

might have got a "bit of their mind", which would have proved instructive.

We can think of no fitter verdict for his "explanation of the heart's thin pulmonary ventricle" than that which he himself has suggested; viz., the sooner it is consigned to the heap of "mountainous error" the better. We regret to have to condemn so thoroughly the work of a physician whose hospital position and seniority, and whose personal character and amiability, entitle him to just regard.

DE LA CONTACTURE HYSTÉRIQUE PERMANENTE. Par BOURNEVILLE, Ancien Interne des Hôpitaux de Paris, Vice-Sécrétaire de la Société Anatomique; et VOULET, Docteur en Médecine. Paris: Adrien Delahaye.

THE whole subject of so-called hysterical seizures is so confused, that any honest attempt to reduce it to system and order is deserving of welcome. It is in this view especially that the work of MM. BOURNEVILLE and VOULET merits recognition. Although it does not contain any large amount of original personal observation, it gives a valuable epitome of all that is known of one portion of the subject, and arranges the phenomena observed in something like scientific order and relation.

The first portion of the book is historical, and a number of interesting cases are given, collected from various sources, which show that, in many of the miraculous cures of paralysis recorded by ancient authors, the affection was an hysterical contraction. These cures appear to have always been the result of some powerful mental excitement, accompanied by intense effort, produced by profound belief, or by painful or joyful emotions or sensations. After discussing the nature of these cases, and pointing out that the physiological process by which the cure is effected is essentially the same as that called into play equally effectually in other instances without the intervention of any hypothetical supernatural agency, the treatise proceeds with a concise yet comprehensive survey of the later literature of the subject, wherein it is treated with some precision and approach to scientific accuracy. Passing then to the consideration of the phenomena of hysterical contractions in themselves, the authors divide them into two chief classes; viz., 1. The temporary tonic spasm and rigidity which accompany the hysterical paroxysm, and which cease with it; and 2. The persistent contraction which remains after the hysterical fit has passed off. It is of the latter that MM. Bourneville and Voulet especially treat. Their work does much towards clearing up confusion by a systematic arrangement of the various forms of persistent spasm according to their anatomical seat; and this portion of the subject is illustrated by a number of examples, which are given in somewhat minute detail. These cases serve as the text for a careful description of the different varieties. One of these cases, supplied by M. Charcot, is particularly noteworthy, as exhibiting during its course nearly all the phenomena of hysterical nervous disturbance, both paroxysmal and persistent, ending with that state of general permanent contraction involving all four limbs, to which the authors give the name of "contracture diplégique". Perhaps the most important portion of the book is that which gives an account of the morbid appearances met with in two cases examined *post mortem* by M. Charcot.

There can be little doubt that the phenomena of hysteria depend upon material changes in the cerebro-spinal centres, which may be either transient or persistent. In the latter case, at all events, it is *prima facie* probable that the changes are appreciable by the microscope, or even by the naked eye. In the two instances recorded, the examination revealed well marked lesions of the lateral columns of the spinal cord. In the first, in which the disease had been of comparatively short duration, the morbid changes could only be recognised by the aid of the microscope, and consisted of fatty and granular degeneration of the white matter of the lateral columns in the lumbar region. In the second, the disease was of much longer standing. The details of the morbid appearances are fully given, the chief of them being well marked sclerosis of the lateral columns, visible to the naked eye. The microscope showed extensive destruction of the nerve-tubes, their place being occupied by a delicate connective-tissue formation. It is not clear that these changes, as well as others discovered in the nerve-trunks and muscles, are not secondary—the results, in a later stage, of the primary lesion which gives rise to the muscular rigidity. Be this as it may, the fact of the existence of material changes in the cord in cases of permanent hysterical contraction is noteworthy, and affords the first foundation and starting-point for the future development of the pathological anatomy of hysteria.

The book concludes with a review of the course, diagnosis, and treatment of permanent spasm, which furnishes useful data for distinguishing the contractions of hysteria from those which supervene in other diseases, and notably in the cachexia of cancer and tubercle, and

in cerebral haemorrhage. The possibility of cure, and the extent of it, depend (as M. Charcot, to whom the authors appear much indebted throughout, has pointed out) upon the extent to which the lateral columns of the cord have undergone organic change. This may be tested approximately by the state of faradic excitability in the muscles, the degree of wasting in certain groups, and the effect of chloroform in temporarily relaxing the muscular contractions. The results of treatment are not satisfactory; yet enough success has followed the use of both physical and moral agencies to render their trial in such cases imperative upon the practitioner; and as the chief amongst them the authors rank the constant electric current and the influence of powerful mental impressions. Under the latter, cures have occurred as sudden and as extraordinary as any of those which have been attributed to the miraculous interference of supernatural agencies.

SELECTIONS FROM JOURNALS.

PATHOLOGY.

SYPHILITIC DISEASE OF THE LYMPHATIC GLANDS.—At a meeting of the Imperial Royal Medical Society in Vienna, on November 18th, Dr. von Vajda read a paper on the condition of the lymphatic glands in syphilis, and summed up his remarks as follows. The capsule of lymphatic glands affected with syphilis takes an active part in the process. The swelling of the glands is dependent on an accumulation of cells, which are for the most part imported; the phenomena of cell-proliferation in the glands bear no relation in regard of time or other circumstances to this accumulation. No conclusion can be drawn from the inspection of any one lymphatic gland that the syphilitic process is going on in it. The author agreed with those writers who regard the lymph-cells as the carriers of the syphilitic virus.—*Allgemeine Wiener Medizin. Zeitung*, November 30th.

CHANGES PRODUCED IN THE INTESTINE BY EMBOLISM.—Dr. Biesiadecki read a communication on this subject at a meeting of the Medical Society of Lower Austria on December 15th. He said that it had long been known that embolism of the superior mesenteric artery was frequently followed by peritonitis and hemorrhage. In rare cases, where calcareous formations escaped from the aorta into the above-named artery, false aneurisms were formed, producing hemorrhage. The examination of several cases at Cracow had shown that still other conditions might be produced. In a woman aged 83, a portion of the intestine three inches long was found completely gangrenous. At first, it was thought that there had been an incarcerated hernia which had been set free; but in the near neighbourhood there was another portion, an inch long, in a similar condition, all the coats of the intestine being changed into a yellowish rotten mass. The mucous membrane was studded with diphtheritic exudations. The discovery of numerous emboli in the branches of the superior mesenteric artery left no room for doubt as to the cause of the lesion. In another case, also of an old woman, the aorta was found to be atheromatous, there were numerous emboli, and about three inches of the intestine were gangrenous. In other cases, the mucous membrane alone was found to be affected. In the necropsies, ulceration of the intestine was often found, which could not be traced to enteric fever, tuberculosis, etc. Some were of syphilitic, others of embolic origin. They varied in number from one to three, and emboli were readily found in the neighbourhood. Intestinal ulcers might, however, heal, and be followed by the symptoms of severe intestinal obstruction; of this, Dr. Biesiadecki briefly related a case in which an unsuccessful attempt at relief was made by abdominal section.—*Allgemeine Wiener Medizin. Zeitung*, December 21st.

ICTERUS FROM OBSTRUCTION OF THE DUCTUS CHOLEDOCHUS BY A DISLOCATED KIDNEY.—In the *Gazette des Hôpitaux* for October 2nd, Dr. Brochin describes the case of a woman, aged 56, who was brought in a state of unconsciousness into the Hôtel-Dieu at Lyons. The skin was jaundiced; the pulse quiet; there was no fever; the tongue was dry. Pressure on the region of the liver was so painful as to rouse the woman from the coma. She died the next day. At the necropsy, a large quantity of yellow serum escaped on opening the abdomen. There was no trace of peritonitis. Below the right lobe of the liver, and projecting in front of its anterior edge, was a large round swelling, of semi-solid consistence, which was found to be the kidney which had been displaced and was adherent to the duodenum. In consequence of this, the common bile-duct was completely obliterated, and the vessels at the hilus of the liver were compressed. The gall-bladder was collapsed, and contained a little thick bile.

PATHOLOGY OF HEAT-STROKE.—Professor R. Arndt of Greifswald says that, in the summer of 1870, a number of soldiers died from the effects of heat-stroke. At the *post mortem* examinations, nearly all the viscera, as well as the skin and muscles, appeared pale, but the large vessels in them contained much dark liquid blood. This state of anaemia Dr. Arndt regards as contradictory to a large number of authors who found in sunstroke especially hyperaemia of the brain. The explanation of this contradiction he believes to be that they were deceived by the overcharged larger vessels, which overflowed when cut. In all Dr. Arndt's cases, the brain was swollen, on account of which the convolutions were flattened and had no space between. The ventricles of the brain contained much serum. The oedema caused compression of the smallest vessels in the brain, in consequence of which the blood was driven to the veins. The liver and kidneys were in a similar state, and the author thinks that probably nearly all the organs were edematous. But he considers the granular swelling of their parenchyma as a still more important change, nay, as the nearer occasion of heat-stroke; though he did not prove by microscopical examination that this condition existed, as the necropsies were made under peculiar circumstances. Among the symptoms of head-stroke, there is first noticed increased temperature, especially if the individual have enjoyed neither rest nor refrigerants. The pulse is increased to 120, while the number of respirations is 30. Perspiration is freer than usual. Frequently vision becomes impaired, ringing in the ears is noticed, and dizziness comes on. Sometimes there is bleeding from the nose and mouth. If persons attacked in this matter be put to rest for a few days, the symptoms pass off. In more severe cases, the skin becomes dry on account of the extraordinary temperature, which may rise to 111 deg. Fahr., with difficult respiration, palpitation, impaired vision, and precordial anguish. Suddenly, the person breaks down and remains senseless, the respiration becomes superficial, the pulse is weak—uncountable, the blood is dark; occasionally vomiting is noticed. Death occurs seldom, but takes place sometimes after a partial recovery. Some persons never recover entirely, but suffer always under psychical irritation and weakness, the more so when the brain was the principal organ attacked. In cases which terminated fatally, there was found an acid reaction of the blood. The blood was also loaded with excretory matter. The state of the blood in cases of heat-stroke is considered by the author of less importance than the high temperature of the body. In septic diseases, where a similar condition of blood prevails for a longer period, there is also the high temperature. Very often the diseases are followed, like heat-stroke, by alterations of the nervous system, and inclination to diseases of the mind. Dr. Arndt asks if these phenomena are called forth, as in heat-stroke, by granular swelling, or parenchymatous inflammation of the brain-substance, followed by disturbances in the nutrition of the brain.—*Virchow's Archiv*, vol. lxiv, July 1875.

DIABETES MELLITUS.—Dr. Pawlinoff of Moscow, writing on the subject in *Virchow's Archiv*, vol. lxiv, July 1875, says that sugar cannot be oxygenated in the blood, but the muscles can decompose it into substances which can be more easily oxygenated than albumen. In the normal organism, the oxygenation of albumen takes place principally in the arterial blood. By the oxygenation of albumen in the arteries, there is formed urea, while in the veins there is originated carbonic acid by the action of oxygen upon the products of decomposition of sugar. In diabetes, the muscles cease to change sugar into substances which are easily decomposed, in consequence of which the process of oxidation loses its energy, as the albumen is oxidised with greater difficulty. Therefore, the consumption of oxygen is decreased, as well as the exhalation of carbonic acid. The urea which is now formed in excess in the arteries, as well as in the veins, and the accumulated sugar, absorb the water from the tissues, by which is caused the thirst of the patient, while his hunger is the sequel of the decomposition of albumen. Diabetes may be called forth artificially by poisoning with curare, which paralyses the intramuscular terminations of the motor nerves. The muscles, of course, cease to act upon the sugar in the blood, and consequently there is sugar in the urine. If a substance be introduced into the blood which is more easily oxygenated than those substances originated in the muscles, as albumen, then the consumption of these will be decreased. This takes place in case of poisoning by phosphorus, where paralactic acid appears in the urine. The consumption of albumen will be decreased, and consequently less urea will be formed if paralactic acid be introduced into the blood. Now, when the muscles do not produce paralactic acid, as is the case in diabetes, the albumen in the venous blood is no longer protected against oxygenation, and the quantity of urea is increased. Dr. Pawlinoff concludes that the formation of sugar in diabetes, and of paralactic acid in poisoning by phosphorus, make it apparent that the muscles turn, in a normal state, the sugar into paralactic acid, which becomes then further oxygenised

in the blood. The oxygenation of albumen is limited by the presence of paralactic acid. If this be no longer formed from sugar by the muscle action, the albumen in the blood is exposed to the influence of oxygen, not only in the arteries, but also to a greater amount in the veins; hence there will be a surplus of urea. Besides, there follows a decrease of oxidation in the organism, and a decrease in the exhalation of carbonic acid. As a result of these alterations, we have diabetes. The quantity of sugar in diabetes decreases under the use of alkalies, and at the same time the patient is better nourished. This action of the alkalies depends probably upon an increased oxidation of the hydrates of carbon in the blood of the non-muscular tissues, by which partly the want of oxygen in the muscles will be compensated. If the unknown cause cannot be removed, in consequence of which the muscles cease to decompose sugar, there are no remedies by which we might decompose the sugar in a diabetic diseased organism. But we may partly supply in the blood of diabetic patients what is wanted. Besides alkalies, we may use paralactic acid. As glycerine acts in a similar manner as paralactic acid, *i.e.*, is easily consumed in the blood, it deserves to be taken in consideration in such cases. In place of paralactic acid, there may be used lactic acid, as it is also consumed in the blood.

PATHOLOGY OF HYDROPHOBIA.—Dr. Benedikt of Vienna has had occasion to examine a number of brains from rabid dogs, and the brain of a man who died from hydrophobia. The results which he obtained, and the conclusions he based upon them, are as follows. Hydrophobia is a poisoning of the blood, which, being latent in the brain for awhile, breaks out at last. This takes place in certain parts of the brain. In dogs, there were found changes in the olfactory gyrus of the anterior lobe, in a fossa which corresponds to the fissure of Sylvius in man, in the lenticular ganglion, and along the trifacial nerve towards its nucleus. The morbid changes seem to begin with a coagulation in the smaller veins, which is followed by increased pressure in the veins. In the course of the now developing inflammation, the walls of the vessels are penetrated by red and white blood-corpuscles. The inner and middle coats of the vessel are torn in some places, while the outer coat probably becomes softened, and then a number of blood-corpuscles may leave the vessels by the openings thus formed. The blood-corpuscles form along the vessels a number of little abscesses in the brain-substance. The corpuscles begin here to swell and become at last transparent. The pre-existing cellular elements (of the brain) enclosed by the blood-corpuscles also swell and become hyaloid. At last, blood-cells and brain-cells are softened, and changed into a transparent amorphous mass. The miliary abscesses in the brains of men are arranged in clusters around the vessels. There are also masses of yellow pigment along the vessels. These originate from red blood-corpuscles, which run through all stages of swelling. Only the nucleus is pigmented; there are also free nuclei. The appearance of the hallucinations and illusions, as well as of the motor form of psychosis in hydrophobia, is explained by the locality which becomes in this disease affected in the brain. The author does not deny that there may also be similar changes in a number of other organs.—*Virchow's Archiv*, vol. lxiv, July 1875.

THERAPEUTICS.

THERAPEUTIC USES OF BROMHYDRATE OF QUININE.—M. Gubler (*Journal de Thérapie*) points out that, according to the analyses of Latour and M. Boille, the proportion of quinine in the neutral bromhydrate is more considerable than in its analogue the neutral sulphate of quinine. It is also six times as soluble in water. Thus its greater solubility and richness in alcohol give it superior advantages for the purposes of hypodermic injection. The new compound also is alleged to offer the valuable combination of the properties, in part synergic, of quinine and of the bromated preparations. M. Gubler orders about 1½ grains in pill, not exceeding 6 grains daily, as an ordinary dose, and rarely, if ever, giving as much as 15 grains a day. Its effects are those of quinine, producing ultimately headache, singing in the ears, and deafness; or those of slight bromism, muscular languor, accompanied by a strong tendency to sleep. M. Gubler has sometimes employed with success hypodermic injections of bromhydrate of quinine in a solution of the strength of one-tenth in water slightly alcoholised. Notwithstanding the presence of a small proportion of alcohol, the bromhydrate of quinine, in subcutaneous injection, has always shown itself inoffensive to the tissues, which is contrary to that which occurs with sulphate of quinine. He publishes an interesting case of hysteria with intractable vomiting, which yielded to the use of bromhydrate of quinine. [Similar results may, however, in such cases, be achieved by subcutaneous injections of cold water.]

their protest against this proposal, and believe that it could only have been made by persons who did not understand the subject, and were ignorant of the complexity and difficulties of medical management and its details.

"On a review of the administration of other public departments where medical questions and medical interests are concerned, it appears that in every such department, civil and military, there is a permanent medical head, as, for example, the army, navy, Local Government Board of England, Poor-law Board of Scotland, and the various colonial medical and sanitary boards. The College see no reason why a different course should be adopted with regard to the highly important public medical and sanitary service of Ireland."

A NEW SOCIETY OF DENTAL SURGEONS.

ON the 19th instant, a large number of the leading dental surgeons of London met together, at the invitation of Mr. William Donald Napier, in George Street, Hanover Square, to consider the advisability of forming a society that should consist exclusively of Fellows and members of the College of Surgeons practising dentistry. A resolution to this effect, having been put by Mr. Napier, and seconded by Mr. Cartwright, was carried unanimously. The name by which the society is to be designated, together with all the necessary details, will be duly considered at a future meeting to be convened by Mr. Cartwright at his house in Old Burlington Street, on February 16th next. We cannot but congratulate the surgical members of the dental profession on a movement well calculated to improve their status, more especially as this new society is, we are informed, in no way intended to be antagonistic to any now in existence.

THE GLASGOW AND WEST OF SCOTLAND BRANCH.

MEMBERS of the Association resident in the Counties of Lanark, Renfrew, Ayr, Dumfriesshire, Argyle, Bute, and Stirling, who have not received notices concerning the Branch now formed, are requested to communicate with the Secretary, Dr. Joseph Coats, 33, Elmbank Street, Glasgow.

THE PATHOLOGY OF SYPHILIS.

ALTHOUGH syphilitic degeneration of the arteries is a perfectly generally received pathological fact amongst the profession in this country, our acquaintance with the nature of the lesions is not extensive or exact. In view of the approaching discussion at the Pathological Society of London, it may be of interest to refer to recent additions to our knowledge. The generally received view amongst those who distinguish it from atherosclerosis is, that it consists in a fibrous thickening, chiefly affecting the outer coats; while perhaps it is not too much to say that there is very generally a confusion permitted between syphilitic and atherosomatous degenerations, the latter being considered by some to be usually, if not always, the result of syphilis, while by many syphilis is looked upon as a very potent agent in its production. Be this as it may, that there is a very well recognisable and distinct lesion of the arteries due to syphilis can no longer be doubted, after the very exact description given by Dr. Heubner in his monograph on the subject (*Die Luesische Erkrankung der Hirnarterien*, Leipzig, 1874), which has been confirmed by Dr. Ewald, in a paper just published in the new volume of the Charité Hospital Report (*Charité-Annalen*, Berlin, 1876), entitled "Bemerkenswerthen Erweichungsheerde in der Varolibrücke in Folge syphilitischer Entartung der Ateria basilaris". In 1874, Dr. Batty Tuke published a case of "Syphilitic Insanity", in which he drew special attention to the condition of the vessels, and figured their appearance as seen in transverse section under the microscope; his plate represents the arterial coats as thickened, so as to form concentric rings or laminæ, with narrowing of the lumen; but no very exact idea of the nature of the change could be gathered from this or from his description. Last year, under the title of *Two Cases of Aplexy of the Pons Varolii*, Dr. J. C. Browne published reports of the microscopical examination of the brains of two cases of insanity in which there was a history of syphilis, but in these the main features were granular and pigmented masses surrounding the arteries, looking in the plate like sections of old extravasations or dissecting aneurisms with the disintegrated blood-clot lying in and distending the hyaline

sheath. Our hospital pathologists have not done anything recently to aid the elucidation of this question of morbid anatomy, but we hope we shall hear from some of them either a confirmation or a contradiction of the statements of Drs. Heubner and Ewald, of which we subjoin a short summary, referring our readers to the original papers for fuller information.

Dr. Heubner distinguishes the process he describes from atherosomatous degeneration by its occurrence in the smaller arteries exclusively, while atherosclerosis affects the great and middle-sized arteries as a rule; also by the new formation having no tendency to become jelly-like or cartilaginous, or to undergo fatty or calcareous degenerations; he differs from our English authors by placing the site of the lesion in the inner coat of the artery, and describes it as consisting essentially of the formation of a tumour of the connective tissue type by nuclear proliferation of the cells of the epithelial lining. The new growth lies between the innermost layer of epithelium and the *membrana fenestrata*; it may become organised and differentiated into a structure presenting analogies with the normal coats of the artery, or it may be converted into simple connective tissue; if the tumour be so large as to occlude the artery, thrombosis occurs, and is followed by atrophy of the vessel and the new formation. He does not assert the specificity of the new formation, but considers that it presents analogies with other new formations of connective tissue, and thinks it an open question whether it is due to the specifically altered epithelium tending to proliferation of its protoplasm, or to the irritation of the specifically altered blood acting on the tissues bathed by it.

ASSOCIATION INTELLIGENCE.

SOUTHERN BRANCH: SOUTHEAST HANTS DISTRICT.

THE next ordinary meeting of the above Branch will be held at the George Hotel, Portsmouth, on Thursday, February 10th, at 4.30 P.M.

Notice has been received of the following communications.

1. Dr. Elliott: Chloroform and Ether as Anæsthetics.
2. Dr. Ward Cousins: The Physical Indications of Arrested Phthisis. Dinner will be provided at 6.30 P.M.: charge 6s., exclusive of wine. Members intending to be present, are requested to communicate with the Secretary on or before February 8th.

J. WARD COUSINS, *Honorary Secretary.*
Southsea, January 24th, 1876.

THAMES VALLEY BRANCH.

A MEETING of the above Branch will be held at the Southampton Hotel, Surbiton, at four o'clock, on Thursday, February 17th, 1876.

The following papers are promised.

1. Dr. Fenn: On the Pathology and Treatment of Acute Rheumatism.
 2. Dr. Lauder Brunton: On the Mode of Action of Alteratives.
- There will be a dinner afterwards at the Southampton Hotel at six o'clock; charge, 7s. 6d. each, exclusive of wine.

F. P. ATKINSON, *Hon. Sec.*
Surbiton Road, Kingston, January 19th, 1876.

PROCEEDINGS OF THE COMMITTEE OF COUNCIL.

At a Meeting of the Committee of Council, held at the office of the Association, 5, Great Queen Street, London, on Thursday, the 13th day of January, 1876. Present: Dr. Falconer, President of the Council, in the Chair; Mr. W. D. Husband (Treasurer), Sir Cordy Burrows, Dr. Clifford Allbutt, Mr. Alfred Baker, Dr. Chadwick, Mr. Callender, F.R.S., Dr. Alfred Carpenter, Dr. R. Farquharson, Dr. E. L. Fox, Mr. Timothy Holmes, Mr. R. Harrison, Mr. F. E. Manby, Dr. Edward Morris, Mr. R. H. B. Nicholson, Dr. C. Parsons, Dr. Richard Quain, F.R.S., Dr. Sibson, F.R.S., Mr. Heckstall Smith, Dr. W. F. Wade, Dr. E. Wilkinson.

Read letters of apology for non-attendance from Mr. J. Wright Baker, Dr. Matthews Duncan, Dr. B. Foster, and Mr. Samuel Wood.

The minutes of the last meeting were read and found correct.

Resolved—That minute 116 of the 12th day of October, 1875, of the Committee of Council be rescinded, and that the Annual Meeting be held on the 8th, 9th, 10th, and 11th days of August next.

The President of the Council reported the gentlemen who had been requested to give the addresses, viz., Dr. Sieveking, the address in medicine; Mr. C. G. Wheelhouse, the address in surgery; and Dr. Alfred Carpenter, the address in public medicine, have consented to give them.

Resolved—That the authorities of the Earlswood Idiot Asylum, and

the Sussex County Asylum, be thanked for their invitations, and the latter referred to the Reception Committee.

Resolved—That the fifty-eight gentlemen whose names appear on the circular calling the meeting be, and they are hereby, elected members of the British Medical Association.

Resolved—That the minutes of the Scientific Grants Committee of the 12th instant be approved, and the recommendations carried into effect, with permission to publish Dr. Braidwood's essay on Vaccination, if approved of.

Resolved—That the minutes of the Journal and Finance Committee of to-day's date be approved, and the recommendation carried into effect.

Read letter from Dr. Stewart, asking for co-operation with the Social Science Association, in promoting a conference of those interested in sanitary legislation, with a view of arriving, if possible, at some common understanding as to the amendments in the Public Health Act (1875), which should be urged upon her Majesty's Government.

Resolved—That the proposed conference of Mayors of Boroughs, Chairmen of Local Boards and Town Councils, principal Officers of Health, Surveyors, Clerks of Boards of Guardians, and others interested in sanitary legislation, be approved, and that a grant not exceeding £100 be made towards the expenses.

Resolved—That a grant of £10 be made to the expenses of the Joint Committee for State Medicine.

Resolved—That Dr. Taaffe, Mr. Douglas Gifford, and Mr. Burrows be appointed three Local Secretaries of the Annual Meeting, and Members of the Arrangement Committee.

Resolved—That the President of Council be requested to remind members of the Association, in a letter to the Editor for insertion in the JOURNAL, that any member desiring to propose any alteration in the by-laws adopted at the annual meeting at Edinburgh should now give notice, in order that such proposals may be considered before the annual meeting at Brighton in August next, and that a copy of the by-laws be printed in the JOURNAL.

The General Secretary reported the formation of a new Branch for Edinburgh and the district, and the proposed by-laws were considered.

Resolved—That the proposed by-laws be approved and confirmed, and the Edinburgh Branch be and it is hereby recognised.

Resolved—1. That the Committee of Council of the British Medical Association desire to offer their cordial congratulations to their fellow members of Edinburgh and district upon the successful formation of a Branch, and express their conviction that it will be the means of increasing the friendly intercourse of English and Scotch members of the British Medical Association, and co-operation in advancing the interests of the medical profession. 2. That the thanks of the Association are due to Dr. Matthews Duncan, Dr. Charles Underhill, and others, for their successful abours in the formation of the Branch.

Read Report of the formation of a new Branch.

Resolved—That the proposed by-laws be approved and confirmed, and the South Devon and Cornwall Branch be and it is hereby recognised.

Resolved—That the cordial congratulations of the Committee of Council be given to the members of Plymouth and the neighbourhood, and those residing in Cornwall, on the successful formation of a Branch of the British Medical Association. In recognising both an Edinburgh, and a South Devon and Cornwall Branch of the Association the same day, the Committee of Council feel that the Association is extending its influence throughout the land. The thanks of the Association are due to Mr. Swan, Mr. Square, and others, for their successful labours in the formation of the Branch.

The General Secretary brought up letters from Dr. Dyce Brown, Aberdeen.

Resolved—That the consideration of Dr. Dyce Brown's letter be postponed till the next meeting of the Committee of Council.

Read resolution from Birmingham and Midland Counties Branch.

Resolved—That they be referred to Minute No. 77 of the Committee of Council.

SOUTH OF IRELAND BRANCH: GENERAL MEETING.

The fourth general meeting of this Branch was held on December 16th; Dr. W. J. CUMMINS, President, in the Chair.

Discussions.—Dr. JONES proposed, and Dr. HADDEN seconded the following resolution, which was adopted unanimously: "That discussions on medical topics of scientific interest be held periodically during the meetings of the Branch; the debate to be opened by one member; and notice of the subject to be discussed to be given to all the members one month before it will be brought on."

In accordance with this resolution, it was arranged that, at a meeting to be held that day month, a discussion on "the treatment of syphilis" be opened by Dr. H. M. Jones.

Communications.—1. Dr. RINGROSE ATKINS related a case of General Paralysis of the Insane.

2. Dr. CUMMINS read notes of a case of Puerperal Scarlatina.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JANUARY 25TH, 1876.

SIR JAMES PAGET, Bart., D.C.L., LL.D., F.R.S., President, in the Chair.

ON THE PREVALENCE AND FATALITY OF NERVOUS DISEASES. BY JULIUS ALTHAUS, M.D.

THIS paper, which was illustrated by numerous tables and diagrams, was based on an analysis of the Reports of the Registrar-General from 1838 to 1871 on the mortality from nervous diseases. The author commenced by remarking that a notion was now prevalent that nervous diseases, and more particularly paralysis and insanity, had for some time past been on the increase, in consequence of changed conditions of life; but that such a notion was at present entirely unsupported by facts. It was not known whether nervous diseases occurred in a certain definite proportion, or varied perceptibly from one period to another; what place they occupied in the great mortality of the nation; whether men were more subject to them than women; and at what age they were most murderous; whether large towns were more suitable for their development than the country; whether the Anglo-Saxon race was more liable to them than other races, etc. These and other problems the author proposed to elucidate by his investigations. He remarked upon the way in which the Registrar-General's Reports had been got up, passing a high eulogium upon them generally, and also pointing out certain deficiencies and discrepancies in them which, he said, were perhaps inseparable from a work of such magnitude, and beset with many difficulties in its preparation. Dr. Althaus then proceeded to answer his first question, viz., whether the proportion in which nervous diseases occurred was a steady one, and subject to certain definite laws, to which there were no or only apparent exceptions, or whether it varied perceptibly from time to time. It appeared from a table, in which all the deaths from nervous diseases, together with the general mortality, and the population of the kingdom, had been placed side by side, in periods of five years, that the death-rate from nervous diseases had varied between 26 and 28 per 10,000 people during six lustra. The author considered this a very steady rate, taking into account that a census was only held once in every ten years, and that the population of the intervening years had to be found by computation, which could never be absolutely correct. When, on the other hand, he compared the deaths from nervous diseases with those from all causes, thus dealing only with a number of separate facts, each of which had been definitely ascertained, there appeared even a greater uniformity in the deaths from nervous diseases, the average for thirty years being 12.26 of the entire mortality from all causes. The author then went on to consider his second question, which was, what rank nervous diseases occupied amongst the more destructive distempers to which mankind was liable. The deaths from zymotic, tubercular, respiratory and nervous diseases had been placed side by side in a table, from which it appeared that zymotic diseases headed the list with 22.90, after which came tubercular diseases with 15.94, then respiratory diseases with 14.16, and nervous affections with 12.26. It was incidentally remarked, that while tubercular diseases had considerably diminished—viz., from 20.04 in 1838 to 13.60 in 1871—respiratory diseases had considerably increased—viz., from 9.09 in 1838 to 15.89 in 1871. Nervous diseases were, therefore, seen to occupy the fourth rank amongst the maladies destructive of human life. The third question was then discussed, viz., whether the several diseases of the nervous system bore a definite proportion to the sum total of these maladies, or whether they were subject to considerable fluctuations? and whether in particular paralysis and insanity, as was commonly asserted, had increased perceptibly within the last decennia? The table drawn up for illustrating these phenomena showed that there had been an increase in the fatality of cephalitis (which term includes all inflammatory diseases of the brain and spinal cord and their membranes, with the exception of hydrocephalus), and of apoplexy, and of paralysis; the rise amounting to two per cent. for cephalitis, four for apoplexy, and six for paralysis, between the first and last lustra. Delirium tremens, on the other hand, appeared to be on the decline, while for chorea and tetanus,

OBITUARY.

SIR DAVID DEAS, M.D., K.C.B.,
OFFICER OF THE LEGION OF HONOUR; INSPECTOR-GENERAL
ROYAL NAVY.

THIS distinguished naval medical officer died in Edinburgh on January 15th, at the house of his brother the Hon. Lord Deas, of the bench of Scotland.

He was born in 1807, was educated at the High School of Edinburgh, and studied medicine at the University of that city. At twenty-one years of age he entered the Royal Navy as an assistant-surgeon; and, after serving in every class of ship of war of that period, from ten-gun brigs to three-decked ships, at home and on foreign stations, he was promoted to the rank of surgeon at twenty-nine years of age. After that, until he attained the age of forty-seven, he was never idle, but always actively employed on foreign service, due to his reputation for steadiness of purpose in remaining in his appointments from the beginning to the end of the ship's commission.

In 1854, he was surgeon of the *Sanspareil*, Captain Sydney C. Dacres, when that ship was ordered to join the Black Sea fleet; and, at the commencement of hostilities, he was promoted to the rank of deputy-inspector of that fleet; and, further, to that of inspector after the first winter campaign; having signalled his administrative ability by the conduct of the medical affairs of the fleet during the terrible winter of 1854-55. Thus, after prolonged ordinary service at sea of twenty-seven years, he made a sudden rise to the highest grade at forty-eight years of age, and sustained in it his well-earned reputation as a doctor and an officer. At the end of the war, his services received further recognition by his inclusion in all the distributions of military honours. Resting only for nine months, he was sent to China at the outbreak of that war; and, although too late in arrival for the capture of Canton, he was at the taking of the Taku-Forts at the entrance of the Peiho in 1858.

Returning to England with impaired health from a baneful climate, he was shortly afterwards appointed Senior Inspector-General of Haslar Hospital, where he remained eight years; during which many reforms were effected at his suggestion, which raised that grand old naval hospital out of many of its time-honoured conditions and practices derived from the last century.

In 1867, he was promoted from the rank of C.B. to that of K.C.B. He achieved honours without seeking them, and they were delayed rather than prematurely awarded him.

Having thus established a professional opinion of being *facile princeps* of his department, he was looked to by all as secure of the next vacancy of the seat of Director-General. But it was willed otherwise; and, at the next shuffle of the cards, Sir David Deas, K.C.B., for distinguished war services, was seen thrown out of active position with a *solutum* of £100 per annum pension for life.

Sir David Deas was a good example of the fine old Scotch type of ever trustworthy naval medical officers, who did the State much good service in the long wars with France and Spain; who, by their united action before Trafalgar, first brought the disabilities of their class into such a clear light, as to obtain immediate redress suited to their time, at the hands of Lord Melville, then First Lord of the Admiralty, and to secure a repose of thirty years to the department, until the ill advisers around the court of William IV threw contumely on the medical officers of the navy by excluding them from levees, to which those of the army were pronounced admissible.

Throughout his long and active career, he ever maintained a reputation for singleness of purpose in what he conceived to be for the benefit of the sick and wounded under his charge, whether in a ten-gun brig, or in a fleet or great hospital, and for the present or future benefit of the service. His firmness in holding unflinchingly his once formed views on essential topics, may have caused him to be deemed in quiet times impracticable by those who in times of hard work and difficulty knew well how to rely on his judgment and integrity.

Devoted to the highest duties as well as to the interests of his profession, he was a fervent supporter of right, and a sympathiser and willing counsellor to those whom he believed to suffer wrongfully; he was an officer who meant what he said and said what he meant, and such are not always agreeable in fair weather—certainly not more so now than in the days of Smollett.

His declining years were spent in graceful retirement; he was consulted and respected by many who had learned his worth in active life; and his end was one of peace, surrounded and soothed by

his family, in the seat of his boyhood and early professional training for that service to which he brought credit and honour. With him there is an end to a long series of naval medical officers who received the honours of knighthood for their distinguished services in actual warfare, not one thus decorated now remaining on the long roll of the *Navy List*.

THOMAS PARKER, M.R.C.S.ENG.

A NAME deservedly honoured in the locality of its hereditary distinction may not be without recognition among our early Associates, as it would seem to merit especial notice in the narrowing circle of a similar epoch.

Thomas Parker shared with Aston Key, Bransby Cooper, Callaway, etc., the advantage of training at Guy's and St. Thomas's Hospitals under Sir Astley Cooper. Bringing the acquirements of a good anatomist, a skilful surgeon, and a thoughtful practitioner to strengthen the hands of his father, Mr. Parker achieved an extensive and durable reputation, and elevated professional status, as the result of thorough truthfulness and independence throughout a career of successful practice, combined with general respect for the strictest honour and integrity of character. On retiring from practice in 1855, Mr. Parker received a valuable service of plate as a compliment from all classes.

With cultivated tastes, fond of field-sports, an admirable perseverance, retirement had for him its charms; while reference was ever allowed to the sound clear judgment held in esteem by neighbouring practitioners. The firmness and decision of character resulting from a chastened vigorous intellect were strikingly marked by habitual exercise of sound common sense.

On the verge of his seventy-ninth year, he died amid familiar friends and old patients, near Woburn. *Multis illi bonis fibilibis occidit.*

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF CAMBRIDGE.

DR. BRADBURY'S LECTURES.—The Linacre Lecturer of Physic gives notice that he will commence a course of lectures on Pathological Anatomy, in the Old Anatomical Theatre, on Tuesday, February 1st, at 10 A.M., and continue them on every succeeding Tuesday, at the same hour, throughout the term.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in anatomy and physiology at a meeting of the Court of Examiners on the 19th instant; and, when eligible, will be admitted to the pass-examination.

Messrs. George V. Burd, Edward London, and Ferdinand A. De Veiteuil (of St. Thomas's Hospital); Robert Eccles, William Graham, and James Moorhead (of the Dublin School); John W. Lawton and H. T. L. Tribe (of the London Hospital); Grinsted S. Eastment and Herbert D. Morgan (of King's College); William Gibson and Arthur E. Cheshire (of Guy's Hospital); Henry S. Bolt and Arthur W. Gallaway (of University College); Felix P. Bartlett (of St. George's Hospital); W. Pitt Palmer (of St. Bartholomew's Hospital); S. Clabon Harris (of the Westminster Hospital); and George A. F'Anson (of Middlesex Hospital).

The following candidates passed on the 20th instant.

Messrs. J. King Womersley, J. Herbert Earle, Charles Gross, W. Noble Pudicombe, Henry A. Baber, and George H. Parry (of Guy's Hospital); Henry R. Dale, W. Stanley Essex, Shadforth Morton, and William S. Andrews (of University College); C. E. D. Maile and Frederick Tibbitt (of St. Thomas's Hospital); Richard E. Schlesinger (of King's College); Joseph Hampson (of St. Bartholomew's Hospital); Joseph J. Harvey (of the Birmingham School); Vincent C. Garman (of the London Hospital); and Henry Watson (of St. Mary's Hospital).

Fifty-three candidates out of the 103 examined, were rejected.

The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners on the 24th instant.

Bark, John, L.K.Q.C.P.I., Great Crosby, Lancashire.
Evans, Frederick W., L.S.A., Cardiff
Fendick, Rowing W., L.K.Q.C.P.I., Bristol
Harris, Stamford, L.S.A., Manchester
James, Walter C., L.S.A., Kennington Park Road
McCarthy, George F., Dublin
McLarty, Colin, M.B.Toronto, St. Thomas's, Ontario
Millman, Thomas, M.D.Toronto, Woodstock, Ontario
Moone, John, Mornington Road
Moorhead, James, M.D.Dub., Belfast
Naylor, Charles G. R., L.R.C.P.Edin., Calcutta
Paxton, Herbert E., L.S.A., Dorking

Pickburn, Thomas J., M.D. Aberd., Sydney, N.S.W.
 Popart, A. Joseph, L.S.A., Limehouse
 Saunders, Edward A., L.S.A., Haverfordwest
 Startin, James, Kensington Road
 Walker, George A., M.B. Aberd., Darlington
 Weddell, William H., L.S.A., Stamford
 Wright, William H., L.S.A., Derby

The following gentlemen passed on the 25th instant.

Betty, Samuel G., L.S.A., Park Street, N.W.
 Braithwaite, Samuel, Egremont, Cumberland
 Cameron, C. H. H., Plymouth
 Chadwick, George R., L.S.A., King's Lynn
 Davis, Henry, L.S.A., Euston Square
 Finch, Alfred, Blackheath
 Gardner, Arthur J., Northallerton, Yorkshire
 Gorst, Henry, Huyton, Lancashire
 Grimby, Richard H., Banbury
 Hay, John H., Wandsworth
 Jacob, Ernest H., M.A., M.B. Oxon., Winchester
 Osborne, John H., L.S.A., Southwell, Notts
 Speed, Henry A., New Cross
 Stewart, William R., Russell Street, E.
 Taunton, William W., Salisbury
 Wade, Arthur B., Ryde
 Wise, A. T. T., Warlock Road, W.
 Wolff, A. Abraham, Gloucester Gardens

The following gentlemen passed on the 26th instant.

Champneys, Henry L., New Street, S.E.
 Duke, Edgar, Clapham Road
 Eccles, Robert, Larne, County Antrim
 Evans, Charles W., Bakewell, Derbyshire
 Fitzgerald, James G., Cambridge Street
 Forrest, J. G. S., Besborough Gardens
 Francis, Ernest G., Sutton, Surrey
 Holwell, E. Baines, Leeds
 Jackson, Arthur A., Adbaston, Newport, Salop
 Layborn, William K., Beverley, Yorkshire
 Mackern, George, Blackheath
 Oram, R. R. W., Stonehouse, Devon
 Sellon, J. W. G., Budleigh Salterton, Devon
 Strange, Orlando B., Hammersmith

Out of the seventy-two candidates examined, four gentlemen, who passed in surgery, will be admitted members of the College when qualified in medicine; and twenty, having failed to acquit themselves to the satisfaction of the Court of Examiners, were referred to their professional studies for six months.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, January 20th, 1876.

Barnes, Raglan Wykeham, 126, Gower Street, W.C.
 Feltham, William Parsons, Queen Street, Portsea

The following gentleman also on the same day passed his primary professional examination.

Roberts, John Thomas, Guy's Hospital

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.—At the ordinary monthly examination meetings of the College, held on Tuesday, Wednesday, and Thursday, January 11th, 12th, and 13th, 1876, the following candidates were successful for the License to Practise Medicine.

Armstrong, James Bailie	Meredith, Edward Bishopp
Evans, Owen Thomas	O'Grady, Standish Thomas
Hayes, Thomas Edward Darley	Walsh, Patrick Francis
McCarthy, Geoffrey	Worswick, Frederick Henry
M'Coy, Thomas Joseph	

The above named gentlemen, with the exception of Mr. Hayes, also obtained the License to Practise Midwifery.

At the same time, the first part of the Professional Course was passed by

O'Millane, Eugene Joseph

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths, is 3s. 6d., which should be forwarded in stamps with the communication.

BIRTH.

GIDDINGS.—On January 16th, at Calverley, near Leeds, the wife of William Kitto Giddings, L.R.C.P. Ed., of a son.

MEDICAL VACANCIES.

The following vacancies are announced:—

AMERSHAM UNION—Medical Officer for the Second Medical District of Chesham. Salary, £70 per annum. Applications on or before the 31st instant.
BIRMINGHAM GENERAL DISPENSARY—Resident Surgeon. Salary, £130 per annum the first, £140 the second, £150 the third and following years, with an allowance of £30 per annum for cab-hire, and furnished rooms, fire, light, and attendance. Applications on or before February 9th.
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.

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.
CHORLTON UNION—Medical Officer for the Workhouse.

CLINICAL HOSPITAL AND DISPENSARY FOR CHILDREN, Manchester—House-Surgeon. Salary, £80 per annum; engagement for one year from March 23rd. Applications not later than March 1st.

EAST AFRICAN MISSION OF THE CHURCH OF SCOTLAND—Medical Gentleman wanted for Lake Nyassa Mission. Applications to the Secretary, 11, Young Street, Edinburgh.

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

FISHERTON HOUSE ASYLUM, Salisbury—Assistant Medical Officer. Salary, £100 per annum, with board and lodging. Applications to Dr. Finch, at the Asylum.

FRIENDLY SOCIETIES OF RHOS, Ruabon—Medical Practitioner. Salary, £110 per annum. Applications to Mr. J. Griffiths, Builder, Hall Street, Rhos, Ruabon.

GOWER UNION, Glamorgan—Medical Officer for the Eastern District. Salary, £20 per annum, exclusive of vaccination and other fees. Applications on or before February 5th.

KENT COUNTY LUNATIC ASYLUM, Barming Heath, near Maidstone—Medical Superintendent. Salary, £700 per annum, with unfurnished house, and garden. Also, a Second Assistant Medical Officer. Salary, £150 per annum, with furnished apartments, attendance, fuel, lighting, milk, produce of garden, and washing. Applications on or before February 11th.

LONDON HOSPITAL, Whitechapel Road—Assistant Obstetric Physician. Applications on or before the 31st instant.

LONDON LOCK HOSPITAL AND ASYLUM AND MALE HOSPITAL—Surgeon.—Surgeon to the Out-Patients. Applications on or before February 9th.

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

NORTH LONDON HOSPITAL FOR CONSUMPTION—Physician. Applications on or before March 1st.

ROYAL CORNWALL INFIRMARY, Truro—Visiting Surgeon. Applications on or before February 10th.

ROYAL FREE HOSPITAL, Gray's Inn Road—Three Junior Resident House-Surgeons. Board and residence provided. Applications on or before Feb. 2nd.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road—Surgeon. Applications on or before February 28th.

STRATTON UNION—Medical Officer for the South District. Salary, £60 per annum, with fees. Applications on or before February 7th.

VICTORIA HOSPITAL FOR SICK CHILDREN, Chelsea—House-Surgeon and Registrar. Salary, £50 per annum, with board and lodging in the hospital. Applications on or before February 12th.

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

WEST LONDON HOSPITAL, Hammersmith Road—House-Surgeon. Salary, £70 per annum in lieu of board, with fuel, light, furnished apartments, and attendance. Applications on or before the 29th instant.

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.

BALDWIN, Edmund St. George, M.B., C.M., appointed Resident Surgeon in Professor Lister's Wards in the Royal Infirmary of Edinburgh.

CLUTTON, H. H., B.A., M.R.C.S., appointed Surgical Registrar to St. Thomas's Hospital.

COLDSTREAM, Alexander R., M.B., C.M., appointed Resident Physician in Dr. Grainger Stewart's Wards in the Royal Infirmary of Edinburgh.

CRABB, James, M.B., C.M., appointed Resident Surgeon in Mr. Annandale's Wards in the Royal Infirmary of Edinburgh.

FITZPATRICK, Thomas, M.D., appointed Physician-Accoucheur to the Western General Dispensary, *vice* G. Eastes, M.B.

GARSON, John G., M.B., appointed Resident Physician in Dr. Haldane's Wards in the Royal Infirmary of Edinburgh.

GRANGE, W. D'Oyly, M.B., C.M., appointed Resident Surgeon in Dr. Watson's Wards in the Royal Infirmary of Edinburgh.

MACDONALD, Thomas R., Esq., appointed House-Surgeon in Mr. Bell's Wards of the Royal Infirmary of Edinburgh.

MCLACHLAN, Samuel F., M.B., appointed Resident Medical Officer to the Chorlton, Rusholme, and Moss Side Dispensary, Manchester, *vice* R. A. S. Daly, L.K.Q.C.P., resigned.

MACLEOD, Neil, M.B., C.M., appointed Resident Physician in the University Clinical Wards of the Royal Infirmary of Edinburgh.

MAHOMED, F. H. H. A. M. D., appointed Physician to the Western General Dispensary, *vice* T. Fitzpatrick, M.D.

MORGAN, John H., M.R.C.S., appointed Surgical Registrar and Chloroformist to St. George's Hospital.

REID, Watson, M.B., appointed House-Surgeon to the Stroud General Hospital.

ROY, Charles S., M.B., C.M., appointed Resident Physician in Dr. Balfour's Wards in the Royal Infirmary of Edinburgh.

SPENCE, Thomas F. H., M.B., C.M., appointed Resident Surgeon in Professor Spence's Wards in the Royal Infirmary of Edinburgh.

VANSE, Arthur J., M.B., C.M., appointed Resident Physician in the University Clinical Wards of the Royal Infirmary of Edinburgh.

NORWICH MEDICO-CHIRURGICAL SOCIETY—The fourth meeting of the Society was held at the Medical Library, Norwich, on Tuesday, January 4th. Fourteen gentlemen were elected members. A discussion on Mr. Turner's Case of Catalepsy was resumed. Dr. Beverley exhibited Hawksley's Apparatus for the Inhalation of Ether. Mr. Turner presented a patient suffering from great enlargement of the liver. The next meeting will be held at the Norfolk and Norwich Hospital, on February 1st, at 3.30 P.M.

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. Theodore Williams, Lettsomian Lectures "On the Influence of Climate in the Treatment of Pulmonary Consumption". Lecture III: "Comparison of Home and Foreign Climates; Results; The Effects of Sea Voyages; Practical Hints in Climate's Treatment".
TUESDAY.—Pathological Society of London, 8.30 P.M. Discussion on Syphilis.
WEDNESDAY.—Royal Microscopical Society, 8 P.M. Anniversary. The President will deliver an Address; and the Officers and Council will be elected.—Obstetrical Society of London, 8 P.M. Adjourned discussion on Dr. Meadows's "Note on the Post Mortem Diagnosis of a Nulliparous Uterus"; Illustrative Specimens by Dr. Braxton Hicks, Dr. Edis, and others; Dr. John Williams, "On the Mechanical Action of Pessaries"; Dr. Cooper Rose, "A Contribution to the Statistics of Midwifery in General Practice"; and other communications.
THURSDAY.—Harveian Society of London, 7.15 P.M.: Meeting of Council. 8 P.M.: Mr. Alfred Cooper, "On Piles, their Diagnosis and Treatment".

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.

MEDICAL EXAMINATION OF ACCUSED PERSONS.

We have before us the cutting from the *Hexham Courant* of the 22nd instant, containing the evidence in a case of alleged concealment of birth at Humshaugh. In this case, the superintendent of police appears to have gone beyond his duty and exceeded his powers in requiring the accused girl to submit to an examination of her person. There is no justification for this in law. The superintendent had no right to require the girl to submit to it, and this evidence should have been rejected. Further than this, no medical man should consent to be made the tool of the police in a distinctly illegal act. Evidence was reported as given by a "Dr. Shafte". We do not find any such person in the *Medical Directory* or on the *Register*. The Medical Act provides that any person who wilfully pretends that he is recognised by law as a physician or surgeon, a licentiate in medicine and surgery, or a practitioner in medicine, may, upon a summary conviction for such offence, be fined a sum not exceeding £20. Does not this joint action of the inspector and "Dr. Shafte" in this case amount to such a pretence? We think the whole circumstances of the case should be brought to the knowledge of the Home Secretary.

ERRATUM.

SIR,—I am very much obliged to you for noticing my "stretcher" in the JOURNAL for January 22nd (page 103). There is one trifling misprint, which might confuse a reader. At line 5 from the bottom, the word "chains" should be "chairs".—Yours obediently,

C. B. KEETLEY.

R. E. P.—Nitrite of amyl is given by inhalation. The dose is, two to five drops. Its administration should be commenced very cautiously—two drops being used at first.

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.

DO WE OWN OUR OWN LEGS?

THIS was a question submitted lately to the tribunal at Lyons, as we learn from the *Lyon Medical*. Theoretically, the question would not seem to be difficult of solution. The surgeon has no right to dispose of any member or fragment which he has removed with his scalpel. The patient or his family may reclaim them under the law which should exercise every precaution necessary for the public health. Practically, and in the following case submitted to our magistrates, it is necessary to make some distinctions. The facts in this singular *procès* are as follows.

M. B., an old man, aged 67, had his leg amputated. Three surgeons assisted at the operation, which was a perfect success. What became of the leg? The house-gardener was to have buried it *tout entière*. But M. X—, one of the surgeons, wishing to dissect the foot, cut it off and carried it away with him, wrapped up in a number of the *Courrier du Lyon*. Several months passed, and the surgeons put in their bills. M. B. responded: "But what has become of my leg? Does it lie buried in the garden? No. The leg has disappeared (*horresco referens*). I was satisfied to have one foot in the grave, but you have deprived me of this satisfaction. You have done me an injury. I demand that you reduce your bills." And in fact M. B. offered 500 francs to M. X., who asked 715. M. X. was not the surgeon who carried off the foot; but was he not an accomplice? M. Z., the third surgeon, suffered a reduction of 100 francs, to avoid the fastidious complaints of M. B., who was disposed to speculate largely on the loss of his leg. The tribunal rejected the claims of M. B. in regard to the first surgeon, M. X.

But that all such difficulties may be avoided in the future, we would suggest that the surgeon-in-chief give a receipt in due form for the member removed. We would even model the form of its draft as follows: Recd. of M. Dr. X., (a leg, a foot, etc.)..... (date). We acknowledge the entirety of the member removed. (Signed, etc.)

OLD SUBSCRIBER.—The plan which our correspondent proposes, of informing his patients by private note of his change of residence, is not, we think, open to any objection.

THE WHITECHAPEL TRAGEDY.

SIR,—I am, and ought to be, very much obliged to Mr. H. C. Stewart for pointing out Velpeau's measurements of multiparous uterus in your last week's JOURNAL. I think, however, he misunderstands one of my measurements, in quoting which he says "thickness of walls $\frac{3}{8}$ ths of an inch". In justice to Dr. A. Meadows, I wish to say that I mean the *combined* thickness of both walls, as will be seen by my report in your issue of December 11th, to the latter part of which I would specially refer any of your readers interested in the disputed identity of pregnancy in this remarkable case.—I am, sir, yours truly,

F. G. LARKIN.

B.A. (Oxon) should apply to the provident dispensaries at Northampton, Coventry, Manchester, Leamington, Camberwell (London), or Haverstock Hill (London), for the information he desires.

QUACKERY.

MR. STONEHOUSE (Horsforth) would do well to communicate on the subject with the Secretary of the British Medical Defence Association, George Brown, Esq., 12, Colebrook Row, Islington, London, N.

DR. MALCOLM (Ferndale).—Perhaps one of the following proverbs on the subject will give you information.

1. "When the fern is as high as a spoon,
You may sleep an hour at noon."
2. "When the fern is as high as a ladle,
You may sleep as long as you are able."
3. "When fern begins to look red,
Then milk is good with brown bread."

UNCONTROLLABLE VOMITING OF PREGNANCY CURED BY HYOSCYAMIA.

DR. PITOIS, Professor at the Medical School at Rennes, reports two striking cases of this. After trying, unsuccessfully, all the usual means, it occurred to him to administer a teaspoonful every hour of a mixture containing five milligrammes of hyosciamia in 125 grammes of fluid. The next day, the vomiting ceased, did not recur, and the patient went on favourably to the natural term of her pregnancy. A second case of the same kind was cured by the same remedy.—*L'Union Médicale*, Sept. 14th, 1875, from *Journ. de Méd. et de Chirurg. Prat.*, July 1875.

AN APPEAL.

SIR,—Allow me to offer you my sincere thanks for inserting my letter in your valuable JOURNAL on the 1st instant, and may I ask you to increase your kindness by permitting me, through the same medium, to acknowledge the following subscriptions already received. With every apology for thus trespassing upon your time, I am, sir, yours respectfully,

SARAH BEALE.

January 20th, 1876.

List of Subscriptions to the Beale Fund.

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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.

THE ANTI-VIVISECTIONISTS.

SIR.—I enclose a petition which has been sent me, and, I believe, to other medical men here, with an earnest request for signature. It indicates the tactics of the anti-vivisectionists in Liverpool.—I am, yours, etc., W. M. CAMPBELL.

“To the Right Honourable the Lords Spiritual and Temporal, in Parliament assembled.

“The humble petition of the undersigned sheweth.—That your petitioners have reason to believe that for the alleged purpose of promoting science, experiments of a painful nature (commonly known as vivisections) are frequently performed in this country on living animals.

“That your petitioners have further reason to believe that the majority of such experiments are repetitions of operations which have been previously performed, or demonstrations of facts already ascertained, and, consequently, are wholly unjustifiable.

“Your petitioners, therefore, appeal to your right honourable house to pass such a law as in your judgment may be deemed sufficient to prevent such vivisection being practised within the United Kingdom.

“And your petitioners will ever pray, etc.”

[A similar form of petition to the House of Commons is subjoined. It is issued from the office of the Liverpool Branch of the Society for the Prevention of Cruelty to Animals.]

HOSPITAL MEDICAL OFFICERS AND GENERAL PRACTITIONERS.

SIR.—Hardly a month passes but there is an appeal in the JOURNAL for a destitute family, rendered so by the decease of the father, a medical practitioner. With these constant warnings before us, we ought, as a profession, to seek to raise the amount of money circulating amongst us. I for my part am convinced that money properly belonging to medical men finds its way to hands less deserving of it. We are apt to blame the public for all our evils. We are ever ready, and justly so, to complain of the shabby returns we get for services rendered, to say nothing of many bad debts contracted; but I feel convinced that we have to look internally for a great deal of the hardships we endure. We are literally cutting each other's throats, and the members who are principally employed in this inhuman occupation are those incorporated in what we may call the dregs and cream of the profession. I have nothing to say against the former, because I see lately a society has been started which is prepared to make raids on the self-constituted doctors and unqualified assistants; but I would raise my voice against those whom I have designated the cream of our profession, and by that I mean those who are attached to our hospitals and dispensaries. I hold, and many will agree with me, that they are curtailing the means of the general practitioner, and benefiting themselves in no pecuniary way. What is the history of such men? They usually commence life in straitened circumstances, devoting their time to attending thousands gratuitously. Their creed is, a guinea for our advice or nothing. All know that those who usually besiege a hospital for advice cannot pay that sum, so they receive it for nothing. Some middle plan can surely be adopted without taking away from the dignity of these men. Let them receive a lump sum every year from money received from patients relieved. At every hospital let there be a secretary to receive a fixed sum from every patient—say a shilling—which would yield from the million relieved a sum equal to the collections of two Hospital Sundays. Let those in better circumstances pay more, and the result will be, that a large sum of money formerly spent by patients in publichouses, or amusements and excursions, will become the property of the profession at large. The numbers at the hospitals may decrease; but, as a rule, the people will be getting advice somewhere; some one or other of the members of the profession will be receiving payment for the advice. I wish I could impress on hospital physicians and surgeons that every time they give gratuitous advice they are not only robbing themselves but impoverishing some other brother.

I close this letter by a fact to me a marvellous one—that everybody connected with a hospital is paid except the doctor, and he is the only one the institution cannot do without.—I am, etc.,

A GENERAL PRACTITIONER.

THE TITLE OF DOCTOR.

SIR.—I trust that the often-repeated question which crops up every year, “Who is entitled to be called a doctor?”, will now be settled once for all. It seems to me the whole question lies in a nutshell: shall we continue to confine the title to graduates of Universities (M.D.s or M.B.s) and Members or Fellows of the Royal Colleges of Physicians (no respectable medical man ever thinks of claiming the title as a L.R.C.P.); or shall we, for the future, apply it (as is now done by the *profanum vulgus*) as a synonym for “a medical man”? For my own part, I think the title should be restricted to those who have expended extra time, labour, and money, in obtaining an University education, and have a right to expect some return in the way of a distinctive appellation. But, sir, the whole question has been stirred up, not by the L.R.C.P.s *lond.*, but by the L.R.C.P.s of Edinburgh, Dublin, etc.; and I must say I cannot see what claim they have to be called “doctors”, as their diplomas are certainly not more difficult to obtain than the L.S.A. *lond.* In fact, in my time, it was a common thing for a man, if he got “spun at the Hall”, to rush up to the north, and take the L.R.C.P., and then come back for a modified examination at the Hall. In fact, it is generally a mere matter of convenience. One man goes to a London hospital, and another to—we will suppose—Edinburgh; they both wish to get the ordinary necessary qualification in surgery and medicine. The London student takes the M.R.C.S., L.S.A.; and the Edinburgh man the L.R.C.S., L.R.C.P.; answering, in both cases, to the ordinary pass-degree necessary in the proposed conjoint scheme. The L.R.C.P. has no claim to any higher title than the L.S.A., as they have both only passed the ordinary examinations necessary before entering on practice. Of late years, however, some individuals—men who, in the old days, would have been M.D.s of Pennsylvania—attracted by the belief that the L.R.C.P. *Edin.* would confer on them the much coveted title of doctor, have rushed to the northern city; but, alas! having gained the prize, have found their pretensions laughed down by their older brethren.

In conclusion, I would reiterate my solution of the question, either give every registered medical practitioner the right to use the title of “doctor”, or restrict the title to M.D.s, M.B.s, and M. or F.R.C.P.s. In the event of the latter course being adopted, I would suggest that some such opportunity as that now afforded medical practitioners of a certain standing by the University of St. Andrew's should be offered to the profession at large by the other Universities; and if the L.R.C.P.s feel aggrieved, they can lay claim to the title by passing the examination for the membership of their respective colleges.—I am, sir, yours truly,

January 25th, 1876.

A YOUNG MAN FROM THE COUNTRY.

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.

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 Liverpool Weekly Courier; The Scotsman; The Lincoln, Rutland, and Stamford Mercury; The Edinburgh Courant; The Stroud News; The School Guardian; The Newcastle Daily Chronicle; The South Wales Daily News; The Doncaster Chronicle; 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:—

Professor Tyndall, London; Dr. De Chaumont, Netley; Dr. C. Theodore Williams, London; Mr. J. Maunsell, Liverpool; Mrs. Beale, London; Mr. C. B. Keetley, London; Mr. W. W. Reeves, London; Our Paris Correspondent; An Associate; Dr. A. Hughes Bennett, London; Mr. A. W. B. Myers, Leamington; Dr. Bradbury, Cambridge; Dr. Finny, Dublin; Mr. James Crabb, Edinburgh; Dr. W. Alexander, Halifax; Mr. A. G. Burness, London; Mr. T. W. W. Fay, Liverpool; Mr. Manby, Wolverhampton; Dr. Jefferiss, Lochmaben; Mr. C. Williams, Norwich; Surgeon R.N.; Mr. Haviland, Northampton; Mr. Wm. Fairlie Clarke, London; The Secretary of the Royal Microscopical Society; A Member; The Registrar-General of Ireland; Mr. Richard Barwell, London; The Registrar-General of England; Dr. Gerald Yeo, London; The Secretary of Apothecaries' Hall; Mr. T. M. Stone, London; Mr. G. Eastes, London; The Secretary of the Royal Medical and Chirurgical Society; Dr. Baird, Aberdeen; Mr. Reginald Harrison, Liverpool; Dr. E. Hoggan, London; Dr. H. M. Jones, Cork; Captain Fortescue, London; Dr. Prabazon, Bath; Dr. Ball, Blaenavon; The Rev. Dr. Haughton, Dublin; M.R.C.S. Eng.; Our Dublin Correspondent; Our Edinburgh Correspondent; W. F. S.; Mr. William Mac Cormac, London; Mr. James Hughes, Middlewich; Dr. Douglas Powell, London; Mr. E. Lund, Manchester; Dr. Broadbent, London; Dr. Braidwood, Birkenhead; The Secretary of the Obstetrical Society; Dr. Farquharson, London; Dr. Ward Cousins, Southsea; Dr. Joseph Rogers, London; Dr. J. Milner Fothergill, London; An Old Member; Dr. Leared, London; Dr. Grimshaw, Dublin; Dr. Finlayson, Glasgow; Dr. J. W. Moore, Dublin; Mr. Kelly, London; Dr. Wiltshire, London; Mr. Richard Davy, London; Mr. Eassie, London; Dr. Edis, London; Dr. Coats, Glasgow; Dr. A. D. L. Napier, Fraserburgh; Dr. Althaus, London; Mr. Price, Cardiff; Dr. C. Maclean, Applecross; Dr. Wynn Williams, London; The Rumsey Testimonial Committee; Dr. W. F. Phillips, London; Mr. J. E. Ranking, Tunbridge Wells; Dr. Bell, Glasgow; Mr. E. C. Board, Clifton; Dr. Parkes, Southampton; Dr. J. P. Campbell, Glasgow; Dr. Hamilton, Wimborne; Mr. W. D. Husband, York; Dr. B. Chevalier, Ipswich; Mr. E. Huxley, London; Dr. G. F. Boldington, Dudley; Dr. E. M. Jones, Ross; Mr. R. H. B. Nicholson, Hull; Mr. J. R. Hutchinson, St. Albans; Mr. B. Clarke, Upper Clapton; Mr. B. Blower, Liverpool; Dr. F. G. Brown, Rochester; Mr. R. Argles, London; Dr. T. W. Green, Rawtenstall; Mr. R. Christie, Perth; Mr. W. E. E. Nourse, Brighton; Dr. Alston, Shorncliffe; Dr. A. B. Steele, Liverpool; Dr. W. Lorraine, Castle Douglas; Mr. J. Pollard, Torquay; Dr. A. McLellan, Bonhill; Dr. Laycock, Edinburgh; Dr. J. Sloan, Bramley; Mr. R. Pattersby, Dublin; Dr. D. H. B. Anderson, Edinburgh; Mr. A. Risdon, Marlborough; Mr. R. A. W. Clarke, Farnworth; Mr. G. A. Norman, Monmouth; Dr. Thos. Head, Carlisle; Mr. F. J. Archer, Southampton; Dr. B. Foster, Birmingham; Dr. Frazer, Edinburgh; Dr. J. Sawyer, Birmingham; Dr. A. M. Buchanan, Glasgow; Mr. F. H. Ward, Tooting; Mr. W. E. Hyde, Leominster; Mr. W. W. Wagstaffe, London; Dr. F. Fitch, Kidderminster; Dr. F. A. Freer, Govan; Mr. W. K. Giddings, Calverley; Mr. J. Alexander, Fife; Mr. Franklin, Manchester; Dr. E. Morris, Spalding; Dr. A. Duncan, Dundee; etc.

BOOKS, ETC., RECEIVED.

Cyclopaedia of the Practice of Medicine. Edited by Dr. H. von Ziemssen. Vol. v. Diseases of the Respiratory Organs. English Translation. London: Sampson Low and Co. 1875.

First Annual Edition of the Classified Directory to the Metropolitan Charities for 1876. London: Longmans and Co. 1876.

Roxley's Manual of Materia Medica and Therapeutics. Sixth Edition. By John Harley, M.D. London: J. and A. Churchill. 1876.

On the Cause of Vice-President Wilson's Death. By W. A. Hammond, M.D. Cambridge (U.S.). 1875.

On Pigmentary Deposits in the Brain resulting from Malarial Poisoning. By W. A. Hammond, M.D. 1875.

The Natural History and Relations of Pneumonia: a Clinical Study. By Octaevus Sturges, M.D. London: Smith, Elder, and Co. 1876.