

called into existence. Dr. Sieveking then gave an address, which is published *in extenso* in the present number of the JOURNAL.

The Secretary (Captain Portescue) explained more in detail the purposes and objects of the Association, after which Dr. Robinson, the medical officer of the Holborn Union, testified to the valuable assistance he had derived from the presence of the nurses of the Association, during the last three months, in his district. He stated that he had noticed the change that, even in so short a time, had come over the rooms of his poorer patients, who had been attended by the nurses of the Association, and he could not speak too highly of the great tact and skill displayed, not only in the actual nursing, but also in the careful notes kept of the cases, which had been of untold assistance to him.

Mr. Steele, the resident medical officer of the Bloomsbury Dispensary, fully endorsed the remarks made by Dr. Robinson, and gave several instances of the great good done to his poorer patients by the nurses, not only by the actual nursing, of which he could not report too highly, but also of the improved sanitary arrangement of the homes of the poor, and the greater general cleanliness introduced.

Some discussion then took place as to the description of cases requiring nursing, and various questions connected with it, in which Drs. Sibson, Sieveking, Heywood Smith, Cheadle, Messrs. Kesteven, Bonham Carter, and Wigram, took part. Dr. Sibson suggested that he was most anxious that patients should be asked to contribute something, however small, towards the funds of the Association, as by so doing that spirit of independence so necessary for the welfare of the labouring classes would be encouraged; and he noticed with pleasure that, in the course of the discussion, it had come out that instances had occurred in which the nurses had been able to introduce cleanliness when the medical man had been unable to do so. Nothing could testify more highly to their work than this.

The meeting closed with a cordial vote of thanks to the Chairman.

## ASSOCIATION INTELLIGENCE.

### GLOUCESTERSHIRE BRANCH.

THE winter meeting of the above Branch will be held, under the Presidency of Dr. WRIGHT of Cheltenham, at 4 P.M. on Tuesday, February 15th, at the Imperial Hotel, Stroud.

*Business of the Meeting.*—The New Stroud Hospital.

*For Discussion.*—The Work of Sanitary Medical Officers, and its Claims upon the Profession generally: Mr. Wilton.

The dinner (five shillings) will be at Seven o'clock.

RAYNER W. BATTEN, M.D., *Honorary Secretary*.  
Gloucester, February 1st, 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.
3. Dr. A. Collie : How do Contagious Diseases spread, and what is the extent of Isolation necessary in their Treatment.

There will be a dinner afterwards at the Southampton Hotel at six o'clock; charge, 7s. 6d. each, exclusive of wine. Those who intend to be present are requested to communicate with the Secretary on or before February 15th.

F. P. ATKINSON, *Honorary Secretary*.  
Surbiton Road, Kingston, January 29th, 1876.

### SHROPSHIRE ETHICAL BRANCH.

IN accordance with a requisition, a meeting of the above Branch was held on January 31st, at 3 P.M., at the Lion Hotel, Shrewsbury; Richard Wilding, Esq., President, in the Chair.

*Resolutions.*—The following resolutions were proposed and carried unanimously.

1. "That the Shropshire Ethical Branch of the British Medical Association be dissolved; and that this meeting form a committee to carry out any business necessary for accomplishing it."

2. "That in the opinion of this meeting it is desirable to have one Branch only of the British Medical Association in this county."

3. "That the warmest thanks of this meeting be given to Dr. Styrap for the indefatigable zeal and energy with which he has discharged the duties of honorary secretary to this Branch for more than twenty years,

and for the unsparing manner in which he has given his time and talents to forward the interests of his brethren and the welfare of the profession at large."

4. "That, in the opinion of this meeting, Dr. Styrap should be presented with a testimonial, in accordance with the foregoing resolution, and that this meeting resolve itself into a committee for the purpose of carrying it out."

### NORTH STAFFORDSHIRE SUB-BRANCH OF STAFFORDSHIRE BRANCH: ANNUAL MEETING.

THE annual meeting was held at the Railway Hotel, Stoke-on-Trent, on Thursday, December 2nd, 1875. Present, Dr. ARLIDGE (Chairman), and ten members.

*Officers.*—The following officers for the ensuing year were elected on the recommendation of the Committee:—*Chairman*, Mr. Folker, Hanley; *Vice-Chairman*, Dr. Arlidge, Newcastle; *Treasurer*, Mr. Yates, Newcastle; *Secretary*, Mr. West, Stoke; *Committee*, the above, and Messrs. Alcock, Cotterill, and Spanton.

It was resolved that the annual dinner be held on December 15th, at the Queen's Hotel, Hanley; price six shillings each, exclusive of wine.

*Chairman's Address.*—Dr. ARLIDGE delivered the annual address. He prefaced his remarks by saying that, instead of choosing as a subject some point in pathology, as he had at first intended, he should make some remarks on general matters touching the objects and aim of the Society. He was led to do this more particularly, as the Society had just concluded its first year as the North Staffordshire Sub-Branch of the British Medical Association. Speaking of the value in the present day of association and combination in order to secure a gain unattainable by individual action, Dr. Arlidge said that, "as the medical profession is now more mixed up than formerly with social politics, it has become imperative upon its members to unite in important societies, foremost among which stands the British Medical Association, with which we have become allied as a Branch". The truth of the text that "no man liveth to himself" is undeniable; and if, as is undoubtedly the case, it is in the power of individuals to influence public opinion with regard to the dignity of the profession, it is still more so with a Society like this; and, as our legislators must look to the profession for guidance and instruction in dealing with sanitary matters and such like, such instruction and guidance will be more valued when resulting from the deliberations of a society than if proceeding from individuals. And what is true with respect to Parliament is equally true with respect to municipal bodies, public boards, and officers. Amongst the defects and abuses coming within the cognisance of medical societies, Dr. Arlidge mentioned those very obvious ones existing in the office and the mode of discharge of the duties of coroner. The costly and unsatisfactory mode of electing a coroner, and the faulty way in which the necessity or otherwise of an inquest is determined on, were pointed out; and reference was made to the mere farce and sham of a considerable number of inquests, affording as they do no adequate protection for the life of the public, and insufficient means of bringing home the crime of child-murder to its perpetrators. The inadequacy of fees allowed by law-courts is another evil which should be remedied, the assessors of these fees losing sight of the position of the medical man as a witness, and forgetting the great loss and inconvenience to which he is generally put by having to leave his practice. More especially unfair is this in civil causes; but even in criminal trials, where some sacrifice may be demanded, it should be remembered that the medical stands in a different relation from the ordinary witness. The latter evidences incidents observed on account of his more or less direct relations with the crime or the criminal, whereas the former becomes unwittingly concerned with the transaction because he is a medical man. The profession should, by means of its many organisations, take up this matter and get it effectually remedied. Having dealt with the first part of his subject—the social and political relations of medical men—Dr. Arlidge then went on to speak of the work of the Society in connexion with their position as practitioners and cultivators of medical science. He lamented the frequent dearth of papers, and said that the excuses usually given implied, to his mind, a misapprehension of the purposes of the Society. Mutual information and instruction, he would contend, were best attained by the simple narration of facts, whether gathered by success or failure, the latter often affording the better lesson. This, if generally recognised, would do the individual member as much good as the Society as a body, as it would stir him up to be a more accurate and careful observer and recorder of facts. The suggestion was then made, that good service would be done by initiating courses of special investigation to clear up doubtful questions in pathology, therapeutics, or practical details. The origin

and the degree and means of communicability of fevers would be a fertile field of inquiry. Speaking of vaccination, Dr. Arlidge said: "Again a great commotion is stirred up among the unlearned and ignorant relative to the value and the perils of vaccination. A Society like this might certainly effect something towards demonstrating the fallacy of the fears and of the arguments appealed to. Almost every member is engaged in vaccinating children: it would be an advantage to us as medical men, and a boon to the public, to gather together the results of the general experience with this protective process." The next topic was the advantage which general practitioners possess as clinical observers in knowing well the family histories and constitutional defects and peculiarities of their patients. This advantage hospital physicians and surgeons do not possess; for they have to depend, in great measure, for family history and so forth, on clinical clerks and dressers, who, in the first place, have not the matured experience and judgment of qualified practitioners, and who, in the second place, are pretty sure to be too enthusiastic in looking out for some facts, and careless in overlooking others, besides being imbued, as they often are, with the special theory or hobby of their chief. This advantage members of the Society were urged not to throw away. Dr. Arlidge concluded an able paper with hoping that the Society will grow in usefulness as an organisation for advancing the cause of legitimate medicine and true science; that its members will become imbued with a growing spirit of philosophic inquiry, with an augmenting desire to add to the honour, dignity, and usefulness of the profession, and with increasing feelings of mutual respect and confidence among themselves.—At its conclusion, Mr. GARNER proposed, and Mr. ACTON seconded, a vote of thanks to Dr. Arlidge for his paper, which was carried unanimously.

*Vote of Thanks.*—Dr. TYLECOTE proposed, and Mr. ALCOCK seconded, a vote of thanks to the retiring officers, more especially Mr. Taylor, who had performed the duties of Secretary for several years. This was carried unanimously.

After some further business, the meeting concluded.

## CORRESPONDENCE.

### MEDICAL ADVERTISING.

SIR,—About a year ago, in a series of articles which discussed the propriety of advertising medical books intended avowedly only for professional readers in the public newspapers, you arrived very decidedly—and, as I thought at the time, on sufficient grounds—at the conclusion that there was no justification for such a practice; that such books were avowedly not for the edification of general readers; that the array of titles of books was only an useless, and in some cases disgusting, parade; that, if it served any useful purpose, it could only serve that of advertising the names of the authors, which was an undesirable and unprofessional proceeding; and that it increased the difficulty for the public of distinguishing the advertising quack from the legitimate and honourable practitioner, since it gave to the former a platform on which he appeared in the same livery before the public as the latter, or one hardly distinguishable. Finally, you stated that it was peculiar to Great Britain, and that such a practice was viewed with disfavour in France, Germany, and America; and that, in short, in no country but this was it tolerated.

I have watched the subsequent progress of the "movement" against medical advertising which you inaugurated with considerable interest; for I believe you did your medical brethren on the other side of the Tweed a great injustice when you inferred that Great Britain was wholly infected with the plague of advertising medical books in lay papers. I am not speaking very advisedly; but, from a pretty extensive knowledge of Scotland, I think any advertising of a medical book in a Scotch daily paper would taboo its author in respectable medical society. I have been told so by Scotch medical friends, who protest that the abuse complained of is unknown there; and I have never seen an advertisement of a respectable professional work on medicine with allied subjects in a Scotch newspaper. I do not know how it may be in Ireland, but I suspect it is the same there.

However that may be, I was much struck with the force of the arguments urged in the JOURNAL against the uselessness and degrading professional influence of advertising medical books in newspapers; and I have been pleased and interested to see one after another of the great Branches of the Association take up the question for discussion, and to note that they have, in every instance—I have not counted in how many, but I suppose three-fourths of the whole number of Branches—unanimously passed resolutions approving your conclusions, and de-

claring in varied phraseology that the advertisement of technical medical works in the public papers is a practice derogatory and injurious to the profession, and disgusting and useless to the public.

These resolutions, I say, have, as far as I have observed, after discussion, all been passed unanimously. I have not seen one line written, nor heard one word spoken, against your view, or against the purport of these resolutions, or in justification of the practice of advertising such books in such places.

On the other hand, although no single author has, to my knowledge, raised his voice in defence of newspaper advertising of medical treatises, I do not know whether any have yielded to the wide-spread expressions of professional disapproval which have been evoked in sympathy with your reasoning, or have taken any notice of the tenour of the resolutions passed at so large a number of medical meetings throughout the country. The most prominent convert seems to be the *Lancet*, which has silently abstained from repeating the offence which formed the first text of your discourse.

At any rate, taking the *Times* of to-day, I find a list which has set me thinking, and which has been the origin of this garrulous epistle. It is a list of one publisher only; and I fancy other publishers publish from time to time in the newspapers similar lists; and it includes twenty or thirty books, with the names of their authors—the majority of them highly respected names, and, as might be expected from the name of the publisher, all respectable names. To end my letter, then, where my chain of thought begins, this is the list of names: Dr. Habershon, Dr. T. K. Chambers, Sir Henry Thompson, Dr. Balthazar Foster, Dr. Risdon Bennett, Dr. Dobell, Dr. Tilt, Mr. H. E. Cauty, Mr. H. Walton, Dr. Sheppard, Dr. Aveling, Mr. Brodhurst, Dr. Basham, Dr. Eustace Smith, Mr. Henry Smith, Mr. William Adams, Dr. Arthur Leared, Mr. Peter Squire, Mr. Soelberg Wells, Dr. C. Black, Dr. W. H. Day, Mr. Erasmus Wilson, Dr. Stephen Ward, Mr. Balmanno Squire, Mr. Allingham, Mr. W. J. Coulson, Dr. Marsden, Dr. Birch, Dr. Cotton, etc. Now it is, I suppose, not likely that these books are all the publisher's property; or that even if they were, any respectable publisher would continue to advertise books against the wish of the author. It seems, therefore, fair to conclude that, while all the medical men assembled at different times and places consider that it is contrary to the best interests of the profession that such books should be advertised in the *Times* and similar newspapers, these gentlemen think it is not so, but that it is proper and advisable that their books should be advertised in the *Times*, or at least that they are not called upon to interfere or express any opinion in the matter. In the face of this open conflict of the collective expressed opinion of these meetings and of the practice of these gentlemen, it seems advisable and respectful to that collective opinion that they should state their reasons for continuing in a course which those meetings have condemned; and, if you admit this letter, I hope you will also admit any answers from any of the gentlemen whose names appear in the column in question in last week's *Times*, and who, no doubt, can give good reasons for the faith which is in them.—I am, sir, your faithful servant,

A BRANCH MEMBER.

### THE M.D. DEGREE.

SIR,—A resolution of the convocation of the University of London, "That it is desirable that a new charter be granted to the University, and that such charter should enable the University to grant degrees to women", seems to indicate that at last a fair field and no favour is about to open out before the advocates of woman's rights. On this, many of us must cordially congratulate all parties concerned. It is not, however, on this particular matter that I would ask a little of your space.

It will be acknowledged that the number of letters addressed to the medical papers on the subject shows a considerable demand for a degree in medicine (M.D.) which shall be granted by a competent body, after sufficient examination, to practitioners whose position leads them to aspire to such distinction, whether for present or future purposes; and which shall be free from conditions that now restrict the privilege of granting annually a limited number of such degrees to a single examining body.

Proposals have been made that the older universities should be pressed to make special arrangements to meet this want; and the young Durham has been pointed out as not unlikely to entertain such propositions. But it appears to me that the University of London, in giving a fresh proof of its liberal longings, might (if necessary in the new charter) also empower the Chancellor, Vice-Chancellor, and Fellows to modify the conditions as to times of attendance on lectures and hospital practice with which they have fenced round their degrees in medicine; so

that the desired privilege of being admitted to a degree might be made available after examination to all those who now clamour loudly, and, I think, with justice, against the existing state of things. I know an eminent Fellow of the College of Physicians who was driven to Erlangen for a doctorate in medicine, because, being already a teacher of anatomy, he was not in a position to attend lectures and practice in the order prescribed by the University of London. Another very similar case is within my knowledge, and others will, no doubt, be recalled by many who read this.

If the lectures and hospital practice are duly attended, what object can be obtained by insisting that the attendance should take place at stated periods in the pupilage? No one's toes will be trodden on if the Chancellor, Vice-Chancellor, and Fellows of the University of London will modify their conditions so far as to admit to examination all who shall have complied with them at any time previous to their presenting themselves. All the conditions as to intervals between the various examinations might remain, and would, no doubt, filter off all such as felt that they would not be likely to satisfy a standard which such intervals would necessarily imply. Observe, I do not advocate the granting of a doctorate on any easy terms; but I would submit to the governing body that they can easily take away a stumbling-block, and erect instead a stepping-stone. Let the high examination standard of the medical degrees be maintained in its entirety; but let no one who can virtually comply with the conditions of admission be debarred from examination by the continuance of the provision, "nor unless he have produced certificates of having, subsequently to having passed" such and such examinations, "a course on each of two of the subjects", etc.

Whether, by petition or otherwise, it may be desirable to bring this matter (which, I fear, I may not have explained with sufficient lucidity) before the governing body of the University, I must leave you and your readers (among whom will be many more competent advisers than I) to decide. Yours faithfully, F. E. MANBY, F.R.C.S.Eng.

Wolverhampton, January 21st, 1876.

#### PROFESSOR TYNDALL'S EXPERIMENTS.

SIR,—In reading Dr. Tyndall's account of his experiments with his boxes, it strikes me—as no doubt it has struck many other persons—that he has forgotten that the resistance of the atmosphere retards the gravitation of infinitesimally small particles, and that particles too small for the highest microscopic power would not sink to the bottom of his boxes in three days, and perhaps not even in three years. Furthermore the boxes are not at all air-tight, as every one who has studied Pettenkofer's classical researches will know, and Dr. Tyndall's boxes are simply wooden filters.

Doubtless, air filtered through wood is clearer than unfiltered air; and, doubtless, a wood-filter will answer quite as well as cotton-wool in excluding floating particles from the flask containing organic fluids.

Yours etc.,

J. ALFRED WANKLYN.

February 1st, 1876.

#### DENTAL SURGEONS.

SIR,—Allow me to express my concurrence with the views of Mr. Alfred Coleman with reference to dental reform, contained in his letter which appeared recently in the *BRITISH MEDICAL JOURNAL*. Since it is generally understood that there are two classes of dentists—viz., operative or "surgeon-dentists" and mechanical dentists—hereafter let those who do not possess a surgical qualification be prohibited from assuming the former title; i.e., be legally debarred from using the prefix surgeon. There would then be a reliable distinguishing mark or cognomen, which I consider a great desideratum.

T. W. W. FAY, M.R.C.S., Surgeon-Dentist.

3, Canning Street, Liverpool, January 21st, 1876.

### UNIVERSITY INTELLIGENCE.

#### UNIVERSITY OF CAMBRIDGE.

THE ZOOLOGICAL STATION AT NAPLES.—At a congregation on February 3rd, the following grace passed the senate:—"That a grant of £50 be made from the Worts Travelling Scholars' Fund to William Bridge, B.A., of Trinity College, to enable him to visit Naples, for the purpose of using Dr. Dohrn's Zoological Station, and making researches in Natural History, on the understanding that specimens be sent by him to the University, accompanied by reports which may be hereafter published."

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

#### INSUFFICIENT SANITARY PROCEEDINGS.

IN our impression of the 8th January, we criticised, under the above heading, a report of Dr. Jefferiss on the sanitary state of Lochmaben. We considered from the terms of the report that he was not only parochial officer, but also that he was medical officer of health for the district. We understand, however, from Dr. Jefferiss that he is the officer of the guardians only, and that he made the report to them, so as to bring the matter before the public, and thus obtain the removal of the causes of the fever. It appears also that the cases of typhoid in June, July, and August were not under his care, although he has attended fifty cases; and that, therefore, he could not make a report to the Board of Guardians at an earlier period than he has done. Dr. Jefferiss also states that his report, having obtained extensive circulation in the local press, has come to the "notice of the Board of Supervision", who have taken the matter up in the most impartial way.

As the gist of our complaint was that no action had been taken, and apparently "no notices served by the inspector of nuisances, if such a person exist", we think Dr. Jefferiss must feel himself absolved from blame even by the terms of our criticism. We only attacked those who, having the power of taking action, had refrained from doing so, when the inhabitants were suffering in large numbers from typhoid, and after several deaths had taken place. We would also point out that, at the conclusion of the report, Dr. Jefferiss recommended a rigid enforcement, on the part of the local authorities, of the provisions of the Public Health Act in the removal of nuisances, prevention of overcrowding, disinfection and cleansing of infected houses, and providing a proper water-supply; also that other specified sanitary measures be taken for the improvement of the burgh.

The error of judgment committed by the magistrates when they accepted and endorsed the statement of the inspector of nuisances rather than that of Dr. Jefferiss, has been fully proved by subsequent events. In the first place, a *post mortem* examination was made on the body of a person who died suddenly, which was conducted by two medical men, who found, whilst engaged in this duty, that there had been three cases of typhoid fever in one inhabited apartment. Both the medical men and the procurator-fiscal, who was present, "expressed their decided conviction that the house was unfit for human habitation from filth and overcrowding".

At the last meeting of the local sanitary authority, a report was received from Mr. McNeil, inspecting officer of the Board of Supervision, containing facts which showed that Dr. Jefferiss was right as regards the facts in his report, and that it should, therefore, have received attention from the sanitary authorities.

#### A PROBABLE CAUSE OF DIPHTHERIA.

A VERY unusual probable cause of diphtheria has lately been met with in the town district of Kensington. Dr. Dudfield, the medical officer of health, has just published a summary of the vital statistics of the district for the year 1875. He states, amongst other matters, that he has investigated many of the deaths from scarlet fever and diphtheria, which were much above the average, but without discovering any common cause to account for them. In one case of diphtheria, he believed the fatal event to have been caused by the insanitary condition of the house in which it took place. "There were two water-closets in the centre of the house, which ventilated into it. The large water-cistern in the roof was found uncovered and in a filthy condition, while the cistern in the basement, principally used for domestic purposes, was found to contain the wings of hundreds of cockroaches, whose bodies, after being slowly macerated, had been consumed by the household. In all probability, these cisterns had not been cleansed for years. The large cistern, moreover, was in direct communication with the soil-pipe through the waste-pipe." The house is in a fashionable neighbourhood, and recently built.

There is no doubt that much injury to health frequently arises from the three causes mentioned, viz.: 1. Ventilation of the water-closets into the houses; 2. A communication through the waste-pipe with the sewer; and 3. The neglect which so commonly occurs in cleaning out the cisterns. The first is well known almost to all as a cause of typhoid fever and diphtheria; and we are inclined to the belief that the diphtheria in this case was in no way dependent upon the consumption of water contaminated with the cockroaches, but upon impregnation of the

Department is composed of two classes of officers—medical officers and officers of orderlies, both of whom have commissions; the wording of one paragraph, however, in the several commissions presents an important difference. In the commission of the former it stands thus: "And you are to observe and follow such orders and directions from time to time as you shall receive from us, or any your superior officer, according to the rules and discipline of war". In the latter it is worded as follows: "Belonging as required by the established regulations of our service, exercising authority, according to the rules and discipline of war, over junior officers and subordinates in our medical department, and over the soldiers of our army hospital corps, and over all soldiers and others attached thereto, and observing and following generally, under the same rules and discipline, such orders, etc." It will be observed that the officer of orderlies, in addition to the directions given him to obey, is also empowered to command all officers of the department junior to him (of course, including medical officers); while medical officers, whatever their rank and seniority, have only the privilege of obeying.

It is true that officers of orderlies are instructed to perform their duties under the directions of medical officers; but, as the respective commissions are at present worded, a medical officer, no matter how senior, or how important his charge may be, is not authorised to give any order, and could not, therefore, be borne out by the military authorities, if he gave an order which the officer of orderlies chose to dispute; while, on the other hand, a subordinate member of the department, as now constituted, has full authority by his commission to command, not only the army hospital corps, but even such surgeons as may be junior to him. This anomalous state of affairs has already given rise to a strong feeling of dissatisfaction, and I venture to prophesy that unless an alteration be made in the commission of medical officers, so as to give them the same power and authority now enjoyed by captains and lieutenants of orderlies, no concessions in the way of pay, promotion, or retirement, will suffice to allay for any length of time the general and widespread feeling of dissatisfaction which now undoubtedly exists.

It is needless for me to dilate upon the material alteration and improvement that would be effected in the position of medical officers if this alteration were made, as it will be at once evident to any one acquainted with military matters; but it may suffice to say that medical officers do not desire any authority beyond that now given to officers of the Commissariat Department, but that they will certainly never rest satisfied till they are placed in such a position that they have the power of directing and controlling the men and officers composing their own department.—I am, etc.,

A MEMBER OF THE BRITISH MEDICAL ASSOCIATION.

## MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.—Tuesday, February 8th, 1876.

*Vivisection.*—Copy presented of Report of the Royal Commission (by command); to lie upon the table.

Wednesday, February 9th.

*Medical Act Amendment (Foreign Universities) Bill.*—A Bill "to amend 'The Medical Act, 1858', so far as relates to the registration of women who have taken the degree of Doctor of Medicine in a foreign university", was presented by Mr. COWPER-TEMPLE, and read the first time; to be read a second time upon Wednesday, 26th April, and to be printed.

*Notices of Motion.*—Mr. GIBSON gave notice of a Bill to enable legally qualified medical practitioners in Ireland to hold certain public medical appointments.—Sir HARCOURT JOHNSTONE gave notice of a Bill to repeal "The Contagious Diseases Acts 1864, 1866, and 1869".

## MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentlemen were admitted members on January 27th, 1876.

Bridges, Robert, M.B.Oxford, St. Bartholomew's Hospital  
Champneys, Francis Henry, M.B.Oxford, Oak Hill Park  
Finlay, David White, M.D.Glasgow, Middlesex Hospital  
Gover, Robert Mundy, Millbank Prison  
Venn, Albert John, M.D.Aberdeen, New Cavendish Street  
Whistler, William McNeill, M.D.Pennsylvania, Brook Street

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the diploma in Dental Surgery, were admitted Licentiates at a meeting of the Board on Feb. 8th.

Adams, Frank H., Budleigh Salterton, Devon  
Burrows, Walter S., New Road, E.  
Gartley, John A., Sackville Street  
Halliday, Middleton W., Nottingham Street  
Jewers, Ernest Edwin, Plymouth  
Sayles, Francis A., Margaret Street  
Strickland, Frank, Boundary Road, N.W.  
Woodruff, William H., Leamington

Five candidates failed to acquit themselves to the satisfaction of the Board.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, February 3rd, 1876.

Breach, George Frederick, Aston Upthorpe, Wallingford  
Creswell, William George, Wherley's Road, Birmingham

Garbutt, John Gillott, Westmount, Derby  
Hamlin, William Thorne, Athelstone Road, Bow, E.  
Turner, Alfred Moxon, The Deanery, Ripon

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

Gabe, John, The London Hospital  
Smyth, Albert Charles Butler, St. Bartholomew's Hospital

## MEDICAL VACANCIES.

THE following vacancies are announced:—

- BIRKENHEAD BOROUGH HOSPITAL—Junior House-Surgeon. Salary, £60 per annum, with board and lodgings. Applications on or before the 21st instant, to E. Mengens, Esq., 24, Park Road South, Birkenhead.
- BIRMINGHAM AMALGAMATED FRIENDLY SOCIETIES' PROVIDENT MEDICAL INSTITUTION—Resident Surgeon. Salary, £180 the first year, with residence (unfurnished), coal, and gas, and an allowance of £40 per annum for cab-hire. Applications on or before the 16th inst.
- BIRMINGHAM GENERAL HOSPITAL—Resident Surgical Officer. Salary, £130 per annum, with board and residence. Applications on or before the 28th instant.
- BRISTOL GENERAL HOSPITAL—Assistant House-Surgeon. Salary, £50 per annum, with board, lodging, and washing. Applications on or before March 7th.
- CLINICAL HOSPITAL AND DISPENSARY FOR CHILDREN, Manchester—House-Surgeon. Salary, £80 per annum; engagement for one year from March 25th. Applications not later than March 1st.
- ENNIS DISTRICT LUNATIC ASYLUM—Resident Pupil. Applications to the Resident Medical Superintendent.
- FRIENDLY SOCIETIES OF RHOS, Ruabon—Medical Practitioner. Salary, £110 per annum. Applications, on or before the 15th instant, to Mr. J. Griffiths, Builder, Hall Street, Rhos, Ruabon.
- HAYDOCK LODGE ASYLUM, near Newton-le-Willows—Assistant Medical Officer. Salary, £120 per annum, with board, etc. Applications to Dr. Lister.
- INFIRMARY FOR CONSUMPTION AND DISEASES OF THE CHEST, Margaret Street, W.—Honorary Physician. Applications on or before the 15th instant.
- LISNASKEA UNION—Medical and Sanitary Officer for the Brookborough Dispensary. Salary, £130 per annum. Applications on or before March 21st.
- MACCLESFIELD GENERAL INFIRMARY—House-Surgeon. Salary, £120 per annum, with board and residence. Applications on or before the 26th inst.
- MANCHESTER AND SALFORD PROVIDENT DISPENSARIES, Manchester—Medical Officer. Private practice allowed. A minimum income guaranteed. Applications to the Honorary Secretary.
- MIDDLESEX HOSPITAL—Ophthalmic Surgeon. Applications on or before the 15th inst.
- NORTHAMPTONSHIRE COUNTY LUNATIC ASYLUM—Medical Superintendent. Salary, £500 per annum, with residence (free of rates and taxes), and with gas and water laid on. Applications on or before the 1st March.
- NORTH LONDON HOSPITAL FOR CONSUMPTION—Physician. Applications on or before March 1st.
- NORTH WITCHFORD UNION, Cambridgeshire—Medical Officer and Public Vaccinator for the Fourth District. Salary, £60 per annum, and extra medical fees. Applications on or before the 15th instant.
- NOTTINGHAM DISPENSARY—Assistant Resident Medical Officer.
- ODD FELLOWS' DISPENSARY, Hull—Surgeon. Salary, commencing the 1st March, £175 per annum; midwifery extra. House, coals, and drugs paid for by the Society. Applications to William Stubbs, Esq., East Park Terrace, Holderness Road, Hull.
- PLYMOUTH INCORPORATION OF GUARDIANS—Medical Officer of one of three Districts. Salary, £90 per annum; no extras, except for visiting lunatics; cod-liver oil and quinine provided by the Guardians. Applications on or before February 16th, at 9 A.M.
- QUEEN'S COLLEGE, Galway—Professor of Midwifery. Applications, on or before the 19th instant, to the Under Secretary, Dublin Castle.
- ROYAL COLLEGE OF SURGEONS OF ENGLAND—Examiner in Anatomy and Physiology. Applications on or before the 12th instant.
- ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road—Honorary Surgeon. Applications on or before the 28th inst.
- ST. MARY'S HOSPITAL, Paddington—Assistant Surgeon. Applications on or before the 14th inst.
- SHEFFIELD PUBLIC HOSPITAL AND DISPENSARY—Assistant House-Surgeon. Salary, £65 per annum, with apartments, washing, and board. Applications on or before the 22nd instant.
- SOUTH DEVON AND EAST CORNWALL HOSPITAL, Plymouth—House-Surgeon. Salary, £80 per annum, with board. Applications on or before the 1st March.
- SUFFOLK LUNATIC ASYLUM, Milton—Resident Medical Superintendent.
- TIVERTON INFIRMARY AND DISPENSARY, Devon—House-Surgeon and Dispenser. Salary, £100 per annum, with furnished apartments, coals, gas, and attendance. Applications to the Honorary Secretary.
- 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 the 12th inst.
- WANTAGE UNION—Medical Officer for the Hendred District. Salary, £50 per annum. Applications on or before the 14th inst.
- WESTERN OPHTHALMIC HOSPITAL, Marylebone Road—Honorary Surgeon. Applications not later than the 19th instant.
- WIRRAL HOSPITAL AND DISPENSARY FOR SICK CHILDREN, Birkenhead—Acting Medical Officer.

WEST KENT MEDICO-CHIRURGICAL SOCIETY.—The fifth meeting of this society was held on Friday, February 4th, at the Royal Kent Dispensary, Greenwich Road; Dr. J. N. Miller, President, in the Chair. Dr. Tilbury Fox read a paper on Ringworm. There was an excellent attendance and good discussion. The next meeting will be on Friday, March 3rd, at 8 P.M. precisely, when the President will read a paper on the Germ-Theory of Disease.

## 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. Boyd, "Observations on Epilepsy, the Statistics of Three Hundred and Thirty Cases, and a brief Analysis of One Hundred and Seventy-three *Post Mortem* Examinations"; Dr. Crombie, "A New Apparatus for the Administration of Anesthetics".

**TUESDAY**.—Pathological Society of London, 8.30 P.M. Continuation of adjourned Discussion on Syphilis.—Statistical Society, 7.45 P.M. Sir Charles Dilke, Bart., M.P., "On the Municipal Government of Paris"; Dr. F. J. Moutat, F.R.C.S., "International Poison Statistics".

**FRIDAY**.—Medical Microscopical Society, 8 P.M. Dr. Thin, "On the Formation of new Blood-vessels".

## LETTERS, NOTES, AND ANSWERS 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.

## THE PROCEEDINGS OF THE LONDON COLLEGE OF PHYSICIANS.

A FELLOW of the College of Physicians writes to us to complain that unauthorised and imperfect reports of the debates at the College of Physicians appear, which give often wholly erroneous impressions. He states that the medical paper which lately "read and re-read", in imagination, a document not in its possession, has now "reported" a summary of the discussion, in such a garbled manner as to give a totally false impression. The President, Senior Censor, and Second Censor, supported the report in speeches, of which no note is given, while it is reported that "only one Fellow" spoke in favour of it. All mention is omitted, moreover, of an important letter read from Dr. Monckton. The reporter, he says, adopts the spirit of ancient Dr. Johnson's parliamentary reporting from memory, when, in recomposing the speeches, he, as a valiant Tory, "always took care to give those dogs the Whigs the worst of it". This sort of pseudo-reporting commonly entails consequences of a disagreeable character, and it is a practice the reverse of edifying. There are two alternatives for the College—to confine its members to the publication of the minutes, or to admit reporters. We recommend the former proceeding as sufficient, and advise the College to pass a resolution authorising the publication of the minutes, which is at present not objected to, and forbidding the publication of its discussions. The present practice is open to many objections.

## MEDICAL ETIQUETTE.

MR. BEST (Louth).—Assuming the narrative sent to us to be correct in all particulars, we are decidedly of opinion that there is no ground for charging Mr. B. with a breach of professional etiquette; and that his conduct in the circumstances was quite proper.

**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.

## THE TITLE OF DOCTOR.

SIR,—Following the example of some of our clerical friends, would it not be as well if the "doctors" discarded the "desecrated title", and put on their cards and door-plates simply John Brown, M.D.? The poorer classes generally call their usual medical attendant "doctor", and the physician who may be called in "Mr."—Yours faithfully,

MEDICINÆ DOCTOR.

SIR,—I fully endorse the letter of your correspondent, "A Young Man from the Country". The "spot where the shoe pinches"—and as a general practitioner I have had oft-repeated cause to feel this severely—is at the L.R.C.P. (Edin.). A diploma from our London college is a respectable general practitioner's qualification, fairly comparable, I imagine, with some current M.D. degrees. The examination for the Edinburgh license, on the other hand, ranks, as your correspondent remarks, with that for our L.S.A.: while the examiners are, besides, currently reported (I know not how truly) to "temper the wind to the shorn lamb". Yet I could indicate one of these licentiates who does not scruple to append M.D. to his name in the local directory.

A remedy for this grievance is urgently demanded. The plea that all medical men are doctors in the eyes of the public, cannot excuse the assumption of such a title on his door-plate by a licentiate any more than by a M.R.C.S. Many of our most prosperous general practitioners are content with the plain "Mr."; and the designation of "doctor" is assuredly not even a recommendation with any class of the population, high or low. Those who thus claim it sacrifice their sense not only of professional dignity, but even of common honesty, for the sake merely of a very barren honour; at least so I have found the degree of M.D. Lond.

SIR,—It would have been as well if a "Young Man from the Country" had first made himself acquainted with the subject of medical titles before expressing rather strong opinions upon it. His ignorance upon the subject is evidently as shallow as his expressions are deficient in courtesy to very many of his professional brethren. Had the "Young Man from the Country" ever read Copland, or the writings of many others of our late authors, he would have found, in cases where reference had been made to Licentiates of the London College of Physicians, that the title of "doctor" was, in those days at least, accorded them; clearly indicating what the custom was. At the present time, by reason of the College bye laws, the custom has fallen into desuetude. Ancient usage, however, is as strong and valid as legal right; and it is presuming much to affirm "that no respectable medical man ever thinks of claiming the title as a L.R.C.P." There may be those who doubt the right of the College to pass, or carry into force such a bye-law; and might not such men be equally as respectable, or be equally honoured in their profession as the "Young Man from the Country"? A "Young Man from the Country" is also, doubtless, ignorant of the fact that the licentiates of the Irish College of Physicians hold the same rank in Ireland as do the M.R.C.P.s of the London College in England; and that they possess a right, by the charter of their college, to be styled "doctor", and that they are so styled and addressed by the professors of their college. He has simply to walk the fashionable squares of Dublin, and note the names of distinguished men in our profession engraved on the door plates to discover the customs which confer the title of "doctor" on them.—I am, sir, yours truly,

February 2nd, 1876.

COSMOPOLITAN.

THE letters of Dr. MacLagan (Dundee), Dr. Black (London), and Dr. Dale arrived on the day on which we go to press. They shall have attention.

## CERTIFICATES OF CAUSE OF DEATH.

MR. JAMES HUGHES of Middlewich writes as follows:—In the JOURNAL of January 22nd, I see it stated, in an article on the Certified Causes of Death in London in 1875, that "a registered medical practitioner who has attended a deceased patient during his or her last illness, is bound under a penalty to give a certificate, stating the cause of death, etc." I shall be much obliged if you will inform me in which clause of the new Registration Act (1874) it is so stated, and what is the amount of penalty attached. I have looked carefully through the Act, and failed to find any such penalty mentioned.

\* \* \* Clauses 20 and 39. The former clause enacts that the practitioner shall give such certificate; in the latter clause the following paragraph occurs: "And every person who refuses or fails, without reasonable excuse, to give or send any certificate in accordance with the provisions of the said Acts, shall be liable to a penalty not exceeding forty shillings for each offence", etc.

DR. C. B. FOX and MR. HODGKINSON.—Duly received, and shall have attention.

## ERRATA.

IN DR. BASTIAN's paper in last week's JOURNAL, p. 158, col. 1, for "vol. ii, p. 30", read "vol. ii, Appendix, p. xxx"; p. 158, col. 2, for "*G giorn. dell. R. Instit. Lombard*, 1852", read "*G giorn. dell. R. Instit. Lombard*, t. iii, 1851"; for *Ed. Med. and Surg. Journal*, 1868", read "*Edinb. Med. Journ.*, 1868"; for "*Proceed. of Royal Soc.* 1874", read "*Proceed. of Royal Soc.*, vol. xxi, 1873".

C. L. will find articles on the subject of the cure of deformity following fracture of the bones of the nose in the JOURNAL of October 2nd and 23rd, 1875.

## THE ADMINISTRATION OF NITRITE OF AMYL.

SIR,—Seeing in the JOURNAL of this day an answer to a correspondent as to the method of administration of nitrite of amyl, I think it may be useful for your readers to know that it may be more safely and conveniently employed if it be previously diluted with an equal quantity of rectified spirit. Five measured minims of this mixture may then be safely given, which cannot be done if a less quantity be dropped from the bottle. The best method of inhaling is from a cone of blotting-paper, made from a foolscap sheet twice folded—that is, four thicknesses of paper made into a cone. The effect of nitrite of amyl, as of aldehyde, ether, or chloroform, is much more powerful if added to hot water and inhaled with steam. I have known cases in which the inhalation of the vapour of five drops of chloroform in a pint of water at 120 or 130 deg. F. has been followed by the most unpleasant and even alarming symptoms.—Yours faithfully,

LENNOX BROWNE, F.R.C.S. Ed.

14A, Weymouth Street, Portland Place, Jan. 29th, 1876.

A. G. P. is recommended to communicate with Mr. G. Brown of 12, Colebrooke Row, Islington, N.



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

**THE PROPOSED TEMPERANCE HOSPITAL.**

SIR,—With your wonted kindness you will, I am sure, give me and many of your readers who feel pretty much as I do, a little information on a rather delicate question. Efforts are being made to erect a large and important temperance hospital in London, and some of my teetotal friends are pertinaciously advising me to subscribe to it. Now I feel that, unless some good ground can be made out for adding to the existing metropolitan hospitals, it would not be prudent to aid. My temperance friends assure me that little is yet known of the non-alcoholic treatment of disease: all medical men, for obvious reasons, they add, setting their faces against any course of treatment so simple and certain as abstinence from pernicious and fermented liquors. This surprises and embarrasses me; and as it is better to hear both sides before deciding, may I hope that you will inform me whether it is true that very much remains to be made out concerning the non-alcoholic treatment of disease, and whether the medical profession sets itself strenuously against giving temperance patients a fair chance of recovery?

I find that several friends of mine are quite as much at a loss to know what to do as I can be. They feel that, if a temperance hospital be needed, the sooner we have one the better: but that if it be not needed, no ungenerous arguments should be used to extort money from persons who cannot be expected to know much of medical matters.—Yours truly,

HENRY BROCKLEHURST.

\* \* We prefer to print Captain Brocklehurst's letter with a view to elicit opinion, rather than to express an editorial judgment on the question which he propounds.

**LEX.**—If the licensing bodies which granted diplomas to the person referred to have, by any power which they legally possess, revoked those diplomas, he no longer has a right to use the titles indicating their possession. The removal of his name from the *Medical Register* does not authorise any proceedings against him for practising; but he cannot hold any public medical appointment or recover payment for attendance or medicine, nor pretend to be a registered practitioner.

**THE RECENT CASE OF POISONING AT DEVONPORT.**

SIR,—My attention has been directed to an article in your *JOURNAL* of January 29th, on a late poisoning case at Devonport. I regret you should have written before obtaining correct information. Mr. Thom, our house-surgeon, has kindly offered to send you all the particulars and history of the case. That the child died from poisoning by arsenic we had no doubt, nor was it from any distrust of our chemical results that I advised the coroner to send the stomach and vomited matter to a competent analyst; but I have a strong opinion that in every criminal case of poisoning the very best and most experienced adept should be employed, in justice to the crown as well as to the accused.—Yours truly,

R. J. LAITY, Surgeon to the Royal Albert Hospital, Devonport.

SIR,—The following is a report of the late case of poisoning at Devonport. On December 29th, 1875, I assisted Mr. Laity and Mr. C. J. Moore at a *post mortem* examination of the body of a female child who was supposed to have died from poisoning. The *post mortem* appearances thirty-six hours after death here follow. The body was well nourished. Rigor mortis was present, and nothing unusual was noticed externally, except some remains of vomit about the mouth. There was the usual discoloration at the depending parts, and the surface of the abdomen was beginning to turn green. On opening the body, the stomach was found distended, and its pyloric end was noticed to be very red. This redness extended in a lesser degree through the small intestine to a point about six feet from the cæcum, where a considerable recent intussusception was found. Below this point the bowel was empty. The liver and kidneys were congested, and there was a small quantity of urine in the bladder. The contents of the thorax were normal, and there was a small *post mortem* clot in the right ventricle. The brain and its membranes were considerably injected. The stomach was ligatured at each end and placed in a glass jar, brought for the purpose. The intestine was treated in the same way, and was placed in another glass vessel. Portions of the liver and kidneys were also removed. The glass jars, together with a quantity of the suspected broth, and some of the vomit of the child's grandmother, were taken away for further examination. When the stomach and intestines were removed, the œsophagus and pharynx were examined, but nothing was discovered beyond a little congestion of the latter. After the examination, some inquiries were made amongst the people in the house, and the following facts were ascertained, though many of them made different statements at the coroner's inquest.

Five persons had partaken of the broth, all of whom vomited almost immediately afterwards. All of them had pain about the bowels, and were purged. These symptoms in the case of three of the number (all adults) passed away in a few hours. The child, however, had frequent vomiting, with pain in the bowels; but the purging stopped about four hours before its death, which took place in about nine hours after the broth had been taken. The grandmother, an old woman, was still very sick, when I saw her after the *post mortem* examination, and complained of pain in the bowels. I believe she is still confined to her bed. At the subsequent examination, the broth was first tested, and was found to contain arsenic by the following tests: Sulphuretted hydrogen, ammonio-nitrate of silver, ammonio-sulphate of copper, and Reinsch's test. These tests were afterwards employed to some of the contents of the stomach and the intestine, as well as the vomit of the grandmother. All yielded similar results. On laying open the stomach, it was found to be considerably congested, especially about the pyloric end. A quantity of parsley was submitted for examination by the coroner's officer, and was pronounced by at least six members of the profession to be ordinary parsley.

The symptoms presented by all the persons poisoned were not incompatible with those of arsenical poisoning. The fact of the child not being purged for some time before death would be accounted for by the intussusception. The remarks made in the *BRITISH MEDICAL JOURNAL* of the 29th January were, I believe, founded on the report of a local paper. Several witnesses at the inquest contradicted their previous statements. The green colour of the stomach mentioned by the reporter referred to the surface of the abdomen. I am not aware that any thorough search of the premises has been made.

In conclusion, I must say that I quite agree with you as to the unsatisfactory state in which the case is left, but I trust this statement of the case will convince you that no pains or trouble were spared by the medical witnesses to find out the true cause of death.—I am your obedient servant,

Royal Albert Hospital, Devonport, Feb. 21st, 1876.

G. THOM.

**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.**

**AN INTELLIGENT DIAGNOSIS.**—A spiritual physician recently gave the following opinion, based on the examination of a lock of the patient's hair: "There is a bilious torpid state of the liver, an over-secretion of gall-fluid. This mingles with the bile and leaks into the stomach, upon which is fever-coating. This retards digestion and agitates the nervous system. Too much internal slow fever habit, obstructions at the kidneys, sediment in the bladder."

**MR. T. H. GARLAND.**—In the absence of a *post mortem* examination, it was, of course, impossible for Mr. Garland to state the cause of death; and equally so to know how far it was due to natural causes and inevitable, or to one of many kinds of neglect or other causes requiring investigation. The coroner's remarks were ill-informed and his censure unfounded.

We are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Macclesfield Guardian; The Bath Herald; The Brighton Observer; 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; The Sunday Times; The Borough of Marylebone Mercury; The Pioneer; 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. Sieveking, London; Dr. J. B. Bradbury, Cambridge; Professor Tyndall, London; Mr. Jonathan Hutchinson, London; Dr. C. Theodore Williams, London; Mr. R. Barwell, London; Dr. Fleming, Netley; Dr. H. Charlton Bastian, London; Dr. Wardell, Tunbridge Wells; Dr. George Johnson, London; Dr. J. Hughlings Jackson, London; Dr. J. Duncan, Edinburgh; Dr. Tripe, London; Mr. James R. Lane, London; Dr. Macnamara, Bruff, co. Limerick; Our Paris Correspondent; Mr. Aubin, London; Dr. Coats, Glasgow; Dr. Edis, London; Mr. Humphreys, London; Dr. Hilton Fagge, London; Dr. Arthur Leared, London; Mr. Eastes, London; Mr. W. Fairlie Clarke, London; The Registrar-General of England; Mr. T. M. Stone, London; The Registrar-General of Ireland; Dr. Percy Boulton, London; The Secretary of Apothecaries' Hall; Our Edinburgh Correspondent; University Surgeon; Mr. W. A. Carline, Lincoln; Mr. Hatherley, Radford; Dr. Talbot Beamish, Blanchland; Mr. Lacey, London; Medicus; Dr. John Percy, London; Mr. McConnell, Sheffield; The Secretary of the Seamen's Hospital; Dr. Herbert Page, London; A. B. C.; Dr. Maclean, Netley; Rev. J. Simpson, London; Dr. Scott, Southampton; A Member; Dr. C. B. Fox, Chelmsford; Mr. T. D. Ransford, London; Mr. Gover, London; Dr. Joseph Lalor, Dublin; Our Dublin Correspondent; The Secretary of the Pathological Society; Mr. Richard Wilding, Church Stretton; Mr. E. Cretin, Birkenhead; Dr. Farquharson, London; M.D., London; Professor Huxley, London; Dr. Handel Griffiths, Dublin; Dr. Thomson, Dunning; Dr. Finlayson, Glasgow; Mr. Rice Morgan, Morriston; Mr. Earle, Brentford; A Constant Reader; Mr. Best, Louth; Medicine Doctor; Dr. Daniel Biddle, Kingston-on-Thames; Mr. Henry Hemsted, Whitchurch; Dr. MacNab, Stirling; Mr. Barnett, Chester-le-Street; Mr. George Brown, London; Dr. Black, London; Dr. MacLagan, Dundee; Mr. John Davy, London; Rev. J. Allen Hatchard, Hastings; Our Belfast Correspondent; Mr. William Adams, London; Dr. Mackey, Birmingham; Dr. McCrea, Belfast; Surgeon-Major; A Friend of the Service; S. M. L.; An Old Officer; Short Service; Dr. Styrup, Shrewsbury; The Secretary of the Statistical Society; Dr. Thin, London; Dr. William Dale, King's Lynn; Mr. H. K. Hitchcock, Lewisham; Mr. J. G. Williams, Brecon; Dr. J. Brown, Sheffield; Mr. J. W. Groves, St. Bartholomew's Hospital; Mr. Verity, Pontypool; Dr. Fothergill, London; Mr. S. Lee, London; Dr. G. Buchanan, Glasgow; Dr. Joseph Rogers, London; Mr. W. L. Selse, London; Mr. Macfie, Tottenham; Mr. J. A. Thomp on, London; etc.

**BOOKS, ETC., RECEIVED.**

Hospital Plans for the use of the John Hopkins Hospital. London: Sampson Low and Co. 1876.  
Medical and Surgical Examination Questions. By H. Aubrey Husband, M.B. London: Longmans, Green, and Co. 1876.  
The late Visitation of Typhoid Fever in the School and Town of Uppingham. By A. Haviland, Esq., and Rogers Field, Esq. (Engineer). London: 1876.  
Medical Responsibility in the Choice of Anæsthetics. By H. Macnaughton Jones, M.D. London: H. K. Lewis. 1876.  
The Medicine of the Ancients. By Edward H. Dickinson, M.A., M.B. Liverpool: Adam Holden. 1875.  
Food: its Adulteration and the Methods for their Detection. By Arthur Hill Hassall, M.D. London: Longmans, Green, and Co. 1876.