

living, apparently healthy, well nourished female child, weighing 8 lbs., and twenty inches in length. The duration of labour was eight hours. The child seemed to experience difficulty in breathing and sucking, and gave vent to a more or less continuous kind of feeble wail. Nothing abnormal could be detected on the most careful examination. It died within thirty-seven hours of its birth; and, on examination *post mortem*, a tense cyst of the size of a small hazel-nut was discovered attached to the side of the larynx, and nearly closing up the aperture. No other abnormal condition was detected.—Dr. BARNES thought the specimen of sufficient interest to be figured in the Society's *Transactions*.—Dr. SAVAGE seconded the proposition.

Carneous or Fleshy Mole.—Dr. WILTSHERE exhibited for Dr. BATHURST WOODMAN a specimen of this nature, sent up by Mr. Robert Hughes of Woodbridge. The patient from whom it was removed was one of fifteen, aged 29. She had miscarried a twelvemonth before at about the fifth month. On August 15th, 1875, she was delivered of a full-grown, healthy male child. On examination, a large tough substance, about twice the size of the fist, attached to the placenta, was detected and removed, together with this latter. It closely resembled a large kidney. The points of interest in the case were the hereditary proclivity to plural births—the patient's mother having had two twin births in succession—and the absence of any known cause for the death of one twin, the other reaching to full maturity. There were no symptoms of syphilis in the parents.—Dr. J. WILLIAMS inquired if there was any history of threatening haemorrhage or abortion.—Dr. WILTSHERE said he knew nothing more of the case than had been read. There was evidently an attempted formation of the anus and one or more eyes.—The PRESIDENT remarked that the specimen had somewhat the appearance of a placenta succenturiata. He suggested a further examination of it by Dr. Barnes, Dr. John Williams, and Dr. Woodman.

Fibroid of Uterus: Gastroscopy.—Dr. ROUTH communicated the particulars of a case of extrauterine fibroid of large size, removed successfully by gastroscopy from a patient aged 32. The tumour weighed over 17 lbs. Five days after the operation, the temperature rose to 105 deg. Fahr. in the axilla. She was then placed bodily in an ice-water bath, and kept in for three-quarters of an hour. Consciousness returned, and the temperature sank to 100 deg., the axillary temperature a quarter of an hour later being 97 deg. A week subsequently, the temperature having again risen to 104 deg., the ice-water bath was repeated, which reduced the temperature to 99 deg. Eighteen days after the operation, about five ounces of intensely fetid, grumous, bloody pus were removed by the aspirator *per vaginam*, and the cavity was washed out with weak solution of iodine. The pulse fell from 112 to 86 deg. the same day, and the temperature in the vagina from 104.2 to 102.4 deg., it being 99.7 deg. in the axilla. The abscess was subsequently opened *per rectum*, and a drainage-tube kept in. After rather a protracted illness, the patient recovered perfectly.—Dr. W. R. ROGERS, who had assisted at the operation and during the subsequent treatment of the case, remarked upon the after-treatment being most successful, and thought great credit was due to Dr. Routh for his management of the case throughout.—Dr. BARNES regarded the specimen as one of a fibroid tumour springing from the uterus. In many instances, such tumours retained a close union with the uterus. In some cases, they seemed to be of ovarian origin, and it was a question whether they could be regarded as uterine.—The PRESIDENT said that Dr. Routh's case was remarkable in more than one aspect, and he trusted that so interesting a communication would not be allowed to pass without full discussion. The points he thought of special practical importance were the success of the treatment, when the temperature was high and the symptoms threatening, by the ice-bath, and the obvious abatement of septicæmic symptoms when irritating fluid was tapped from the peritoneal cavity through the rectum.

Malignant Tumour of the Omentum removed post mortem.—Mr. G. D. BROWN (Ealing) exhibited a specimen, weighing over 17 lbs., which, taken in connection with Dr. Routh's case, had many points of collateral interest. The patient, a lady aged 36, had observed the growth of the tumour for at least two years. Opinions had varied as to the nature of the case, but Dr. Heywood Smith, who had also seen the case, and Mr. Brown, both regarded it as malignant disease of the omentum. She had been under Dr. H. Smith's care at the Soho Square Hospital, where an exploratory incision had been made, when the growth was found to be so extensive and deeply seated as to make its removal an impossibility. The pain during the growth of the tumour was at times very distressing. The tumour was firmly adherent to the peritoneum at the back, but had no other attachment, and shelled out without cutting. In appearance, it was nodulated, and brain-like in colour. It weighed 17 lbs. 10 oz., and was twenty-four inches in circumference. The uterus and ovaries, as well as the other organs, were healthy.—

Dr. H. SMITH explained that he saw the case when the tumour was quite small; an exploratory incision had been made to see if it could be removed, but he was unable to find any attachments or adhesions.

The Annual Meeting then took place. The list of officers for the ensuing year recommended by the Council was adopted by the meeting. The Secretaries', Auditors', and Librarian's reports were then read and adopted. Votes of thanks to the retiring officers were proposed and carried. The President delivered his annual address, which was published at page 33 of the JOURNAL for January 8th.

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.

CORRESPONDENCE.

A DOCTOR, BUT NOT AN M.D.

SIR,—The cat of the College of Physicians, which you have politely tried to keep in the editorial bag, seems to have found her way out, in spite of the wish of the President and the understanding among the Fellows of the College of Physicians to which you deferred. The licentiates and members, as well as the Fellows, are interested in the question of the use of "the title of doctor"; and as one of those who took part in that long debate on the subject in your columns, I am rejoiced that it has so speedily produced an echo in the corridors at Pall Mall.

I am the more free to address my associates on the subject in your pages, because I believe that the course which I have taken in the matter in plainly intimating to the officials that, despite of any by-law, I shall continue to call myself doctor, and the ability with which many of your correspondents have argued a similar view have induced those officials to take a legal opinion; and I understand that opinion to have been given in favour of the view which I have taken in your columns.

When the report is presented, we shall, I believe, learn that the College has no power to forbid its licentiates to call themselves doctor, and that, consequently, it is no longer disposed to do so.

My view is simply this. A physician is, in all prescriptive and immemorial meaning of the word, a doctor. A licentiate, member, or Fellow of the College of Physicians is expressly by charter a "physician" and a "surgeon". An University M.D. is a "teacher of medicine"; but to attempt to confine the title of "doctor" to M.D.s of Universities is an attempt to create a medical monopoly on the part of a limited number of bodies who do not respond to all necessities of practice. If this be upheld, there can be no "doctors" made in London, the greatest medical centre in the world, except by that very exclusive and high-flying body the University of London, which reserves that title for bookworms of the highest and most exhaustive (not to say exhausted) order. To persist in preserving the title of "doctor" for university doctors is an attempt to persist in preserving a mediæval monopoly on purely philological grounds. Doctor is now a word incorporated in the English language; and the English word doctor no more means *medicina doctor* (*Universitatis* —), than virtue means *valour* (*virtus*), or exercise the coming out from a citadel (*excitus*).

The old spirit of monopoly runs strong, but it is weak against the force of events. The Universities make but a small proportion of our modern doctors; they have largely resigned those functions to the hands of corporations and private schools, which took up the work that they for long neglected. If now they aspire to widen their grasp of the profession, it must be by making their specific distinctions specifically valuable. It is the specific privilege of the Universities to grant the title of *Medicinae Doctor*; if that title have peculiar educational and social value, it will make itself felt. It does not need to be bolstered up by any artificial effort of exclusive Councils of Colleges (largely made up of M.D.s of Universities) to prohibit physicians from calling themselves, as the public long since have learnt to call them, and will unceasingly continue to call them, by their English designation of doctor.

only the Commander-in-Chief and his staff, but also several divisional general officers, in addition to the Director-General of the Army Medical Department, unanimously came to the conclusion that the system of station hospitals must be continued. The result of this consultation, the approval of the station hospital system, is regarded as final. It is well that the matter is now placed on a settled basis; for the repeated raising of questions regarding the military hospital system which has now been for some time in operation—whether the system was to be discontinued, whether the regimental system would be reverted to, or some other new system be introduced—has not only disturbed the minds of the medical officers directly concerned, but has also been, as might be expected, a fruitful source of difficulty in carrying on the work of the hospitals themselves.

SURGICAL INSTRUMENTS FOR USE IN THE ARMY.

THE Director-General has succeeded in getting the War Office authorities to withdraw a tax which has long pressed with special unfairness on the medical officers of the army. By the Army Medical Regulations, each army surgeon, on attaining the rank of surgeon-major, has hitherto been compelled to provide at his own expense a complete capital case of surgical instruments. The cost of this capital case used to be from £21 to £22. As these instruments were got for use in the public service, the engineer officer or the artillery officer might with equal justice have been called upon to provide himself with the scientific instruments necessary for his avocations, instead of having them provided, as they were, at the public expense. The hardship on the army medical officer was the more marked, as both in the Indian branch of the army and in the Royal Navy the capital cases of instruments were paid for out of the public purse. This anomaly has now ceased to exist. By a War Office circular just issued, it is notified that medical officers in the army will not in future be required to provide at their own cost a capital case of surgical instruments, but will only be required to provide a case of pocket instruments. The larger and more expensive instruments will be supplied from the public stores.

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF CAMBRIDGE.

PROFESSOR HUMPHRY gives notice that the Lectures on Practical Anatomy will be continued on Monday, January 17th, at 9 A.M., and daily, at the same hour.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following members of the College, having been elected Fellows at previous meetings of the Council, were admitted as such.

Bratton, James, J.P., L.S.A., Shrewsbury, diploma of membership dated May 20th, 1836.

Spong, William Nash, L.S.A., Faversham, Kent: August 1842.

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.

BARNSTAPLE UNION—Medical Officer for the Second District. Salary, £60 per annum.

BARONY, Parish of—District Medical Officer.

BEDDGELEIER and other SLATE QUARRIES, and BRYNFELIN COPPER MINES—Surgeon.

BELHELVIE, Parish of—Medical Officer.

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

BRIGHTON AND HOVE DISPENSARY—Resident House-Surgeon. Salary, £120 per annum, with furnished apartments, coals, gas, and attendance. Applications on or before the 31st inst.

BRITISH AND FOREIGN SCHOOL SOCIETY AND TRAINING COLLEGE FOR SCHOOLMASTERS, Borough Road—Medical Officer.

BRYNMAWR—Certifying Factory Surgeon.

BURLINGTON SLATE WORKS BENEFIT SOCIETY—Medical Officer.

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.

CHORLTON-ON-MEDLOCK, RUSHOLME, and MOSS SIDE DISPENSARY, Manchester—House-Surgeon.

CHORLTON UNION—Medical Officer for the Workhouse.

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.

ELLESMORE UNION—Medical Officer for the Overton District. Salary, £30 per annum.

GLoucester INFIRMARY—Surgeon and Assistant-Surgeon. Applications before the 27th 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.

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.

MAIDSTON UNION—Medical Officer for the First District.

MIDDLESEX HOSPITAL—Ophthalmic Surgeon. Applications on or before the 15th February.

MOFFAT HYDROPATHIC ESTABLISHMENT—Medical Man to take charge. Applications to Messrs. Bruce and Kerr, W.S., Edinburgh.

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.

RISBRIDGE UNION—Medical Officer for the Fourth District.

ROYSTON UNION—Medical Officer for the Fifth District.

SEAMEN'S HOSPITAL, Greenwich—Visiting Physician. Applications on or before the 27th instant.

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.

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.

WANTAGE UNION—Medical Officer for the Hundred Districts. Salary, £50 per annum. Applications on or before the 14th February.

WESTERN GENERAL DISPENSARY, Marylebone Road—Honorary Physician. Applicants to attend the Board on the 24th instant at 8 P.M.

WREXHAM UNION—Medical Officer for the Fifth District. Salary, £35 per annum.

MEDICAL APPOINTMENTS.

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

BARROW, Albert Boyce, F.R.C.S.Eng., appointed Surgeon to the Westminster General Dispensary, *vice* R. P. Middlemiss, M.R.C.S., resigned.

COOPER, Arthur, M.R.C.S., appointed House-Surgeon to the Male Lock Hospital, *vice* R. Tiebury, M.D., whose appointment has expired.

*DUFFEY, George F., M.D., F.K.Q.C.P.I., appointed Physician to the National Institution and Molyneux Asylum for the Blind of Ireland.

HARVEY, Charles William, M.B., appointed Assistant Medical Officer to the Berks County Asylum, Moulford, Wallingford, *vice* Alexander R. Urquhart, M.B., resigned.

MAY, Edward Henry, M.R.C.S.Eng., appointed Medical Officer to the London Female Penitentiary, Pentonville.

MILLER, Hugh, M.D., appointed Physician-Accoucheur to the Glasgow Lying-in Hospital, *vice* J. G. Wilson.

WICKHAM, Henry, Esq., appointed Assistant House-Surgeon and Dispenser to the Kent and Canterbury Hospital, *vice* H. Manders, Esq., resigned.

WILSON, James George, M.D., appointed Consulting Physician to the Glasgow Lying-in Hospital.

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.

MARRIAGE.

CORRIE—JOHNSON.—On January 6th, at All Saints' Church, Wath-upon-Dearne, by the Rev. J. Greenwood, B.D., assisted by the Rev. C. N. Greenwood, M.A., James Johnstone Corrie, M.R.C.S.Eng., Burmantofts Grove, Leeds, to Sarah Anne, eldest daughter of William Johnson, Esq., Thornhill, Wath-upon-Dearne.

MOORE—RIDLEY.—On January 4th, at Saint Stephen's Church, Dublin, *John William Moore, M.D., to Ellie, only daughter of the late John Ridley, Esq., M.D., of Moore Hall, Tullamore, King's County.

DEATH.

PARKER, Thomas, M.R.C.S.Eng., at Froxfield, Woburn, aged 78, on January 5th.

THE MEDICAL OFFICERS OF THE UNITED STATES ARMY.—The following decision as to the status of acting assistant-surgeons in the army is announced. Acting assistant-surgeons are entitled to the same protection in their positions, also to the same respectful subordinate conduct, and to the same military courtesy from enlisted men, as would be the case if they were commissioned officers. They are placed in the position of commissioned officers, so far as relates to their duties as surgeons. The *Richmond and Louisville Medical Journal* understands that renewed efforts will be made at the coming session of Congress to obtain the passage of the Bill increasing the rank of surgeons in the army.

OPERATION DAYS AT THE HOSPITALS.

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

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

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

THURSDAY St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—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. Dr. C. T. Williams, M.A., M.D., F.R.C.P., Second Lettsomian Lecture "On the Influence of Climate in the Treatment of Pulmonary Consumption: The British Health Stations and their results".

TUESDAY.—Pathological Society of London, 8.30 P.M. 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: Dr. Greenfield: Stenosis of Mitral and Tricuspid Valves. Dr. Moxon: Pleurisy invading Lymphatics of Lung. Dr. Legg: Cancer of Liver and Pancreas, with Polyp in Portal Vein, etc. Dr. Cayley: Cirrhosis of Liver in Girl, aged 6. Dr. Cayley, for Mr. G. Brown: Large Cyst of Choroid Plexus. Dr. Goodhart: Old Injury to Head, with Chronic Hydrocephalus. Mr. Knowsley Thornton: Contents of Dermo-ovarian Cyst. Mr. Lennox Browne and Dr. Gilbert Smith: Disease of Larynx, with Pressure on Right Inferior Laryngeal Nerve.—Statistical Society, 7.45 P.M.

THURSDAY.—Harveian Society, 8 P.M. Mr. J. Ashburton Thompson, "On a Rare and Complicated Case of Pregnancy".

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.

COMPLIMENTS OF THE SEASON.

MR. CRIGHTON (Tavistock) writes:—"The JOURNAL more than realises the highest anticipations I had ever formed regarding it." We are much indebted to Mr. Crighton, Mr. Wesley, and others, who have addressed to us this week similar congratulations and kind wishes. Those to whom we have been unable to reply by private letter we must ask to accept our warm thanks for the cordial encouragement which their letters afford us in the fulfilment of onerous duties involving great responsibility.

DR. SMITH.—A rumour has reached us that the Council of the College of Surgeons is about to afford greater facilities for admission to the examinations for the Fellowship of the College—not, it is to be hoped, by lowering the standard.

THE JACKSONIAN ESSAY PRIZE.

F.R.C.S. EXAM.—We stated at the close of the year that no essay had been received for the Jacksonian Prize of the Royal College of Surgeons for the past year: in fact, with one exception, no award has been made since 1867. The subject for the present year (1876) is "The Treatment of Cancer of the Rectum, particularly as regards the possibility of curing or relieving the patient by excision of the affected part"; a good practical subject, for which there should be no dearth of competitors amongst the rising Fellows and members of the College.

JOSEPH HUME.—From the annual report of the receipts and expenditure of the College of Surgeons, it appears that the former amounted to £16,057 12s. 4d., and the latter to £14,052 8s. 2d., showing a balance to the good of £2,005 4s. 2d.

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.

CLEFT PALATE.

An old correspondent draws our attention to a statement in the very interesting address, by Mr. Lund of Manchester (Science in Surgery), on cleft palate in the cubs born of a certain lioness, always breeding with the same lion, in the gardens of the London Zoological Society, which he attributes to the absence of bone-food in the mother at a time when she most needed it; she having given up, it might be said, all she could spare from her own system for the completion of the growth of her young. It was thought this deficiency was owing to the meat being separated from bone, and the next time she was in cub she was fed freely with meat still attached to the bone, and the bones left in the cage to be gnawed by the animal at pleasure. The result was, that in the next litter all the cubs were perfect, and the defect was cancelled.

As a constant visitor to the Zoological Gardens, our correspondent readily accepts the theory, but ventures to question this particular fact, stating that the lioness in question which produced such a fine and healthy litter was purchased in cub from the sister Society in Dublin, and that for many years past the carnivora had been fed on meat with the bones attached. He would like to know on what authority Mr. Lund makes the statement.

MR. MASON's letter, on a gag for operations on the mouth, arrived too late for insertion. It shall appear next week.

EXUBERANCE.

The *Batavia Handelsblad* of November 11th says:—At the sugar-factory, Wonodido, near Paseroecon, at the east end of Java, the wife of a native coachman, named Slokoo, has presented her husband with five children (three sons and two daughters) at a birth. One of the female children has ten fingers on each hand, five being of full size, and five barely half size.

LADY-DOCTORS IN RUSSIA.

The *Semaine*, published at St. Petersburg, gives the following particulars concerning lady-doctors in Russia. During the scholastic year 1874-75, the number of female students reached 171; 102 of whom belong to the noble class, 17 to the mercantile, 14 to the shopkeeping, 12 to the families of the clergy, and the remaining 24 to mixed classes. Among the number are 23 Jews, 1 Armenian, and 3 Lutherans, the majority belonging to the Orthodox Church. Twenty-three are married. Fifty-three had before received their diplomas as teachers; and the professors of both schools of medicine and surgery express themselves much pleased with their progress and application.

THE PEERAGE AND THE MEDICAL PROFESSION.

SIR.—Of the three learned professions, Medicine is the only one against which the doors of the House of Lords are always closed. A few—*a very few*—attain the dignity of baronet; but, as a baronet in our own neighbourhood some time ago exclaimed, "A baronet! what is that?" Well, it is the *sixth* order of nobility, though it does not give a seat in the House of Peers. The old objection against the creation of medical nobles was their alleged ignorance. Now to some extent, in former times, this objection may have held good; but assuredly in our day it cannot be adduced. Take the village attorney and the village surgeon, and we believe that the latter in every respect will be found to be as well (if not better) educated, professionally and generally, as the former; but the attorney may become Lord Chancellor, while the surgeon may possibly get a paltry knighthood. At the same time, his neighbour the village curate may gain a mitre and a seat on the right hand of the throne. No doubt, the surgeon, by renouncing his profession like Mr. Bickersteth, and adopting that of the law, may attain a coronet. But why should Royal honours be so very sparingly dealt out to poor hard-wrought doctors? An old and successful physician of our acquaintance once remarked that, considering the outlay of *money and mind* required by the medical profession, it yielded the poorest return. We believe our friend was right. When Mr. Greville thought the man in black who sat beside him at Lord Holland's might be a cholera-doctor, had the man been so, he would never have died Lord Macaulay, though, perhaps, he might have died Sir Thomas Babington Macaulay, Knight, and Surgeon to the ——Union, etc., a poor distinction compared with that which he really did attain—viz., that of a Baron and British peer, with a seat in the upper house. When listening, in August last, to Sir Robert Christison's eloquent address, and beholding the array of heads before him—not a few of them, probably, prematurely bald and grey with hard work and hard thought—we thought that none of these men could ever become a peer, however high their professional status, or however profound their scientific attainments. Surely this state of things ought not so to be. A stigma of dishonour rests on the noble profession, which it does not deserve. Let, then, the Council and others move in the matter, and, on a due representation of the case in the proper quarter, redress may finally be duly obtained.—Yours, etc.,

December 23rd, 1875.

M.D. EDIN.

A. F. WILLIAMS.—The permission must be obtained by application to the Commissioners of Lunacy, under the section, "Extension of powers to take boarders in houses", of the Lunacy Acts Amendment Act, 1862.

MORTALITY OF DRUNKARDS.

MANY remarks have been made on the old assertion, that 60,000 drunkards die annually in the United Kingdom—an assertion never yet traced to its original author. Some light on the subject has been thrown by Dr. Ridge of Enfield, one of the physicians of the London Temperance Hospital, who recently said at a public meeting: "During the current year, out of thirty-nine persons for whom I have been called upon to give certificates of death, six were known to me to be drunkards, and had, in all probability, curtailed their lives thereby. As the number of medical men in the United Kingdom is more than 17,000, the number of my certificates was under the average; and yet if all the medical men have attended at the deaths of six drunkards each in the year, at least 100,000 must have died. As this takes no account of the indirect causation of death through alcohol, I feel convinced that 60,000 is fully within the mark." The evidence of Dr. Ridge is very important, and his inference solemnly startling. Of course, the experience of one practitioner is no solid basis for a national calculation. But such a basis could be afforded, if some hundreds of medical men would watch and report concerning the same class of facts for a given period, say twelve months. A medical temperance society would be able to prosecute such an inquiry; and, in the absence of that society, the National Temperance League might very properly arrange for such an organisation.—*Alliance News*.

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.

CHLOROFORM AS AN ANÆSTHETIC.

SIR.—Permit me to reply, as briefly as possible, to such remarks of Dr. Thomas Skinner, in your last issue, as refer to myself. In the first place, speaking of another correspondent of the JOURNAL and myself, he observes:

"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."

It is a pity Dr. Skinner has not given his reasons for venturing to put forth this bold assertion, which I will not characterise by stronger language, as I think it is probable that, on reflection, he may regret having penned it. Certainly, he could not know whether or not my experience were less than his. It is true I have not, like Dr. Skinner, had the advantage of acting as chloroformist for eighteen years to a firm of dentists "who have, without exception, the most extensive practice out of London" (whose name, by the way, does not appear in the *Medical Directory*), but my experience has been ample, and I have seen the practice of the best known chloroformists in London. Perhaps, however, Dr. Skinner does not consider such men to be "competent hands". Dr. Skinner has, moreover, by no means shown that my knowledge is inferior to his; but, on the contrary, his main statement goes to prove the reverse, since it is totally opposed to the opinions of the highest authorities. His main statement is not only that there is no anaesthetic equal in safety to chloroform, but that, properly used, it is free from danger; and he bases this, apparently, on the fact, that he has administered this anaesthetic for twenty years without an accident. The worthlessness of such a statement, unsupported by scientific evidence, has been proved over and over again, and, amongst others, by Dr. B. Richardson, the greatest living English authority on the subject. He has published statistics showing, among other things, that chloroform was given at eight hospita's, in 17,000 cases, during five years before one death occurred; and nevertheless, when all the statistics were examined, it turned out (in spite of such frequent runs of so-called good luck in the experience of individuals and hospitals) that the mortality from chloroform at the present state of knowledge appears as inevitable as that from accidents and acute diseases, and that the mortality is not less than 1 in 3,000 cases. Dr. Richardson and others have also proved that (except, perhaps, some varieties of heart-disease, with dilatation and fatty degeneration) there are no morbid conditions which positively contraindicate the use of chloroform; that death often suddenly occurs unaccountably under its influence on individuals whose organs are perfectly sound; that the remedial measures available in cases which present dangerous symptoms cannot be relied upon; and that, in fact (as I said in my last letter), chloroform is always dangerous to life, and the danger is so insidious that it is impossible, with certainty, to guard against it. Deaths have occurred in the hands of most chloroformists, of extensive experience. There can, therefore, be no reasonable doubt, that if Dr. Skinner go on, he also will, sooner or later, have a fatal case, in spite of the assistance of the "patent dental chair"—an article, I may remark, which is not unknown in most dentists' houses. Such a deplorable event is the more probable if he continue to disregard the precaution, of which he admits the importance—namely, the placing of the patient in the recumbent position throughout the operation.

Dr. Skinner asserts positively that there is no anaesthetic equal to chloroform; "the next is ether; after these two, the list is about closed". To refute this statement would be to recapitulate the literature of the subject. Suffice it, therefore, to say that, influenced by the researches and experience of recent investigators, the majority of eminent practitioners (as was lately shown in your columns) have entirely abandoned chloroform in dental operations in favour of nitrous oxide gas; and most of them now prefer the gas, followed by ether, in general surgery. Neither they nor I are likely to alter our views or practice because they do not accord with Dr. Skinner's unsubstantiated hypothesis.

Upon the rest of Dr. Skinner's observations I need not dwell at length, since reference to my former letter will show the reader that he has, by detaching certain sentences, misconstrued my meaning. This, for example, is especially the case in regard to the words "total abolition of reflex action", quoted by me from Dr. Brunton. Dr. Skinner in one place agrees with what I hinted at—namely, that total abolition of reflex action means something very like death; yet immediately afterwards he states that he always puts his patients under chloroform in this condition, and that the "best test of this condition is *paralysis of the right orbicularis palpebrarum muscle*"!—I remain your obedient servant,

6, Wimpole Street, Jan. 8th, 1876.

HENRY SEWILL.

YORKSHIRE.—We thank our correspondent for his expressions of confidence, and are gratified at his conviction of the services which the JOURNAL renders to the profession. We cannot but think that he overrates the tendency of "practitioners in the country to undermine each other", and the preference of the public for "cringing and time-serving policy to truth and upright dealing". The difficulties of a public health-officer are certainly great, and we always foretold that what our correspondent now finds to be the case would frequently happen. He writes: "I have, since being a public health-officer, lost twice as much private practice as the amount of my salary, and have reason to know full well that the authority does what little it does with a very ill grace, and in compulsion and fear, and that it dislikes me as the agent of health whose action involves trouble and expense."

MEDICAL LONGEVITY.

DR. CASPER of Berlin, in his interesting work on the duration of human life, places medical men in the lowest scale of medium longevity—viz., 56; the figures being reversed in the highest—viz., clergymen; but, on taking the united ages, he raised it to 68. On referring to the obituary in the *Medical Directory* of this year, of those members of our profession who died during the past year, we have selected just a round dozen whose united ages amounted to 1,075 years, giving an average of 89 years and exactly seven months to each. It would be interesting to ascertain the mode of living, etc., of these renowned Nestors. A well known author who has written on the subject, says that perhaps the best maxim to prolong our days, and render them as tolerable as possible, is the *Bene vivere et letari*.

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.

HYDROSTATICS OF THE CATHETER.

SIR.—Dr. George's suggestion in the JOURNAL of Jan. 1st, is one of those practically useful every-day requirements which cannot be too widely known by general practitioners. His statement is quite true, although not quite new; but as many of your readers may be interested in the subject, I would refer them to Dr. Somerville's article, on the Hydrostatics of the Catheter, in the *Edinburgh Medical Journal* for August 1875, where they will find a detailed statement of a method of drawing off urine from a paralysed bladder in a cleanly and complete manner. This method I have seen practised in the Royal Naval Hospital at Haslar many years ago, although the credit of the earliest publication on the subject is, I believe, due to Dr. Somerville.—Yours faithfully,

STAFF SURGEON R.N.

J. L.—The celebrated Dr. Samuel Johnson said, "Contemporary or living biography has never succeeded to any great extent". The reason is obvious. The lights and shades of living characters cannot be faithfully portrayed without great risk and inconvenience, except anonymously, and then it is generally a caricature. When the biographer is acknowledged, the character of the individual is almost necessarily overlaid with eulogy; the virtues are all placed in the foreground of the picture, and the defects in the shade. It is very different when "the dull cold ear of death" no longer listens to panegyric or censure. The biographer may then delineate the character, praise the virtues, censure the vices, and criticise the writings of the departed without fear or reproach.

PERCHLORIDE OF IRON IN POST PARTUM HÆMORRHAGE.

SIR.—In the correspondence column of the JOURNAL of Dec. 25, Mr. A. H. Morrill, commenting on my case of "chronic uterine hæmorrhage", says, "I for one fail to observe the great benefit of filling the uterus with perchloride of blood-clots", and supposes a case in which a foreign body—such as a *tumour in utero*—would give rise to all the fatal symptoms of purulent infection by the retention and decomposition of secretions. He also suggests that the escharotic effects of an injection of iron might produce or aggravate septicæmia through consequent "sloughing", besides the undesirable result of "tanning the muscular walls". As there was no reason to suspect "fibroid of the uterus", or, indeed, anything beyond what is stated in the report of the case; and, moreover, as the os was sufficiently patent to admit the nozzle of the syringe and allow free exit of the lotion used, I think I may safely say that Mr. Morrill's remarks are wholly inapplicable to it. But on a wider view I could hardly endorse his opinions, that a mild solution (such as I used) of the perchloride would act otherwise than as an unmistakable check to a deadly flux, and, at the same time, an admirable disinfectant, provided there existed pent-up noxious secretions; while the "tanning" referred to could scarcely do more than artificially constringe fungoid or partially abraded mucous membrane, much less reach the "muscular walls".—I remain, sir, faithfully yours,

ALEX. M'COOK WEIR, M.D., etc.

Notts County Asylum, December 27th, 1875.

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. G. M. Humphry, Cambridge; The Rev. Dr. Haughton, Dublin; Mr. W. Fairlie Clarke, London; Mr. E. Lund, Manchester; Mr. Jonathan Hutchinson, London; Dr. Bradbury, Cambridge; Mr. Walter Rivington, London; Dr. J. Milner Fothergill, London; Mr. Nettleship, London; Mr. T. H. Bartlett, Birmingham; Dr. Brown, Rochester; Mr. T. Holmes, London; The Secretary of the Statistical Society; Mr. W. Mac Cormac, London; The Registrar-General of England; Mr. T. M. Stone, London; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; Mr. Richard Barwell, London; The Secretary of the Pathological Society; Dr. Farquharson, London; M.R.C.S. Eng.; Dr. A. S. Taylor, London; Mr. Christopher Heath, London; Mr. F. E. Manby, Wolverhampton; Dr. Southey, London; Mr. Pick, London; Dr. J. M. Fox, Cockermouth; N. B., Brighton; Mr. Hunt, Derby; Mr. A. Morison, London; Mrs. Blower, Liverpool; Mr. H. Sewill, London; Mr. Webber, London; Mr. Besley, London; Our Edinburgh Correspondent; Our Paris Correspondent; Our Dublin Correspondent; Mr. J. A. Macdougall, Carlisle; Mr. Jacobson, London; Mr. Baird, Perth; Dr. C. Theodore Williams, London; Dr. Finlayson, Glasgow; Mr. W. M. Campbell, Liverpool; Mr. G. May, jun., Reading; Dr. Henry Bennet, Menton; Mr. Shipman, Grantham; Dr. A. W. Edis, London; Mr. Douglas Ayre, Paris; Mr. Lowndes, Liverpool; Dr. Broadbent, Manchester; Dr. Muschet, Stirling; Mr. Richard Davy, London; Dr. Fabian, London; Our Birmingham Correspondent; A Poor-law Medical Officer; Professor Newman, London; Mr. Stuart Nairne, Glasgow; Dr. Donald Fraser, Paisley; Dr. Broadbent, London; Mr. Eastes, London; Dr. Macleod, Glasgow; Sailor Miner; Rev. J. Allen Hatchard; etc.