

examination, an old abscess was found in the lower border of the right lobe of the liver, the substance of which was hardly engaged. This abscess had burst into the peritoneum; but, as it had contracted adhesions with the surrounding parts, the resulting peritonitis was localised. There was no typhoid affection of the intestinal glands. In the second case, a woman aged 25 was admitted with a crop of rose-spots. Intestinal hæmorrhage occurred; the temperature ran up to 106.6 deg.; and she rapidly sank. The spleen was enlarged, and Peyer's patches were diseased, although not in proportion to the intensity of the constitutional symptoms.

Peculiar Fractures of Femur and Humerus.—Dr. E. H. BENNETT exhibited a series of fractures from a fatal case of tram-car injury to a young man. He bled from both ears after the injury, was admitted to hospital collapsed but conscious, and died in four or five hours. A very extensive fracture radiated from the base of the skull, and involved the petrous portion of both temporal bones. There was a comminuted fracture of the thigh; the fragments being also impacted. The periosteum was extensively stripped from the injured bone. The humerus on the same side was likewise comminuted; the fracture involved the epiphysary line, beyond which there was no detachment of the periosteum.

Hypertrophy of Tibia consequent on Osteitis.—Mr. TYRRELL exhibited casts illustrative of the peculiar deformity caused by hypertrophy of the bones of the left leg after osteitis of the tibia. The affected limb was two inches longer than the sound one, and presented a very grotesque appearance. It was also covered with downy hair. The increased afflux of healthy blood during the osteitic attack had produced these effects through hypernutrition.

Subacute Cerebro-Spinal Fever.—Dr. JAMES LITTLE showed the brain and spinal cord of a girl aged 15, who died after two months' illness. Towards the end of last October, she came into hospital prostrate, and with marked head-symptoms. It was found that she was an overworked milliner's assistant, and had been ailing for some time, the chief symptoms being headache and dyspepsia. On October 11th, a rigor occurred. High temperature prevailed at first (106 deg.), and the pulse was 150. Purpuric spots appeared on the body, and sloughed, notwithstanding every care. After death, the brain was found to be very firm, with its lobes agglutinated and the arachnoid opaque. Similar changes had taken place in connection with the spinal cord.

Fracture of Seventh Cervical Vertebra.—Mr. H. G. CROLY showed the spinal column and spinal cord of a man who had tripped in walking across a room. In falling, he had jerked back his head and fractured the vertebra *prominens*. He complained of pain in the nape of his neck. There was soon hyperæsthesia of the left forearm. Retention of urine and priapism were also present. He died on the third day. A fracture ran through the body of the seventh cervical vertebra, and here the cord had been tightly nipped, so as to become indented and hyperæmic.

SELECTIONS FROM JOURNALS.

SURGERY.

TRAUMATIC TETANUS CURED BY STRETCHING THE NERVES OF THE BRACHIAL PLEXUS.—Professor Vogt, of the University of Greifswald, reports this case in the *Centralblatt für Chirurgie*, No. 40, 1876 (abstracted in *New York Medical Journal*). A labourer, aged 63, sustained an injury of the right hand from a falling stone. At the end of two weeks, the palmar wound was healed, and on the dorsum, opposite the lower end of the third metacarpal bone, a healthy granulating surface existed, when trismus was observed. Severe opisthotonos and clonic convulsions of the lower extremities followed, in spite of the free use of opium. There was no tenderness in either wound, nor over the course of the nerves in the arm or forearm; but the brachial plexus in the neck was very tender, and pressure gave rise to spasms of the muscles. The operation was performed and the treatment conducted with all antiseptic precautions. The brachial plexus was exposed on the right side of the neck, in the triangle enclosed by the trapezius, omo-hyoid, and scaleni muscles, its sheath opened, and the separate trunks drawn out and well stretched. The sheath, appearing strongly injected, was loosened from the surrounding tissues as far as the spinal canal. In the hand, the palmar cicatrix was separated from the sheath of the flexor tendons by a crucial incision and subsequent dissection, and the cicatrising edge of the dorsal wound was excised. Immediately on waking, the patient could open his mouth and protrude his tongue, and all symptoms disappeared except some slight spasms of the muscles of the neck, which followed vomiting (on the second day). On the

tenth day after the operation, the wounds were nearly healed. The patient had had no other medicine than opium, for restlessness at night, and felt no morbid sensations beyond occasional pricking in the fingers.

PARALYSIS TREATED BY NERVE-STRETCHING.—The *Aeratlisches Intelligenz-Blatt*, No. 8, 1876, reports the following case. The patient, a Polish gentleman, aged 35, had for eleven years suffered from paraplegia, the result of an injury in the sacral region. There had been an almost total loss of sensation, while voluntary motion was completely annihilated. The bladder and rectum were affected, and incontinence of urine followed. After administering chloroform, the following operation was performed. A curved incision was made in the right groin, over and along the course of Poupard's ligament. The fascia was divided, and the anterior crural nerve exposed and separated from the vein and artery. The operator hooked his finger under the nerve, and raised it with such force that the foot was moved. He then seized it between the thumb and finger, and made traction downward, until it appeared to be elongated. The inguinal wound having been carefully dressed, a longitudinal incision was made on the same side, midway between the tuber ischii and the great trochanter, so as to expose the sciatic nerve, which was also elevated from its bed and pulled forcibly upward and downward. These operations were followed by the immediate cessation of the spasmodic movements with which the limbs had been affected since the time of the accident, on the side on which the operation had been performed. The wounds healed rapidly, and the operation was repeated on the left side in a fortnight, with the most satisfactory result. The relief afforded was complete, and the patient, who for years had been confined to his bed, was subsequently able to get up and move about on crutches, the paralysed limbs being furnished with mechanical support.

THERAPEUTICS.

TREATMENT OF PITYRIASIS VERSICOLOR.—Mr. J. Ritchie finds the following treatment very efficacious. He recommends (*Edinburgh Med. Journal*) that the skin be washed with soap-and-water to free it from grease, and thereafter that there be applied daily to the affected spots a lotion consisting of equal parts of acetic acid and glycerine; also that the clothes worn next the skin be dipped in vinegar and water, in order to free them from any of the spores which might be lodging about them.

THE APPLICATION OF THE NITRATE OF SILVER TO ULCERS.—Dr. James Cuthill says that, when solid nitrate of silver is freely applied to an ulcer, a tough film is immediately formed, and the ulcerated surface is for the time being apparently sealed up. The benefit to be derived from such a proceeding, however, as most surgeons who have seen a little practice well know, is only temporary, the pellicle becoming detached by the ulcerative process, leaving a sore frequently larger than the original one. A better plan, which he has practised in some cases with excellent results, is merely to score the ulcer with a finely pointed pencil of the nitrate, or only to dot it lightly at intervals on the surface. The discharges getting free vent from the non-causticated points, no sloughing occurs, and a healthy pellicle spreads from the touched portions, just as ice forms on a pond of water.—*Edinburgh Med. Journal*.

MIDWIFERY AND DISEASES OF WOMEN.

USE OF THE FORCEPS IN DELIVERY.—Dr. Jurney, Professor of Obstetrics in Ohio, believes the ordinary method of using the obstetrical forceps a very frequent cause of laceration of the perineum. He makes little or no traction during the pain; but, in the interval of the pains, he uses traction enough to prevent recession of the head of the child, holding it firmly against the perineum. This prevents a re-contraction of the perineum, and converts a violent intermittent distensive force into one which is slowly acting and persistent. Under this moderate but constant pressure, the perineum surely and safely dilates, and laceration is avoided. The reversed rule, therefore, in the use of the forceps, will stand thus: make no traction during the pains; let the traction be made in the interval of the pains.—*Ohio Med. and Surg. Journal* and *Dublin Med. Journal*.

GELSEMINUM AS A DILATOR OF THE CERVIX UTERI.—Dr. James A. Agnew reports (*Virginia Medical Monthly*) three cases in which he has employed gelseminum as an adjuvant to mechanical means for dilatation of the cervix uteri. The first patient upon whom he tried gelseminum had retroflexion of the uterus. The cervix was small and conical; the os was at the apex of the cone, and was so nearly closed

that he could not introduce the smallest laminaria-tent. He had two conical bougies made by an ingenious blacksmith, the little end of the smaller bougie being not larger than a knitting-needle. Even this small instrument could not be introduced. While sheathing a bistoury for the purpose of incising the lips of the external os uteri, the influence of gelseminum over sphincteric action occurred to him, and he determined at once to try it. He gave ten drops of the fluid extract of gelseminum every ten minutes until thirty drops had been taken. Immediately after the last dose, without the slightest difficulty he passed successfully the bougies and a No. 1 sponge-tent to the point of flexion. On the fourth day thereafter, he failed in every effort to introduce a No. 2 sponge-tent until the fluid extract of gelseminum had been given as before. After this was given, the tent was readily passed up to the point of flexion; and, to his great satisfaction, after a little manipulation, it passed this point, and there was no further trouble in the operation of dilatation. He has tried gelseminum in two other cases with equal success.

PATHOLOGY.

SPINDLE-CELLED SARCOMA.—Dr. Satterthwaite, in a memoir in the *New York Medical Journal* for July 1876, on the Development of Connective Substances, explains the histology of spindle-celled sarcoma in the following way. After isolating the seeming spindle-cells in Müller's fluid or ten per cent. salt-solution, he introduced a current between the glasses and caused them to roll over. "It may then," he remarks, "be seen that they are long, flattened, and of irregular size, appearing, on profile view, to be spindle-shaped; and yet we may often press off the nuclei by pressing the cover upon the slide, showing conclusively that such spindle-cells are really the intercellular substance at an early stage of fibrillation." This is an application to pathological histology of the belief, now held by a considerable number of authorities, that a spindle or fusiform cell is always a flat epithelial-like cell seen edgewise. Dr. Satterthwaite, however, does not make the principle of universal application, as he further remarks that "we sometimes see them where they appear to be composed of real spindle-shaped bodies closely packed together, and where each body contains within it a smaller flattened body".

REPORTS AND ANALYSES

AND

DESCRIPTIONS OF NEW INVENTIONS

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

GRANULAR EFFERESCENT SALICIN.

MESSRS. SAVORY AND MOORE have forwarded to us a preparation which affords a convenient and palatable means of administering salicin, which is now much used in rheumatism and other hyperpyretic diseases.

In this preparation, the salicin is combined with the citrates and tartrates of potass and soda. These are selected so as not to interfere with the febrifugal action of salicin. They are often combined in prescribing, either as adjuncts or as correctives. Each drachm (or about one teaspoonful) of the granules represents five grains of salicin, so that five, ten, fifteen, or twenty grain doses of salicin can be easily administered.

This preparation will probably be a favourite one. An equally convenient method of administering full doses of salicylic acid is a *desideratum*.

HOOPER'S PEPTONE OF BEEF.

WE have recently had occasion to employ, and have pleasure in calling attention to, a valuable dietetic preparation which is supplied by Messrs. Hooper (Probyn and Co.) of Grosvenor Street. The *peptone* of beef is a fluid preparation, by partial digestion with pepsine, of rump-steak divested of fat, etc. It is, in fact, not "an extract of meat", from which the albuminous and nutritive parts are therefore removed, but a soluble and digestible preparation of meat, which is highly and wholly nutritive, and which calls on the stomach for little or no work. It only needs absorption. In conditions of extreme debility, or of ulceration of the stomach, in anæsthesia, during convalescence from acute or exhausting illnesses—in fact, under a great variety of circumstances—the prepared peptones of meat are of great value to the practitioner. They are more agreeable than beef-tea, and in every way superior to it.

BRITISH MEDICAL ASSOCIATION: SUBSCRIPTIONS FOR 1877.

SUBSCRIPTIONS to the Association for 1877 became due on January 1st. Members of Branches are requested to pay the same to their respective Secretaries. Members of the Association not belonging to Branches, are requested to forward their remittances to Mr. FRANCIS FOWKE, General Secretary, 36, Great Queen Street, London, W.C.

BRITISH MEDICAL JOURNAL.

SATURDAY, FEBRUARY 3RD, 1877.

THE MILK OF SULPHUR QUESTION.

II.

PROCEEDINGS have been taken against three other druggists at Run-corn for the sale of milk of sulphur; and, in spite of a strenuous defence, they have been convicted and fined. Six martyrs are, therefore, now awaiting the final settlement of the matter in dispute by an appeal to the Quarter Sessions. Our contemporary (*Pharmaceutical Journal*, January 12th, 1877) publishes a most elaborate account of the proceedings, and justly condemns their unnecessary prolixity, as well as the irrelevancy of much that was put forward in the defence. We agree in thinking that the solicitor to the Chemists and Druggists' Trade Association has unwittingly brought out, by his cross-examination of the witnesses, a strong case for the prosecution of all druggists who sell "plastered sulphur" for sulphur, under the misleading and antiquated name of "milk of sulphur".

We have anticipated much of what was urged in the defence. Some important facts, however, were elicited, which it is desirable to note. The member of a Liverpool firm of druggists stated that in 1874 they sold about *four tons* of the milk of sulphur (the impure article) to six hundredweight of the pure (precipitated sulphur). Thus it appears that about *two tons* of plaster of Paris are sold yearly by one firm of wholesale druggists under the name of, and for the medicinal purposes of sulphur! The impure mixture is said to be more eagerly sought for by the poorer classes—doubtless because it is cheaper, and in ignorance of its real nature. It is the preparation of sulphur with which they are most familiar.* In the course of these proceedings, another reason was assigned for this popular preference. It was stated by the professional witnesses, that the plastered sulphur could be mixed more readily with water than the pure or precipitated substance. This is true, owing to the readiness with which sulphate of lime mixes with water. Considering that precipitated sulphur may be easily mixed with water by the use of treacle, syrup, or mucilage, this furnishes but a poor excuse for selling an impure article to an ignorant woman who may require a laxative for her child. No person competent to prescribe, would in such a case advise for a child, in place of sulphur, a mixture consisting of two-thirds plaster of Paris. Ignorance on the part of the purchaser and the greed of gain on the part of the vendors, are, we believe, at the bottom of this system of selling a mixture which has been excluded from all trustworthy pharmacopœias for more than a hundred years.

The surgeon from Birmingham who appeared in the previous cases stated, on the part of the defence, that the presence of sulphate of lime moderated the laxative properties of sulphur, and rendered the stools softer and more liquid. On the first point, he was properly asked whether it would not be better to lessen the dose, rather than to lower the action of the medicine by adulteration; and, as to the second point, we do not understand how a mineral which has a remarkable tendency to combine with water, and actually in one state to form a solid with it, can have any effect in liquefying the stools. This surgical witness further

* The witness above referred to, stated that the wholesale price of milk of sulphur was fivepence per pound, and of precipitated sulphur eightpence. In charging the same price for the two, the milk of sulphur yields a larger profit to the druggist.

itself according to its individual circumstances. Perhaps, in addition to this, examples might be given of the way in which these general principles either have been, or might be, carried out at different hospitals and dispensaries.

"As the Committee have requested us 'to devise some measure of reform,' we venture to submit the following suggestions:

"1. That there can be no doubt that the medical charities have come to be greatly misused; that many persons resort to them for whom they are not intended, and who, though belonging to a humble station in life, are yet well off for their position, and quite able to contribute something towards the expense of their own medical treatment.

"2. That, if this be admitted, it becomes a part of the duty of our profession, which is entrusted with the medical arrangements of the country, to take care that nothing is allowed which tends to pauperise a large and influential section of the community.

"3. That at all hospitals and dispensaries there should be, as a primary and integral part of their machinery, some system whereby an effectual inquiry may be made into the social condition of the applicants, and their ability or non-ability to pay something for themselves.

"4. Such a system of inquiry ought to be carried out in a spirit which, while it does not check the exercise of real charity, may yet be duly mindful of the welfare of the nation at large and of the just interests of the profession.

"5. That, in the case of dispensaries and hospitals where systematic payments are made by patients, some portion of the income thus obtained should be set apart as an honorarium for the medical officers.

"6. That, in the development of the 'provident system,' and the various modifications of which it is susceptible, a remedy may perhaps be found for the evils which have become apparent.

"These suggestions might be supported by an appendix giving references to institutions or societies which are conducted in accordance with them, and which would serve to illustrate them; such, for example, as the Royal Albert Hospital, Devonport; the Northampton Provident Dispensary; the Coventry Provident Dispensary; and the Manchester scheme of Provident Dispensaries; and, in London, the Haverstock Hill, the Royal Pimlico, and the Camberwell Provident Dispensaries.

"If something of this kind were put forward with the weight and authority of the British Medical Association, it would satisfy the object we had in view in promoting the memorial, and would, we believe, greatly strengthen the hands of those who are trying to bring about reforms in hospital management.

"In order to elicit the opinion of the public upon the foregoing propositions, and indeed upon the whole subject of hospital management, we would suggest that, at the annual general meeting of the British Medical Association, a special committee should be formed, composed of members of the Committee of Council, along with a few of those who have shown the greatest interest in the memorial. Thus a committee might be formed whose opinion could not fail to have weight with the public, and whose decisions might regulate the course of reform for many years. If such a committee were to invite the attendance of persons who are well known to have given their attention to this subject, and were to question them after the manner of witnesses before a Parliamentary Committee, the opinions of both laymen and medical men might be elicited; and, if an abstract of such evidence could be published in the *BRITISH MEDICAL JOURNAL*, it would undoubtedly create a widespread interest in the ultimate report of the Committee.—We are, sir, yours faithfully,

"ALFRED MEADOWS, M.D., F.R.C.S.

"WILLIAM FAIRLIE CLARKE."

Upon this it was resolved: That the letter be received and entered on the minutes, and that the consideration of the suggestions of Dr. A. Meadows and Dr. Fairlie Clarke be deferred to a future meeting of the Committee of Council.

In consequence of the pressure of business at the annual meeting at Edinburgh, and in the absence of Dr. Meadows and Dr. Fairlie Clarke, the resolution of April 15th, 1875, appears not to have been acted upon, and the measure of reform devised by them was not submitted to the annual meeting.

At a meeting on January 13th, 1876, the Committee of Council proceeded, however, to consider the appointment of a Committee to consider and report upon Hospital Medical Relief; and it was then resolved that Dr. Meadows or Mr. W. Fairlie Clarke be requested to be kind enough to attend the next meeting of the Committee of Council on the matter. Finally, we learn that at a meeting of Committee of Council on July 6th, a letter and telegram were read, of which the following are copies.

"From Dr. Alfred Meadows to Francis Fowke, Esq., 36, Great Queen Street, Lincoln's Inn Fields.

"July 6th, 1876.

"Just telegraphed out town, very sorry; Fairlie Clarke has written you our joint opinions; happy to act as Council wishes."

"Southboro', Tunbridge Wells, June 24th, 1876.

"Dear Sir,—I am much obliged to you for your note conveying the wish that I should attend the meeting of the Committee of Council on the 6th prox., on the subject of the memorial upon hospital abuse, which was presented by Dr. Meadows and myself. Had I been still resident in London it would have given me great pleasure to have done so; but, as it is, I fear I must ask to be allowed to decline. My predecessor in the practice here only left yesterday, and I am unwilling to make any promise which would require me to absent myself, even for a single afternoon, at a time when it is important for me to be on the spot. I am afraid I must leave to Dr. Meadows and others, who are resident in the metropolis, the further prosecution of this matter. My own opinion is that, if a small committee were formed by a few members of the Committee of Council, uniting with a few others who have given particular attention to this subject (more especially persons unconnected with the medical profession), a report might be drawn up which could not fail to be of value, and to exercise an important influence on the public.—Believe me to be, dear sir, yours faithfully,

"WILLIAM FAIRLIE CLARKE."

Upon the reading of this letter, a discussion ensued, and it was resolved: That, as Dr. Meadows and Dr. Fairlie Clarke have not been able to attend to-day and furnish facts which would justify the Committee of Council in assuming that abuses of Medical Charities exist, and in the absence of any active interest in the subject, no further action be taken at present.

ASSOCIATION INTELLIGENCE.

SOUTHERN BRANCH.

AN ordinary meeting of the South-East Hants District will be held at the George Hotel, Portsmouth, on Wednesday, February 7th, 1877, at 4.30 P.M.

Business.—Election of President and Statement of Accounts for 1876. *Subjects of Discussion.*—1. The Provident Dispensary System; 2. The Treatment of Acute Rheumatism.

Dinner will be provided at 6.30. Charge 10s., including wine.

Members wishing to bring forward any communication, or intending to be present at the dinner, are requested to send in their names on or before February 5th.

J. WARD COUSINS, *Honorary Secretary.*

Southsea, January 30th, 1877.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

THE next meeting will be held in the Examination Hall of the Queen's College, on Thursday, February 8th, 1877. The Chair will be taken at Three o'clock P.M.

Business.—To elect an Honorary Secretary to fill the vacancy caused by Dr. Foster's resignation.

Papers.—The following papers are promised.

1. Dr. Savage: Incisions of the Cervix in Uterine Hæmorrhage.

2. Mr. Lloyd Owen: Cysts of the Orbit.

Members are invited to exhibit Pathological Specimens at the commencement of the meeting.

JAMES SAWYER, M.D., *Honorary Secretary.*

Birmingham, January 30th, 1877.

MIDLAND BRANCH: MONTHLY MEETING.

THE third monthly meeting was held at the house of the President on January 19th, 1877.

New Members.—Messrs. W. W. Morris and Thomas Poyntz Wright were elected members of the Branch.

Operation Fees to General Practitioners.—Mr. WRIGHT BAKER of Derby brought the matter of fees in surgical consulting practice, as advocated by Mr. Maunder, before the meeting, when it was resolved, "That it is the opinion of this Branch that it is desirable to put Mr. Maunder's suggestion with regard to an operation-fee into actual practice."

Paper.—Dr. SEATON read a paper on Practical Disinfection, which was freely discussed by members present. Drs. Ransom, Brookhouse,

Buck, and Messrs. Hatherley, Sympson, Wright Baker, and Franklin, took part in it.

Case.—MR. SYMPSON of Lincoln related a case of Abscess treated by Hyperdistension by Carbolised Water, in which the patient received much benefit.

The Next Meeting will be held on Friday, February 16th, for which a paper is expected by Mr. Franklin of Leicester, on Autumn Diarrhoea in Infants.

CORRESPONDENCE.

ANIMAL VACCINATION.

SIR,—The occurrence of another epidemic of small-pox has again found numbers unprepared, by neglect of the means, to control its malignity; and not a few have succumbed who had presumed on their security. As usual at such times, vaccination and revaccination became the order of the day, and shoals of both classes of applicants for the means of defence throng the public stations, and many importune private practitioners. Under these circumstances, as might be expected, has arisen a repetition of the demands, from varied reasons, for the institution of animal or heifer vaccination—a practice now extensively adopted on the continent and elsewhere, with the approbation of the medical profession, and to the satisfaction and reputed benefit of the respective communities.

M. Lanoix states "that for more than twenty years past epidemics of small-pox in Naples have never acquired any great severity, and it is an opinion held by the inhabitants that persons vaccinated with animal vaccine are not now exposed to danger from small-pox, like those who in their infancy were vaccinated from arm to arm". As a means for promptly and efficiently obviating a scarcity of reliable lymph, there cannot be a doubt of its expediency and advantage.

It will be remembered that in the year 1869, Dr. Blanc, on his return to England from captivity in Abyssinia, introduced the practice of heifer vaccination into London. He had previously visited the continental institutions established for that purpose. For a brief period, he employed a well-distributed weekly supplies of such lymph. His labours, however, were brought to a close by a summons to professional duties in India.

I believe that it is not generally known that since that period Dr. John Greene of Birmingham, after having studied all the details of animal vaccination under Dr. Blanc and Dr. Warlomont of Brussels, has, at various periods, carried on that practice, and has employed and dispersed the resulting lymph to numerous applicants, the source of his primary supplies being the institution under the charge of Dr. Warlomont.* I have, on several occasions, obtained and used supplies of such lymph from Dr. Blanc and Dr. Greene, and can testify to its energy and efficiency, characterised by its deliberate evolution, great firmness of the vesicles, comparative late appearance and slow decline of the areola, prolonged liquidity of the lymph, late incrustation, and much delay in the separation and falling off of the crust.

The practice of heifer vaccination seems now fully established as a national method in France, Brussels, Holland, Vienna, Berlin, St. Petersburg, and in the state of Massachusetts; in all of which places it has taken root. Dr. Ballard's remarks on these facts are so pertinent and so just, and his views and opinions on the whole subject are so coincident with mine, that I shall make no apology for quoting them in detail. "It is difficult," he says, "to account for its adoption in so many places, except on the ground that some real advantage is attached to it. I confess that I should be glad to see animal vaccination adopted in this country as a part of our national arrangements for the prevention of small-pox. I believe that great good would result from it; if no other good, there would be this, that practitioners who are dissatisfied with the lymph they are using might have recourse to the vaccinated heifer at any time for the improvement of their supply. It would not necessitate, or even render desirable, the abandonment of arm-to-arm vaccination; but its adoption would tend to meet the prejudices of some persons who decline now to avail themselves of vaccination on account of the dangers with which they believe it is surrounded." "All that is requisite for the attainment of these objects is a proper organisation, and I cannot avoid thinking that it

would be a direction to which the action of the Government of a kingdom such as ours might be worthily engaged."

I am, sir, yours truly, ROBERT CEELY.
Aylesbury, January 24th, 1877.

SIR,—Can any of your readers tell me the preliminary steps that should be taken for starting a stock of animal-lymph? What situation in the calf is the best place for making the puncture? Ought the place to be cleared of hair first? Are the days for taking the lymph the same as in the human subject? My case will show why I am so anxious to know this.

All infants in this district were vaccinated in October and November, and I and my colleague took what lymph we could get as a stock. Since then, an outbreak of small-pox has occurred here and in two or three other places in the neighbourhood, causing a panic and a sudden demand for revaccination that long ago exhausted my stock of lymph, and all that I could procure from the few babies born since the public vaccination in October and November. My friends in the neighbourhood are as hard pressed as myself, and cannot supply enough lymph to revaccinate all who come expecting me to perform the operation.

It is absurd to think a public vaccinator can afford to pay at the rate of two shillings per head for lymph sufficient to vaccinate one person who brings him a fee of 1s. 4d.; therefore, if a few medical men, who had the chance of doing so, could contrive to start animal-lymph, it would be a great boon, and I for one would be glad to begin it down here, if I knew all the conditions necessary for its commencement.—Yours faithfully,

H. D. PALMER.
Nayland, Colchester, January 27th, 1877.

VACCINATION.

SIR,—The suggestive letter of Dr. Crisp, in the JOURNAL of January 20th, induces me to mention some experiments I made, about twenty-five years ago, in relation to the power of vaccine lymph taken from the fully-developed vesicle, in persons under revaccination, to reproduce its like. At that time, I was observing for the first time an epidemic of small-pox. There was a great demand, as is usual at such a time, for revaccination. Many, not revaccinated, took small-pox. I was much struck by the parallelism in the development of modified small-pox and the secondary cow-pox. I communicated my observations to the East Kent Medical Society. The old confidence in the permanent protection of primary vaccination prevailed amongst the members at that time. The formation of a perfect vesicle in revaccination was doubted; and the test was required, that it should reproduce itself. Accordingly, at the first opportunity, I took lymph from a well-developed secondary vesicle of the eighth day, with incipient areola, and used it in primary vaccination, with lymph of the ordinary kind; making separate insertions of the two kinds; one for the secondary lymph, three for the primary. This I did that the future protection of the child might not be invalidated. The progress was equal with all the vesicles; the only difference that was noted was that the scar of the secondary vesicle was somewhat smaller, and not so well foreshadowed. The experiment was repeated with the same result. In one of these instances, I had the opportunity of revaccinating the boy, about puberty; and the secondary cow-pox developed in the papulose-vesicular form. I am aware that the result of this experiment is but an approximation to the point required by Dr. Crisp; and it has not given me the confidence to use the lymph of the perfect vesicle of secondary cow-pox in primary vaccination, chiefly for this reason: although the development may be complete to the eighth day, there is no guarantee that it will take the natural course to the end; the latter stage may be altered and curtailed, as is well known in modified or post-vaccinal small-pox. This doubt is a weakness which prevents the protective potency of secondary and primary vaccine lymph from being perfectly comparable. It would prolong this letter too much to answer fully the question raised in the concluding clause of Dr. Crisp's communication. My experience, taken from revaccination in houses where small-pox already exists, as well as from observations on concurrent vaccinia and variola, tends to the reply that it is safe to allow a revaccinated person to enter the room of a small-pox patient after the eighth day, or full maturation of the secondary cow-pox, in the degree of development of which the system is capable. I have not met with, or heard of, the occurrence of small-pox after revaccination, where an appreciable result has been well authenticated.—Yours obediently,

Canterbury, January 20th, 1877.

JAMES REID.

* Good Lymph: an Inquiry as to what extent it is desirable to employ Heifer Lymph. By John Greene, L.C.P., etc. Birmingham: 1871.

† On Vaccination: its Value and alleged Dangers. A Prize Essay, by Dr. Ballard.

* *Idem*; and Dr. J. Greene, *loc. citato*, and *On some Advantages of Animal Vaccination for the Prevention of Small-pox*, by A. Vintras, M.D. Churchill.

vacated by Dr. Odling, and from that time devoted himself to medicine. In 1865, he married and settled as a physician in Sheffield. Here, he was successively appointed on the staff of the public hospital and the infirmary, and lectured on the Practice of Medicine in the school. His professional skill, his tact and insight, and his genuine sympathy and kindness, soon made him valued by his professional colleagues and by the laity. His practice increased steadily, and, after ten years, was large and lucrative. But, about this time, symptoms of chronic renal disease began to show themselves, almost the first being a slight but unmistakable uræmic convulsion. He consulted his senior colleague Dr. Bartolomé, and Dr. Wilks in London, and albuminuria, with other signs of interstitial nephritis, were recognised.

In the autumn of 1875, when returning home in his brougham from seeing a patient, he suddenly found that he was blind. He had all his life used only one eye, wearing a single glass, and, this one being attacked by hæmorrhage, the other was useless for the time. A medical friend who was sent for from London found him next day suffering from repeated eclampsia and large retinal hæmorrhage.

Compelled to retire at once from practice, he left Sheffield, and, with complete rest and careful dietetic treatment, improved remarkably in health. He took a house at Torquay in the spring of 1876, where he busied himself with electrical researches, and had even begun to see patients again. On January 7th, however, he was suddenly attacked with fresh symptoms of uræmia, which, after a few days, ended in death by coma.

Thus sadly was a career ended which once promised to be brilliant. All who knew Frank-Smith recognised his excellent parts, his acuteness of thought and delicacy of taste; his conversation was charming; his temper of the sweetest; his feelings affectionate and warm, and his unaffected kindness endeared him to his patients, both rich and poor.

He was at one time an intimate friend of the late Mr. James Hinton; but his tastes were rather literary than metaphysical. A volume of poems which he published in 1864 showed skill in versification and power of thought. Among his contributions to science may be mentioned papers on Spectrum-analysis, on the Occurrence of Indican in the Urine, on what he called Hephæstic Hemiplegia of the Sheffield hammermen, and on the remarkable disease known as Vitiligoidea or Xanthelasma, for which he introduced the name "xanthoma", which has since been adopted by Hebra and Kaposi and by Dr. Bristowe. His last paper on this subject was only communicated to the Pathological Society a few days before his death.

"Multis ille bonis flebilis occidit."

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentleman was admitted a member on January 25th, 1877.
Crocker, Henry Radcliffe, M.D.Lond., University Hospital

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—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 January 25th and 26th.

Messrs. J. B. Bunney, Newbury, Berks; H. W. Roberts, L.S.A., South Square, W.C.; F. B. Maclean, Kew; H. J. S. Liddell, Ivy Bridge, Devon; G. A. Hunt, L.R.C.P. Edin., Rochester, Derbyshire; A. M. Turner, L.S.A., Gloucester; C. E. Perry, Henley-on-Thames; W. H. L. Welchman, Falmouth Road; G. C. Henderson, Kingston, Jamaica; C. J. Watson, Norwich; David Lloyd, L.S.A., Newcastle Emlay; Edwin Denning, Taunton; A. W. Kempe, Brent, Devon; F. A. Jeans, Pinner, Middlesex; H. E. Groves, Regent's Park Road; James Blamey, L.S.A., Penryn, Cornwall; W. J. Haines, Hendon; Herbert Langton, Brighton; P. A. Steedman, Cape of Good Hope; S. H. Byam, L.R.C.S.Lond., Exmouth; J. S. Biale, Phillimore Place; J. H. Ross, Bloomsbury Square; Frederick De Caux, L.S.A., Norwich; J. A. Brown, Peckham; Sandford Arnott, St. Vincent, Jamaica; W. W. Lake, L.S.A., Ilford, Essex; C. K. Morris, Spalding; P. F. Solomonson, Ceylon; Clement Lees, Birmingham; Edward Freer, Birmingham; J. T. Toll, Port Adelaide; B. W. Walker, Yarmouth; W. H. Smith, L.S.A., Sibsey, Lincolnshire; W. G. H. B. Marsh, Bristol; G. S. Robertson, L.S.A., Dover Street; Edward Semple, Totnes, Devon.

Of the one hundred and thirty-five candidates, eighty-one received their diplomas of membership; nineteen were approved in Surgery, and, when qualified in Medicine, will be admitted members of the College; and thirty-four, failing 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 25th, 1877.

Bailey, William Edward, Stockport

Poynder, John Leopold, Southsea
Pritchard, Ernest James, Shilton, near Coventry
Smith, Ernest Sutton, Stanhope Street, W.C.

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

Dale, Henry Ridley, University College
Sayer, Tom, University College
Thomson, Herbert Warneford, Charing Cross 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 9th, 10th, and 11th, 1877; the following candidates obtained the Licence to practise Medicine.

Aldridge, Edward Arthur
Dunbar, Eliza Louisa Walker
Gunn, Christopher
Young, Thomas Frederick

The successful candidates for the Licence to practise Midwifery were—

Aldridge, Edward Arthur
Blunden, William
Dunbar, Eliza Louisa Walker
Gunn, Christopher
Poole, Jonas Sealy
Willis, Francis Taylor
Woods, Arthur A.
Young, Thomas Frederick

MEDICAL VACANCIES.

THE following vacancies are announced:—

AXBRIDGE UNION—Medical Officer for the Tenth District.
BIRMINGHAM GENERAL DISPENSARY—Resident Surgeon. Salary to commence at £130 per annum, with allowance for cab-hire, and furnished apartments, lights, and attendance.
DENTAL HOSPITAL OF LONDON, Leicester Square—Dental House-Surgeon. Applications to be made on or before the 14th February.
COVENTRY AND WARWICKSHIRE HOSPITAL—House-Surgeon. Salary, £100 per annum, with board, lodging, and attendance. Applications to be sent on or before February 24th.
DENBIGHSHIRE INFIRMARY—House-Surgeon. Salary to commence at £85 per annum, with board, washing, and residence.
DORE UNION—Medical Officer for the Kentchurch District and Workhouse.
HASTINGS UNION—Medical Officer for the Second District.
HOSPITAL FOR WOMEN, Soho Square—House-Physician. Applications to be made to David Cannon, Esq., Secretary.
HUNTINGDON COUNTY HOSPITAL—House-Surgeon. Salary, £60 per annum, with board, lodging, attendance, and washing. Applications to be sent on or before February 3rd.
KENT COUNTY LUNATIC ASYLUM, Barming Heath. Second Assistant Medical Officer. Salary, £150 per annum, with furnished apartments, etc. Applications to be sent on or before February 16th.
LEIGHTON BUZZARD UNION—Medical Officer. Salary, £250 per annum, and vaccination fees. Applications to be sent in on or before the 13th instant.
MANCHESTER PROVIDENT DISPENSARIES' ASSOCIATION—Resident Medical Officer. Salary, £120 per annum, and private practice allowed.
MORPETH DISPENSARY—House-Surgeon. Salary, £120 per annum, with house, coals, and gas. Applications to be sent in on or before the 5th instant.
NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC—Resident Medical Officer and Registrar. Salary, £100 per annum, with board and lodging.
NANTWICH UNION—Medical Officer for the Audlam District.
NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney—Assistant-Physician.
ST. GEORGE'S (Hanover Square) PROVIDENT DISPENSARY—Second Surgeon. Applications to be made on or before February 10th.
ST. MARY, LAMBETH, PARISH—Medical Officer for the Tenth District.
ST. MARYLEBONE GENERAL DISPENSARY—Obstetric Physician. Applications to be sent on or before February 5th.
STOW-ON-THE-WOLD UNION—Medical Officer for the Loughborough District and Workhouse. Applications to be sent in on or before the 8th instant.
WANTAGE UNION—Medical Officer for the Ilsey District. Salary, £75 per annum, and fees. Applications on or before February 5th.
WILTON UNION—Medical Officer for the Wilton District and Workhouse.

MEDICAL APPOINTMENTS.

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

HIGHMORE, W., M.D., appointed Consulting Medical Officer to the Yeatman Hospital, Sherborne, Dorset.
*NANKIVELL, Charles A., M.B., appointed Honorary Physician to the Torbay Infirmary, Torquay, vice T. R. Lombe, M.D., resigned.
*WALTER, William, B.A., M.B., appointed House-Surgeon to the Salford and Pendleton Royal Hospital, Manchester, vice John H. Morris, M.R.C.S. Eng., resigned.
WILLIAMS, W. H., jun., M.R.C.S. Eng., appointed Assistant Medical Officer to the Yeatman Hospital, Sherborne, Dorset.

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 announcement.

BIRTH.

FOX.—On January 30th, at the Grove, Great Baddow, Essex, the wife of Cornelius Fox, M.D., of a daughter.

MARRIAGE.

SQUARE—MILLER.—On January 31st, at St. Andrew's, Plymouth, by the Rev. C. T. Wilkinson, Vicar, assisted by the Rev. F. L. Bazeley, Rector of Bideford, uncle of the bridegroom, William Square, F.R.C.S., to Mary Tryphena, daughter of the late John Miller, Esq., of Ford Park, Plymouth.

MR. LAWRENCE W. SPENCER has been elected a Town Councillor for Preston.

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.—Charing Cross, 2 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.—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. Wiltshire: Third Lettsomian Lecture, "Pathology and Treatment of Hæmorrhages from the Female Generative Organs".
TUESDAY.—	Pathological Society of London, 8.30 P.M. Adjourned special evening for the exhibition and discussion of specimens of Visceral Syphilis. Specimens will be exhibited by Mr. Hutchinson, Drs. Aitken, Buzzard, Davidson, Goodhart, Gowers, Green, Pye-Smith, Shepherd, and Sutton.
WEDNESDAY.—	Obstetrical Society of London, 8 P.M. Specimens. President's Address. "Cases of Inversio Uteri," by Drs. Hickman, Godson, Heywood Smith, and Elkington. Dr. Braithwaite, "On the Treatment of Retroflexion"; and other communications.
FRIDAY.—	Clinical Society of London, 8.30 P.M. Mr. Christopher Heath, "Sequel of a Case of Aneurysm of the Aorta treated by Ligature of the Left Carotid Artery, communicated in 1872" (a living subject); Mr. Holmes, "Sequel of a Case of Aneurysm of the Aorta treated by Ligature of the Left Carotid Artery, communicated in March 1876" (a living subject); Mr. Pugin Thornton, "A Case of Tracheotomy, in which the Operation was performed three times in the course of a few years" (living subject); Dr. Greenfield, "A Case of Hydatid of the Lung".

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

CORRESPONDENTS not answered, are requested to look to the Notices to Correspondents of the following week.

AUTHORS desiring reprints of their articles published in the *BRITISH MEDICAL JOURNAL*, are requested to communicate beforehand with the printer, Mr. Thomas Richards, 37, Great Queen Street, W.C.

PUBLIC HEALTH DEPARTMENT.—We shall be much obliged to Medical Officers of Health if they will, on forwarding their Annual and other Reports, favour us with *Duplicate Copies*.

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, 37, Great Queen Street, W.C.; 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., London.

COCKROACHES IN THE EAR.

SIR,—*A propos* of the subject of cockroaches in the ear, alluded to in this week's *JOURNAL*, I may say that I very easily, by syringing, removed a dead one from a patient's ear some years ago. A living one need offer little difficulty, as, by first pouring oil into the meatus, he would very soon be dead.—Yours faithfully,
Ealing, January 27th, 1877. GEO. D. BROWN.

NUMISMATIST writes:—It may interest your readers to know that on the ancient Greek coins of "Ænus in Thrace" there is figured on one side a head of Mercury and on the other side a goat; and as this artistic people symbolised on their coins most things relating to their daily life, I think one may fairly conclude that we find figured here both "medicine" and "antidote". A reference to coins of this city in the British Museum would certify you as to the verity of this.

CONDENSED MILK.

SIR,—My attention has been called to a letter by Dr. Gorrequer Griffith in one of the daily papers, deprecating the use of "condensed milk" as a food for infants. Dr. Griffith states that it produces occasionally a form of diabetes. As I have been in the habit of advising its use, with, I consider, very satisfactory results, I should be glad to know, through the medium of the *JOURNAL*, the general opinion of the profession as to its effects. Perhaps some of your readers will kindly favour me with their experience.—I am, sir, your obedient servant,
Kensington, January 24th, 1877. HILDYARD ROGERS.

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.

BRAND'S MEAT ESSENCES.

MESSRS. BRAND and Co., of 11, Little Stanhope Street, have obtained an injunction to prevent the imitation of their excellent food products for invalid use by firms adopting a similar style.

AN APPEAL.

SIR,—Will you permit me, through the medium of your columns, to make an appeal to my professional brethren on behalf of the widow of a medical man lately deceased? The late Mr. John Stevens for twenty-four years practised as a surgeon in Plymouth, where he was regarded alike by the profession and his patients as a man of the strictest integrity and honour. By unremitting industry, he was enabled to bring up and educate a very large family; but at his death, which happened somewhat suddenly, it was found that his widow, and three daughters who were still at home, were left totally unprovided for, except by a small sum of money for which his life was insured. When their only source of income was suddenly stopped, they had no alternative but to have recourse to the little capital with which they were provided, and which, I regret to say, is now fast melting away. An opportunity is now apparently offered for Mrs. Stevens and her daughters to make an income by taking into their house as boarders young ladies who attend the Plymouth High School, which has very rapidly become a large establishment. I would ask any medical men who are in a position to do so, to contribute towards a fund to enable these ladies to take a suitable house and provide the necessary furniture for their purpose. I may mention, that they have at the present time two or three boarders, and could at once have more, but that their very limited accommodation prevents their taking them; and the profits arising from a very small number are not sufficient to meet the necessary expenses of the household. I shall be very happy to receive any contributions, and to publish the name of contributors.—I am, sir, your obedient servant,

EDWARD E. MEERES, M.D.

9, Princess Square, Plymouth, January 26th, 1877.

A. B. and D. P.—A Licentiate of a College of Physicians is not legally justified in styling himself Doctor.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following questions on Surgical Anatomy and the Principles and Practice of Surgery were submitted to the candidates for membership on January 19th. 1. Describe the anatomical relations of the last four inches of the rectum in the male, its structure, and the arrangement of its blood-vessels. 2. Mention, in order, the parts which would be divided in amputating through the knee-joint. 3. A man has a penetrating wound of the chest and lungs; mention the complications that may arise in the progress of the case, and the treatment you would adopt. 4. What are the symptoms, progress, and results of gonorrhœal ophthalmia in the adult? Describe the appropriate treatment. 5. Describe acute inflammation of bone in youth, its symptoms, pathology, and treatment. 6. Mention the varieties of urinary calculus, and the circumstances which determine their composition.

WE regret to be unable to find space for Dr. Bramwell's communication this week.

THE MEDICAL DEFENCE ASSOCIATION.

SIR,—The individual referred to in the accompanying advertisement, which I have cut out of the *Pharmaceutical Journal*, seems to be an appropriate subject for the attention of the Medical Defence Association, as I cannot find his name in the *Medical Directory*.—Yours truly,

VINCULUM.

"Health, Strength, and Energy.—Dr. Lalor's Phosphodyne or Vital Elixir (Registered) purifies and enriches the blood, clears the skin, thoroughly invigorates the brain, nerves, and muscles, re-energises the failing functions of life, restores the exhausted nervo-electric force, and rapidly cures every form of nervous debility, consumptive and wasting diseases, nervous and mind-diseases, from whatever cause. Sold in bottles at 4s. 6d. and 1rs., by all export, wholesale, and retail medicine vendors. Pamphlet on phosphoric treatment, with cures, post free, one stamp. Sole proprietor: Dr. R. D. Lalor, Bay House, 32, Gaisford Street, London, N.W."

MELIORA QUÆRENS asks whether there have been lately any improvements in the construction of suspensory bandages.

THE CONTAGIOUS DISEASES ACTS.

THE *Edinburgh Medical Journal*, in reviewing Dr. Parkes's book on *Hygiene*, says:—We are tempted to quote, in conclusion, the last dying testimony, so to speak, of this thoroughly informed witness in regard to the *quæstio vexata* which at present excites so many ignorant non-professional but well-meaning people. "The prevention of syphilis and gonorrhœa, by periodical inspection of prostitutes, and removal of them to lock-hospitals when diseased, is only carried out in this country in certain military and naval stations, where the effect has been to lessen primary syphilis by nearly one-half, and to abate its virulence. The effect of the Contagious Diseases Acts upon the women, in respect not only of curing them, but of influencing them for good and for reclaiming them, has been very remarkable. In Germany, France, and Belgium, precautions against venereal diseases have been carried out among the entire population for many years, with the effect of greatly lessening the amount and virulence of syphilis. As primary syphilis has a most pernicious effect upon the health of a very large number of persons, it is most urgently to be hoped that the legislature may, before long, deal thoroughly with this matter, and attempt to lessen syphilis, not merely in the army and navy, but among the population at large."

HISTORICUS (Exeter).—Many years ago, members of the College were compelled to pay an additional fee on coming to this metropolis to practise their profession. A promissory note now before us is in these words: "I promise to pay to the Royal College of Surgeons in London the sum of fifteen pounds and fifteen shillings in case I shall at any time hereafter practise surgery, or profess to practise surgery, within the cities of London and Westminster, or either of them, or within the distance of seven miles of the said city of London, as witness my hand this 3rd day of March, 1809, John Bishop; witness, Okey Belfour, Secretary." Curiously enough, and fortunately for Mr. Bishop, the law was repealed before he came to this metropolis, in which he was well known, becoming a member of the Council of the College and F.R.S.