

BEARING-REINS FOR HORSES.

SIR,—In your article of March 3rd upon the subject of "Bearing-Reins for Horses", you made kind mention of my pamphlets *Bits and Bearing-Reins* and *Horses and Harness*. The remarks in that article were excellent; but there is one caution it is necessary to give to those who are wise and humane enough to leave off bearing reins, and which coachmen are very apt to overlook: the *cross-bar*, often used at the end of the bottom of the bit, should invariably be *cut away*, as it may catch on the pole or shaft, and thereby cause an accident. I use, and recommend, a bit of a different construction, as I have explained in my second pamphlet.—I am, etc.,

E. F. FLOWER.

THE TEACHING OF MATERIA MEDICA.

SIR,—The lecturers on materia medica who placed a grain of good seed in the ground two years ago must see with great satisfaction the first green shoot of coming harvest. To the University of Cambridge (*vide* BRITISH MEDICAL JOURNAL, March 3rd) is undoubtedly due the pioneer's credit in connection with the coming reform; and its action in this matter merits the sincere thanks of all who have the cause of medical education at heart. Your readers will remember that in 1875 we addressed a memorial to the General Medical Council, praying for their consideration of this special branch of teaching, and requesting that steps might be taken to carry their recommendations regarding the separation of pharmaceutical from therapeutical study into effect. Although their sitting was already far advanced, full attention was given to our views, and an instruction, framed in accordance with the terms of our petition, was sent to every examining board throughout the kingdom. Last year we returned to the charge, by a request for information as to what steps had been taken to carry the recommendation of the Council into effect, and in reply we were told that a sub-committee had been appointed, under the presidency of Dr. Andrew Wood, to consider the whole question in all its bearings. We have, therefore, good reason to hope that something may at last be done, and that the London schools may no longer be compelled to perpetrate the glaring absurdity of attempting to instil the mysteries of therapeutics into the unfledged brains of first-year medical students. And it is fortunate that the proposed change will not cause any painful dislocation of present arrangements, or necessitate that interference with vested interests which constitutes the true stumbling-block to most reforms. Professor Harvey has very clearly pointed out how the three months' instruction in pharmacy now enjoined by the examining boards may be developed into the first half of the course, and has shown, by his own successful example in Aberdeen, how it may be raised, from a mere scrambling compounding of prescriptions, into a systematic exposition of the characters, formation, and chemical constitution of drugs, with full demonstration of their purity-tests. Professor Ringer, also, has marched in advance of his time, by handing the pharmacopœia instruction of University College over to an expert, and devoting his own lectures exclusively to those physiological questions which few are so well qualified to answer as himself. The Apothecaries' Hall has practically recognised the distinction in its own examinations; and little now remains to be done but to rearrange the curriculum at our medical schools so far as to admit of the therapeutical instruction being given as late as possible. If no better plan can be devised, I would throw out the hint as to whether this course might not change places with medical jurisprudence, and appear as a subject to be taken up during the second summer of study.

Much careful consideration, however, must be bestowed on this and other points; and the Medical Council may well expect to be furnished with some evidence and practical hints from those outside their own body whose experience would give true weight to their views. I do not know in what degree the Medical Teachers' Association retains the properties of life; but if it be capable of being galvanised into any semblance of vigour, I would suggest these important points as well worthy of their careful and immediate attention, as the subcommittee to which I have referred will sit for the first time during the approaching session.

I have the honour to be, sir, your most obedient servant,
R. FARQUHARSON, M.D., Lecturer on Materia Medica
at St. Mary's Hospital Medical School.

Brook Street, March 1877.

DEVILLE v. THE HARROGATE COMMISSIONERS.

SIR,—Allow me to thank you for your notice of this case in the JOURNAL of Saturday last, and to say that the friends of Dr. Deville intend to solicit subscriptions towards a fund for defraying his legal expenses; and that I shall be glad to receive the names of intending

subscribers and to answer any inquiries which those who take an interest in the case may wish to make.—I am, sir, your obedient servant,
S. W. NORTH.

15, Castlegate, York, March 12th, 1877.

ASSOCIATION INTELLIGENCE.

COMMITTEE OF COUNCIL:
NOTICE OF MEETING.

A MEETING of the Committee of Council will be held at the Office of the Association, 36, Great Queen Street, Lincoln's Inn Fields, London, on Wednesday, the 11th day of April next, at Two o'clock in the afternoon.

FRANCIS FOWKE,
General Secretary.

36, Great Queen Street, London, W.C., March 19th, 1877.

SHROPSHIRE AND MID-WALES BRANCH.

THE next quarterly meeting of the above Branch will be held at the Salop Infirmary, on Tuesday, the 27th instant, at 6.30 P.M.: Dr. S. TAYLEUR GWYNN, President, in the Chair.

Gentlemen intending to read papers will oblige by signifying the same to the Secretary.

HENRY NELSON EDWARDS, *Honorary Secretary*.
Shrewsbury, March 23rd, 1877.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT
MEETINGS.

THE next meeting will be held at the Ship Hotel, Faversham, on Thursday, March 29th, 1877, at 3 o'clock; R. S. FRANCIS, Esq., of Boughton, in the Chair.

Dinner will be provided at 5 o'clock. Charge, 6s. 6d., exclusive of wine.

Dr. Gange of Faversham kindly invites members and their friends to luncheon at his house from One till Three.

Notices have been received of the following communications to be read at the meeting.

1. Dr. Walter Beeby: Notes on an Epidemic of Diphtheria at Bromley.

2. Mr. Arthur Long: Case of supposed Dislocation of the Hip.

3. Dr. Hutchinson: Cases of Midwifery.

4. Mr. Garraway: Rotten Teeth, a Rhapsody; with a Remedy.

5. Mr. Francis: On Borough and County Inquests.

6. Mr. Thurston: Case of Inversion of the Uterus.

7. Mr. Thurston: Case of Dislocation of the Astragalus.

Gentlemen who intend to be present at the dinner are particularly requested to inform me on or before Tuesday, the 27th instant.

EDWARD WHITFIELD THURSTON, *Honorary Secretary*.
Ashford, March 20th, 1877.

WEST SOMERSET BRANCH.

THE spring meeting of this Branch will be held at the Railway Hotel, Taunton, on Thursday, April 5th, at 5 P.M.

The following question has been settled by the Council as the one on which members should be invited to express their opinion at the said meeting after dinner:—"What in your opinion is the best mode of feeding infants artificially, both as regards food and method?"

Dinner 5s. a head, exclusive of wine.

Papers as follows are expected.

1. On a Case of Poisoning by Carbolic Acid.

2. On a Case of Hydrophobia.

3. On the advantages of Minehead as a Winter Residence.

W. M. KELLY, M.D., *Honorary Secretary*.
Taunton, March 5th, 1877.

NORTH OF ENGLAND BRANCH.

THE spring meeting of this Branch will be held at South Shields, on Wednesday, April 25th.

Gentlemen who are desirous of reading papers, introducing patients, exhibiting pathological specimens, or making other communications, are requested to give notice to the Secretary.

G. H. PHILIPSON, M.D., *Honorary Secretary*.
Newcastle-upon-Tyne, March 10th, 1877.

YORKSHIRE BRANCH.

THE spring meeting of this Branch will be held at the Mansion House, Doncaster, on Wednesday, March 28th, at 2.30 P.M.

The members will dine together at the Elephant Hotel, at 5 P.M. Tickets (exclusive of wine), 6s. 6d. each.

Gentlemen intending to join the dinner, or bring forward any communication, are requested to inform the Secretary.

W. PROCTER, M.D., *Honorary Secretary.*

24, Petergate, York, March 3rd, 1877.

SOUTH WALES AND MONMOUTHSHIRE BRANCH.

THE next ordinary meeting will be held at the Stepney Arms, Llanelly, on Thursday, April 5th: President, ANDREW DAVIES, M.D.

The following papers, etc., are promised.

Mr. J. Hancocke Wathen: 1. A New Form of Splint; 2. Notes of a Case of Extra-uterine Foetation: Operation.

Dr. Sheen: Counter-Practice.

Mr. B. Thomas: Prevention of Contagious Diseases.

Further particulars will appear in the circular.

ANDREW DAVIES, M.D. } *Honorary Secretaries.*
ALFRED SHEEN, M.D. }

March 14th, 1877.

Medical Defence.—A meeting of those members who approve of and support the Medical Defence movement will be held prior to the Council meeting, and members are earnestly requested to attend.

J. HANCOCKE WATHEN, *Honorary Secretary (pro tem.)*

MIDLAND BRANCH: MONTHLY MEETING.

THE fifth monthly meeting was held at the house of the President, on Friday, March 16th.

Communications.—The following cases and papers were read.

Mr. Wright Baker: A Case of Rupture of the Superficial Femoral Artery; Amputation; Recovery.

Dr. Brookhouse: Cases of Aortic Dilatation and Aneurism.

Dr. Marshall: The use of Salicylic Acid; and also a Pathological specimen of Rupture of the Common Femoral Artery and Vein.

Drs. Ransom and Phillimore, and Messrs. Stanger, Dolman, H. O. Taylor, and others, joined in the discussion which followed each case and paper.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MARCH 13TH, 1877.

CHARLES WEST, M.D., F.R.C.P., President, in the Chair.

THE PATHOLOGICAL ANATOMY OF CANINE CHOREA. BY W. R. GOWERS, M.D., AND H. R. O. SANKEY, M.R.C.S.

THE paper contained an account of the changes found in the nerve-centres in two cases of the disease of the dog which has been termed "chorea", although it bears little resemblance to the chorea of man. It consists of quick muscular contractions, separated by an interval, and without incoordination or fidgety movement. In the two cases, the movements were similar. In one, they were confined to one foreleg, and the changes found in the nerve-centres were slight. The medulla oblongata presented nothing abnormal. In the spinal cord, the large nerve-cells of the cervical region were very granular and appeared swollen, the body of the cell being, in some instances, apparently distended with granules, so that it had an almost globular form. This change was more marked in the right side than on the left. In the upper part of the cervical region, there was a slight increase in the minute nuclei of the anterior column on the right side. In the upper lumbar region, the nerve-cells of the right posterior vesicular column were much more granular than those of the left. In the other case, a young retriever, the twitchings were general, and had commenced (in one foreleg) after distemper, two months before death. They were more marked when the animal was at rest, and were accompanied with considerable weakness in the limbs, especially the hind limbs, sensation was considerably diminished, the posterior half of the trunk and hind limb being quite insensitive. The muscles of the neck and those of the larynx, tongue, and jaw were involved in the twitching. After death, the heart, the muscles, and the cerebral hemispheres, with the central ganglia, were healthy. Microscopic examination showed extensive disease in the spinal cord, medulla oblongata, and cerebellum. The

most conspicuous change was an infiltration of small round lymphoid cells, precisely resembling white blood-corpuscles. Areas so infiltrated were found abundantly in both white and grey substance in all parts of the cord, the distribution varying much, in some parts in the lateral, in others in the anterior, in others in the posterior columns. In some places, the anterior, in others the posterior grey cornua were infiltrated. In some places, the nerve-tissue appeared disintegrated and destroyed, but there the infiltration was slighter, and was in the form of ramifying tracts always corresponding to the course of vessels. From this, the authors were inclined to regard it as a leucocytal infiltration. The nerve-cells in many parts appeared healthy, but in others were very granular, and in some parts were surrounded by the lymphoid cells. Some nerve-cells had a granular centre and an ill-defined boundary. The protoplasm of many was encroached on by vacuoles, partly outside the cells. These had in places almost destroyed the cells. They appeared formed during the process of hardening, but the authors suggested that they are of pathological significance since they were absent in another cord similarly prepared. In the medulla oblongata, the changes were similar but slighter, and confined to scattered areas of cellular infiltration. A similar infiltration existed extensively in the medulla of the cerebellum, and was in some places very dense. The cortex of the folia of the cerebellum was healthy. In each dog, the effect of section of the cord was observed. In the slighter case, Dr. Hughlings Jackson had noted that the movements continued for a few moments after pithing. In the other, in which the changes in the cord were extensive, artificial respiration was kept up after division of the cord, and no movements occurred in the parts below the section, although they continued in the muscles of the head and jaw. In other recorded cases, however, similar movements had been observed to persist after the section of the cord. It was remarkable, therefore, that in this case, in which the cord was so diseased, the movements should have been arrested. It was possible that in some cases the movements might be of encephalic (perhaps cerebellar), in others of spinal origin; but another explanation of the cessation of the movements might be that the section of the cord temporarily inhibited by shock the action of the weakened nerve-cells of the cord. The cellular infiltration appeared from its course to have been the result of vascular disturbance; but, whether primary or the result of functional overaction of the nerve-elements, it was difficult to say. Its random position indicated an independent progress, and accounts for the motor and sensory paralysis, but its limitation to the cord, medulla, and cerebellum suggested a primary dependence on functional disturbance of the nerve-elements. The only morbid appearance common to the two cases was a change in the nerve-cells of the cord, and this might be regarded as the primary morbid change, the indication of their over-action, to which the vascular change and cellular infiltration were secondary in origin. To decide these and other points, however, further observations were necessary.

Dr. CADDY suggested that an examination of the spinal cord in various classes of animals would show a direct relation to exist between its development and the smartness and activity of the animal.—Dr. JOHN HARLEY thought the authors of the paper correct in believing that the chorea was due to some change going on in the nerve-cells, and that the other alterations observed in the cord were secondary. He had been able to induce choreic symptoms in dogs by giving them cryptopia; and the symptoms ceased when the effect of the alkaloid had passed off. In such cases, no evidence of vascular congestion or stasis was found. He thought that the chorea was altogether due to an affection of the nerve-cells.

CASE OF VESICAL CALCULUS, THE NUCLEUS OF WHICH WAS A PIECE OF NECROSSED BONE, REMOVED BY LITHOTOMY.

BY W. D. WILKES, M.R.C.S., SALISBURY.

[Communicated by Sir HENRY THOMPSON.]

The patient, M. P., aged 50, an agricultural labourer, a tall thin man, was admitted into the Salisbury Infirmary in October 1876, for stone in the bladder. A small orifice to the urethra and sensitive passages indicated lithotomy rather than lithotripsy, and the former operation (lateral) was performed on October 30th. After several unsuccessful attempts, the stone was grasped by a large forceps, and became crushed in them whilst holding it firmly for extraction. After extracting the large fragments, a large piece was found on a kind of shelf on the upper and back part of the bladder, of which a piece of necrosed bone was the nucleus. There was no vessel to tie; no tube was inserted; and the patient was in a very fair state. After the operation, it was learnt that, thirteen years ago, the patient fell from a tree, eighteen or twenty feet, upon his right hip. An abscess formed, and two or three pieces of dead bone came away from the inside of the right thigh just below the adductor longus. He had no trouble till March 1876, when bladder-symptoms began. The nucleus of necrosed bone weighed eight grains;

soldiers in hospital during the years 1875 and 1876 respectively.—Mr. HARDY: In 1875, exclusive of the Malta Royal Fencible Artillery and of black troops in the West Indies, the coast of Africa, Ceylon, and China, in a strength of 169,235 non-commissioned officers and men, 7,680—being at the rate of 45.38 per 1,000 of the strength—were constantly in hospital. If the colonial troops above mentioned are added—strength, 2,212; daily sick, 113—the proportion of those constantly in hospital will be 45.45 per 1,000. For 1876, as the annual returns from commands abroad have not yet been received, the statistics can only be given approximately, but probably very closely. Those constantly in hospital in 1876, 165,905 non-commissioned officers and men were 7,528—being at the rate of 45.37 per 1,000 men. Adding colonial troops—strength, 2,037; daily sick, 96—the proportion of those constantly sick in hospital for the year will be 45.39 per 1,000. The distribution of those constantly sick in hospital in 1875 in the various commands may be seen in the *Army Medical Department Report* for that year, page 1.

Tuesday, March 20th.

Medical Regulations in the Army.—Lord EUSTACE CECIL had his attention called by Mr. JACOB BRIGHT to a War Office order that “No medicine, medical or surgical appliances of any kind will be supplied from the public stores to the wife or children of any soldier who is not married with leave”, and to the death of the child of a soldier named Webster, after, as was alleged at the inquest, medical attendance had been refused at the military hospital, Woolwich. The order, Lord Eustace stated, though issued in November 1876, was not a new one, but merely the condensation of an order that previously existed. There was a driver of the Royal Artillery, named Webster, whose child had died at Woolwich while he was absent on service; but the medical authorities knew nothing of any woman giving that name having applied for assistance.

Vaccination.—Mr. FORSYTH gave notice of his intention to ask the President of the Local Government Board if he can state whether the vaccine lymph now in use is obtained from the original source suggested by Dr. Jenner, or is artificially produced by inoculating the animal with the small-pox virus; and what securities are taken, by microscopical examination or otherwise, to ascertain the perfect condition of the lymph now distributed by the National Vaccine Establishment in connection with the Local Government Board.—Earl PERCY gave notice of his intention, on the second reading of the Vaccination Law (Penalties) Bill, to move, That, before considering any proposal for the readjustment of the penalties imposed by law on its neglect, it is desirable that an inquiry should be instituted with regard to the practice of vaccination in this country for the purpose of ascertaining whether it cannot be conducted in such a manner as to remove all reasonable objections to it.

OBITUARY.

THOMAS GREGG, M.D.,

SURGEON TO THE SOUTH INFIRMARY, CORK.

DR. THOMAS GREGG of Cork died a few days ago, after a brief illness, of an intractable form of liver affection. Dr. Gregg had been intimately known for many years as a leading surgeon throughout the city and county of Cork. As one of the senior surgeons in the County Hospital and South Infirmary, he occupied an important and prominent, as well as most responsible, position in his profession. As a skilful and conscientious surgeon, gifted with sound judgment and a manner kind and sympathising in the extreme, Dr. Gregg had but few equals in the profession in Cork, and certainly by none was he surpassed. He laboured in the school in which he was partly educated to the moment, it might be said, of his death, and few more honoured or respected names have ever been connected with the Cork School of Medicine than his. He was a pupil of the late Dr. Woodroffe. He became a Licentiate of the Royal College of Surgeons of Ireland in 1837 and a Fellow in 1845, and graduated as M.D. of the University of Glasgow in 1838. He was an ex-President of the County and City of Cork Medical and Surgical Association and of the South of Ireland Branch of the British Medical Association. In addition to the position he occupied at the South Infirmary, he held other medical appointments, including those of Consulting Surgeon to the Cork Ophthalmic and Aural Hospital; the Incurable Hospital; and the Hospital for Diseases of Women and Children. He was pre-eminently a thoroughly practical common-sense surgeon. His loss will be felt, not only amongst his professional brethren, but by the public. His kindness and gentility of temperament endeared him to all classes.

The blank which Dr. Gregg has left in the Cork School of Medicine and in the County Hospital cannot be lightly supplied. A grave responsibility, and one involving most anxious consideration, now devolves on the trustees of this institution in filling the vacancy which has been thus suddenly created.

PETER MARSHALL, F.R.C.S.

ON Monday, the 12th instant, died Mr. Peter Marshall, universally beloved and regretted by all who knew him. He was born at Aberdeen March 8th, 1809, and graduated at the Marischal College of that city. He formerly lived in Bedford Square, London, where his energy and kindness of heart enabled him to gather a large circle of patients and friends around him. He was Treasurer of the Medical Society of London for several years, and afterwards became President of that Society. Failing health compelled him to retire from active practice, and during the last four or five years he resided at West Cowes, in the Isle of Wight, where, for some time before his death, he seemed to have taken a new lease of life. But the cutting March winds fatally affected him. He was buried in the little churchyard at Whippingham.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, March 15th, 1877.

Crouch, Edward Thomas, Devonport
Duncan, George Cuthbertson, Liverpool
Lawson, Robert Lockhart, R. N. S., Greenwich
Thompson, Herbert Warneford, Mornington Crescent

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

Biggs, John M., University College Hospital
Dismorr, Henry, Guy's Hospital
Ewen, Henry W., Guy's Hospital
Harrison, Edmund M., Charing Cross Hospital
Hope, Robert C., Westminster Hospital
Lunn, John R., St. Thomas's Hospital
Ross, Richard A., Guy's Hospital
Stevenson, Walter H., University College Hospital
Wright, Arthur, St. Mary's Hospital

MEDICAL VACANCIES.

THE following vacancies are announced:—

ARDNAMURCHAN, Parish of—Medical Officer for the District of Sunart Ardnamurchan, and Moidart. Salary, £100 per annum, with suitable house. Applications to be made on or before the 24th instant.
BRADFORD INFIRMARY—Resident Medical Officer. Salary, £110 per annum, with board and residence. Applications to be sent in on or before the 24th inst.
BUCKS GENERAL INFIRMARY—Resident Surgeon and Apothecary. Salary to commence at £80 per annum, with board, lodging, coals, and candles. Applications to be sent in on or before April 3rd.
CHORLTON-ON-MEDLOCK DISPENSARY—House Surgeon. Applications to be sent in on or before the 26th inst.
COUNTY AND COUNTY OF THE BOROUGH OF CARMARTHEN INFIRMARY—House-Surgeon. Salary, £125 per annum, with lodging, fire, and lights. Applications to be sent in on or before May 2nd.
HULL and SCULCOATES DISPENSARY—Resident House-Surgeon. Salary, £150 per annum, with furnished house, coals, and gas. Applications to be sent in on or before the 31st instant.
HULME DISPENSARY, Manchester—Resident Medical Officer. Salary, £130 per annum, with furnished apartments, coal, gas, and attendance. Application to be made on or before the 24th inst.
INGHAM INFIRMARY and SOUTH SHIELDS and WESTOE DISPENSARY—Assistant House-Surgeon. Salary, £60 per annum, with board and lodging.
ST. GEORGE'S and ST. JAMES'S DISPENSARY—Physician. Applications to be sent in on or before the 29th instant.
WESTERN GENERAL DISPENSARY, Marylebone Road—House-Physician. Applications to be sent in on or before April 9th.

MEDICAL APPOINTMENTS.

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

STEELE, Frederick Henry, M.R.C.S., appointed Junior House-Surgeon to the Carlisle Dispensary, in place of W. H. F. Sandes, M.R.C.S. Eng., resigned.

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.

MARRIAGE.

WILTSHIRE—WATERLOW.—On March 15th, 1877, at St. John's, Redhill, by the Rev. Henry Goss, M.A., Incumbent, assisted by the Rev. G. C. Dickinson, M.A., *Alfred Wiltshire, Esq., M.D., of 57, Wimpole Street, Cavendish Square, to Kate, second daughter of the late A. C. Waterlow, Esq., of London.

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. G. de Gorrequer Griffith, "Dislocation backwards of the Head of the Humerus on the Dorsum Scapulae"; Mr. A. C. Routh, "A Case of Malignant Small-pox"; Dr. Drysdale, "Further about Animal Vaccination: Dr. Henry Martin's experience".
TUESDAY.—Royal Medical and Chirurgical Society, 8.30 P.M.	Mr. G. Gaskoin, "On the Morphaea Alba, or Leuce, with Cases"; Dr. H. Vandyke Carter, "Note on the Delhi Boil".
WEDNESDAY.—Hunterian Society, 8 P.M.	Mr. Jacobson, "A Case of Excision of the Elbow"; Dr. Stephen Mackenzie, "On Retina Hæmorrhages in connection with Ague"; Association of Surgeons Practising Dental Surgery, 8 P.M.: Council Meeting, 8.30 P.M.: Mr. Alfred Coleman, "On occasional untoward results of immediate Torsion of the Teeth"; Mr. T. W. Nunn, "On some Reflex Symptoms, and results of Irritation of the Dental Branches of the Sixth Nerve"; Mr. S. J. A. Salter, "Specimens of Exfoliation of the Teeth and Jaws after the Eruptive Fevers"; and other communications.
THURSDAY.—Harveian Society of London, 8 P.M.	Mr. Carr Jackson, "A Case of Traumatic Meningitis"; Dr. Farquharson, "The Diagnosis and Treatment of some forms of Dyspepsia".

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.

MR. CUFFE (Woodhall Spa).—We never heard before of a hospital where the matron was allowed to contract for feeding the patients and settle her own dietary lists. We can hardly conceive a worse or more dangerous arrangement.

MOUTH-BREATHING vs. NASAL RESPIRATION.

SIR,—Will you permit me, *à propos* of your article on Respiration in last week's JOURNAL, to call the attention of those of my brethren who are interested in this subject to a paper of mine in the *Edinburgh Medical Journal* for this month, entitled "Shut your Mouth and Save your Life". In that article, I point out some of the evils of mouth-breathing, and show the grounds upon which I base the opinion that nasal respiration is necessary for perfect health. In that paper, however, my chief object is to show that perfect hearing (*i.e.*, perfect health of the hearing apparatus) is not compatible with mouth-breathing, and, by inference, that Nature's air-warmer, the nose and its passages, is the best and only perfect respirator—an inference, by the way, which is capable of experimental proof, were such needed.—I am, etc.,

JAS. PATTERSON CASSELLS.

Glasgow, March 17th, 1877.

M.R.S.—The circumstances alleged of a previous quarrel, of the express preliminary stipulation, and of the obvious facilities for employing some other medical man, take this out of the ordinary range of such questions; and however the conduct alleged may be objected to, the case is not one so uncomplicated that we can pronounce an opinion. We doubt very much whether there is any room for discussing it, and should advise that the matter be left where it is.

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.

ON THE RELATION OF ALCOHOL TO MEDICINE.

SIR,—I feel sure that the majority of your readers will endorse the tone of your leader in the JOURNAL for February 10th, on the Relation of Alcohol to Medicine. On one point, none have room for difference, the hearty condemnation of the evils and abuses of alcohol in any form, whether of spirits, wines, or other beverages; but it is another question when we are asked to join in the present and somewhat fashionable wholesale condemnation of an agent potent for good as well as for evil, which some zealots seem inclined to enforce.

We are all tolerably acquainted with the varied and various experiments which have from time to time been gone through by distinguished chemists and members of our own profession upon the physiological action of alcohol upon the human organism, and very varied deductions have been the result of these experiments; and yet who will say that a few years may not see them set aside, like other scientific deductions, thought to be proved and approved, and yet, after all fallacious? We may ask whether too great weight has not been attached to some of the results of experiments on the effects of alcohol, in the face of the practical experience of many competent observers.

I am fully aware of the mistakes into which merely practical men, unguided by scientific knowledge, are apt to fall; but, *vice versa*, I think we all know of the mistakes of the *savants* and sciolists, and it behoves us, ere we unreservedly accept their conclusions on so important a subject, to pause, lest we permit ourselves to be carried away by the flood of enthusiasm in favour of the total condemnation of alcohol, which is now becoming the rage in some general, clerical, and medical circles.

At a recent meeting, such men as Sir Henry Thompson and Dr. Richardson did not hesitate to give their personal experience upon the subject. I would state my own, simply shunning publicity, but vouching for its correctness. As a student, after the age of eighteen, I became a thorough dyspeptic, and remained so more or less for twenty years. At the age of two-and-twenty, that is, nearly forty years ago, when filling an assistant's situation, involving abundant, but not excessive, out-door work on foot and horseback, I adopted, taking no pledge, the teetotal principles, at that time neither so popular nor fashionable as at present. For nine months, through much expostulation and some ridicule, I held steadfastly by them—nine months of the worst health I ever had in a life of sixty years, with more dyspepsia and liver-disorder than I ever experienced before or since. At last, I became so reduced in health, and my power both of mental and bodily exertion so impaired, that my common sense told me the plan was, in my case at all events, a mistake. I gave it up, took daily a pint of good Burton beer; and having, as matter of experiment, had myself weighed, found that, after resuming this moderate use of stimulant, I gained in six weeks six pounds in weight. These are simple facts, for which I vouch my word, and they taught me a valuable lesson, which has served me well until now both in my personal and professional capacity. I have never since that time taken a large, often very large, amount of professional work, and, as my card will tell you, an amount of literary work considerably in advance of most of my medical brethren. Moreover, although never strong, I do not believe that, altogether, I have had a month's confinement by illness during forty years. Further, I took leave of my dyspepsia, etc., twenty years ago, and it took leave of me, and I now enjoy perhaps better health and stronger digestion than at any previous time of my life. Why, may I ask, am I, in the face of this life's experience, to adopt the wholesale and sweeping opinions expressed even by magnates in our profession, far less by those less capable of judging among the general public?

I have known of many cases, probably many of my medical brethren know of them also, of individuals (I believe the late Sir John Forbes was one) who, after years of total abstinence, have been forced, their own common sense approving, to abandon the system; and I say now that any man living who have been so compelled ought, in common honesty, to come forward and state their experience for the sake of truth and of their weaker brethren. I say weaker brethren, for some persons are too weak to take steps, even for their own good, without example. As regards "weaker brethren", it is often quoted against those who do not see right to join the teetotal movement, that they aid in placing stumbling blocks in the way of a weak brother; but may not the quotation apply both ways? may not the unyielding enforcement of the total abstinence system burden the conscience as well as affect the health of a really weak brother? I have known such cases, where health and usefulness have been sacrificed to the bigotry of a congregation or society.

At a recent meeting, under the presidency of Sir Henry Thompson, the remark was made that it is difficult to define what that great bugbear of the teetotaler means, "moderate drinking". Is it not equally difficult to define what moderate eating or moderate anything else can be? Are we such irresponsible creatures that, with common sense and experience, and, above all, with God's gospel and guidance, we cannot, as a body, be trusted to use one of his good gifts without abusing it; for the argument based on abuse is quite beyond the question *per se*? Far be it from me to ignore the awful evils of intemperance; and, where they cannot be used without abuse, I say, unhesitatingly, let there be abstinence, either voluntary or enforced; but I must protest against the tyranny, whether it be of the majority or minority, of fashion or opinion, or of science (sometimes falsely so-called), which is now going from one extreme to another.

Much has lately been made of abstinence in arctic regions. Physiologists must well know that these are the very regions in which a healthy man might, if supplied with abundant fatty food, do best without alcoholic stimulants. It is mere clap-trap to quote the example.

In conclusion, no one can deny that alcohol in all its forms has been the source of terrible evils, and has been terribly abused; we know that there are many to whom it is totally unnecessary, perhaps hurtful; but medical men know, or ought to know, if not blinded by prejudice, that there are numbers whose lives are more comfortable, and whose usefulness is promoted by the proper use of this, I repeat it, good gift of God; and I again protest most earnestly against its sweeping condemnation, in the first place by some members of our own profession, and in the next by overzealous teetotal advocates, who brand indiscriminately every or any one using alcoholic stimulants in the form that he finds suits his taste, health, and pocket. Surely, there are numbers in our profession who could furnish well

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, not later than *Thursday*, twelve o'clock.

ON "DEAD FEELINGS", OR LOCAL ANÆSTHESIA.

SIR,—Will any of the experienced physicians that are your readers explain what is the rationale of the "dead feelings" we meet with occasionally in the course of experience? They often affect the extremity of the ulnar nerve, and then the medical practitioner attributes them to loaded bowels; but, in fact, they sometimes display considerable proportions, and throughout life are more or less persistent. The whole hand and arm "goes dead" withagueish cold and blueness from venous congestion, and so remains for several hours, generally independent of atmospheric conditions. I know nothing like it out of the sphere of anæsthetic leprosy; and, curiously enough, with much frequency one or more of the family will be found to have asthma. Does this throw any light on the pathology of asthma? Does it help to form a neural pathology? What is very certain is, that these dead feelings run in a family; they are an hereditary and constitutional affection. What is this local anæsthesia?—I am, etc.,

G. GASKOIN, Surgeon, etc.

DESIPERE IN LOCO.

Preservation of a Favourite Minister.—A minister was called in to see a man who was very ill. After finishing his visit, as he was leaving the house, he said to the man's wife, "My good woman, do you not go to any church at all?" "Oh yes, sir, we go to the Barony Kirk." "Then why in the world did you send for me? Why didn't you send for Dr. Macleod?" "Na, na, sir, deed no; we wadna risk him. Do ye no ken it's a dangerous case o' typhus?"

Consolation from Statistics.—"And it is really true that I shall recover?" asked a patient of his doctor. "Infinitely," answered the man of medicine, taking from his pocket a paper full of figures. "Here, look at the statistics of your case; you will find that one per cent. of those attacked with your malady are cured." "Well?" said the sick man, in a dissatisfied manner. "Well, you are the hundredth person with this disease that I have had under my care, and the first ninety-nine are all dead."

Professional Zeal.—In Lord William Lennox's *Celebrities I have Met*, the following anecdote occurs: "While Mrs. Butler was playing Juliet at Philadelphia, and just when she had exclaimed—

'What's here? a cup, clo'd in my true love's hand?'

Poison, I say, hath been his timeless end,

a tall, lean, gaunt, sandy-haired medical student in the stage-box, deeply absorbed in the scene, thrust down his hat on his head with a convulsive effort, crying out in a voice of thunder, at the same time, 'Keep him up, Juliet; I'll run and fetch the stomach-pump.'

MATERNAL IMPRESSIONS.

SIR,—The following case, I think, will be of interest to some of the profession. I attended Mrs. M. about three years ago in her first confinement, and she was delivered of a boy. When this boy was two years of age, he cut his upper lip severely with a pair of scissors, so that I had to, in fact, operate for hare-lip, leaving the usual cicatrix. Mrs. M. was then pregnant about six months. To my surprise, on delivering her of her second child, it had a cicatrix exactly similar on the upper lip, and on the same side of the face. Having been in a large midwifery practice in Kent, I have had many of these cases of "maternal impressions" under my notice, but none so wonderfully marked as in the above case.

I shall feel obliged to any of my brother practitioners if they can give me their opinion as regards these "impressions"—viz., are they invariably connected with hysteria or cerebro-spinal lesion? I think I may safely say in every case I have found the former. Also, whether it has been noticed in these cases that the "shock" has generally occurred about the same time during pregnancy. I remain, yours obediently,

T. DUDLEY SAUNDERS, L.R.C.P.Ed., etc.

Bath, March 13th, 1876.

NOCTURNAL CRAMP.

SIR,—Having suffered severely from nocturnal cramp for years, allow me to give my experience. I believe that it is nearly always caused by acidity of the stomach, and I find that a small dose of Howard's bicarbonate of soda (ten or fifteen grains) dissolved in water invariably gives speedy and certain relief.—Yours truly,

J. E. C., M.D.

TREATMENT OF SYPHILITIC WARTS.

SIR,—Your last issue gives Medicus a choice of treatments which may have already disposed of his case. If not, I would suggest one more simple and of good effect in all the cases to which I have applied it. It is in powdering over the surface twice daily with equal parts of burnt alum and tannin. As these growths occur chiefly in situations where mucous or skin surfaces are in contact and moist, this plan suggested itself to me some years since. In the first case in which I applied it, the warts were easily rubbed off in the course of three or four days, and other cases have given equally good results.—I am, sir, yours, etc.,

March 12th, 1877.

JOHN H. GALTON, M.D.

RECIPT FOR BROWN BREAD.

We have received a number of answers to the query, which we somewhat incautiously inserted: the following is one.

Take four pounds of brown flour, one ounce of German yeast, and mix together with as much warm water (same as white bread) as will take up all the flour without making it too soft (as it becomes soft in rising). Let it rise about an hour and three-quarters, then beat up and put into tins, and put into the oven at once. By brown flour is meant the flour direct from the miller—viz., the wheat ground together, and having (if preferred, and which I think is better) the coarsest bran only taken out: and if then found too brown, mix two pounds of white and two pounds of brown, which makes a very nice brown bread, and which is constantly used in this family. The baker's brown bread is merely bran put into white flour, which was found to be very irritating to the stomach, and which was consequently abandoned.

DOCTORS' CARRIAGES.

SIR,—If your correspondent is still inquiring what kind of carriage he should use, I can most strongly recommend him one of Windover's (Long Acre) four-wheeled phaetons of hickory and steel. I have used one for some time now, and, for lightness (mine is under 4 cwt.), durability, and comfort, I do not think they can be excelled: the price is also very reasonable. For country work they are inestimable, and, with a large umbrella fixed between the seats on a revolving joint, one can ride almost free from rain on the roughest day.—Yours faithfully,

March 10th, 1877.

W. B. HOLDERNESS.

CUTANEOUS ITCHING.

SIR,—A gentleman, aged 50, one of my patients, has been suffering for the last six months from an intolerable itching of the skin—unattended, however, by any eruption, and not produced by any known cause. On examination, the skin, which is fair and soft, seems to be in a perfectly normal state, little or no perspiration during the day, but at night free diaphoresis takes place, and then the itching, which is general, becomes almost insupportable. His general health is excellent, and he is a man of most abstemious habits. I may add that he is most particular as to cleanliness, etc. Various remedies, including medicated baths, have been tried in vain. Sponging with warm vinegar seemed at one time to give relief, but the irritation soon returned with redoubled force.

Hoping that some of your readers who have met with similar cases will favour me with their experience and suggestions for treatment through your columns, I am, sir, faithfully yours,

YOUNG PRACTITIONER.

We are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Sheffield Daily Telegraph; The Hampshire Telegraph; The Birmingham Daily Gazette; The Scotsman; The Edinburgh Courant; The Bridport News; The Liverpool Medical Enquirer; The Londonderry Sentinel; The Lincolnshire Chronicle; The Liverpool Daily Courier; The Salford Weekly News; The Northern Echo; The Home Ruler; The Chatham and Rochester Observer; The Redditch Indicator; The Colonies; The Warrington Express; The Croydon Chronicle; The Northampton Herald; The Liverpool Porcupine; The Sheffield and Rotherham Independent; The Western Daily Mercury; The Macclesfield Courier; The Birmingham Daily Post; The North Wales Chronicle; The Broad Arrow; The Sunderland Daily Post; The Irish Times; The Australasian; The North and South Shields Gazette; The Liverpool Daily Post; The Bradford Observer; The Western Mail; The Leeds Mercury; The Hull Criterion; The Glasgow News; The Crewe Guardian; The Liverpool Critic; The St. Pancras Gazette; The Worcester Chronicle; The Oswestry Advertiser; The Glasgow Herald; The High Peak News; The Metropolitan; The Observer; The Home Chronicle; The Derbyshire Advertiser; The West Middlesex Advertiser; The Rock; The St. Andrew's Gazette; The West Cork Eagle; The Portsmouth Times; The Tunbridge Wells Gazette; The North British Daily Mail; The South London Press; The Richmond and Twickenham Times; The Western Morning News; The Liverpool Mercury; The Carlisle Journal; The Merthyr Express; The Sussex Daily Post; 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. T. Lauder Brunton, London; Dr. Braidwood, Birkenhead; Dr. J. Braxton Hicks, London; Surgeon-Major Porter, Netley; Dr. Goldie, Leeds; Dr. J. B. Bradbury, Cambridge; M.B.; Dr. F. P. Atkinson, Kingston-on-Thames; The Secretary of the Dental Hospital of London; Dr. A. S. Taylor, London; The Secretary of the Hunterian Society; Dr. J. W. Moore, Dublin; Mr. Francis Hollinshead, King's Norton; Mr. H. R. Hatherly, Lenton; Dr. Egan, Dublin; Mr. Christopher Heath, London; Mr. Lowsley, Reading; Dr. Marshall, Nottingham; Mr. Hyde Houghton, Dudley; Dr. Alexander Ogston, Aberdeen; An Associate; Dr. Wight, Aberdeen; Our Paris Correspondent; The Secretary of the Harveian Society; Dr. J. Hughlings Jackson, London; Dr. W. R. Gowers, London; Mr. H. C. Bardett, Greenwich; Dr. W. Fairlie Clarke, Southborough; Historicus; Mr. Wanklyn, London; Vir Tardus; A Member; Mr. T. M. Stone, London; Our Edinburgh Correspondent; Dr. Kelly, Taunton; The Registrar-General of England; Mr. H. Sewil, London; Dr. Bathurst Woodman, London; Dr. J. Milner Fothergill, London; The Registrar-General of Ireland; Mr. N. A. Humphreys, London; The Secretary of Apothecaries' Hall; Mr. E. W. Thurston, Ashford; The Registrar of the Medical Society of London; Dr. Tripe, London; Mr. C. Creighton, Cambridge; Mr. Cuffe, Derby; Dr. Arthur Leared, London; Mr. James Hay, Wolverhampton; Dr. Cotton, London; Mr. Knapp, Cambridge; Dr. Philip S. Fentem, Bakewell; Dr. C. E. H. Rogers, Retford; Our Dublin Correspondent; Dr. Macnamara, Bruff; Mr. W. Bailey, Chichester; Dr. Joseph Rogers, London; Dr. Bathurst Woodman, London; Dr. A. D. Keith, Aboyne; Dr. McCook Weir, Leicester; Mr. E. St. George Baldwin, Edinburgh; Dr. Patterson, Odham; Dr. Thos. Jones, Manchester; Parish Medical Officer; Mr. J. R. Gregg, Cork; Mr. E. J. Hicks, London; Mr. H. Nelson Edwards, Shrewsbury; etc.

BOOKS, ETC., RECEIVED.

Debrett's Peerage, Baronage, and Titles of Courtesy. Illustrated. London: Dean Sons, and Co. 1877.
The Scholar's Handbook of Household Management and Cookery. By W. B. Tegetmeier. London: Macmillan and Co. 1877.
Diseases of the Kidney and Urinary Derangements. By W. Howship Dickinson, M.D. Part II. Albuminuria. London: Longmans, Green, and Co. 1877.
A System of Medicine. By J. Russell Reynolds, M.D., F.R.S. Vol. iv, containing Diseases of the Heart. London: Macmillan and Co. 1877.
Tom Allardyce. By Mrs. Flowers. Glasgow Scottish Temperance League. London: Houlston and Sons. 1877.
Journal of a Residence at Vienna and Berlin in the eventful Winter 1855-6. By the late Henry Reeve, M.D. Edited by his Son. London: Longmans, Green, and Co. 1877.
How to Use a Galvanic Battery in Medicine and Surgery. By H. Tibbits. London: J. and A. Churchill. 1877.
Tables of Materia Medica: a Companion to the Materia Medica Museum. By T. Lauder Brunton, M.D., F.R.C.P., F.R.S. London: Smith, Elder, and Co. 1877.
Six Months under the Red Cross with the French Army. By George Halstead Boyland, M.D., Ex-Chirurgien de l'Armée Française. Cincinnati: Robert Clarke and Co. 1873.