

lent to fifteen *kilogrammes*, whilst the pubes will support an injurious pressure of thirteen *kilogrammes*. By drawing the parallelogram of forces A D M N, it is found that the traction A N is decomposed into two forces; one, A D, which lowers the head in the direction of the axis of the brim of the pelvis; and A N, representing the injurious pressure on the pubes. The lines A M, A D, A N have their respective differences of length, which are expressed by the figures 20, 15, and 13 in round numbers. In drawing, therefore, upon the handles of the forceps with a force of twenty *kilogrammes*, represented by the line A M, we obtain the following result. The head is drawn in the direction A D, with a force of fifteen *kilogrammes*, whilst the forceps is made to undergo a pressure of thirteen *kilogrammes*. In this calculation, the pressure which arises from the act of the operator is alone taken into account, and that which arises from the natural action of the maternal tissues is neglected. If we suppose that, in Figure 1, the line A M represents a traction of forty *kilogrammes*, the head will be depressed in the direction A D with a force of thirty *kilogrammes*; while the pubes will undergo a dangerous pressure A N of twenty-six *kilogrammes*.

M. Tarnier then demonstrates that, at the outlet of the pelvis, and even at the vulvar orifice, the tractions exercised with the curved forceps are equally faulty. He afterwards studies a new point. In natural labours, the head of the infant, in passing through the genital passages from the brim of the pelvis to the vulvar orifice, changes at each moment its direction, and consequently describes a curve, which runs into the central line of the pelvic cavity. The head would describe the same curve if, the forceps being applied, the woman passed through her labour spontaneously without the operator being under the necessity of exercising any traction. Now, the ordinary forceps, held fixed by the accoucheur, has the inconvenient effect of depriving the head of the mobility which is necessary to it, in order to find the best route for it to follow during its expulsion.

Briefly, the ordinary forceps, in spite of all its advantages, is imperfect. It may be said to have the following defects: first, of never allowing the operator to exercise traction in the axis of the cavity of the pelvis; second, of never leaving to the foetal head a sufficient mobility to enable it to follow truly the curve of the pelvis. "One could not," M. Tarnier adds, "deny, without committing a scientific heresy, that it is a matter of the first importance to give to the traction made by the forceps the direction of the axis of the canal which the foetal head has to traverse; but what is this direction in respect to the pelvis of the woman in labour? An experienced operator guesses it closely, but no one knows it exactly; the accoucheur is then, so to say, deprived of his compass, and reduced to the necessity of varying as well as he can the direction of his forceps according to his anatomical knowledge. It would be extremely advantageous to have a forceps provided with an indicating needle, which should guide the operator and indicate to him, automatically and at each instant, in what sense he ought to direct his traction." After having referred to the labours of Hubert, Morales, and Chassagny, M. Tarnier gives a description of his instrument.

It is composed of two prehensile branches, A A, and of two traction stems, B B (Figure 2). These are implanted in a transverse handle, of which the section is represented at C. Each one of the prehensile branches A A, and of the traction stems B B, presents an articular portion z z.

In Figure 3, the prehensile branches s are united to the traction stems i by an articulation, which is movable in all directions. It will be observed that the prehensile branches are crossed and articulated together as in the ordinary forceps, whilst the branches of traction i are parallel.

In Figure 4, which represents the forceps applied to the superior stems, it may be observed first, that, when the traction stems are placed in a direction parallel to the prehensile branches, separated by a space of about one *centimètre*, the operator draws exactly according to the axis of the superior isthmus A B. The special and new curvature of the instrument, a curvature of the handles, renders this traction easy in the axis, which is the only legitimate one. With the new forceps, all the force employed draws the head in the axis of the pelvic cavity, and it does not produce any compression of the maternal tissues; if, on the contrary, the traction stems be removed from the branches of prehension, traction would no longer be made in the axis of the pelvic cavity; that is evident. The traction stems at the level of their point of attachment being movable in all directions, the prehensile branches, which have seized the head, and consequently the head itself, are also movable in all directions.

Finally, to say that the traction stems must always be placed near the prehensile branches during the pain, no longer making traction in the axis, is to recognise that the prehensile branches indicate always how traction must be made, in order that it should take place in the axis. These prehensile branches, which are mobile and are displaced

with the head, constitute then a real indicating needle, which will show the operator what direction the traction stems ought to follow.

The application of this instrument does not present any difficulty. The operator introduces the branches according to the ordinary rule; only the hand which has used the instrument holds at the same time the prehensile branch and its traction stem, whilst the other hand guides the blade in the interior of the maternal parts. In this stage of the operation, the prehensile branch is so well applied against the traction stem that the introduction of the instrument is as easy as with the ordinary forceps.

Such are the modifications introduced by M. Tarnier in the forceps. They may be summed up thus: 1. Traction in the axis of the pelvic cavity rendered always possible; 2. Mobility of the head preserved; 3. Such an arrangement of the instrument that one of its parts, the prehensile branches, indicates always to the operator in what direction he should make traction.

The forceps has already been employed experimentally many times in France on the subject, and on special phantoms, which allow the exact reproduction of the greater part of the normal and abnormal conditions of accouchement. A certain number of applications have besides been made upon the living patient, with the greatest facility and with great advantages, by M. Tarnier and his pupils, Drs. Budin, Pinard, and Ribemont. The reform proposed by the surgeon of the Maternité seems, then, to be likely to render very great service; in any case, it deserves to be attentively studied by obstetric physicians in all countries.

ASSOCIATION INTELLIGENCE.

SOUTH MIDLAND BRANCH.

THE annual meeting of this Branch will be held at the Town Hall, Northampton, on Thursday, May 31st, at 2 P.M.; President, H. W. SHARPIN, Esq.; President-elect, WM. MOXON, Esq.

Gentlemen who intend to read papers, or be present at the dinner, are requested to communicate early to the Secretary.

J. M. BRYAN, M.D., *Honorary Secretary*.
Northampton, May 1st, 1877.

THAMES VALLEY BRANCH.

A MEETING of the above Branch will take place at the Griffin Hotel, Kingston, on June 14th, at 5 o'clock.

Members who may be willing to contribute papers are requested to notify the same to the Honorary Secretary, as soon as possible.

There will be a dinner at the above hotel at 7 o'clock. Charge, 7s. 6d. each, exclusive of wine.

F. P. ATKINSON, M.D., *Honorary Secretary*.
Surbiton Road, Kingston-on-Thames, May 17th, 1877.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MAY 8TH, 1877.

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

CASE IN WHICH A SILVER TRACHEOTOMY-TUBE WAS REMOVED FROM THE LEFT BRONCHUS, WHERE IT HAD BEEN LODGED SEVEN WEEKS.

BY R. CLEMENT LUCAS, B.S., F.R.C.S.

[Communicated by J. W. HULKE, F.R.S.]

THE patient in this case was fifty-six years of age, and the tracheotomy-tube had been worn for fifteen years, without being changed. The operation was originally performed for an injury to the larynx caused by throttling. The outer tube broke away from the shield on December 28th last, and dropped into the trachea; but, the symptoms were so slight, the patient's story was not credited; a new silver tube was introduced, and he left the hospital in a week. On January 5th, he came to Guy's Hospital, stating that he had violent attacks of coughing and dyspnoea when turning on his right side. His trachea was examined, under chloroform, with a long probe, and the tube felt; various forceps were tried, without effect; no signs of irritation followed, and the man left the hospital. He came again on January 29th, looking more sickly than before, and stating he could neither sleep nor do work. Dr. Pye-Smith examined him, and found dulness at the base of the left lung and absence of respiratory murmur, etc. He was unable to lie on his right side; a larger tube was inserted, and the

QUER, on the other hand, thought the question as it stood did imply that the Admiralty had taken steps to procure the modification of a report, which was of a judicial character, and Mr. Hunt's warmth, therefore, was justified. If Mr. Henry had any information on the subject, he should have embodied it in a motion.—After some observations from Mr. HENRY, expressive of his determination not to be "intimidated" by Mr. Hunt's "disorderly" language, and from Sir J. M'KENNA, who thought that Mr. Henry could hardly have understood the Committee to be of a judicial character, Dr. PLAYFAIR disapproving the form of the question, proposed to ask simply whether the original report had been modified in any way.—Mr. HUNT said he had no objection to answer the question so worded. The report laid on the table was the only report he had ever seen, and there had been no intimation to the Committee from the Admiralty, except to thank the Committee for the pains it had taken in the inquiry.

OBITUARY.

PETER BROTHERSTON, F.R.C.S.ED.

By the sudden death of Dr. Brotherston of Alloa, in Clackmannanshire, we have lost one of our best country surgeons.

While a student in Edinburgh, he attracted the attention of Professor Syme, who formed so high an opinion of his aptitude for surgical work, that he frequently requested him to assist at his private operations. Having obtained his diploma from the Royal College of Surgeons of England, he returned to his native town, and it was not long before he acquired the largest practice in the district.

Dr. Brotherston possessed a high amount of decision and promptitude; and with these gifts, accompanied by a clear head and a steady hand, he was enabled to perform many important operations, including numerous major amputations, several excisions of the knee, shoulder, and elbow, and various operations in the region of the throat. With the aid of a few friends, he established a small cottage-hospital, to which he devoted a certain proportion of his time daily. In 1876, seventy patients were treated under its roof.

The results of his work he published from time to time in the medical journals. His principal communications were "Cases of Excision of the Knee-Joint"; "Three Cases of Empyema occurring after Scarlatina treated by Paracentesis"; and "Provincial Surgery, as illustrated by Cases treated in the Alloa Hospital". The last paper was read before the meeting of the British Medical Association in Edinburgh in 1875.

He was a member of the principal medical societies in Edinburgh, and was well known, both in that city and in Glasgow, as an able surgeon. He was a man with a large heart, and one who, to relieve suffering humanity, spared himself no exertion, thinking but too little of the remuneration. He took a deep interest in the Archæological Society which was founded several years ago in Alloa, and before it he read several interesting communications. His arduous labours, extending over a period of upwards of thirty years, in 1875 began to tell seriously on his health, and by the advice of his friend Dr. Begbie he spent a few months in San Remo. On leaving for Italy, he was presented by his grateful townsmen with a sum of money. Returning in the summer of 1876, he was able to resume a great part of his practice; but it soon became evident that serious disease was advancing in his chest. He continued to see his patients until a late hour of the night previous to his sudden demise, which took place early on the morning of April 28th. His loss will be long felt in Alloa and the surrounding district, and it will not be easy to fill the place of Peter Brotherston.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on May 22nd.

Bailey, H. F., L.S.A., Newport Pagnell
Bradley, C. A., Macclesfield
Cant, W. J., L.S.A., Birmingham
Edwards, L.R.C.S.EDIN., Anglesea
Glanville, F. T., Putney
Jones, D. J., M.B.EDIN., Liverpool
Lewis, T. H., L.S.A., Carmarthen
Lightfoot, W. S., L.S.A., Hanwell, Berkshire
Lloyd, E. J., M.D. ABERD., Bangor
Malvin, Mark, Stockton-on-Tees
Martland, E. W., Wigan
Merriman, W. S., L.S.A., Knutsford
Oxley, A. J. R., Conisbro', Yorkshire
Payne, A. A., L.R.C.S.EDIN., Sheffield

Pratt, Alfred, L.S.A., Hounslow
Prees, W. M., L.R.C.S.EDIN., Conway
Risk, R. R. T., L.R.C.S.EDIN., Harrow
Tomkins, Henry, L.S.A., Manchester
Twinem, John, Liverpool
Woodcock, R. F., York Street, W.

Eleven candidates were rejected.

The following gentlemen were admitted members on May 23rd.

Battye, J. H., St. George's Road, S.W.
Bellaby, Frederick, L.S.A., Nottingham
Broster, A. E., Beaminster
Browne, J. W., M.A. & M.B. OXON., Bodfari, North Wales
Clarke, W. B., B.A. OXON., North Wootton
Cockell, F. E., Dalston
Cones, G. A., Brompton Square
Ekens, J. W., L.S.A., Alresford, Hants
Fisher, F. B., Tiverton
Fraser, Duncan, M.B. TORONTO, Shakespere, Canada
Green, T. B., Kendal
Hayman, S. A., Stokenchurch, Oxon.
Khan, Mirza Hussein, L.S.A., Fabrysz, Persia
Pickford, J. K., L.R.C.S. LOND., Toller Fratrum, Dorsetshire
Schofield, R. H. A. B.A. OXON., Cambridge Gardens, W.
Smith, E. S., Finsbury Circus
Stevens, A. F., Brixton
Wilkinson, J. C., Lee, Kent

Six candidates were rejected.

APOTHECARIES' HALL.—The following gentleman passed his examination in the science and practice of medicine, and received a certificate to practise, on Thursday, May 17th, 1877.

Ewen, Harry Walter, Manchester

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

Buzzard, Thomas Hardy, Birmingham General Hospital
Garman, Vincent Cornelius, London Hospital
Instone, Samuel Vaughan, Guy's Hospital
Thorpe, Henry Stanley, St. Bartholomew's Hospital
Walker, Lawrence Newman, London Hospital

MEDICAL VACANCIES.

The following vacancies are announced:—

ABINGDON UNION—Medical Officer for No. 1 District. Salary, £107 per annum. Applications to be sent in on or before the 26th inst.
BUCKINGHAM GENERAL INFIRMARY—House-Surgeon. Applications to be made on or before the 29th instant.
CARNARVONSHIRE and ANGLESEY INFIRMARY—House-Surgeon. Salary, £100 per annum, with board and lodging. Applications to be sent in on or before June 14th.
CHARING CROSS HOSPITAL—Resident Medical Officer and Assistant Medical Officer. Applications to be sent in on or before the 26th inst.
CITY OF LONDON LYING-IN HOSPITAL—Consulting Surgeon. Applications to be sent in on or before June 19th.
DURHAM COUNTY HOSPITAL—House-Surgeon. Salary, £100 per annum, with board and lodging. Applications to be sent in on or before the 30th inst.
EAST RIDING ASYLUM, Beverley—Assistant Medical Officer. Salary, £100 per annum, with furnished apartments, board, and attendance. Applications to be sent in on or before June 23rd.
HAILSHAM UNION—Medical Officer for the Parish of Heathfield. Salary, £60 per annum, and fees. Applications to be made on or before the 28th inst.
KINGTON UNION—Medical Officer for the Huntingdon District.
NANTWICH UNION—Medical Officer for the Audlem District.
NEW HOSPITAL FOR WOMEN, Marylebone Road—Junior Physician; also, Resident Medical Officer. Women only eligible. Salary, £50 per annum, with board, lodging, washing, and attendance.
NORTH LONDON CONSUMPTION HOSPITAL—Physician. Applications to be made on or before June 7th.
NOTTINGHAM GENERAL HOSPITAL—Resident Surgeon-Apothecary. Salary, £150 per annum, with furnished apartments and board.
RIPON DISPENSARY and HOUSE OF RECOVERY—Resident House-Surgeon and Dispenser. Salary, £100 per annum, with furnished apartments, coals, and attendance. Applications to be made on or before the 31st instant.
ROTHERHAM HOSPITAL and DISPENSARY—Assistant to House-Surgeon. Salary, £25 per annum, with board, lodging, and washing.
ST. GEORGE'S and ST. JAMES'S DISPENSARY—Physician. Applications to be sent in on or before the 31st instant.
WESTMINSTER GENERAL DISPENSARY—Honorary Surgeon. Applications to be made on or before the 28th instant.
WOLVERHAMPTON and STAFFORDSHIRE GENERAL HOSPITAL—House-Surgeon. Applications to be made on or before June 11th.

MEDICAL APPOINTMENTS.

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

*HASTINGS, George, M.D., L.R.C.P., appointed Honorary Physician to the London Deaconess' Institution, *vice* *H. Cripps Lawrence, L.R.C.P., resigned.
*WILLIAMS, William, M.D., appointed Honorary Physician to the Stanley Hospital, Liverpool, *vice* A. Whittle, M.D., 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.

DEATH.

*OLIVE, Eustace H., M.B., at Northampton, on May 10th.

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.—King's College, 2 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.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 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), 4 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, 1.30 P.M.—Royal Free, 9 A.M. and 2 P.M.

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.

A CASE FOR SYMPATHY.

SIR,—Efforts are being made here, under the management of a reliable committee, including some of the medical men in Greenock, to raise a fund for the unhappy wife and children of the late Dr. Douglass, who was cut down so suddenly last week by blood-poisoning, consequent on a puncture he received during a *post mortem* examination. He fell at the post of duty; fell in the prime of life; fell just when he was struggling up from difficulty to a position in which he might by and by have made provision for those dependent upon him. But cut down, as he has been, so soon and so suddenly, his poor widow and a family of eight children (the oldest still a boy, the youngest a baby of five months) are left in a manner destitute. I understand there will be enough to pay all that is owing; but that done, the widow and this large family of children are left without provision. It is a case calling earnestly for immediate and practical sympathy. I trust there are many in Glasgow who will lend their aid. I shall be glad to take charge of any contributions that may be committed to my care. Trusting that help will come in, I remain, etc.,

DAVID MACRAE.

Ashton Manse, Gourcock, May 11th, 1877.

P.S.—Dr. Ferguson, President of the Faculty of Physicians and Surgeons, Glasgow, is taking a kindly interest in this case, and has given the Fellows an opportunity of subscribing by placing a copy of the letter in the Faculty Hall. In addition, however, it has been thought desirable to bring the case before the profession generally, in the hope that the fund may be thereby effectively augmented. Contributions may be sent either to the Rev. David Macrae, Ashton Manse, Gourcock, Scotland; or to Mr. Duncan, Secretary and Librarian, Faculty of Physicians and Surgeons, Glasgow.

A CAUTION TO MEDICAL MEN.

SIR,—Another "Victim" to Fullagar's designs has forwarded his *carte de visite*, taken some few years since, but which would be quite sufficient to identify the man. I shall be happy to show it to any who may wish to see it any morning, or to entrust it to "A Victim" or any one who is anxious to take out a warrant for his apprehension.—I am, etc.,

ARTHUR W. EDIS.

22, Wimpole Street, W., May 23d, 1877.

P.S.—I have had the *carte de visite* copied, and intend depositing one at the several libraries, in order that every one who cares to do so may have an opportunity of seeing them.

.. We have received letters from several other medical men who have been victimised by this person.

REFUGE FROM EAST WINDS.

SIR,—Can any of your readers suggest any place in England whither one can flee for succour from these atrocious east winds? One endures and endures through March and April until the abominable month of May arrives (every poet that chants the praises of the spring, let him be anathema, maranatha), when, in spite of double guernseys and thickest pilot-coats, the relentless current carries off every particle of caloric faster than one can generate it. Internal congestions ensue, and the whole animal economy gets out of gear. Whither can one flee?—Yours, etc.,

A VICTIM.

CORRESPONDENTS are particularly requested by the Editor to observe that communications relating to Advertisements, changes of address, and other business matters, should be addressed to Mr. Francis Fowke, General Secretary and Manager, at the Journal Office, 36, Great Queen Street, W.C., and not to the Editor.

THE ENTOMBED MINERS.

SIR,—Without entering into a religious discussion, I should like to ask Mr. H. N. Davies whether he thinks that the calm state of mind of the imprisoned miners had any effect upon their endurance of the sufferings and prolongation of life. They were represented as singing hymns of triumph over death; and Morgan spoke to his deliverers of his dead son having entered into life. All praise and thanks to all concerned in the rescue.—I am, yours truly,

BENJ. BLOWER.

Liverpool, May 14th, 1877.

TURKISH ARMY HOSPITALS.

SIR,—I notice at page 524 an announcement of a gift by an English society of a number of blankets to a Turkish army hospital, which is of course a contribution by Englishmen towards the cost of war by Turkey. If such contributions be made to the Turkish army only, those who give are assisting a government very many Englishmen condemn; if similar gifts be made by them to the Russians as well, they are helping to make the war—which all regret and must condemn—last longer, which is what the contributors surely do not wish to do, but certainly are doing. It is pretty certain that the war will be continued until one or both of the contending powers spend all the money they can raise or borrow; and, if so, to relieve them of the cost of providing for their hospitals will be to enable them to spend more in means of destruction. I submit, therefore, that it is not benevolent, but in effect cruel, to relieve either or both of the combatants of any part of the outlay war occasions, which must have the effect of making the war either last longer or be conducted with greater activity. It is true that by providing better for the hospitals some more of the wounded may be preserved; but by so providing for war expenses, more men will be killed or wounded and more lives be lost, more misery inflicted. I contend that the true philanthropist will abstain from any contributions to a war that it is not his duty to join, and give what he can afford to sufferers who have not tried to injure others.—I am, etc., P.H.H.

THE DEGREE OF DOCTOR AT ST. ANDREW'S.

SIR,—Your correspondent "G. H. S." having broached the subject of the degree of M.D. at the University of St. Andrew's, in the interest of our common profession I should like to make a few additional observations; and I think it only fair that it should be known that, instead of receiving a degree at the advanced age of forty years at this University, the majority of candidates will be rapidly advancing to fifty before they can ever hope to receive it. Knowing quite well the utter hopelessness of any application until I was on the shady side of forty, I waited until I had passed that age, and I was informed that years must elapse before I could be admitted. The list of candidates was filled for years to come; and, seeing that I should be nearly fifty years of age, I abandoned the attempt with contempt and disgust, knowing quite well that if I had battled through the struggles and strife of a lifetime for so long a period without a degree, and that successfully, I could and would do so through the short period that would be left to me. Hundreds of us would be thankful to have a degree if we could have one in middle life (say thirty), without being ruined in social position by residence clauses on the one hand, or, on the other, by having it kept back until a period in life when a man's best energies, work, hope, and troubles have passed away, when he should be retiring, or, too frequently, when he is past active work—a time when to me the possession of such a thing seems to be a mockery and farce. The age of forty years is held out, and yet really it must be nearer fifty. How much better for the University, to complete the farce, to fix the age at seventy years, and then, with an additional ten years' waiting for one's turn, we should have a race of octogenarian graduates, and I think none of us would complain. How every possible discouragement appears to be placed in the way of the medical man cultivating his profession after he gets into practice.—I am, sir, your obedient servant,

May 1877.

Гамма

THE BOY WITH TWO STOMACHS.

FREQUENT notices have appeared in the Dundee local papers giving a substantial account of a child said to have two stomachs. Dr. MacLagan of Dundee has kindly forwarded us the following account of his inspection of the child in question. "It is a stout healthy boy of three months. The abnormality consists of a general bulging of the right side of the abdomen, giving one the impression that the muscular walls of that side are deficient; and the bulging in, as Dr. Sinclair said in his letter, a ventral hernia. It is certainly not a second stomach, and, so far as I can learn, no medical man ever said that it was so. The difficulty in the way of accepting the view that it is simply hernial is, that the percussion-note over the protrusion, though tympanic, is not so clearly so as over the gastric region on the left side. On grasping the abdominal walls over the protrusion, they seem fuller than on the normal left side. I am not satisfied as to what its real nature is, but shall watch the case, and send to you any thing that I can find out regarding it. My impression is, that it is some peculiar abnormality of the peritoneum, as well as of the abdominal walls, and that a thin layer of fluid exists between the skin and abdominal cavity proper; but that is a surmise, determined from the physical signs on percussion and palpation."

SYPHILITIC DISEASE OF THE ARTERIES.

SIR,—I take the liberty of correcting an error in the report of the last meeting the Pathological Society. In the record of a case of gummata on the cranial nerves and syphilitic disease of the arteries in an infant, your report states that "the cellular growth was mostly in the outer coat, but slightly so in the intima". The reverse of this was the fact. As I stated at the meeting—although in many places the adventitia and the media were infiltrated—by far the most extensive change had taken place between the membrana fenestrata and the endothelium. The enormous thickening in this situation (consisting of spindle-shaped cells) was exactly in accordance with what Heubner has described.—I remain, sir, yours faithfully,

THOS. BARLOW.

10, Montague Street, Russell-square, May 8th, 1877.

EFFECTS OF DYNAMITE.

SIR,—Can any of your readers tell me what dynamite contains, which causes great pain in the head when making it up for shots used in a sinking? My patient is a master-sinker, and is unable to fix the fuse and make the shots used by his men in the sinking on account of the smell of the dynamite affecting his head.—Yours truly,

FRED. JOHN GRAY.

Rugeley, May 19th, 1877.

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.

AMERICAN MEAT.

SIR,—Your correspondent "Pater" must have been singularly unfortunate in his purchase of American meat. Not long ago, when passing the central depot, I purchased a roasting joint. About the same hour an English joint was procured from my regular butcher, and the American meat was in so much better condition than the English that we had to use the latter first. The American mutton, though good, is not equal in quality to our own Welsh or Southdown; but there is no finer beef in the world than that now imported, in rapidly increasing quantities, from Canada and the United States. The temperature at which this meat is kept tends to preserve it in excellent condition; and my only regret is, that unless when in the vicinity of the Cannon Street depot, I cannot buy American meat at any reasonable price. —I am, sir, your obedient servant,
May 1877. NORMAN KERR.

CHILDREN'S HOSPITALS.

SIR,—The four questions asked by "A Member of the British Medical Association" in to-day's JOURNAL, comprised so much debatable ground, that it is difficult to answer them fully in a letter. I will, however, give briefly my experience on the subject—an experience gained not only from my own work in connection with the hospitals under my management, but also from a personal inspection of most of the general and many of the cottage hospitals in the United Kingdom.

1. *The walls* must be made of some non-absorbent materials. The best Portland cement should be used, as Parian is absorbent, expensive, and unsuitable. I believe the best plan to adopt is to paint the walls (four coats), and afterwards to give them two coats of varnish (best copal). This is expensive at first, but the primary outlay will be repaid again and again; for, when this plan is thoroughly carried out, a perfectly smooth, hard, impervious, and non-absorbent surface is presented, which can be readily washed down, and the wards are thus capable of being easily and completely disinfected. Where this plan has been tried, pyæmia has disappeared, and the most satisfactory results have been obtained. Walls thus prepared will remain perfectly clean in appearance, and at the same time are very generally safe for ten years at least. A new cement has been invented by Mr. G. Turner, the architect of the Central Ear and Throat Hospital, which appears to combine all the advantages which were originally claimed for Parian. It can be purchased, I believe, in different colours, and certainly appears to be non-absorbent, impervious, and most inexpensive. Time alone will prove whether it is really efficient; but to all appearances it combines the advantages claimed for it by its inventor, and it is far cheaper than ordinary cement.

2. *Heating and Ventilation.*—Open fires are, in my opinion, a *stip quo non* in English hospitals; and the experience of those who have tried artificial heating and ventilation in large offices certainly does not encourage one to recommend any such plan for a hospital ward. The windows should be opposite each other, and may be made to open on the slanting valve principle, as at the Middlesex and some of the London fever hospitals. By using this system, the parts of the windows open inwards, others throw the air towards the ceiling, and preventing draughts. The vertical system, with ceiling ventilation, is strongly to be advocated, with which can be combined a plan for carrying off the products of combustion from the gas-burners by bell-glasses with tubes in the flues. These are of course only a very small selection from the many plans of ventilation at present in force; but your correspondent will find much useful information on the subject in Mr. Essie's book. I believe the plan adopted in some of the metropolitan workhouse infirmaries of using ventilating stoves, in which the air is warmed in chambers behind the grate, has been found very successful in practice.

3. *Cubic Space.*—I think any one will agree who has had experience in the management of children's wards, that at least one thousand cubic feet per cot ought to be allowed in each ward.

4. Dr. West has, I believe, a work in the press on the organisation of children's hospitals, which will, I doubt, contain much valuable information. In my book, *The Cottage Hospital*, I have given a plan for a model pavilion hospital of twenty-two beds.—I am, etc.,
HENRY C. BURDETT.

Greenwich, April 28th, 1877.

THE ANTI-VIVISECTIONISTS IN EDINBURGH.

SIR,—I have not the slightest desire to be allowed to engage in any controversy in your columns with your correspondent "X"; but, as you have reprinted Dr. Baker's letter to the *Scotsman*, I think I may fairly ask you to give the same publicity to my reply which appeared in the same paper on the following day.

The controversy between Dr. Baker and myself was carried on with the utmost courtesy; and I am doubly glad, in view of his untimely death, that I had an opportunity personally of taking him by the hand and of disabusing his mind of a misapprehension under which he laboured.

The following is my letter, cut from the *Scotsman*, which I shall feel obliged by your inserting.—I am, sir, your obedient servant,
Stockwell, 23th April. A. P. CHILDS.

"The Vivisection Row."

"Edinburgh, April 12th, 1877.

"Sir,—I am not concerned to refer to more than one of the statements contained in the letter of Dr. Baker, published this morning. I had seen, from the proceedings of the previous evening, how extremely desirable it was that some method should be observed in the mode of reply to my lecture. I pointed out to Dr. Baker that, upon such an immensely wide subject as vivisection, he and I might each of us address an audience for weeks without ever once joining issue or bringing our arguments into direct antagonism. To effect this, and to make the meeting at all useful for the purposes of the Society for the Suppression of Vivisection, I thought the best mode would be for Dr. Baker not to make a general address, but to challenge me by questions, the grounds of which he might have fully set out, upon any statements of mine which he disputed. I suggested that this was the course that ought to be pursued, and I still think that more could not reasonably be expected, especially when it is remembered before what kind of audience the discussion was to take place. To this, however, Dr. Baker would not agree.

"With reference to his offer of payment, I know nothing, and have nothing to do. I have no doubt it was made as Dr. Baker says, and I have no wish to insinuate any doubt as to the entire good faith of the proposal.

"I desire to exonerate Dr. Baker from all association with the disgraceful pro-

ceedings which brought the meeting to a premature close, and I accept most sincerely his expression of regret at the result. Nothing would give me greater pleasure than to meet an antagonist, apparently so able and competent, in a fair argument, upon issues previously clearly set out, and before a tribunal which would patiently listen to and fairly weigh the arguments and suggestions that might be offered on either side.

"I would only, in conclusion, ask you to allow me to make public my explanation of the misunderstanding under which Dr. Baker laboured in reference to my having 'vilified and calumniated' the medical profession. I learn from him that he thought I had applied the term 'demons' to them. Owing to the disturbance that was going on, I no doubt failed to make myself heard distinctly at the end of the hall, and thus the mistake arose. I was quitting, towards the close of my address, from the stanza in Tennyson's *In Memoriam*, beginning—

"Who loves not knowledge? who shall rail
Against her beauty?"

Certainly not, I said, we who denounce vivisection. But—

"What is she, cut from love and faith,
But some wild Pallas from the brain
Of demons?"

Let her know her place;

She is the second, not the first."

Most assuredly, no idea of vilifying a noble profession ever entered my head. Apologising for the length of this letter,—I am, etc., "A. P. CHILDS."

"* We think that nothing could have been more reasonable than Dr. Baker's request to be allowed at the second meeting, as he had been in some measure at the first, to reply on the part of the physiologists to the statements made by Mr. Childs. Evidently, Mr. Childs had the best of the bargain; for, while he could make a carefully arranged and deliberate statement, Dr. Baker must have encountered the far more difficult task of making a reply on the spur of the moment. We fail to see why Mr. Childs would not have enjoyed the "pleasure" of a "fair argument" on the occasion, for he admits that "the controversy between Dr. Baker and himself was carried on with the utmost courtesy." As for "the issues being previously clearly set out," we should think that Dr. Baker must have seen quite as clearly as Mr. Childs what the issues are. Regarding the "tribunal that would patiently listen to fairly weigh the arguments offered on either side," it seems clear that at the second meeting Mr. Childs particularly desired the tribunal to listen to his arguments only. We, therefore, entirely agree with Dr. Baker, that it is "a bad cause that dare not listen to a straightforward reply." More medical men might with advantage come forward as Dr. Baker did to meet the anti-vivisection agitators in open debate at their meetings, and expose the real nature of their proceedings and the empty folly of their statements.

We are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Birmingham Daily Post; The York Herald; The Bridlington Quay Gazette; The Scarborough Daily Post; The Blyth Weekly News; The Glasgow Herald; The Malvern News; The Liverpool Porcupine; The Sheffield and Rotherham Independent; The Liverpool Mercury; The Carlisle Journal; The Merthyr Express; The Sussex Daily Post; The Sheffield Daily Telegraph; The Nottingham Journal; The Manchester Free Lance; The Belfast News Letter; The Manchester Courier; The Macclesfield Courier; The North Wales Chronicle; The Sunderland Daily Post; The Western Daily Mercury; etc.

"* We shall be greatly obliged if correspondents forwarding newspapers will kindly mark the passages to which it is desired to direct attention.

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BOOKS, ETC., RECEIVED.

Tonic Treatment of Syphilis. By E. L. Keyes, A.M., M.B. New York: D. Appleton and Co.