatment" fraud, by meeting the persons implicated in consultation; and we do not accept the unauthenticated statement of the *Review*, that any members or Fellows of the College do or would act otherwise in the matter than in the manner in which this eminent Fellow very courteously but firmly acted.—Dr. Phillips and the Westminster Hospital Medical School must defend themselves. We do not believe that Dr. Phillips teaches homœopathic doctrines; indeed, he has expressed disavowal of it. We do not believe, therefore, that he practised any "trick". It is perfectly certain that Westminster School has no intention whatever of sanctioning or permitting homœopathic teaching directly or indirectly.

DR. CAMPBELL.—His name was Lamb: he was a thorough vegetarian and water-drinking doctor. The following are the lines.

"Here lies a man who, drinking only water,
Wrote several books; with each had son or daughter.
Had he but used the juice of generous vats,
The world would scarce have held his books and brats;
Or had he not in pulse been such a glutton,
This Lamb had not been now as dead as mutton."

CROTON-CHLORAL.

SIR,—Can you or any of the members inform me what is the composition of croton-chloral? I ordered Squire's tenth edition, because I saw it advertised as containing croton-chloral, and other new remedies, but I was disappointed at finding nothing named but its effects and dose. I have used it frequently, and found it very efficient, even more so than the chloral-hydrate. I wish to know its composition, and the reason of the prefix "croton".—I am, yours faithfully,
Grimston, Lynn, Norfolk, Dec. 29th, 1875.

A. E. BARRETT.

* * Ordinary chloral is an aldehyd: it is the hydride of bichloroacetyl (C₂ Cl₂ O H). Croton-chloral is the hydride of bichloro-crotonyl (C₄ H₂ Cl₂ O H), or the aldehyd of crotonic acid (C₄ H₅ O, O H), in the radical of which three atoms of hydrogen have been replaced by three atoms of chlorine. (See Sugel's paper, *Journal de Pharmacie*, fourth series, p. 278, translated in *Pharmaceutical Journal*, third series, vol. v, p. 341; or *Year Book of Pharmacy*, 1875, p. 58, for further particulars.) It is unquestionably a valuable hypnotic in doses of ten to fifteen grains, and fully realises that which its discoverer (Dr. Oscar Liebreich of Vienna) claimed for it in his paper on the subject contributed to the BRITISH MEDICAL JOURNAL. It is especially useful in facial neuralgia. It should always be obtained from the most reliable sources.

ANÆSTHETICS IN THE EXTRACTION OF TEETH.

DR. THOMAS SKINNER (Liverpool) writes:—Whilst the dentists are having it all their own way on your pages, I should like to make a remark or two in reply to Messrs. Stewart and Sewill. It is very evident to me that those gentlemen, whatever they may say of their experience of chloroform, have never seen it administered by competent hands, nor have they ever acquired that confidence in themselves or in the agent to qualify them for the safe administration of chloroform. That being the case, they are wise to let it alone; but they would be still wiser if they kept their fears to themselves, and allowed those only to speak or give their opinions who have acquired the requisite experience of chloroform to fit them as authorities on the subject.

As regards dentistry and the extraction of teeth, I have had, if anything, more experience of chloroform than falls to the lot of most men. To the Messrs. Quinby of this town, who have, without exception, the most extensive practice out of London, I have acted as chloroformist since 1857 or 1858, about eighteen years, during which time I have used chloroform exclusively. All kinds of operations, from the extraction of one tooth, the "inevitable" four molars, or a whole mouthful, it has made no odds, except as regards the quantity of the anæsthetic used. During this long and great experience, all patients, young and old, male or female, single or married, have been anæsthetised in the sitting posture, with the head reclining backwards on a head-rest. In some few cases it has been necessary, after the operations, to lower the entire body, particularly the head, which can be done in one or two seconds by the patent American chair in use by them. Messrs. Quinby's operations are generally in the morning, before breakfast, so as to have the patient's stomach free from digestion. By this arrangement we scarcely ever have sickness, fainting, or headache. The time occupied in the induction is in general from two to three, or at most five, minutes, depending upon the susceptibility, strength, and temperament of the recipient, the amount of work to be done, and the inspiratory power of the patient. The time required for the operation may extend to half an hour, depending upon the "engineering difficulties" in the way. A few seconds may suffice, or it may be half an hour. Every dentist may not be as dexterous as Mr. Stewart, and able to limit himself in the extraction of several ordinary teeth, to sixty seconds. According to Mr. Stewart's computation, if nitrous oxide be used, the operation must be begun at once, and finished within sixty seconds. This may be all very well with one sound tooth, or one which you may be sure of, but I should not like to be tied to time so closely as that. Instead of this being in favour of, it is a great objection to, the anæsthetic.

Mr. Sewill's experience is remarkable for an authority. He says, "It has certainly not been usual in dental operations to render the patient so deeply insensible as to produce total abolition of reflex action." If this be the custom in the metropolis, one can easily understand how chloroform is at a discount. Any man who attempts to administer chloroform for the extraction of teeth, or for any surgical operation necessitating the use of an anæsthetic, without producing total abolition of reflex action, had better let it alone altogether. Unless this condition is induced, the patient is sure to resist the operator, lay hold of his wrist, clench his jaws, and do all manner of absurdities. Does Mr. Sewill wonder that he cannot get the jaws open, "unless a cumbersome gag" is previously introduced, or "the patient be profoundly narcotised", if he fail to induce total abolition of reflex action? During the eighteen years I have assisted the Messrs. Quinby, we have never once had to introduce any gag whatever, nor has it been necessary to induce profound anæsthesia, as for a capital operation; nevertheless, the patient has always been entirely dispossessed of the power of resistance or of reflex action—the best test of which is, when the right orbicularis palpebrarum muscle

fails to resist the administrator when raising the upper eyelid, and the right arm falls as if lifeless when raised. When this state of anesthesia exists, there is no difficulty in opening the jaws or performing any operation; and I have kept patients half an hour in the erect position, and under this state of anesthesia by means of chloroform, without fear, although this is, fortunately, rarely required in dental practice. Mr. Sewill is afraid "that, in operations about the mouth, the more profoundly unconscious the patient, the greater the danger of entry of blood or foreign bodies into the glottis, and the less the power of the patient to resist their effects and to expel them. This holds true of his favourite nitrous oxide, as it does of every known anesthetic. During the deepest state of anesthesia compatible with the continuance of life, it is a fact, that the medulla oblongata, which governs respiration and deglutition, continues to perform its office intact to the last. I have seen repeatedly excision of the tongue, or portions of it, and excision of the upper and lower maxilla, under the deepest anesthesia, where the patient swallowed quantities of blood; and the same in dental operations, with the same ease and safety as if they were perfectly conscious. Do not let us deceive ourselves, or be deceived; the dangers from chloroform are not of this kind; the danger is entirely in the heart and brain, and not in the lungs or glottis, as a rule. Give me a sound heart and brain to deal with, and there is no room for fear.

In conclusion, in dentistry as in general surgery, there is no anesthetic equal to chloroform: the next is ether; after these two, the list is about closed. It may be fashionable to run down and to try and supplant the greatest boon that ever came to man from heaven, but is it wise? Much wiser would it be for men to acquire a practical knowledge of the properties of chloroform, and how to use it with safety to their patients and credit to themselves, than fly continually into print with anesthetics which are limited in their action to sixty seconds, and boast of their superior safety; the real truth being, that if they were used as freely, and for as long a time, and for the same purposes, as chloroform or ether, death would be the rule instead of the exception. In my estimation, *ceteris paribus*, nitrous oxide would prove the most dangerous of the three.

In using chloroform, always abolish reflex action as a rule, the best test of which is paralysis of the right orbicularis palpebrarum muscle. Although the recumbent position is the safest, it is not the handiest for dental operations; and, as dental operations, requiring the aid of anesthetics, are of short duration, the erect position has been found to be perfectly safe in my hands, and those of Messrs. Quinby. Any fear or objection on the ground of blood getting into the larynx is without foundation—at least I have never witnessed any such danger in twenty-eight years of practice; and if blood have got there, it has always been as expeditiously coughed out again, the same as if the patient were perfectly conscious. By having all chloroform operations performed on a perfectly empty stomach, we have hitherto escaped sickness, headache, or any other sequel of the anesthetic. We have had one or two exceptions in eighteen years, but no more.

As there seems to be some difference of opinion as to whether it is best to give chloroform heroically or mildly, I may state my own experience. In Edinburgh, I always saw it given heroically, plenty of it, and pushed into the patient as fast as he could take it. This is all very well in hospital practice, but there are delicate females and children of the middle and upper classes where it is wiser and safer to be more circumspect; besides, there are some persons who, if you push it too fast upon them, you almost choke them, frighten them, or disgust them with it. I prefer to act *in medio tutissimus ibis*. I begin with a few drops, and push it as fast as I see my patient can take it without exciting cough or any choking sensation about the larynx. By doing so, I never have a patient complain of any unpleasantness when going over, and they never struggle with me.

I may just add, that the Messrs Quinby are Americans, and might be inclined to favour ether; but it will be a long time, I expect, before they will relinquish chloroform for ether or nitrous oxide, on the points of safety, efficiency, or economy, in their business.

P.S.—I think it just to add, that during these eighteen years of the exclusive use of chloroform in dentistry, I have never had even the shadow of an accident. The lowering of the head of the patient alluded to in these remarks has been occasionally resorted to after the operation where there seemed a tendency to faintness, evidenced by paleness of the countenance. This I consider as no accident. Faintness and pallor after induced anesthesia is common to both chloroform and ether as a precursor of sickness or vomiting, and which we (Messrs. Quinby and myself) have generally observed was owing to the patient's disregard of the usual instructions to take not a particle of solid or liquid food for at least four hours before taking an anesthetic. Where this rule has been strictly observed, we very rarely have seen the patient sick or faint.

A CURIOUS YEAR'S MEDICAL HISTORY.

IN July 1874, a woman aged about 45, of good features, stern aspect, and the mother of several children, engaged me to attend in her approaching confinement, which she fixed for the following September, telling me at the time that she had always before been attended by a woman; and further, that she had a tumour of the womb, which the woman had said would, one day or other, kill her. I was not allowed to examine then, nor on two subsequent occasions was I able to overcome her objections: so, having pointed out the risk she chose to run by denying me the information, I left her, with the understanding I was to be sent for when wanted. September and October passed; November came, and with it a summons. I found her in bed; but the womb innocent either of child or tumour.

On December 9th, a message came that she was in great pain from her tumour. Somewhat puzzled, I went, and was rewarded by a sight of the tumour. It was about the size of a billiard-ball, and attached by a long pedicle just within the vulva, and had, no doubt, been drawn up between the thighs in my previous digital examination. As she represented her life was made miserable by this tumour, it seemed best simply to remove it, which I did at once, and in a few days my visits ceased. The tumour seemed to be a bag of epithelium, lined with fat and filled with blood.

The following March, I received a summons to come at once, as she was dying. I found her in bed, surrounded by her family, and awaiting anxiously the moment she was to depart this life. After going carefully over her, I should have thought it no miracle had she been pleased to take up her bed and walk. This frame of mind did not satisfy her family, so I advised them to try another medical man, saying (for she was a club-patient of mine) that when she tired of him she might come back to me. In about a month—being afraid, I dare say, of the expense—I was asked to see her again, whereupon she somewhat sulkily convalesced.

Three months afterwards, her husband came to me with a long account of her sayings and doings, which resulted in my certifying her to be of unsound mind, on the ground that she believed her husband to be the Christ; and on November 9th, 1875, she was sent to Hayward's Heath Asylum, having on two or three occasions attempted suicide.

S. WILSON HOPE, Petworth, Sussex.

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.

VARICELLA-PRURIGO.

SIR,—Approving very heartily of your remarks with reference to the Pathological Society, as to the advantages of discussion following communications, and believing that these remarks will apply also to the discussion of communications made to medical journals, I venture to contribute to a discussion of Mr. Hutchinson's carefully written paper on varicella-prurigo. I think we ought to be cautious in admitting a new disease even when we find it christened by so distinguished an authority.

Mr. Hutchinson's plea for the recognition of his new eruption is, that it acutely begins as varicella, and is chronically prolonged as ecthyma, or yet more frequently as lichen urticatus. This, I take it, is figuratively as well as substantially about the beginning and the end of his account. Now, if this new disease had but one godfather, and that one Mr. Hutchinson, I do not think that any body could have anything left to say about it; but it appears that for its due christening in all of the cases quoted, two godfathers were necessary, and in some cases a godmother also; one of its two names (as is wont) being derived from the one sponsor, and the other from the other sponsor: that is to say, Mr. Hutchinson vouches always for the prurigo-half of the complete name, and he is certainly sufficient surety; but then, for the varicella-prenomen, what have we?

In Case i., "the mother's clear statement" of what she saw and of what "a doctor had considered the disease to be."

"In Case ii., "the mother's history" of what had happened, and of what "the medical man in attendance had told her."

In Case iii., the mother said that "when i: first came out she thought it was chicken-pox."

In Case iv., the mother thought it was like chicken-pox.

In Case v., no account of its outset.

In case vi., the rash "had been taken in the first instance for chicken-pox" by somebody.

In Case vii., "the nurse thought it was chicken-pox."

In Case viii., the mother said it began as dear vesicles; "she was told it was chicken-pox."

In Case ix., "the mother thought it was chicken-pox when it first appeared, but the medical man considered it not to be that disease. The child was not known to have had chicken-pox." However, the mother seems, nevertheless, to have had the benefit of the doubt.

In Case x., it was stated to have been considered by the medical man to be chicken-pox.

Now, this really is a complete quotation of the evidence adduced for the varicella portion of the theory of "an eruption which, when it first shows itself, is either chicken-pox, or exactly like it"; and the peculiarity of which is, that "it may last for months, and then come to resemble ecthyma or lichen urticatus." Now, what opportunity had the able advocate of this disease of seeing it in any case at its commencement? or, in short, how many months had elapsed in each case before he saw it at all? These periods in the ten cases consecutively, stated in months, are thus: four, thirteen, five, fourteen, seven, no statement, four, twenty-one, nine, and lastly, eight months.

Now, I am myself not altogether new to the difficulties of clinical investigation, and wish to make every allowance; but this is he evidence for the most striking feature of a new disease, and the only feature of it which I, for my own part, am unable to understand. As to the rest, or, indeed as to anything that Mr. Hutchinson says of his own knowledge, I accept it without cavil, and I cannot find anything in his account to render it at all difficult for me to do so. That the disease in each case was not scabies, although his means of arriving at that conclusion are not in every case such means as I should adopt to convince myself, I take quite for granted, and I exclude such a possibility very frankly. The question, then, narrows itself to this, Do ecthyma and lichen urticatus ever, or rather do they commonly, happen together as chronic skin-diseases? I go on to that because, as I take it, the varicella-appendix require something more to substantiate it than has yet been advanced. The shoal of very able and careful observers who have during this century devoted themselves to the perusal of the human skin, are not to be improved upon by even the best of mothers; not because the mother in any of these cases has said anything else than what she firmly believes she saw, or really thinks her doctor said, but because her judgment and recollection are probably infirm in such matters. I have sometimes been so electrified at hearing what "the doctor said," that I have more than once, when he has happened to be an old acquaintance, gone to ask him what he really did say, and then I have found that "what the doctor said" had, within a less period than from four to twenty-one months, become very excusably and quite unconsciously brought into accommodation with "what the mother thought." Now, "glass-pock" "vesicles," and even "large clear watery spots," will serve, in mothers' mouths, for urticaria, or even for lichen urticatus, as associated with ecthyma; the "pomphi" of urticaria are so named, because they look very much like blebs; indeed, as to this, some of the spots which Mr. Hutchinson himself saw "were very like wheals of urticaria."

Coming, then, at once to the question, that as, I believe, alone remains, Do lichen urticatus and ecthyma commonly concur as chronic eruptions? I admit most freely that they do; and especially is this concurrence common amongst the class of cases from which Mr. Hutchinson has selected his proofs—I mean the hospital class. Amongst private patients, as no doubt he will concur, this coincidence is exceptional. What, then, is there of a special character, apart from such coincidence, in "varicella-prurigo"? I reply, Nothing. The peculiarity on which Mr. Hutchinson seems to lay chief stress, is the occurrence on the palms and feet of blebs in association with a "pruriginous element" elsewhere, not affecting the flexures. This, indeed, I have often myself observed, but my reading of the phenomenon (I mean my theory of it) has been different from that of Mr. Hutchinson. I have regarded it as the excitation (caused by the scratching provoked by "lichen urticatus") of ecthyma (or of porrigo, if it be preferred) in pasty and flabby (lymphatic atonic) children. It is when the children are pasty and flabby that I have found "lichen urticatus" (or "pruriginous strophulus," as I should prefer to call it) complicated with ecthyma.

Now, "lichen urticatus" is a chronic disease enough, and a very common one, too, in children. Four to twenty-one months is quite a reasonable account of its duration before it comes under "special" observation. It is so very often confounded with scabies, that it is quite reasonable that Mr. Hutchinson should be earnest on this point in his cases; but, on the other hand, as in Mr. Hutchinson's cases, it avoids the flexures, or, to say the very least, it certainly does not specially affect them.

Ecthyma, when once excited in a predisposed subject, is quite capable of affecting, and that considerably, all the situations described by Mr. Hutchinson as affected by blebs or mattery scabs; and its blebs in the lymphatic subjects who are prone to it are quite often, at their commencement, fairly clear as to the transparency of their liquid contents. As to the rest of the eruption, it corresponds quite clearly to the ordinary phenomena of lichen urticatus, both as regards the elementary anatomical characters, the subjective symptoms, the duration, and the topography of it.

As to the coincident phenomena of urticaria, that disease is now and then a complication of "lichen urticatus," as it indeed also is of other eruptions.

In conclusion, I trust that in what I have said nothing has appeared to be at variance with the sincere respect I have long entertained for Mr. Hutchinson's valuable labours. However, I think that here he has, in the ardour of following out a new idea, been unconsciously led into framing an erroneous conclusion.—I am, sir, yours obediently.

BALMANNO SQUIRE.

Weymouth Street, Portland Place, December 1875.

MR. THOMPSON.—Sir James Paget is President of the College of Surgeons, but Mr. John Birkett is Chairman of the Court of Examiners.

ON DIPHTHERIA AND CROUP.

DR. BERNARD KELLY, Medical Officer of the Fifth District of St. Olave's Union, Rotherhithe, writes to us:—Although diphtheria and croup resemble each other in some general characters—as usually affecting the air-passages of young subjects, and giving rise to symptoms on the part of the respiration not unfrequently leading to errors in diagnosis with the inexperienced—they, nevertheless, differ widely in many important respects. Thus, while croup confines its action to the larynx, trachea, and bronchial tubes, which may be considered its proper territory, diphtheria, on the contrary, extends its ravages not only to these parts, but also to the nares, fauces, tonsils, and, in severe cases, to the œsophagus and whole buccal cavity. The membranes exuded in both diseases are physically and histologically different. In croup, the membrane is uniform in consistence, whitish, brittle, inodorous, evenly moulded to the air-passages, and easily detached either by operation or by the expulsive efforts of vomiting; it is also non-vascular, and contains neither pus nor blood-corpuscles in its substance. In diphtheria, the membrane is uneven, elevated in parts, depressed in others, greyish or gangrenous in appearance, elastic, and strongly adherent to the subjacent tissues, from which it is with difficulty separated, and gives rise to a sanious ichorous discharge, highly offensive in odour. It is also highly vascular, and bleeds freely to the slightest touch, or in the efforts of coughing or vomiting. These blood-vessels, no doubt, are the channels through which the putrid fluids, generated on its surface or interior, are carried into the circulation, and produce those characteristic symptoms of septicæmia so constantly seen in the last stage of the disease. The one (croup) assails the florid and robust; the other singles out the pale and feeble, or those just convalescing from exhausting diseases, such as measles and scarlatina. The one (croup) is sthenic and inflammatory, and destroys life mechanically by obstructing the air-passages and preventing the due oxygenation of the blood; the other is asthenic and constitutional, either in its inception or progress, and proves fatal not so much by impeding the respiration as by tainting the system in general. Hence the cyanosis and other symptoms of asphyxia which invariably precede death in the one case, and the putrid and typhoid phenomena which usher in a similar termination in the other. The one (croup) is as innocuous to the nurse, medical attendant, and others in its vicinity, as is a pleurisy or a pneumonia; the other is as contagious as small-pox or scarlatina. Croup, I may further add, is *par excellence*, a disease of childhood; diphtheria may attack persons of any age. Great and diametrical as are the pathological differences of croup and diphtheria, the treatment most effectual in either is not the less decided and opposite. While calomel in purgative doses, tartar emetic, and blood-letting even—notwithstanding our modern antipathy to this heroic remedy—are our sheet-anchors in croup, the same would be most baneful in diphtheria, which is most successfully combated by the administration of the mineral acids, especially the nitric and hydrochloric, chlorate of potash, quinine, iron, etc. Tracheotomy, when not too long postponed, saves many a life in croup, while it proves utterly abortive in diphtheria, for the simple reason that the wolf is already pent up in the fold, and is far beyond the reach of any topical remedy of the kind. It is quite immaterial, it seems to me, whether we look upon these affections as grades of the same disease, or that we classify them under separate heads, provided we keep these fundamental distinctions respecting their pathology, diagnosis, and treatment clearly in view at the bedside of the sick; indeed, it is by neglecting them that the diseases in question prove so formidable, and are attended with such fearful mortality.

SCIENCE FOR THE MILLION.

SOME of the old imbecilities and impostures connected with "clairvoyance" appear to be in course of revival under the auspices of names which have been heard of in other connections in London. We find a report in the *Daily Telegraph* of a meeting called a "conference of spiritualists," which, if there were not a certain meaning in its madness, might be taken for a meeting of stark lunatics. It is worth embalming as a sort of modern contribution to our "Column for the Curious". The report—and it really seems discredit to a daily paper to publish such monstrous and mischievous trash without a note of warning—runs as follows.

"Conference of Spiritualists.—The second sitting of the British National Association of Spiritualists took place last evening at their rooms, Bloomsbury, when the chair was taken by Dr. Sexton, who said he had long been convinced that a large number of cures which he had seen effected had resulted from the direct agency of disembodied spirits.—Mr. Thomas Shorter opened the subject of healing mediumship. He urged that the number of healing mediums fell far short of the number required to meet the calls upon them, and suggested that a committee should be formed to consider the propriety of circles being got together for the development of such mediums, with the view of establishing a central hospital in which there shall be a strong battery of spiritual power.—The Chairman advocated the combination, if possible, of the power of the clairvoyant with that of the healing mediums, as clairvoyant mediums could see right through the patient's body to the seat of disease.—Dr. Hallock of New York cited some cases of spirit cure in America.—Dr. Clarke of Edinburgh said that, as a spiritualist, he had devoted much time to an investigation of alleged healing by spirit-power, and in most cases he had found them gross exaggerations. He cautioned the mediums present against issuing advertisements with 'Doctor' attached to their names. A medical defence association was in course of formation for the purpose of defending medical interests from the professions of healing spirit-mediums.—Mr. Mack of Boston, United States, supported the theory of healing by magnetic influence.—Mr. Coult of Liverpool said they had gone so far there in the demonstration of the science as to establish a Psychopathic Institute."

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.

MEDICUS.—We have seen copies of two periodicals which are published in the Russian language. One is devoted to Sanitary Science; the other is the *Journal of Normal and Pathological Histology*. Both are evidently of high merit; the latter is well illustrated with drawings.

DISINFECTANTS: SALICYLIC ACID.

SIR,—In the BRITISH MEDICAL JOURNAL of November 12th, Mr. Lee says we want more knowledge on disinfection; but he seems unaware of some very useful experiments on the subject, the gist of which you gave on October 24th, 1874, page 530, and which were more fully detailed by Dr. John Dougall in the *Glasgow Medical Journal* for 1872 and 1873. These, perhaps, do a little injustice to carbolic acid; and it is well to read in connection with them Dr. Crace Calvert's experiments, reported to the Royal Society. We do need knowledge on this subject sadly. I have seen more than once disinfectants misapplied and wasted from want of a correct understanding as to their action. For instance, I have seen some of Condy's fluid sprinkled on a poultice, with the idea of disinfecting a foul ulcer; whereas, so susceptible is Condy's fluid to organic matter, that it would expend all the energy on the linseed-meal before the surgeon could apply it to the ulcer. Even your correspondent Mr. Lee quite reverses the action of Condy's fluid (permanganate of potash) when he calls its action deoxidation: it is, on the contrary, a very rapid oxidiser, as are also chlorine and nitric acid. But disinfectants may act either by oxidation or deoxidation, sulphurous acid being a familiar example of the latter class. How carbolic, boracic, and salicylic acids act, we know not yet; but I much fear that in using phosphate of soda to dissolve his salicylic acid, Mr. Callender is on the wrong track. Phosphates have been held by some to be a main element in putrefaction; and "no phosphates, no putrefaction" has been dogmatically taught; and with much ground, in fact, as shown by some experiments in the *Journal of the Chemical Society* for 1874, page 813. However, it is possible that on living tissue phosphates may act differently. As regards salicylic acid, its insolubility is much against it. In some recent trials with it, as a preservative of pathological specimens, I found that out of three specimens in salicylic acid solution, two rapidly decomposed; whilst carbolic acid, one in forty, not only preserved, unchanged, portions of the same tissue, but, on transference of the already decomposing specimens from the salicylic acid to carbolic acid solution, the putrefaction was at once checked. I may also add, that creatine, in the form of Beale's microscopic fluid, was found equally effective with carbolic acid.—I am, etc.,

CHAS. D. HUNTER, F.R.S.

P.S.—Perhaps borax might be found to replace phosphate of soda as a solvent for salicylic acid: it is similar in some respects, being alkaline, though not chemically neutral; and it has, besides, the great advantage of being an antiseptic itself.

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 Macclesfield 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:—

Dr. W. O. Priestley, London; Mr. E. Lund, Manchester; Dr. C. Theodore Williams, London; Dr. Oxley, Liverpool; Dr. George Johnson, London; Dr. G. H. B. Macleod, Glasgow; Dr. Braidwood, Birkenhead; Dr. T. Spencer Cobbold, London; Mr. G. Rigden, Canterbury; Mr. W. Fairlie Clarke, London; Dr. Edis, London; Mr. T. Holmes, London; Dr. J. Milner Fothergill, London; The Secretary of the Clinical Society; Mr. Alfred Coleman, London; The Secretary of the Hunterian Society; Mr. Christopher Heath, London; An Associate; Mr. Eastes, London; Our Edinburgh Correspondent; Dr. Andrew Wynter, Chiswick; Dr. Joseph Rogers, London; Dr. Farquharson, London; Dr. Kenyon, Chester; Dr. Meymott Tidy, London; Reality; The Secretary of Apothecaries' Hall; Dr. J. Burdon Sanderson, London; Dr. Cassells, Glasgow; Dr. Adam, London; Mr. J. S. Wesley, Wetherby; The Registrar-General of England; Dr. Herbert Snow, London; Mr. Herbert Ward, Penistone; Dr. Swallow, Clapham; The Registrar-General of Ireland; Mr. F. Gordon Brown, London; Mr. T. P. Pick, London; Dr. Wiltshire, London; Mr. H. Sewill, London; Dr. G. H. Philipson, Newcastle-upon-Tyne; Dr. T. Lauder Brunton, London; Mr. Richard Davy, London; Dr. Mitchell Wilson, Rochdale; Our Glasgow Correspondent; Staff-Surgeon R.N.; Mr. Arthur T. H. Kerr, Preston; Dr. Balthazar Foster, Birmingham; Mr. Howard Marsh, London; Dr. Merson, Wadley; Dr. Hamill, Workop; Dr. Brookhouse, Nottingham; Dr. Sibson, London; Mr. R. T. Hearn, Bournemouth; Dr. Cochran, Edinburgh; Mr. C. J. Myers, Great Grimsby; Our Dublin Correspondent; Dr. Egan, Dublin; A Member; Mr. F. G. Larkin, London; Dr. Duffey, Dublin; Dr. Maitland, Blackburn; Dr. Moore, Dublin; Dr. George, London; Dr. Barnes, London; Dr. G. Yeo, London; Mr. Maunder, London; Mr. T. M. Stone, London; Dr. Lawrence, Bristol; Dr. R. N. McCosh, Dundee; etc.