

both breasts with success. Early operations gave the best prospects of success. In dressing, he would not use styptic colloid, but would always use the drainage-tube.—Mr. GEORGE YATES narrated a case treated by the application of strong sulphuric acid. The case did well; but the patient died one year afterwards of internal cancer.—The PRESIDENT considered cancer to be a local hyperplasia, with the elements carried through the body by the blood-current: a heterotopy not a heterology. He did not believe that there were antecedents to cancer; the sufferers were healthy people. In operating, he would cut away all the tissues apparently affected, remove all glands, and heal early.—Mr. GAMGEE, in reply, said it was impossible to get healing too early. He would not wet the wound; he would mop it with lint and dress dry. In operating on a case where the pectoral muscle was affected, he would remove as much of it as necessary, but would rather select cases presenting no such complication.

SELECTIONS FROM JOURNALS.

MEDICINE.

PASSAGE OF DRAINAGE-TUBES INTO THE CAVITY OF THE PLEURA: REMOVAL BY EXSECTION OF THE RIB.—An interesting case of removal of drainage-tubes from the cavity of the pleura, by means of exsection of a portion of the eighth rib, has been recently under treatment at St. Francis's Hospital, New York. A man aged 30, had an attack of acute pleurisy, which was treated by aspiration. The fluid became purulent, and the resulting empyema was treated by making a free incision and inserting a drainage-tube. The patient was under observation in the country, and from the history furnished by him it would seem that the tube slipped into the pleura. Another tube was then used, and met with a similar fate. An attempt was made at removal after the second tube had passed within the pleura, but without success. A third tube was then inserted, and the patient sent to hospital. On admission, January 15th, the left side was found to be retracted to the extent of an inch and a half, and the ribs closely approximated. Dr. J. H. Ripley made an incision about three inches long, beginning at the original opening and extending inward on a line with the nipple. A portion of the eighth rib was then removed by means of a drill and bone-forceps, and a perforation made sufficiently large to admit the little finger. A polypus-forceps was introduced, and a drainage-tube detected posterior and superior to the opening: further search with this instrument proved unsuccessful, and it was substituted by one of Emmet's flexible silver probes, bent at the extremity so as to form a hook. After a search lasting twenty minutes the second tube was withdrawn. The tubes were in good preservation, and each measured seven inches in length. After the operation the patient did well.—*New York Medical Journal*, March 1877.

LARGE BILIARY CALCULUS PASSED BY THE RECTUM.—The *American Practitioner* for February contains an account, by Drs. W. F. and J. Reilly, of an extraordinarily large biliary calculus passed by one of their patients. Mrs. —, aged 65, mother of eight children, was attacked last spring with diarrhoea; the abdomen was swollen and tender, especially in the right hypochondrium; she had paroxysmal pain in the abdomen, and it was attended with bilious vomiting. Then followed what seemed to be typhoid fever, lasting six weeks. Three weeks after recovery, she passed from the bowel the calculus, after four hours of severe suffering. She said that she had previously evacuated similar, though much smaller, formations. The measurements of the stone, which was an ellipsoid, were long diameter one and five-eighths inches, short diameter one inch. Its weight was one hundred and ninety grains. The nucleus was of dark biliary resin, while the mass was of cholestearine, extending in regular radii from that nucleus.

SURGERY.

THE USE OF CAUSTICS IN OSSIFLUENT ABSCESS.—Dr. Fourestié describes (*Thèse de Paris*, December 16th, 1876) the proceeding which Dr. Labbé has employed in his service at La Pitié in cases of voluminous ossifluent abscess. The proceeding is as follows. First, the limits of the purulent cavity are as far as possible made out. A large round hole, of which the circumference may be a little smaller than that of the tumour is cut in a bond of sticking plaster. The plaster thus cut is applied by its adherent face on the swelling in such a manner that the circular opening lies over the abscess. Then a sufficient quantity of Vienna paste is prepared to cover all the skin comprised in the opening. The thickness of this layer is of little importance, for it only acts by its surface. The Vienna paste is left in con-

tact with the skin for a quarter of an hour; and, when it is taken off, a large black eschar is found below it, exceeding by about five *millimètres* the point where the action of the caustic stopped. There remains then from the external part of the pouch a circular band over one *centimètre* in breadth. The application of Vienna paste over a large surface is painful; hence, in the case of a child, anaesthesia may be employed. After removing the Vienna paste, the part is well cleaned and the eschar covered with plaster. After three or four days, the patient for the first time complains of some pain, which indicates that separation has commenced. Poultices then replace the plaster. The eschar now hardens at the borders, and the furrow which separates it from the healthy parts appears and gradually enlarges. No pressure should be employed, but the whole process of separation should be left entirely to itself. Pus will gradually show itself at some point of the furrow, and soon at several points. These orifices are generally small, and the pus escapes very gradually; the abscess-cavity meantime shrinking, and the posterior wall approaching the level of the neighbouring integuments; so that, after the fall of the eschar, there is left only a wound already much narrowed and generally covered with fine fleshy granulations.

GENERAL PERITONITIS CAUSED BY SUPPURATING BUBO.—A lad aged 19, entered the venereal service of the Charity Hospital, New York, with a bubo which was in the stage of suppuration. He was subsequently transferred to the medical wards on account of disease of the lungs. While under observation there, he developed general peritonitis, and died after about a week. At the necropsy, it was found that the abscess caused by the suppurating bubo had extended down to the peritoneum, and in this manner served as the starting-point of the peritonitis.—*New York Medical Journal*, March 1877.

PATHOLOGY.

THE PATHOLOGY OF TETANUS.—Dr. Bannister, in the *Chicago Journal of Mental and Nervous Diseases* for January, submits the following as his idea of the pathology of tetanus. 1. A peripheral wound, involving the sensitive nervous fibres, and causing an irritative local lesion—a neuritis. 2. Transmission of this irritation, either merely as such or as actual inflammation, through the nerve-trunk and the grey matter of the cord, to the medulla and pons Varoli, and possibly to the higher centres in the optic thalamus and corpora quadrigemina (striata), or perhaps even to the cortical motor centres, of the brain. 3. Reflection of this irritation along motor nerves, at first only the trigemini and accessory, then gradually involving other spinal nerves, and producing tonic contraction of nearly all the muscles of the trunk. This is the condition until death in many cases of the disease, but in others convulsions appear at a late stage. Death may occur from exhaustion, asphyxia, or paralysis of the heart.

ABSCESS BELOW THE DIAPHRAGM, THE RESULT OF DISEASE OF THE LUNGS.—A rare case of abscess between the diaphragm and right lobe of the liver occurred in a patient who recently died in the Charity Hospital, New York. A woman, aged 50, entered January 23rd, stating that she had been suffering from pain in the right lumbar region for two weeks. A physical examination showed dulness below the third rib on the right side anteriorly. In the epigastrium a protrusion like a hernia was felt, which was tympanitic on percussion. This tympanitic resonance extended downward and toward the left lumbar region. There was no similar tympanitic resonance over any other portion of the abdomen. The patient died on February 1st. At the necropsy, the lower lobe of the right lung was found consolidated by acute catarrhal pneumonia, and at the base was a small gangrenous cavity of the size of a hazel-nut, which perforated the diaphragm and formed an abscess between the diaphragm and right lobe of the liver. The entrance of air into the abscess through the cavity in the lungs had given rise to decomposition and the evolution of gas, and in this manner furnished signs of tympanitic resonance over the upper portion of the abdomen. The pyloric extremity of the stomach was attached to the abdominal wall. The peritoneum showed no signs of inflammation. The liver was diminished in size from the pressure of the abscess.—*New York Medical Journal*, March 1877.

MIDWIFERY AND DISEASES OF WOMEN.

HYDRATE OF CHLORAL IN CANCER OF THE UTERUS.—Having first well washed out the vagina, by means of a speculum introduce a pellet of lint saturated with a solution of chloral, one part to ten. This should be repeated every two hours. The pain, after two or three applications, becomes less, and the discharge less irritating. (*Philadelphia Medical Times*.)

ought not to have been in the house; but, on carefully examining him afterwards, he has found to his surprise that such inmate has been suffering from disease, which rendered work a physical impossibility; and he truly observes that the diet allowed these unfortunates is quite insufficient and incapable of improving their health.

Passing to the points which he suggests for an amendment of the evils he describes, he writes: "That, whilst the extension of the boarding out system would meet the views of some, he would prefer to see the children remitted to schools conducted on the industrial system, and that, in the case of children whose parents are morally and physically incapable of bringing them up properly, the parental tie should be severed, and that such children should be wholly removed from their misguidance." As regards the care of the deserving poor, he urges the introduction of a rigid and judicious classification, which should enable these to be wholly separated from enforced association with the depraved and worthless; that these should be supplied with a health-giving diet, and, if of exceptionally good behaviour, should be distinguished by a separate dress and good conduct badge; but these are topics which, though ably handled and admirably reasoned out, are hardly subjects for discussion in the columns of a medical journal.

In bringing our review to a close, we congratulate Dr. Hunter on the ability he has displayed in the production of his pamphlet, and we believe it will be of much service just now, when the Government, in redemption of their pledge, are about to bring forward once more the Scotch Poor Bill, as it will prove, even to those members who opposed Lord Gordon's Bill last session, that an absolute necessity exists for strengthening the hands of the Board of Supervision, if the wretched system of medical and general poor relief which prevails generally in Scotland is to be amended.

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.

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 potash, the latter with the salicylate of soda.

3. Dr. J. C. 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.

THE EXAMINATION FOR THE F.R.C.S.

SIR,—The new regulations for the Fellowship, which are still under the consideration of the Council of the College of Surgeons (the part relating to the examination for members of ten years' standing having been withdrawn), are, as you may remember, the outcome of a resolution which I proposed in the Council two or three years ago.

The object of that resolution was to throw open the professional examinations for the Fellowship (the existing examinations without any modification or lessening of them) to the members of the College, so that every member of the College might have the opportunity of obtaining the Fellowship provided he could show that he possessed the requisite knowledge, without there being any question as to the curriculum he had followed, or the mode in which he had obtained his knowledge.

My reasons for urging this were, and are, as follows.

1. I think that the Fellowship ought to exert a much wider range of influence than it has hitherto done, or than under the old regulations it could be expected to do; an influence not confined, as it necessarily has been, almost exclusively to students, and to those students who, from the first, are aspirants to the Fellowship, who are early trained for it, and whose circumstances enable them to undergo the extended curriculum required, but an influence which should radiate more largely over the members, and especially over the younger members of the College. Without any disparagement of the members, it will be admitted that a stimulus of this kind is needed to induce them to continue the prosecution of their professional education in anything like a definite and systematic manner. Many have the time to do it; but they need the inducement. Few of us can, or do, persevere in work without some external stimulus. The desire to obtain the Fellowship would act as such; and, even if it operated upon only a comparatively small number of the members, the benefit that would result from their being induced to maintain and advance their knowledge of anatomy, physiology, pathology, and surgery, to take advantage of the museums, schools, hospitals, or unions that may be within their reach, and to study carefully the private cases that fell under their care; to feel, in short, and act as students still, would prove of inestimable advantage to themselves, to surgical science, and to the community. This most beneficial influence which the Fellowship might have is, in great measure, indeed almost entirely, prevented by regulations which require two years in hospitals and schools, and one winter's dissections, in addition to the certificates necessary for the Membership, besides the more extended preliminary examination, and other things.

2. These regulations would absolutely have prevented myself from becoming a Fellow (Cambridge did not then offer the opportunities which it now does); and they do prevent others who, as in my own case, are compelled, immediately on obtaining the Membership, to turn to the means of gaining a livelihood. Owing to peculiar circumstances I was, at a very early period, made a Fellow without examination; and, having enjoyed and profited by the privilege for many years, I am desirous that the members should have the opportunity of looking forward to the same honour and influence provided they can show, which of course I could not, that by continuance in well doing they have deserved it. I am desirous, therefore, that the members—the younger members more particularly—should have not only the stimulus to the higher scientific and practical education requisite for the Fellowship examinations, but also the opportunity of thereby winning the direct and indirect advantages which the Fellowship brings, and which contribute their share to promote the enjoyment and usefulness of professional life.

3. Hitherto the ranks of the Fellows have been recruited by the statutable election, without examination, to the Fellowship of members who obtained the diploma before 1843. This has served to create and maintain the numerical weight of the elective body of the College, and to connect with it the more eminent surgeons of the country who are of sufficient standing. But this source of supply is fast diminishing

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF OXFORD.

MEDICAL FELLOWSHIP.—Mr. Charles William Mansell Moullin, M.A., has been elected to the Medical Fellowship in Pembroke College.

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 29th, 1877.

Byers, Decimus William, Hornsey Street, Holloway
Callender, John Hawkes, South Shields
Clifton, Cyrus Arthur, Northampton
Culpin, Millice, Mildmay Park, N.
Emmerson, John Bolton, Jarrow Hospital
Revell, Richard Carter, Saltash, Cornwall
Rochfort, Walter Mingay, Leamington Terrace, Acton
Welchman, Henry Palmer, Bore Street, Lichfield
Whitcombe, William Philip, Birchfield, Birmingham
Willcocks, Frederick, Scarsdale Villa, Kensington

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

Ambler, Horace Edward, Middlesex Hospital
Bisdee, Alfred James, St. Mary's Hospital
Flewitt, Walter, General Hospital, Birmingham
Johnson, William, St. Bartholomew's Hospital

MEDICAL VACANCIES.

The following vacancies are announced:—

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 the 12th instant.

GLOUCESTER COUNTY INFIRMARY.—House-Surgeon. Salary, £100 per annum, with board, lodging, and washing. Applications to be sent in on or before the 21st instant.

LUDLOW UNION.—Medical Officer for the Stokesay.

MACCLESFIELD GENERAL INFIRMARY.—Senior House-Surgeon. Salary to commence at £100 per annum, with board and residence. Applications to be sent in on or before the 14th instant.

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

STAMFORD UNION.—Medical Officer for the Hadleigh District.

TEIGNMOUTH, DAWLISH, and NEWTON INFIRMARY.—House-Surgeon. Salary, £50 per annum, with board, lodging, and washing. Applications to be made on or before the 26th instant.

WAYLAND UNION.—Medical Officer for the Walton District.

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

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 the 9th instant.

MEDICAL APPOINTMENTS.

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

*LEVINGE, E. G., A.B., M.B., appointed Assistant Medical Superintendent of the Bristol Lunatic Asylum, *vice* T. V. De Denne, L.R.C.P.Ed., resigned.

*SCOTT, John H., M.B., C.M., Demonstrator of Anatomy in the University of Edinburgh, appointed Professor of Anatomy and Physiology in the University of Otago, New Zealand.

WARNER, Francis, M.D., appointed Assistant-Physician to the East London Hospital for Children.

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.

*PRICE, William, J.P., M.R.C.S. Eng., at his residence, Glantwrch, Swansea Vale, aged 74, on March 24th.

*THOMAS, Benjamin, F.R.C.S., at his residence, 1, Goring Place, Llanelli, aged 62, on April 2nd.

TESTIMONIALS.—Dr. Trimble, who for some years has occupied the position of medical officer to the dispensary district of Castlebellingham, county Louth, where he was held in high esteem, has removed to Walton-le-Dale. Before leaving Ireland, his friends, in acknowledgment of his kindness and universal attention to the poor, presented him with a testimonial consisting of a time-piece and claret jug.—Dr. Thomas Gurney, the senior physician to the City Dispensary, has been presented with an illuminated address and a handsome time-piece by the patients under his care at the above institution, in testimony of their regard and affection.

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, 11 A.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. Adjourned discussion on Animal Vaccination; after which, a Clinical Evening.

TUESDAY.—Royal Medical and Chirurgical Society. 8 P.M.: Ballot. 8.30 P.M.: Mr. T. Holmes, "On direct Wounds of the Ureter"; Dr. James Andrew and Dr. Dyce Duckworth, "On a Case of all but Universal Paralysis in a Child following exposure to Heat, with complete recovery".

WEDNESDAY.—Hunterian Society (London Institution). 7.30 P.M.: Council Meeting. 8 P.M.: Mr. Jacobson, "On Incision of Hydrocele Antiseptically as a means of Radical Cure in Certain Cases";—Epidemiological Society, 8.30 P.M. Discussion on Mr. Lawson's and Dr. E. McClellan's papers on Cholera.

FRIDAY.—Clinical Society of London, 8.30 P.M. Mr. Maunder, "Double Valvular Osteotomy, as a substitute for Excision of the Knee-joint (a living subject)"; Mr. Christopher Heath, "A Case of Subperiosteal Resection of the Shaft of the Tibia"; Mr. Christopher Heath, "A Case of badly united Fracture of the Bones of the Leg treated by the Excision of a Wedge with Linhart's Chisel"; Mr. Clement Lucas, "Excision of the Lower Half of the Ulna for a Myeloid Tumour (a living subject)"; Dr. Cayley (for Mr. Henry Morris), "Excision of the Lower Ends of the Radius and Ulna for a Myeloid Tumour".

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.

We would suggest to correspondents who do not wish their names published, that they should use some distinctive *nom de plume*. "A Member", "An Inquirer", and such like terms are often applicable to several persons.

ETYMOLOGY OF A LICENCE.

SIR.—Under this heading, I find "regulations for midwives and nurses." Now, according to plain English construction, a *nurse-tender* must be one who tends nurses; but the College employ the word as synonymous with *nurse*. And let me ask whether the charter of incorporation styles this institution the King and Queen's College. Surely King's and Queen's would be the proper title. Each noun requires the final *s* as the sign of the genitive.—Yours faithfully,
March 21st. D.

ERRATUM.—In the note on the Carlisle Place Orphanage at page 397 of last week's *JOURNAL*, column 1, at line 4, for "rolls and biscuits," read "Robb's biscuits".

A GOOD CUSTOMER TO THE DRUGGISTS.

In a recent breach of promise of marriage case (Florence Sarah Deane v. the Rev. Thomas Oldacres) lately tried at the Leicester Assizes, Mr. Mellor, for the defendant, contended that such an old man could never have thought of marriage. He suffered from rheumatism, lumbago, and a number of other physical ailments, for which he took five pills a day. In fact, during the last thirty years he had been so afflicted, that he had taken no less than 54,750 pills.

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.

MEDICAL ETIQUETTE.

SIR,—May I ask you to insert this letter in your JOURNAL, so that you or your readers may inform me if it be medical etiquette or good fellowship? My wife was confined on the 15th of last month; on the 16th, the baby showed decided symptoms of cyanosis; and on the 17th, grew so bad that in the afternoon I called on the other medical man in practice here to come and see my little one with me, explaining that I feared it could not live a couple of hours, but that, for satisfaction, I should like to get another opinion. On asking him to come, his answer was, "Well, no, I would rather not; I should much prefer you to get some one else: you understand?" "I certainly understand; you decline to come and see my dying child with me. I will go and ask Dr. L." (a retired medical man living here). As I went down his steps, he called after me, "If your child be really dying, and you do not think it can last till you get Dr. L., I will come, but I much prefer not." "Thank you," I said; "I will go for Dr. L." I did so. Dr. L. came at once, and expressed great surprise at my opponent's treatment. Now, sir, not more than three or four days before I had offered to help this man in any way I could, should he require it, and this was the return he made me. The child died on the 19th. I may say it is not the first time I have had to complain of his treatment, as he saw in the afternoon one of my patients (without saying a word to me about it) whom I had visited the same morning. As we are both young men, I should like to know if this be the way members of our profession treat one another as a rule.—I remain, sir, yours truly,
L.R.C.P.E., etc.

March 26th, 1877.

* * We should be sorry to think that such conduct as that described by our correspondent was at all usual in the medical profession.

ERRATA.—In Mr. Burdett's paper on Hospitalism in Cottage Hospital Practice, in last week's JOURNAL, page 352, the following printer's errors have inadvertently occurred in the table, viz.: Fowey, for "primary thigh, 1 death," read "legs 1"; Jarroon-on-Tyne, for "primary forearms, 1," read "arms 2"; Kendal, for "primary forearm, 1 death," read "forearms 1".

VISITORS TO HOSPITALS.

SIR,—Can you or any of your readers inform me whether relations or friends are permitted to visit patients in hospitals for infectious diseases, such as small-pox, scarlatina, or cholera? It is painful to refuse the admission of relatives, but having charge myself of a hospital for the reception of persons labouring under small-pox, etc., I made it a rule from the first not to admit relatives or friends to see the patients, as it would be impossible to prevent the spread of infection without such restrictions.—I am, sir, your obedient servant,
A PHYSICIAN.

* * At the hospitals under the control of the Metropolitan Asylums Board visitors are allowed to any patient whose life is in danger; and this practice is supported by the opinion of one of the inspectors of the Local Government Board, who has said that "It is impossible, or at any rate it would be very objectionable, to exclude visitors absolutely from a hospital when their friends are dying. To do this would simply discredit the whole system of hospital isolation". In this opinion we entirely concur.

T. D. (Ennisorthy).—We do not know who Dr. Josef Herman is; nor do we remember to have seen the *Naturarst*, in which he publishes his writings, quoted in any of the foreign medical journals which we receive.

THE DUBLIN POOR-LAW MEDICAL OFFICERS.

SIR,—Your Dublin correspondent, in his article on St. Patrick's Day, greeted the South Dublin City Dispensary medical officers in a style which surprised your readers and subscribers here. If a Poor-law guardian choose, as his wont is, to decry the value of the laborious and risky services of a body of highly educated gentlemen, it is surely no reason why your JOURNAL and your Dublin Medical Correspondent should re-echo, and that in an exaggerated form, such an *ad captandum* accusation. The application for increased pay had been passed by the Dispensary Committee, who would not have done so had blame been attachable to the medical officers. An increase had just been granted to the medical officers on the North side of Dublin, with the sanction of the Local Government Board.—Faithfully yours,
A MEMBER OF THE BRITISH MEDICAL ASSOCIATION.

Dublin, March 27th, 1877.

MR. E. W. BERRIDGE.—We are unable to give further information respecting the cases of poisoning by *anathema crocata* at Stockton-on-Tees than that which our correspondent has seen.

MATERNAL IMPRESSIONS.

SIR,—On the 5th of this month, I delivered a patient of a healthy female child, who had the precise mark described by Mr. Dudley Saunders in the JOURNAL for March 24th. It had a mark on the upper lip, and a very slight notch, as though the child had been the subject of a very successful operation for single hare-lip. The mouth and palate were quite normal. The mother of the child is a fine healthy woman, though she has suffered from two attacks of puerperal mania, and she says that she has been a good deal disturbed by a neighbour's child who has been the subject of hare-lip. I do not express any opinion on the question of "maternal impressions"; I merely record a fact.—Your obedient servant,
J. HYDE HOUGHTON, Surgeon to Guest's Hospital.

Dudley, March 26th, 1876.

NOCTURNAL CRAMP.

A MEMBER writes:—I am very glad to find that J. E. C., M.D., has found some benefit from Howard's bicarbonate of soda. He has lain many nights studying cramp in his own person. It proceeds, he says, from excessive acidity, not only of the stomach but of the whole bowel track; and when it seems to have reached its height, the extensor tendons have nearly dislocated the great toe. Then it is that relief is at once obtained by taking half a drachm to two drachms of the soda. Before he found this remedy useful, many things had been tried. In less than thirty seconds the cramp disappears, leaving a soreness that soon passes away. It has been prescribed by him in numerous cases, and the result has been always satisfactory.

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.

FATTY DEJECTIONS.

DR. BROWN (Clifton) recommends Octogenarius to try the following. Purified ox bile 2½ grains, extract of nuxvomica ¼ grain, vitalised phosphates (Perry's) 5 grains, pancreatic emulsion (Dobell's) 60 grains. These should be well mixed together and taken two or three times a day, just after meals. As to diet and other hygienic aids, Dr. Brown defers to the judgment of the patient's medical attendants, combined with his own observations and experience, simply suggesting that his condition may possibly be due in some degree to deranged function of liver and spleen, associated with senile decay or neural degeneration.

HYDROBROMIC ACID.

SIR,—Will any of your readers kindly inform me if they have used the hydrobromic acid, and with what result? I tried it in one case of phthisis to relieve the severe cough; it failed to do this, and caused severe abdominal pain.—Yours,
Cambridgeshire, March, 1877.
W. EASBY, M.D.

We are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Scarborough Daily Post; The Londonderry Sentinel; The Lincolnshire Chronicle; The Liverpool Daily Courier; The Salford Weekly News; The Northern Echo; The Home Ruler; 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 Worcester Guardian; The Liverpool Critic; The St. Pancras Gazette; 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 Chatham and Rochester Observer; The Redditch Indicator; The Colonies; The Warrington Express; The Croydon Chronicle; The Northampton Herald; The Hampshire Telegraph; The Birmingham Daily Gazette; The Scotsman; The Edinburgh Courant; The Bridport News; The Liverpool Medical Enquirer; The Richmond and Twickenham Times; The Western Morning News; The Liverpool Mercury; The Carlisle Journal; The Merthyr Express; The Sussex Daily Post; The Sheffield Daily Telegraph; The Nottingham Journal; 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. James Russell, Birmingham; Dr. George Johnson, London; Dr. Gore, Dublin; Dr. MacLagan, Edinburgh; Dr. Percy Boulton, London; Mr. Christopher Heath, London; Dr. Mayer, Antwerp; Mr. Trevor Fowler, Epping; Dr. Francis Warner, London; Dr. Clement Godson, London; Mr. Rushton Parker, Liverpool; Dr. Eaton, Cleator; M.D.Ed.; A Member; Mr. Edward Stephens, Ilminster; Dr. A. Collie, Homerton; Mr. Hugh Robinson, Preston; Dr. J. Milner Fothergill, London; Mr. T. S. Warren, London; Our Dublin Correspondent; Mr. E. P. Hardey, Hull; Dr. Grimshaw, Dublin; Fair Play; Dr. Thomas Trollope, St. Leonard's-on-Sea; Dr. Cayley, London; Dr. Mackey, Birmingham; W. L.; Dr. Kelly, Rotherhithe; The Secretary of the Royal Medical and Chirurgical Society; Dr. Joseph Rogers, London; Dr. Bond, Gloucester; Mr. H. E. Waddy, Gloucester; Dr. W. M. Campbell, Liverpool; Mr. E. S. Worth, Millbrook; Mr. Lennox Browne, London; Mr. James Dixon, Dorking; Dr. Egan, Dublin; Dr. Levinge, Athlone; Dr. Procter, York; Good Friday; Dr. Boyd Mushet, New Brighton; The Registrar-General of England; Dr. G. M. Humphry, Cambridge; Dr. Berridge, London; The Secretary of the Clinical Society; Dr. Ballard, London; The Registrar-General of Ireland; Staff-Surgeon Coates, Esquimaux; Dr. William Carter, Liverpool; Beta; Dr. A. S. Taylor, London; Dr. Joseph Seaton, Sunbury; Dr. J. H. Aveling, London; Dr. Shingleton Smith, Clifton; Our Edinburgh Correspondent; Haberly; T. D., Ennisorthy; Dr. Macdonald, Cupar Fife; Dr. Douglas MacLagan, Edinburgh; Mr. S. M. Bradley, Manchester; A Correspondent; Dr. J. Braxton Hicks, London; Dr. Gowers, London; Dr. W. Fairlie Clarke, Southborough; Mr. Albert Speedy, Dublin; Mr. Hamilton Craigie, London; Mr. J. Banas, Rotherham; Dr. G. H. Philipson, Newcastle-upon-Tyne; Mr. W. Rivington, London; Mr. Hodgkinson, Manchester; Dr. Joseph Bell, Edinburgh; Dr. T. Spencer Cobbold, London; Mr. G. Eastes, London; Dr. Edis, London; Mr. C. S. Loch, London; Dr. Rawdon, Liverpool; Dr. H. F. Marshall, Birmingham; Dr. J. G. Swayne, Bristol; Mr. T. M. Stone, London; Mr. E. Nettleship, London; Dr. Dobson, Netley; Mr. J. R. Thomas, Llanelly; Dr. Thin, London; Dr. Rutherford, Edinburgh; Mr. D. Mitchell, Lakenheath; Dr. Duffey, Dublin; M.D.; Dr. W. Ainslie Hollis, Brighton; The Secretary of Apothecaries' Hall; Dr. W. J. Little, London; The Secretary of the Epidemiological Society; Mr. Teevan, London; M.R.C.S.Eng.; etc.

BOOKS, ETC., RECEIVED.

Second Annual Edition of the Classified Directory to the Metropolitan Charities for 1877. London: Longmans, Green, and Co. 1877.
Headaches: their Nature, Causes, and Treatment. By William Henry Day, M.D. London: J. and A. Churchill. 1876.
An Introduction to Human Anatomy. By William Turner, M.B. Part II. Edinburgh: Adam and Charles Black. 1877.