that interval, and had always had regular catamenia since. Viewing the case in the light of the *post mortem* examination, there can be no doubt that all the multiplied types of amyloid degeneration observed in the organs were of secondary origin; and that the original disease, determining all the rest, was the chronic suppuration of the right kidney, which had completely destroyed its secreting structure and thrown the burden of work exclusively on the opposite organ. The only treatment that afforded any relief was the use of milk diet with lime-water, which for a time restrained the diarrhœa.

Epicanthus.—Dr. REID showed a case of epicanthus, on which he had operated.

Eggshell in Rectum.—Dr. GEORGE BUCHANAN showed a triangular piece of eggshell, which he had removed from the mucous membrane of the rectum, immediately within the sphincter; it was impacted, and had given rise to symptoms like those of piles. Dr. Buchanan thought it was the only case of the kind on record; and alluded to the possible origin of fistula by irritation of fish-bones or similar sharp-pointed bodies impacted in the lining of the rectum.

PATHOLOGICAL SOCIETY OF DUBLIN.

SATURDAY, FEBRUARY 3RD, 1877.

THOMAS HAYDEN, F.K.Q.C.P., President, in the Chair.

Hypospadias.—Mr. F. T. PORTER showed a specimen in a male aged about 45. A pin-hole opening existed one inch behind the glans penis in the inferior wall of the urethra. The testicles were indurated, and their substance was converted into a cheesy mass.

Fracture of Spine.—Dr. E. H. BENNETT exhibited the spine of a healthy man aged 29, who fell from a scaffolding last summer. Paralysis of the abdominal and intercostal muscles; complete paralysis of the lower extremities, with retention of urine, priapism, and constipation; partial paralysis of the arms; and anæsthesia, from the mammary regions downwards, were the prominent symptoms at first. There was slight depression of the spines of the vertebræ in the lower cervical region; but, viewed in the light of the subsequent history of the case, it seemed unlikely that any fracture existed in that region. As time went on, neuralgic pains took the place of anæsthesia in the arms, and at last sensation returned. The anæsthesia in the lower limbs also became less. The diagnosis, based on the symptoms and progress of the case, was blood-effusion in the upper dorsal region and a fracture of the spinal column somewhere about the mid-dorsal region. The man lived for two months, then dying from perinephritic abscess, the result of continued cystitis. The necropsy showed the pathological conditions in the spine to be exactly the reverse of those diagnosed as stated above. The bodies of the sixth and seventh cervical vertebræ were fractured, a wedge-shaped piece of bone being forced inwards in the spinal canal, so as to pinch the cord. The cauda equina was occupied by a dense blood-clot, the outside of the theca vertebralis being also covered with blood.

Mediastinal Cancer.—The PRESIDENT exhibited the viscera of a tall railway labourer aged 34, of active and temperate habits, who became weakly in October 1876. An obscure pain in the back, some loss of appetite, and slight marasmus were the chief symptoms. It was found that the loss of appetite was more apparent than real—that he felt hungry, but could not swallow. There was dysphagia, except for semi-fluid food. His pulse was weak. He was dejected and most apathetic. He suffered from a teasing cough, with slight expectoration, which was tinged with blood on one or two occasions. The physical signs were a prominence at the midsternum, with partial dulness on percussion, and tracheal breathing. The radial pulses were equal in volume. The left pupil was markedly contracted. Two hard lymphatic glands were found over the left clavicle. The diagnosis of carcinoma of the anterior mediastinum was made, being based on—1. The presence of the hard glands above the clavicle; 2. The sternal prominence, with tracheal respiration without impulse or morbid cardiac sounds; 3. The profoundly apathetic state of the patient—a point emphatically insisted on by Dr. Stokes; and 4. The gradual marasmus. The patient died on January 31st. About a quart of blood-stained serum lay in each pleura, and about eight ounces of a similar fluid in the pericardium. The liver was greatly enlarged. The spleen and kidney were also large. A mass of scirrhus engaged the pancreas. The surface of the lungs was studded over with nodules of cancer. The heart was fatty on the surface. A large mass of scirrhus lay in the anterior mediastinum and dipped into the posterior mediastinum, where it passed down and embraced the œsophagus. Just above the diaphragm, the lumen of the œsophagus was constricted to the size of a goose-quill.

SELECTIONS FROM JOURNALS.

SURGERY.

INTUSSUSCEPTION — SEPARATION AND EXPULSION OF SEVENTEEN INCHES OF THE SMALL INTESTINE.—Dr. E. P. Gerry (*Boston Med. Jour.*, Dec. 28th) reports the rare case of a man aged 71, who, after an illness of three weeks, passed seventeen and one-eighth inches of small intestine, and finally recovered. The constitutional symptoms attending the process of invagination and separation of the intestine were comparatively trivial; so much so, that some of the consulting physicians doubted the existence of intussusception.

TREATMENT OF INTUSSUSCEPTION BY FORCED ENEMATA.—Dr. Thomas Hawkins, Physician to Bellevue Dispensary, is reported by Dr. F. J. Garbit, in the *Medical and Surgical Reporter*, to have successfully treated three cases of intussusception, or invagination, by means of fluid injections *per rectum*. The patients were placed in the chest-and-knee position, and the instrument used an ordinary Davidson's syringe. Contrary to the injunctions of Flint, "that the injections should not be pushed beyond the point at which they are borne without much suffering", Dr. Hawkins found it necessary to use all the force of which the instrument was capable. He is "convinced that success may be achieved in nine cases out of ten, and the strangulated intestine restored to its normal position by the use of forced enemata; and, unless there be some well-grounded apprehensions of gangrene, in every case of intestinal obstruction, whether suspected, incipient, or developed, the injection of fluids, judiciously and properly directed, need be the only means of cure invoked, except the occasional administration of an anodyne". The three rules essential to success are: 1. The use of the utmost force possible, but with great care and caution; 2. Persistent and continuous repetition of the injection until the passage is effected; 3. The adoption of a suitable position for the patient.

USE OF CAUSTIC ARROWS IN PRACTICAL SURGERY.—Dr. J. C. Hutchinson (*Proceedings King's County Medical Society*, Jan. 1877) answers the question as to the use of caustic arrows (Maisonneuve's *flèches*) in surgery, as follows. 1. Zinc arrows should be used when the disease—especially malignant disease—cannot be taken away clean by the knife, more particularly if there be a fetid discharge from an open sore, with hæmorrhage and pain, which is gradually wearing out the patient's strength, as in uterine and other cancers. 2. If the tumour have more width than thickness, involve the integuments, be ulcerated upon its surface, be situated at the bottom of an old wound and fixed, as it were, against the bones; if, in a word, it be not possible to remove the disease without causing considerable loss of integument, then the caustic should be preferred. 3. In those patients who absolutely refuse extirpation by the knife, the use of caustic arrows is admissible, even though the skin be sound, and the tumour movable and capable of being removed by the scalpel so as to leave a wound whose edges can be more or less approximated. 4. When erysipelas, pyæmia, septicæmia, or puerperal fever are prevalent, especially in hospitals, operations should be done with caustic arrows, in preference to the knife, in suitable cases. 5. Cauterisation practised as here described, is entitled to occupy a prominent place among our surgical resources. The arrows have the following composition: chloride of zinc, one part; wheat flour, three parts, and water to make a paste. The paste is made into cakes, and from this arrows of any desired shape are formed. These arrows are introduced into the substance of the tissue to be destroyed.

TETANUS TREATED BY NERVE-STRETCHING.—Paul Vogt relates in the *Centralblatt für Chirurgie*, No. 40, 1876, the case of a man aged 63, who received a contused wound in the hand. Healing was going on favourably when, on the fourteenth day, trismus set in; and tetanus appeared two days later. Nine days after the commencement of the tetanus, Dr. Vogt loosened the cicatrix in the hand, laid bare the brachial plexus in the triangle between the trapezius, omohyoid, and scalenus muscles, divided the nerve-sheath, which was very red, and energetically stretched the brachial plexus in both directions. From this time the tetanus ceased, slight twitchings occurring only twice subsequently during exertion. Healing went on favourably.

ELASTIC COMPRESSION BY SPONGES.—Professor C. Heine (*Prager Med. Wochenschrift*, 1876, No. 32) has for some time used compression by means of sponge in order to produce absorption in cases of chronic, serous, fungous, and deformative inflammations of joints, sheaths of

tendons, and bursæ. He usually applies a plaster of Paris bandage, in which an opening is left at the point where pressure is to be applied. A piece of dry sponge, cut to the proper size, is then laid on the part, and compressed by a roller to about one-tenth of its thickness. The plan has, he says, been very successful in the above-mentioned affections; and he has also cured a very large cavernous angioma by elastic pressure applied in the same way.

THERAPEUTICS.

TREATMENT OF CROUP BY EUCALYPTUS.—Dr. Walcker (*Gazette Médicale de Strasbourg*, January 1st, 1877) treats pseudo-membranous laryngitis by tincture of eucalyptus globulus. He begins by an emetic of ipecacuanha, of which the dose varies according to age. This emetic is given morning and night once. He no longer employs tartar emetic in these cases, because it produces too much depression and causes diarrhœa more often than ipecacuanha. This emetic relieves at the outset the gastric disturbance which ordinarily accompanies croup, calms the fever a little, and gives immediate relief. It can only act in this way, and is incapable of expelling the false membranes. Two hours after the emetic, he gives every hour a teaspoonful of a syrup composed of 38 parts of simple syrup and 10 parts of tincture of eucalyptus for infants. He has given as many as fifteen to twenty teaspoonfuls in the case of a child six years old. When the patient sleeps at night, he should not be awakened. At the same time Dr. Walcker gives as food milk, coffee, eggs, and sopped bread. This alimentation is necessary; for cases of general diphtheritis or localised croup occur much more often in delicate children, with more or less scrofulous and lymphatic temperament and a feeble and delicate constitution, than in full-blooded, strong, and robust children.

MEDICINE.

THE RALE MOUILLÉ.—Dr. Millon alleges that he has ascertained the presence of a special *râle* in pulmonary affections, which he calls *râle mouillé*, and which has, in his opinion, the highest importance from the point of view of diagnosis and prognosis. As a diagnostic sign, it denotes the passage of pneumonia to the third stage; that is to say, the transition of red hepatisation to grey softening and to purulent infiltration of the pulmonary tissue. As a prognostic character, this sign is a certain and invariable presage of death within a very short time; in fact, patients succumb within ten or twelve hours after its appearance. The following are the characters of this *râle*. It is a moist *râle*, in small bubbles of equal extent. These bubbles are a little larger than those of the fine crepitant *râle*. They have some points of resemblance to the mucous *râle* and some cavernous *râles*, but they differ essentially from them in the following respects. First, the *râle mouillé* is confined exclusively to inspiration. Secondly, it is much softer and smoother than the mucous and cavernous *râles*. Thirdly, the opening or rupture of the bubbles occurs isochronously with inspiration, and produces a sensation quite peculiar and quite homogeneous. Fourthly, there are not, as in the mucous *râle*, large and small bubbles, but all are of the same volume.

ON TEMPERATURE IN ECLAMPSIA.—Two theses, recently sustained before the Medical Faculty in Paris by MM. Diendé and Herbart, bring new facts in support of the opinions urged by MM. Bourneville and Budin. Bourneville, while studying the temperature in diseases of the nervous system, has arrived at the conclusion that, in eclampsia, the temperature rises from the beginning to the end. If the disease is to terminate fatally, the temperature continues to rise, and reaches a very high figure. On the other hand, if the attacks disappear, the coma diminishes or ceases, the temperature will abate progressively, and reach its normal grade. The importance of these conclusions, from a diagnostic point of view, is evident, and M. Bourneville has succeeded in clearly distinguishing eclampsia from uræmia, in which latter affection the temperature falls progressively. The new observations by Diendé and Herbart confirm these conclusions. However, two exceptional cases, reported by the former, seem to show that the number of paroxysms is, perhaps, less important in a prognostic point of view. In considering the gravity of the disease, the paroxysm is but trifling compared to the temperature, which is everything. The course of the temperature is of great importance in establishing the prognosis and treatment, as was first pointed out by M. Budin (*Gaz. des Hôp.*, 1872), and the physician who carefully takes the temperature every hour or two will be materially aided in determining these.—*Thèses de Paris*, 1875.

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, MARCH 31ST, 1877.

ON UNCONSCIOUS AND AUTOMATIC ACTIONS AFTER EPILEPTIC FITS.

I.

WHEN any one is killed or is savagely treated, the public naturally thinks, first of all, that the perpetrator ought to be punished, under whatever circumstances the crime may have been committed. The scientific explanations given by medical men of motiveless crimes are heard with impatience. To many, these explanations seem mere curious thinkings from one-sided study; the common sense—that is, the superficial—view of the cases leading to the ready-to-hand explanation that the crimes arise from the innate depravity of the human heart. But, when any one does not accept the obvious explanation of a thing, it is more charitable to suppose that this does not arise because it has never occurred to him. The medical inquirer recognises "innate depravity of the human heart", although he may not use such an expression. It is because this ready-to-hand explanation does not always suffice that he goes further a-field; and when it may, when rendered into scientific language, be said to suffice, he can pity the criminal who inherits his depravity. Society, in protecting itself, must do no injustice. Scientific jurists are bound to listen to what careful students of nervous disorders have said on the mental state of certain quasi-criminals. Such researches as those of Nicolson (The Morbid Psychology of Criminals, *Journal of Mental Science*, 1873-4) ought to be conscientiously studied by jurists as well as by doctors; and, as a preparatory study of crime, we should pay great attention to the mental state of actual savages, as well as to that of our own criminal class, "many of whom are survivals in culture". In this regard, we commend to our readers what Herbert Spencer has written on Primitive Man in the first volume of his *Principles of Sociology*.

A recent case of homicide by an epileptic is the occasion of the above remarks; but, as that case has been settled to the satisfaction of the profession, on the report of Dr. Risdon Bennett and Dr. Crichton Browne, if not to the satisfaction of the public, we shall, in what follows, consider the question of responsibility of epileptics without reference to that, or indeed to any case which has been at any time the subject of legal investigation.

It is well known to all alienist physicians that epileptic patients are often furiously maniacal after their paroxysms; and, according to most authorities, epileptics sometimes become suddenly maniacal, *instead* of having an ordinary epileptic paroxysm. We believe that the mania and all other suddenly occurring elaborate actions in epileptics are *post*-paroxysmal. There is, we think, a prior paroxysm, however slight. For the practical purposes of this article, either view, with a little change of terms, may be taken. During the mania, the patient may commit some "crime"; if he do, he ought, being unconscious, to be held irresponsible.

At the present, we intend to speak only of the mental state of epileptics just after their paroxysms. Before we do so, let us acknowledge the great debt which not only our profession, but society, owes to Falret for the work, at once highly practical and scientific, which he has done on this subject. To introduce our subject properly, a few prefatory remarks are needed.

ASSOCIATION INTELLIGENCE.

COMMITTEE OF COUNCIL: NOTICE OF MEETING.

ALTERATION OF DATE.

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 **18th** day of April next, at Two o'clock in the afternoon.

FRANCIS FOWKE,
General Secretary.

36, Great Queen Street, London, W.C., March 28th, 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.

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 Fœtation: Operation.

Dr. Sheen: Counter-Practice.

Mr. B. Thomas: Prevention of Contagious Diseases.

Further particulars will appear in the circular.

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

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.)*

BATH AND BRISTOL BRANCH.

THE fifth ordinary meeting of this Branch will be held at the College Green Hotel, Bristol, on Thursday, April 12th, at 7.30 P.M.: H. F. A. GOODRIDGE, M.D., President, in the Chair.

EDMUND C. BOARD, *Honorary Secretary.*

Clifton, March 28th, 1877.

MIDLAND BRANCH.

THE sixth and last monthly meeting of this Branch will be held at the house of the President, on Friday, April 20th.

Coffee at 7.30 P.M.

A paper on the Progress of Surgery during the last Thirty Years, by Joseph White, F.R.C.S.Edin., President of the Branch.

L. W. MARSHALL, M.D., *Hon. Local Secretary.*

Nottingham, March 26th, 1877.

NORTH OF ENGLAND BRANCH.

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

Dr. Eastwood will propose, "That it is the duty of the General Medical Council to prosecute unqualified medical practitioners".

Dr. Eastwood will present a petition to be signed in favour of the Habitual Drunkards Bill, 1877.

The following papers have been promised.

1. Dr. E. C. Anderson: Objection to the use of the term "Typho-Malarial Fever". That it is not a hybrid of the enteric and malarial forms of fever, but a manifestation of two separate concurrent diseases, one of which may cease to exist in the system and the other pursue its course.
2. Dr. E. C. Anderson: Notes upon a Case of Rheumatic Fever, in which, after apparent complete recovery, the patient suffered from a relapse. Former attack treated with large doses of bicarbonate of soda, the latter with the salicylate of soda.
3. Dr. C. J. Reid: Milk, as a Therapeutic Agent.

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 27th, 1877.

CORRESPONDENCE.

F.R.C.S. (BY EXAMINATION).

SIR,—I am surprised to find you siding with those who wish to lower the examination for the F.R.C.S. diploma.

At present, this (the F.R.C.S. by examination) is to the Surgeon what the M.R.C.P. is to the Physician: the mark to the profession that he is specially qualified in that branch of his profession.

The Fellowship should never be looked upon as a qualifying diploma, but as a diploma of honour, showing an especial knowledge of surgery.

The standard for the M.R.C.S. has been greatly raised of late years; why, therefore, should the standard for the higher degree be lowered? The fact of so much more being required for the Membership should rather have called for an increase in the requirements for the Fellowship.

The present regulations, allowing students to pass the first or anatomical examination, are even of doubtful advantage, as many pass them and do not go in for the second or final examination until they have forgotten the greater part of their anatomy.

The Fellowship, unlike the M.D., gives no title for the public, and is only of use in giving the holders a certain status amongst their professional brethren; and if the standard be lowered, as proposed, it will be necessary to add after F.R.C.S. not only "by exam.", but "before 1877".

Hoping that you will yet use your powerful pen to prevent this degradation of this (at present) the highest qualification in surgery.

I am, yours sincerely, JOHN WOODMAN, F.R.C.S.

Exeter, March 25th, 1877.

PUBLIC SUPPORT OF HOSPITALS.

SIR,—Nearly every old-established general hospital in London, mainly supported by voluntary contributions, had a large excess of expenditure over income at the end of the year 1876, or, in other words, the public support accorded to these hospitals has seriously fallen off of late years. It is not difficult to find causes to account for this state of affairs; and to-day I propose, with your permission, to confine myself to one main reason which will, in a measure, account for the lamentable financial deficiency at our general hospitals, and to propose a remedy. It cannot be doubted that "the diversion of charitable donations into wrong channels" lies at the root of the evil. To say nothing of "famine funds" for the far east, "atrocity funds" for Bulgaria, and "relief funds" for Turkey, all of which have distracted attention from the need of the sick poor at home, an overwhelming number of small special hospitals has been established during the last twenty years, which, as has been justly declared, "have diverted no small share of the charity designed for general hospitals". I know that many are loth to believe that such is the case, but I am convinced that these smaller institutions are gradually paralysing the enterprise and curtailing the usefulness of the old-established general hospitals. Under these circumstances, the time has surely arrived when the public should be aroused to the exact position of affairs. They must be asked to choose between one of two alternatives: either to decide to inquire into the requirements of the old-established hospitals, and to materially add to their charitable expenditure by contributing the income they at the present time so sadly need, to enable the managers to successfully cope with the mass of sickness it is their duty to relieve; or, if it be felt that they already give as much to hospitals as they can conscientiously devote to the purpose, then, clearly they ought to consider the claims of the general hospital with its special departments, *before* giving of their abundance to the small and often practically useless "special". Do not let me be misunderstood. I am fully conscious

a. For due attention to private affairs.
b. For professional study and improvement.
c. For the recovery of lost health.

One consequence of this latter deprivation is, that the death-rate amongst army-surgeons is *twice* that of other officers.

6. Lowering the position of the senior executive medical officers by placing them on *one common duty roster with the youngest juniors*, and compelling them to perform such subordinate duties as hitherto have always been performed by *the subalterns* of the department.

7. Enforcing the due preparation, accuracy, and punctuality of multitudinous statistical returns and reports, at the same time *totally depriving medical officers, some actually in sole charge of several entire corps, of all clerical assistance or means of compliance.*

8. Abrogation of the Royal Warrant of April 1st, 1873, by Regulations of 1876, depriving senior executive medical officers of the *five years'* tenure of regimental appointments *guaranteed them* by that Warrant.

9. Wholesale supercession of senior executive medical officers by rules issued *after their entry into the department*, and which have been made to act against them *retrospectively*.

10. Want of proper representation, protection, and sympathy towards the executive ranks by *the administrative ranks* of the department.

11. Recent introduction into the department of a class which, whether as regards *general education*, *professional abilities*, or *social qualities*, is not likely to improve either its position or its efficiency, *but the contrary.*

12. The worrying uncertainties of the position and prospects of army medical officers, caused by *the many* breaches of agreement with them, by the Government or its representatives, *during the last nineteen years.*

THE NAVAL MEDICAL DEPARTMENT.

DEPUTY INSPECTOR-GENERAL THOMAS RUSSEL PICKTHORN has been appointed to fill the vacancy caused by the lamented death of Dr. A. E. Mackay, R.N. Mr. Pickthorn's services in the Royal Navy, extending over a period of thirty-five years, include upwards of twenty-five years of foreign service, during which he was for four years in charge of Jamaica Hospital, prior to his transfer to Haslar Hospital in 1874, where he has since remained. In 1850, Mr. Pickthorn was appointed to the *Pioneer*, one of the vessels engaged in the Arctic Expedition of that year; and he has also acted as Visiting Surgeon at Plymouth under the Contagious Diseases Acts.

THE ARMY MEDICAL DEPARTMENT AND ITS SCHEMES.

SIR,—You may well designate Mr. Hardy's speech, in moving the army estimates, as "unhappy", for either he has been very wrongly advised, or if he knew the undermanned condition of the department and the requirements of the service, he made statements which he must shortly very seriously regret. Whether he meant "unification" or the "ten years' scheme" when he said "it" had not had a sufficient trial, is not quite clear. I should have thought that from March 1873 to date, everything that had been tried had failed. It is really time that something should be attempted to re-establish the damaged and discredited department. If "schemes" cannot do it, a change of administration might effect success. The latest "scheme" will, I think, prove a more lamentable failure than its predecessors, for its leading characteristic is "a vast reduction of medical officers"; but whether this is the result of design or necessity, its progenitors have not thought fit or prudent to divulge. Certainly, novelty commends it; and, on trial, it may be found to possess advantages which doubtlessly commended it to the minds of its experienced framers, and prove a boon to a very discontented branch of the public service, which for a very long time past has been on the verge of a catastrophe.—I am, sir, your obedient servant,

OPAQUE.

March 11th, 1877.

OBITUARY.

DEPUTY INSPECTOR-GENERAL PETER SUTHER, M.D.

DR. SUTHER died at Dunkeld, Southsea, on Wednesday, March 14th, aged ninety-two years. Entering the naval service in 1803, he served as assistant-surgeon of the *Dreadnought* in the Mediterranean, until promoted in 1805 to surgeon of H.M.S. *Swiftsure*, in which he was present at the Battle of Trafalgar. He belonged to the *Eurydice* at the reduction of Martinique in 1809, and continued to serve afloat in that ship and the *Æolus* until 1813, when he retired temporarily on half-pay and resided in Nova Scotia, until he was appointed in 1829 to the *Hyperion*, for service in the Coast Blockade, in charge of a district on the Kentish coast. Here he remained until appointed in 1831 to the *Stag*, in which he served on the coast of Portugal during the disturbances which ended in the dethronement of Don Miguel. After a short time spent at Haulbowline Hospital, during which he had to contend with a serious outbreak of cholera, he proceeded in 1835 to Van Diemen's Land as superintending surgeon of the convict-ship *Mangles*, visiting China on the return voyage. He served subsequently in H.M.S. *Victory*, in Portsmouth Dockyard (as assisting surgeon), and in the *William and Mary* yacht, at Woolwich, until appointed in 1841 to the Dockyard at the latter place, where, and at Chatham, he continued to serve until he retired with a step of honorary rank in 1855. He has since resided at Jersey, Southampton, and Southsea.

His whole life was marked by extreme abstemiousness, smoking very occasionally, and, for the last thirty years, not at all; while, until his being afflicted with blindness in 1864, he was of most active habits, accustomed to taking daily long walks.

Dr. Suther possessed up to the last a most retentive memory, and could both recall the smallest detail of the incidents of his youth and the commencement of his career, and at the same time take the liveliest interest in the current topics of the day. He had for many years been the recipient of a Greenwich Hospital pension, and wore the medal for war services, with clasps for Trafalgar and Martinique.

MEDICAL NEWS.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.—At the usual monthly examination meetings of the College, held on Tuesday, Wednesday, and Thursday, March 13th, 14th, and 15th, the following candidates were successful.—For the First Professional Examination.

Jeffryes, Henry M.

For the Licences to Practise Medicine and Midwifery.

Atkinson, Joseph
Bray, Francis Thomas
Costello, Hubert Kelly
Finegan, Arthur Daniel O'Connell
Heslop, William John
Maguire, Stanislaus
Nesbitt, Robert
O'Connor, Maurice John
O'Meara, William Henry

For the Licence to Practise Medicine.

Hamilton, Edward Palmer

MEDICAL VACANCIES.

THE following vacancies are announced:—

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 of before April 3rd.

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.

DOVER UNION—Medical Officer for the Second Division of St. James's District. Salary, £40 per annum, and fees. Applications to be sent in on or before April 12th.

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.

LUDLOW UNION—Medical Officer for the Stokesay.

ORMSKIRK UNION—Medical Officer for the First District and Workhouse.

STAMFORD UNION—Medical Officer for the Hadleigh District.

WAYLAND UNION—Medical Officer for the Walton District.

WESTERN GENERAL DISPENSARY, Marylebone Road—House-Physician. Applications to be sent in on or before April 9th.

WEST HAMPNETT UNION, Sussex—Medical Officer and Public Vaccinator for the Singleton District. Salary, £70 per annum, and fees. Applications to be made on or before April 9th.

MEDICAL APPOINTMENTS.

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

BULLEN, Beresford R., M.R.C.S., appointed Third Assistant Medical Officer to the Third Middlesex Asylum, Banstead Downs, Surrey.

LAWSON, Robert, M.B., C.M., appointed Senior Assistant Medical Officer to the Third Middlesex Asylum, Banstead Downs, Surrey.

MURCHISON, Finlay, M.B., C.M., M.A., appointed Second Assistant Medical Officer to the Third Middlesex Asylum, Banstead Downs, Surrey.

*WILSON, John S., M.R.C.S.Eng., L.R.C.P.Ed., appointed Medical Officer to the Jorehaut Tea Company, Assam, India.

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.

DEATHS.

BARNES, John Wickham, senior, late of Bath, at 126, Gower Street, Bedford Square, aged 83, on March 26th.

*CARR, William, M.D., F.R.C.S., aged 63, much beloved and deeply lamented, at Lee Grove, Blackheath, on March 22nd.—Friends will kindly accept this intimation.

MR. JOSHUA CALTON, aged thirty-two, died on Monday at Maidsmoreton, near Buckingham, from tetanus, caused by an injury to the thumb through falling from a bicycle.

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 Orthopædic, 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 Orthopædic, 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.

TUESDAY.—Pathological Society of London, 8.30 P.M. Mr. Godlee: Granulation Material from White Swelling of the Knee-joint. Dr. Burney Yeo: Aneurism of the Superior Mesenteric Artery compressing the Renal Arteries. Dr. Fagge: Contraction of the Larynx after Tracheotomy. Dr. Fagge: Hypertrophied Bladder in Diabetes. Dr. Coupland: Lymphoma of the Stomach. Dr. Coupland: Lymphoma of the Prostate. Dr. A. Morison; Organs from a Case of Hodgkin's Disease. Dr. Greenfield: Lympho-sarcoma of Abdominal Gland. Dr. Greenfield: Case of Lymphadenoma. Dr. Irvine: Aneurism of the Coronary Arteries. Dr. F. Robinson: Case of Abdominal Cyst. Mr. Barker: Vesical Calculi.

WEDNESDAY.—Obstetrical Society of London, 8 P.M. Specimens. Dr. Ashburton Thompson, "A Case of Deformity (living subject)"; Dr. Playfair, "On Fibroid Tumour complicating Delivery"; Dr. James Braithwaite, "On a Mode of Treatment of Retroflexion"; and other communications.—Royal Microscopical Society, 8 P.M. Mr. Thomas Palmer, "On the Various Changes caused in the Spectrum by different Vegetable Colouring Matter".

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.

THE MEDICAL DIRECTORY.

SIR,—It has often occurred to me that, however useful the *Medical Directory* may be, there is no guarantee for the accuracy of the information contained therein. For instance, a person in the usual paper sent to him, may subscribe himself M.D.Lond., F.R.C.S., or any other degree, and may inform the public that his studies were prosecuted at Guy's, Paris, and Vienna, when in reality his only school may have been a provincial one. Can any one inform me if there is any reliance to be placed on the degrees, etc., contained therein?—Yours, etc.,

London, March 23rd, 1877. SUBSCRIBER.

*** As a rule, with but few if any exceptions, complete reliance may be placed on the information as to degrees, etc., given in the *Medical Directory*. If our correspondent have doubt as to the accuracy of any statement on this point, he has ample opportunity of testing it, by referring to the official *Medical Register*, and by applying to the authorities of the institution from which the degree or diploma is said to be derived. Our own observation leads us to believe the statements regarding the medical schools to be correct; and we believe that an investigation of any cases that he chooses to select will show our correspondent that he has little or no ground for what many will regard as an ungenerous insinuation against the honour of his professional brethren.

WE are requested to state that Mr. Richardson, whose marriage was advertised in the *Times* of Friday last, is neither a member or Fellow of the London College of Surgeons.

ULCERS OF THE LEGS AND THEIR TREATMENT: AN IMPROVED METHOD OF BANDAGING.

SIR,—I am glad to see, by letters in the JOURNAL, that the successful treatment of chronic ulcerations of the leg is engaging the attention of several members of the Association. With your permission, I will gladly add my small stock of experience to that of Drs. Cochrane, Mackenna, and Eaton. The cases related by them were doubtless severe, but I venture to say that such cases come within the knowledge of every practitioner in the kingdom, and are to be met with by the score at every large hospital. I do not say they are all cured, by no means, but they ought to be.

What was the essential nature of the means adopted by Drs. Cochrane and Eaton, and the "blacksmith" in Dr. Mackenna's interesting account? Simply, *continued rest and support* for the overcharged blood-vessels, which allowed the natural process of regeneration to take place. Neglect and bad treatment had brought things to an extreme pass, as they often do in hundreds of other cases; but, as soon as these poor men were properly attended to, all went well with them, and so it may be with all such sufferers. Is it not possible to obtain the requisite *rest and support* for the diseased limb without at the same time imprisoning the body? Men and women, who have need to work for their daily bread, will not, and moreover cannot, be expected to lie in bed or on the couch for weeks and months together, when they are not otherwise sick. I have intimated the importance of rest in the successful treatment of ulcers in the lower extremity; and this is generally perceived and admitted by all surgeons; but, to think that rest in the recumbent posture is alone sufficient to effect the cure, is a very great error; and shows how little some of us are able to profit by the lessons of experience.

It is my opinion, and not mine only, that such an enforced resting of the entire body from all active exertion is not only wholly unnecessary, but is positively injurious to the patient and his already weakened limb. It is of the utmost importance that a moderate use of the diseased leg should be permitted while the process of healing is going on to enable the parts to take on an entirely healthy action, which cannot possibly be the case in the bed or on the couch. We want to give the weakened structures a perfect support and a *surgical* and *physiological rest* while the patient is going about his or her usual work; and this it is which constitutes the chief difficulty. The end cannot always be attained in the same way, or by exactly the same means, for every case must be treated by itself; but, in all the commoner kinds of ulcer and other disorders affecting the leg, efficient support may be given by adhesive straps and a roller bandage carefully applied. Too much attention cannot be bestowed on this point; for, if the application of the plaster and bandage be not done with thoughtfulness and care, and completed in every stage of the process with due exactness, the operation will be useless and the result *nil*. An imperfectly adjusted bandage must of necessity be worse than useless; it can only add to the discomfort of the patient by increasing the evils already in existence. The slightest constriction of strap or bandage at any point above that of any part below it, must necessarily interfere with the proper course of the blood in the vessels, and thus evil would result instead of good. It will be at once perceived that skill in the art of bandaging is above all the one thing needful.

I must here state my unqualified disapproval of the usual mode of applying a bandage to the leg adopted by surgeons in this country, with very few, if any, exceptions. It cannot be satisfactorily performed in the ordinary way by commencing at the foot and passing upwards to the knee. When thus done, every turn of the roller is likely to be made somewhat tighter than the preceding one; consequently, by the time the operator has finished, the constriction is general on all the parts above. I am aware that I shall be met by the statement that every care will have been taken to prevent this result on the part of the dresser; but it is an effect which he can scarcely avoid, however careful he may be. Bandaging, to be effective, should always be performed from *above downwards*; it possesses many and great advantages over the old method; it can be applied more easily, more certainly, and with greater precision: it is the only way in which perfection can be attained; and is, in fact, the only truly scientific method. A bandage thus put on will keep its place for any required period without becoming materially slackened.

When plasters of any kind are deemed requisite for the support of any weak part, these should be applied in the same manner from above downwards. The plaster, cut into strips an inch wide, should be carefully adjusted around the circumference of the leg, beginning above the seat of injury, and gradually coming down the leg, each strap being made to overlap by a third of its width the preceding one.

I have laid stress on this mode of bandaging, for, by its means, a cure is so much more speedily effected; it is, in fact, next to impossible for the surgeon to succeed without it. He should always bandage the leg himself; for, if he entrust the operation to the patient himself or other incompetent person, failure will certainly ensue.

I could cite scores of cases cured in this simple way, many of which were of long standing; in some instances, of twenty and even thirty years' duration, yielding in every case a permanent cure, and without any ulterior results of an evil character; and this latter fact cannot be too widely known in contradiction to a very common, but very erroneous, notion that it is "dangerous to heal an old wound".

Apologising for the length of my note.—I remain, yours faithfully,

Cambridge, February 19th, 1877. WILLIAM PROWSE.

ADULTERATION IN DUBLIN.

THE report of the city analyst for Dublin (Dr. Cameron) for 1876, shows that 1,000 samples of food, water, etc., were tested during the past year. Of those relating to food and drink, 95 were adulterated. During the year, 229,111 lbs. of meat, fruit, etc, were condemned and destroyed as being unfit for human food. Four parties were imprisoned for periods varying from one to two months for selling unsound food, sixty-eight were find, the fines amounting to £271. There are some defects connected with the Adulteration Act, which we trust the executive will shortly remove; one being, as the law exists at present, that if a shopkeeper refuse to sell an article of food or drink to an inspector he can be punished, but if his servant refuse, no fine can be inflicted. The absurdity of this arrangement is manifest; and besides this, should a party buy food for his own use and find it bad, he cannot prosecute the vendor for having sold the unsound food, but only for exposing the food for sale.