

were kept straight along a Liston's splint. Full doses of iodide of potassium, citrate of lithia, and cod-liver oil were prescribed. After ten weeks, the case was discharged, the limb being straight and painless, but considerably stiff at both the joints.

CASE IV.—Thomas O'Neill, aged 45, labourer, was admitted on December 14th, 1877. For three months, he had suffered from pain and stiffness in the right knee, but swelling only began three weeks before. The limb presented a most peculiar aspect. From the inner surface of the head of the tibia, a tumour, as large as an orange but more conical, projected. It was firm and slightly elastic, save at one point of the size of a pea, where fluid evidently existed. The skin was purplish, and the superficial veins distended. For five or six inches above the inner condyle of the femur, another tumour extended; but being covered by muscle, its characters were ill-defined. The patella was pushed outward, but was movable, and there was no effusion into the joint. Severe pain was endured, especially at night. A few days after admission, the skin ulcerated over the soft point alluded to, and free hæmorrhage ensued, which was checked by pressure and turpentine. The case now appeared very like one of encephaloid disease, the more so as the glands at the saphenic opening were enlarged; but that it was tubercular caries of a rapid form, soon became evident by profuse suppuration and the disintegration of the cancellous tissue in the epiphyses of the femur and tibia. Amputation was urged, but persistently refused by the patient and his relatives. He died on March 18th, 1878, from exhaustion.

An unusual bursal tumour has just been admitted, the patient being a woman, aged 72. Starting from the sac behind the ligament of the patella, it pushed that bone outwards, projected over the inner and back part of the joint, and attained the size of a cocoa-nut. A seton was passed through it, and the progress of the case so far has been satisfactory.

ULSTER EYE, EAR, AND THROAT HOSPITAL.

EXTRACTION OF STEEL AND IRON FROM THE EYE BY THE MAGNET.

(By W. A. McKEOWN, M.D., Surgeon to the Hospital.)

THE following cases will doubtless be of interest taken in conjunction with that recently brought before the Clinical Society of London by Mr. McHardy.

CASE I.—Dawson B., aged 24, smith's helper, applied to me at the Hospital on January 16th, 1877. He stated that, three days previously, his right eye had been wounded by a small piece of metal. I observed that the iris was attached to the lens at the outer part of the pupil by recent lymph, and that there was a small limited opacity of the lens. There was a small clear metallic body sticking at the margin of the adherent pupil. I made a small section of the cornea, more peripheral than the pupil, introduced a pair of iridectomy forceps, seized the body and a little piece of iris, but the body slipped from my grasp, and was sliding out of my reach. Fortunately, I had anticipated such an untoward event, and took care to have a pointed permanent magnet at hand. I introduced it into the wound. The metal was instantly attracted and extracted. The patient continued under my observation till February 16th. The opacity of the lens remained limited to the point wounded. I believe that the wound in the capsule was closed by lymph and healed. I have not seen or heard from the patient since.

CASE II.—Moses E., aged 32, millwright, consulted me at the Hospital on November 20th, 1877. He stated that, three-quarters of an hour before his visit, his right eye had been wounded by a chip of steel from a hammer. I observed a wound a little more than a line long in the ciliary region just at the corneo-sclerotic junction. One end of the wound penetrated the anterior chamber, as shown by the evacuation of the aqueous humour and a slight displacement of iris towards the wound. The wound was quite clean, and no foreign body was visible. The media was clear. The ophthalmoscope did not disclose the presence of any foreign body. I put the point of the magnet cautiously into the wound, and at once it proved the presence of metal within the sclerotic by the click and the attraction. By a little patient and careful use of the magnet, the metal was brought into the wound, and the end of it exposed so far as to enable me to grasp it with forceps. Having caught it, I easily extracted it. The fragment was a thin piece about one and a half lines long, one line in width at one end, and half a line at the other end. The patient recovered completely, and returned to work on December 10th following.

There can hardly be a doubt that the magnet saved the eye in both cases. In the first case, to have followed the sharp fragment with forceps would probably have inflicted irreparable damage, and indeed the body might have got out of the way altogether. In the second

case, the metal would but for the magnet probably have remained undetected, and have afterwards lighted up destructive inflammation. Even had it been detected, it would not have been possible, but for the magnet, to extract it without enlarging the wound, and that is not desirable in any part of the eye, much less in the ciliary region. By the magnet, the diagnosis was established, and the extraction was accomplished in the most delicate way.

SELECTIONS FROM JOURNALS.

THERAPEUTICS.

DIPHThERIA AND LACTIC ACID SPRAY.—Dr. H. Beyer of Long Island City reports two cases of severe diphtheria successfully treated by the local application of dilute lactic acid in the form of a spray. He recommends the adoption of this remedy in all desperate cases of the disease.

DIET AND MEDICATION IN SACCHARINE DIABETES.—In the opinion of the medical officer of the Pennsylvania Hospital (as reported in the *Boston Medical and Surgical Journal* for March 21st), the best diet for a diabetic patient is: for breakfast, eggs, and any kind of meat or fish (except oysters), gluten bread, and tea or coffee with milk and without sugar; for dinner, tomatoes, lettuce, onions, spinach, string beans, meat, light sour wine, and lemons, or perhaps oranges, but none of the sweet fruits; for supper, about the same as for breakfast. None of the starchy foods, no alcohol, and no sugar, should be allowed. Among drugs, opium is the most valuable. Of this a large amount can be taken daily without producing any of the symptoms of poisoning. In one case, as many as seven grains were given *per diem*. This large amount of the drug had no deleterious effect further than the production of constipation. The opium directly, by diminishing all the secretions, or more probably by its action on the nerve centres, relieves the excessive thirst and voracious appetite, and diminishes the amount of urine and of sugar in the urine. In one case, the daily amount of urine was reduced from twenty-eight to eleven pints *per diem*. The total quantity of contained sugar was also reduced. Ergot, which acts in simple diuresis almost like a specific, may be used in saccharine diabetes with much profit in doses of one drachm of the fluid extract four times a day. Where the skin is rough and dry, jaborandi is of great value by reason of its diuretic powers. If jaborandi be used, the use of theopium and ergot must be stopped for the time being.

THE ALKALOIDS OF OPIUM.—The recognised opium-alkaloids are sixteen in number. The effect of each differs from the rest or from that of opium itself. Dr. Isaac Ott (*Journal of Nervous and Mental Diseases*, January 1878), reports a large number of experiments which, taken in conjunction with previous knowledge, lead him to conclusions summarised thus. 1. Cryptopia is narcotic; it excites and then depresses reflex action by an effect on the spinal cord, reduces the power of the motor nerves, abolishes sensation by an action on the spinal sensory ganglia, and lowers the heart-beat by an action on its muscular structure. 2. Thebaine is a spinal convulsant; it has no action on the motor or sensory nerves or on striated muscle. It reduces the heart-beat by an action on that organ, and increases blood-pressure by stimulating the cerebral vaso-motor centres. 3. Codeia is a narcotic and spinal convulsant; it produces a veratroid contraction of striated muscle, and depresses the heart-beat by an action on the cardiac muscle. 4. Chlorocodide is a tetanic agent. 5. Apocodeia produces vomiting, coma, and death. 6. Narceine is soporific to cold-blooded animals, but not to man, and is a spinal convulsant. It does not destroy the motor nerves, as they act on thrusting a probe down the spine. It produces veratroid contraction of the muscle, and reduces the heart-beat by stimulation of the peripheral end of the pneumogastric. 7. Papaverine is narcotic and convulsant; the convulsions being partly spinal and partly peripheral, the latter, it is highly probable, from an action on the muscle. It diminishes the heart's contractions by peripheral action on the cardio-inhibitory apparatus. It also causes veratroid contraction of the muscle. 8. Narcotine is non-narcotic, and a spinal convulsant; it produces veratroid contraction of striated muscle, and is a very active agent to decrease the beats of the heart by an action on the cardiac muscle. 9. Cotarnine is soporific, and paralyses, like curare, the motor nerves. 10. Hydrocotarnine is narcotic and convulsant. 11. Hydrochlorate of cotarnine acid is a convulsant, and paralyses the pneumogastric. 12. Laudanosine and laudanine are tetanic agents. 13. Morphia is a

narcotic and spinal convulsivant. It produces veratroid contraction of muscle and reduces the heart-beat. 14. Oxymorpha has an action like morphia, only weaker. 15. Apomorpha is an emetic; it excites and reduces spinal reflex excitability, and diminishes the number of cardiac contractions. 16. Meconine is narcotic to cold-blooded animals, but not in doses of two grains by the stomach in man. It causes hyperæsthesia and paralysis of voluntary motion with general relaxation. It also produces a veratroid contraction. The opium-alkaloids all have a dominant action on the nervous system, causing first, increased exaggerated functions, and, if the dose be large enough, a paralysis of them. In the warm-blooded animals, this action is both on the spinal cord and on the cerebrum.

MEDICINE.

ABSCESS OF THE HEART.—Abscess of the heart is not a very rare termination of myocarditis; and pyæmic abscess has been noted by Schroetter, Klob, Stanley, Latham, Bennett, etc. The following case, however, reported by Drs. Creveling and Button of Auburn (*New York Medical Record*, March 1878), is somewhat unique. Thomas Brennan, aged 63, entered the State Prison June 6th, 1877. On the 9th, 12th, 22nd, and 29th of the same month, he complained of cardiac pains, which were sometimes relieved by anodynes, and sometimes passed off without treatment. On July 15th, he was again attacked; the pains grew rapidly more severe, and did not leave him until his death (Nov. 30th). At the necropsy, the pericardium was found closely adherent over the entire surface of the heart; the endocardium was normal, showing no signs of inflammatory changes. A hard mass was discovered in the wall of the right ventricle, extending from about the middle of this cavity to near the top of the auricle, and encroaching somewhat upon both these cavities. On opening into the tumour, an ounce or more of laudable pus escaped, the greater portion of which lay opposite the upper half of the right ventricle. The abscess had not pointed, or given any other sign of spontaneous rupture. The external wall was about a quarter of an inch thick; the internal a trifle less. The whole amount of pus was situated in the muscular structure of the right side of the heart, which was still firm, giving no evidence of softening or degeneration; nor was there any indication of endocarditis or valvular disease.

ALCOHOLIC AMAUROSIS.—Dr. Arens (*Centralblatt für Heilkunde*) reports the case of a man, thirty years old, in other respects always healthy, who awoke one morning totally blind in both eyes. The patient himself regarded a three days' excessive indulgence in alcohol as its cause. The eyes were widely opened, fixed; the pupils were dilated and immovable; the ophthalmoscopic appearances were normal. The pulse was frequent, soft; the heart was normal. Sensibility and motility were intact in all the extremities. Large doses of Hunyadi János water, rest, diet, and cold water compresses on the head for four days, completely restored the vision.

NOTES ON NERVE-DISEASE.—In the *Centralblatt für die Medicin. Wissenschaften* is a summary of some interesting observations by Berger. The first relates to an early symptom of tabes dorsalis, which is described by Berger as consisting in the disturbance of the perception of pain of such a kind that stimuli of slight intensity, as well as tactile impressions of a slightly painful kind, such as needle-pricks, are perceived normally; but that more severe and often very strong stimuli produce no greater pain. This analgesia in respect to excessive stimuli may be present before other symptoms of tabes appear, and is of semeiotic importance. This peculiarity, as a common rule, is especially perceived in the skin of the lower extremities, and may finally be observed on the whole cutaneous surface and even on the mucous membranes. It appears to be a symptom depending on an initial lesion of the grey substance.—In a patient suffering from severe symptoms of vertigo, from which he was only free while lying on his back, no other symptom of brain-disease could be perceived, whilst other signs pointed to an intense gastro-duodenal catarrh. The treatment of the latter affection stopped the vertigo. A brother of the patient had already suffered for several years from the same complaint, which had become chronic.—Among the progressive and acute forms of bulbar paralysis, Berger distinguishes a form which appears among children from three to five years old—an apparently congenital disease of speech. The children speak very deficiently, as compared with their apparently normally developed intelligence and sound hearing. There is here an arrest of development of the bulbar centre of hearing, paresis of the bulbar nerves presiding over articulation and deglutition. There is often found, in these cases, paresis of one-half of the

body. In some cases, the individuals belonged to a family afflicted with neuropathic conditions; in another, there were found many congenital signs of degeneration (deficient phalanges, deficiency of the pectoral muscle of the right side, and webbed fingers). Continuous electric treatment has good influence. In the course of years, the condition is apt also to improve spontaneously.

SURGERY.

TRANSPLANTATION OF THE URETHRA TO THE PERINÆUM.—In the *Archiv für Heilkunde*, Heft vi, 1877, Dr. Wedemeyer reports a case of cancer of the penis, in which Professor Thiersch amputated that organ. After amputating at about the level of the pubic bone, and checking the hæmorrhage, a catheter was introduced into the urethra; an incision was then made along the raphe of the scrotum to the perinæum, thus dividing the scrotum into two equal parts and exposing the urethra, the anterior termination of which was loosened from its attachment in the pubic arch for a distance of about four-fifths of an inch. A small incision was now made in the perinæum between the posterior extremity of the scrotal wound and the anus, an inch and a half in front of the latter; the urethra was drawn through this opening, and its walls fastened in the borders of the wound. The operation was made under Lister's spray. Fourteen months after the operation, the patient reported himself as perfectly free from all inconveniences. He could project his urine forward at an angle of 45 deg. from the vertical line.

TREATMENT OF ANEURISM OF THE AORTA BY ELECTRO-PUNCTURE.—At the meeting of the Paris Société de Thérapeutique on March 13th, M. Dujardin-Beaumetz stated that this method of treatment was becoming general in France. Since last July, the operation has been performed three times; on two patients in M. Potain's wards, and on a patient of M. Ball's. A very marked improvement was obtained by this method in all the cases. The aneurisms were all of the thoracic aorta—two were seated at the origin of the aorta, and formed sacs occupying the left side of the thorax; a third was situated at the dorsal region, and originated in the descending portion of the arch of the aorta; in the latter case, the tumour was the cause of paraplegia. Five applications were made at intervals of three weeks, and produced a diminution in the paraplegia, and a great lessening of the pulsations. These aneurisms were not accompanied by any cardiac change. The method of operation was the same in all the cases; positive currents only were used on the needles inserted in the tumour, the negative pole being applied on the thigh. M. Dujardin-Beaumetz is inclined to believe that electricity acts here by setting up inflammation on the sac rather than by directly bringing on coagulation of the albumen and fibrin. He thus explains the tardy setting in of improvement, which only comes on from a week to a fortnight after the application of electricity. Summing up the facts known up to the present time, M. Dujardin-Beaumetz is of opinion that, taking the harmlessness of electro-puncture into consideration, this plan should take its place in ordinary therapeutics, and that it is the best of all treatments recommended up to the present time; he, however acknowledges that ice and iodide of potassium must first be tried. Ice applied externally also acts by setting up inflammation in the sac, and not by directly coagulating the blood; it has, in fact, been demonstrated that cold retards coagulation of the blood. Iodide of potassium administered internally is the only remedy which has afforded certain cures. At the same meeting, M. Paul stated that he had recently seen a case of aneurism of the brachio-cephalic artery in a syphilitic patient, which was cured by the use of iodide of potassium. M. Edouard Labbé also pointed out that M. Potain had observed an analogous case. M. Bucquoy also mentioned that he had seen two cases of very remarkable improvement in aneurism of the aorta, by the use of iodide of potassium and ice.

OBSTETRICS.

RETENTION OF THE PLACENTA.—Dr. Hervieux, Physician to the Paris Maternity Hospital, reports a case of retention of the placenta in the uterus for twenty-one days after an abortion at the sixth month. The case reported (*Archives de Tocologie*, Dec. 1877) is one of great interest. It demonstrates that—1. The placenta may, after abortion or premature accouchement, remain for several weeks in the womb without undergoing change, and consequently without giving rise to any phenomena of putrid infection; 2. Expectant treatment may, in cases of prolonged retention of the placenta, be followed by an excellent final result, and in some cases have advantages over forced delivery.

chairs? Dr. Foster suggests that they might be held for a few years by men who through them would seek to make reputations commanding enough to secure practice in case of their removal to large towns in their later years. Surely, those who speak thus largely overrate professional incomes and underrate the toil and sacrifices by which such incomes are won. A professorship even of £800 *per annum*, with a laboratory and demonstrator, obtained, say, at the age of 30, would at least compensate the student, who, to the love of research, might sacrifice the privilege of waiting in an expensive house on no income to speak of till the age of 40, of then taking his luck of public favour, and of making, perhaps, some four or five thousand a year until his health and vigour fail. Nay, is not one thousand *per annum* likely to be a strong attraction to those more ardent inquirers who would prefer an assured, if comparatively moderate, income, with leisure for work and for academic and social delights, to a scramble after five or ten times the amount in fees: fees gained at the sacrifice of private study, of teaching opportunities, of leisure, of vacation, and of all the amenities of life! We do not know what such men as Dr. Lockhart Clarke and Mr. Parker would say on this matter; but we should be much surprised to find them against us.

[To be continued.]

ARMY MEDICAL SERVICE.

THE following letter has been addressed by the Right Hon. Colonel Stanley, Secretary of State for War, to Mr. Ernest Hart, as Chairman of the Parliamentary Bills Committee of the British Medical Association.

“War Office, 27th April, 1878.

“Sir,—In considering the valuable reports which have been received from the several medical teaching bodies on the circumstances which tend to deter eligible candidates from coming forward for the Army Medical Service, the Committee appointed to inquire into the subject would be greatly helped if they had before them a trustworthy estimate of the average earnings, under ordinary circumstances, of medical practitioners in civil life. I am, therefore, directed by Secretary Colonel Stanley to request that, on behalf of the British Medical Association, you will favour him as soon as possible with an estimate, on the enclosed form, of the average earnings in question.—I am, sir, your obedient servant,

RALPH THOMPSON.”

Estimate of the Average Earnings of a Civil Medical Practitioner.

(1.) Period of Career.	(2.) Average Annual Earnings.	(3.) Charges of a Professional Nature, which have to be met out of the Earnings shown in column (2).
One year after obtaining diplomas.		
Ten years after obtaining diplomas.		
Twenty years after obtaining diplomas.		
Age 50.		
Age 60.		

General Remarks.

Signed.....

Date.....

HARVEY TERCENTENARY MEMORIAL FUND.

THE additions to the Fund during the past week amount to nearly £100, and include the following contributions. From the Town Council of Folkestone, fifty guineas; the Obstetrical Society of London, twenty-five guineas; and the North of England Branch of the British Medical Association, five guineas. We are asked again to request the members of the profession who have not hitherto contributed to this object to kindly send their donations at once to either of the hon. treasurers (Sir George Burrows, Bart., or Mr. Prescott Hewett), or to either of the hon. secretaries (Mr. Geo. Eastes, M.B., 69, Connaught Street, Hyde Park Square, London, W.; or Mr. W. G. S. Harrison, B.A., Town Clerk, Folkestone), or to pay them into the account of the Harvey Tercentenary Memorial Fund at the Western Branch of the Bank of England, Burlington Gardens, London, W. Subscriptions from five shillings upwards will be very acceptable.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

At a meeting of the College on April 25th, a portrait of the late Dr. P. M. Latham was presented by his daughter, and thanks were voted.

A communication from Liège was read, stating that a public ceremony would be held in June, when a bust of Professor Schwann was to be placed in the University Museum, and inviting some representative of the College to be present.

ASSOCIATION INTELLIGENCE.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEETINGS.

THE annual meeting of this District will be held at Canterbury, on May 16th, at 1.30 P.M.

It is proposed that after the meeting the members will visit the County Asylum at Chartham, permission being kindly afforded by Mr. R. Spencer, the Medical Superintendent.

WM. KNIGHT TREVES, F.R.C.S., *Honorary Secretary*.

Margate, April 29th, 1878.

METROPOLITAN COUNTIES BRANCH.

A SPECIAL General Meeting of this Branch will be held at the house of the Medical Society of London, 11, Chandos Street, Cavendish Square, on Wednesday, May 15th, at 4 P.M.

1. To receive and (if thought proper) to adopt an amended code of By-laws for the Branch.

3. To consider the Bills for the Amendment of the Medical Act (1858) now before Parliament.

An Ordinary Meeting of the Branch will be held at the same place on Wednesday, May 22nd, at 8 P.M., when papers on Vaccination will be read by Dr. E. C. Seaton and Dr. J. Greene of Birmingham.

Further particulars will be given in the circulars convening the meetings.

ALEXANDER HENRY, M.D.

W. CHAPMAN GRIGG, M.D.

} *Honorary Secretaries.*

57, Doughty Street, W.C., May 2nd, 1878.

NORTH OF IRELAND BRANCH.

A MEETING of this Branch will be held on Friday, the 17th instant, at 12 o'clock, noon, in the Board Room, Belfast Royal Hospital.

JOHN MOORE, M.D., *Honorary Secretary*.

Belfast, May 1st, 1878.

PROCEEDINGS OF THE COMMITTEE OF COUNCIL.

At a meeting of the Committee of Council, held at the Freemasons' Tavern, Great Queen Street, London, on Wednesday, April 17th, 1878: Present, Dr. R. W. FALCONER (President of Council), in the Chair, Dr. E. Wilkinson (President), Mr. W. D. Husband (Treasurer), Dr. T. Clifford Allbutt, Mr. Alfred Baker, Mr. J. Wright Baker, Dr. M. M. De Bartolomé, Dr. Louis Borchardt, Mr. Callender, F.R.S., Dr. Alfred Carpenter, Dr. Chadwick, Dr. J. W. Eastwood, Mr. W. A. Elliston, Dr. B. Foster, Mr. R. S. Fowler, Dr. E. L. Fox, Dr. W. C. Grigg, Dr. C. Holman, Mr. Arthur Jackson, Dr. D. J. Leech, Mr. E. Lund, Mr. Frederick E. Manby, Mr. Frederick Mason, Dr. Edwin Morris, Mr. R. H. B. Nicholson, Dr. Charles Parsons, Dr. Procter, Dr. Edward H. Sieveking, Dr. A. P. Stewart, Dr. W. F. Wade, Dr. E. Waters, and Mr. C. G. Wheelhouse:

The minutes of the last meeting and of the special meeting were read and found correct, with the exception of recording the vote upon the female question as unanimous at the special meeting of the Committee of Council, which was amended.

Read letter of apology for non-attendance from Dr. Duffey.

Read letter from Mr. George Stanger, asking for support, together with the opinion of Mr. Day, Q.C., in reference to the case of the Apothecaries' Company v. Shepperley.

Resolved: That under the circumstances of the case, the sum of £25 be voted towards the expenses of the litigation in the cause of the Apothecaries' Company v. Shepperley.

Read letter from Mr. G. Eastes, Honorary Secretary to the Harveian Memorial, asking for a grant in aid of the funds of the memorial.

It was moved:

That the sum of £25 be granted for the promotion of the Harveian Memorial.

The motion having been put from the Chair, the same was declared to be lost.

Read letter from Mr. Napper, Secretary to the West Surrey District of the South-Eastern Branch, forwarding resolution, of which the following is a copy :

"That in the opinion of this meeting the admission of ladies to the membership of the British Medical Association is not desirable."

Similar resolutions were also read from Dr. Eyton Jones, of the North Wales, and Dr. Shettle, of the Reading Branches.

Resolved : That the one hundred and fifteen candidates for admission whose names appear on the circular convening the meeting be elected members of the Association.

The minutes of the Journal and Finance Committee of to-day's date were read, and also of the Subcommittee of the Journal and Finance Subcommittee.

Resolved : That the minutes of the Journal and Finance Committee of to-day's date, together with the minutes of the Subcommittee of the Journal and Finance Committee, be approved, and the recommendations carried into effect.

The minutes recommended that tenders be obtained from five builders for the alteration of the premises in the Strand, and that the quarterly accounts be paid.

Resolved : That the financial statement for the year ending December 31st, 1877, be approved, adopted, and published in the JOURNAL (see page 625).

Resolved : That the President of Council, the President, and Dr. Foster be appointed a Subcommittee to draw up the Annual Report.

Dr. Carpenter, the Chairman of the Committee appointed for obtaining legislative restrictions for habitual drunkards, brought up the report of that Committee of to-day's date. The minutes contain a letter from the Home Secretary stating his inability to receive the deputation in consequence of a press of business ; also a recommendation from the Committee that the Home Secretary be urged to receive a deputation.

It was moved :

"That the minutes of the Committee for obtaining legislative restrictions for Habitual Drunkards, of to-day's date, be approved and the recommendations carried into effect."

Whereupon an amendment was moved :

That the minutes of the Committee be approved ; but that a written statement, instead of a deputation, be sent to Mr. Cross, the Home Secretary, as requested by him.

The amendment having been put from the chair, the same was declared to be carried.

Read letter from Dr. Moore of Belfast, with copy of by-laws of Belfast Branch.

Resolved : That, in accordance with By-law 40, the North of Ireland Branch be recognised as a Branch of the British Medical Association.

Resolved : That the Committee of Council desire to welcome very cordially the North of Ireland Branch as an important addition to the Association, and they trust that it may be the means of extending the Association in the North of Ireland, and also of increasing the friendly intercourse of the Irish with the English and Scotch members of the profession. The thanks of the Association are hereby given to Dr. Moore and others for their great assistance in founding the Branch.

Also from Mr. Gayleard, of Jamaica, together with the by-laws of the Jamaica Branch :

Resolved : That, in accordance with By-law 40, the Jamaica Branch be recognised as a Branch of the British Medical Association.

Resolved : That the Committee of Council welcomed with great pleasure the first Colonial Branch of the British Medical Association.

Resolved : That a Subcommittee be appointed to consider the various by-laws now placed before the Committee of Council, consisting of the President of Council, Dr. Wade, Dr. Allbutt, Dr. Leech, and Dr. Parsons.

It was moved :

"That the questions now submitted to the Committee regarding the privileges of lady members, which have been approved by Mr. Upton, be submitted to counsel in accordance with the instructions of the General Meeting of the 2nd instant."

"That the questions relating to the privileges of the female members of the Association be referred to Mr. Bosanquet, of the Oxford Circuit, for settlement, and, when settled, they be referred to Mr. Benjamin, Q.C., for his opinion."

Whereupon an amendment was moved :

That the subject be referred to a Subcommittee, consisting of the President of Council, Dr. Chadwick, Dr. Sieveking, Dr. Wade, Dr. Parsons, Dr. Borchardt, to which was subsequently added the name of Dr. Holman, with power to act in the matter.

The amendment having been put from the chair, the same was declared to be carried.

Read : Resolution from the Metropolitan Counties Branch, of which the following is a copy :

Extract from Minutes of Meeting of Council of Metropolitan Counties Branch, held January 26th, 1878.

"Resolved : That the Council of the Metropolitan Counties Branch beg to suggest to the Committee of Council of the British Medical Association that, in making arrangements for new premises, provision should be made for a central reception-room for the members of the British Medical Association."

It was moved :

That the consideration of the subject of the provision of a reception room in London be referred to the Premises Subcommittee.

Whereupon an amendment was moved :

"That the consideration of this question be deferred for future discussion."

The amendment having been put from the chair, the same was declared to be lost.

Whereupon a second amendment was moved :

"That the Committee of Council are unable at the present to entertain the question of providing a reception room in London for the general members of the Association, but, as soon as the business premises are in successful operation, the Committee of Council will be prepared to consider—first, financially, whether the funds of the Association can afford such an annual outlay ; and, second, whether such a reception room would be a sufficient advantage to the provincial and distant members as to induce the Committee of Council to recommend the scheme for adoption."

The amendment having been put from the chair, the same was declared to be carried.

It was then proposed as an amendment :

"That the Committee pass on to the next business," which was declared to be carried.

Read communication from Mr. R. Middlemore, Birmingham, offering £500 to found a prize to be awarded every three years to the author of the best essay on the scientific and practical value of the improvements which have taken place in ophthalmic medicine and surgery.

Resolved : That the warmest thanks of the Committee of Council of the British Medical Association be forwarded to R. Middlemore, Esq., of Birmingham, for his very liberal donation of £500 for the foundation of a triennial prize, to be awarded for the best essay on the scientific and practical value of the improvements which have taken place in ophthalmic medicine and surgery, and that it be termed the Middlemore Prize.

Resolved : That a grant of £25 be made to the Manchester Subcommittee of the Out-Patient Reform Committee towards the expenses of procuring the information from the various provident dispensaries in Manchester.

Resolved : That the thanks of the Association be given to Dr. Waters for the promptness of his action in the matter of the Medical Reform and the Medical Acts Amendment Bill now before Parliament, and that he be reimbursed the amount that he has expended.

HOSPITAL OUT-PATIENT REFORM COMMITTEE.

THE following extracts from the Minutes of Proceedings have been forwarded to us for publication.

At a meeting of the Committee appointed at the Annual General Meeting of Members at Manchester, August 10th, 1877, held at the Office of the Association, October 9th, 1877—Present : Mr. TIMOTHY HOLMES (in the Chair), Dr. Borchardt, Mr. Nelson Hardy, Dr. Robert Lee, and Dr. Joseph Rogers.

Read resolution of Annual Meeting, of which the following is a copy :—

"That a Committee, consisting of the following gentlemen, be appointed, with full authority to use the influence of the Association to procure such changes in the administration of out-patient relief at hospitals as they find necessary, and that the working of the present system of Provident Dispensaries in Manchester be carefully investigated and reported upon, viz. : Dr. Eason Wilkinson, Dr. A. P. Stewart, Dr. Alfred Meadows, Mr. T. Holmes, Dr. J. R. Lee, Dr. Joseph Rogers, Dr. Ford Anderson, Mr. Nelson Hardy, Dr. Brierley, Dr. Haddon, and Dr. Borchardt."

Read letter from Dr. Brierley, of which the following is a copy :—

"City Road, Manchester, October 8th, 1877.
"Sir,—I regret that I cannot attend the meeting to-morrow of the Committee of Out-door Hospital Reform. It seems to me the Provident System is that by which we shall best remedy existing evils. Careful investigation into all applications for medical aid should be made by a paid official. It is not necessary that Provident Dispensaries be supplied *before* such inquiry is made into the circumstances of patients, for we have proved here that a very small percentage of those refused at the free go to the provident society. The conclusion, of

course, is—they seek aid from an ordinary practitioner, which is the most whole some effect one could wish, from watching the cases seeking relief for nothing. I have already said the scheme has utterly failed here. This is no fault of the principle, but bad management. There is an entire want of harmony between the profession and the public, which is a great obstacle in the working of the scheme.—I remain, yours,
“F. Fowke, Esq.”

“JAMES BRASSEY BRIERLEY.”

Moved by Mr. HARDY, seconded by Dr. ROGERS, and Resolved: That Dr. Eason Wilkinson, Dr. Brierley, Dr. Haddon, and Dr. Borchardt be appointed a Subcommittee to investigate the question of the working of the Provident Dispensary System in Manchester, and to report to this Committee at a future meeting:

1. Whether there is any evidence of improper cases admitted to the benefits of the Institution.

2. Whether the working of the Institutions has proved satisfactory, (a) to the medical officers of the Institutions, (b) to the medical profession at large in Manchester.

3. What has been the effect on the Free Charities which co-operate with the Provident Dispensaries, and on those which do not.

4. What relations prevail between the Provident Dispensaries and Sick Clubs.

5. Whether the working of Provident Dispensaries is satisfactory to their lay members.

6. What is the present system of Out-door Poor-law Medical Relief in Manchester, and how does it affect the Provident Dispensary System.

Resolved: That the Subcommittee be requested to give information upon the foregoing questions, and any other that they may find desirable.

Resolved: That a statement be prepared to lay before the Court of Aldermen, and the Colleges of Physicians and Surgeons.

Resolved: That Mr. Hardy and Dr. Lee be requested to draw up a statement to lay before the Court of Aldermen and the College of Physicians and the College of Surgeons, and to forward it to the Chairman.

At a meeting, held on Thursday, November 29th, 1877—Present: Mr. TIMOTHY HOLMES (in the Chair), Dr. Ford Anderson, Mr. Nelson Hardy, Dr. Robert Lee, Dr. Joseph Rogers, and Dr. A. P. Stewart:

The minutes of the last meeting were read and found correct.

Read letters of apology for non-attendance from Dr. Eason Wilkinson and Dr. Brierley.

Read letter from Charity Organisation Society, asking that the petition to the Court of Aldermen be deferred till after a deputation to the London Hospital Committee from the Charity Organisation Society, and asking for the assistance of the British Medical Association.

Resolved: That the co-operation of the Committee with the Charity Organisation Society in the matter be given as far as possible.

The statement of Mr. Nelson Hardy and Dr. Robert Lee was then considered; and, after a few alterations, was adopted.

Resolved: That the Secretary be instructed to write to the Court of Aldermen, requesting to be informed when it would be convenient to them to receive a deputation relative to the management of the City Hospitals.

Resolved: That Mr. Ernest Hart be invited to accompany the deputation to the Court of Aldermen.

At a meeting held on Wednesday, the 9th day of January, 1878—Present: Mr. TIMOTHY HOLMES (in the Chair), Mr. Nelson Hardy, Dr. Robert Lee, Dr. A. P. Stewart, and Dr. Eason Wilkinson.

The minutes of the last meeting were read and found correct.

The Secretary reported that, in reply to this application to the Court of Aldermen, the following letter had been received.

“Guildhall, E.C., 9th January, 1878.

“Sir,—In reply to your communication of the 2nd inst., I have to inform you that, should your Committee desire to approach the Court of Aldermen, it must be by petition, to be presented by a member of the Court of Aldermen, and of which notice must be given at this office three clear days before the Court, and the signature of the member who will present it must be endorsed thereon. I enclose form of petition, in case your Committee desire to proceed in the manner above indicated. At the same time, so far as I am able to understand the Committee's object, it is right I should state that the Court of Aldermen have no jurisdiction in the matter.—I am, sir, your obedient servant,
JOHN D. MONCKTON.

“To the General Secretary, British Medical Association,
36, Great Queen Street, W.C.”

And in consequence a petition had been prepared, of which the following is a copy.

“To the Right Honourable the Lord Mayor and Court of Aldermen.

“The humble petition of the undersigned representative members of the British Medical Association, a body numbering over seven thousand members,

“Sheweth,—That, on behalf of that Association, we desire to

ask the assistance of your Right Worshipful Court in our endeavours to procure a reform of certain abuses which have crept into the administration of the large metropolitan hospitals, particularly as regards their out-patient departments. We need hardly remind you that after the suppression of the ‘religious houses’ by Henry VIII, the care of two of the largest of these hospitals—namely, St. Bartholomew's and St. Thomas's—was specially confided to the authorities of the City in response to the petition of Sir Richard Gresham, Lord Mayor, who pleaded for the poor, needy, sick, and indigent persons lying in every street, and undertook on the part of the City that if their petition was granted, these sick and indigent persons should be ‘refreshed, maintained, and healed of their diseases, frankly and freely, by physicians, surgeons, and podycaries’. We are fully aware that these hospitals have ceased to be so directly under the control of your Right Worshipful Court as they once were; but we cannot help noticing that whenever any such important step as the election of a Treasurer to one of these Royal Hospitals has to be taken, your influence, as forming a large portion of the body of Governors, has a most important share in deciding the result (as in the recent instance of St. Thomas's Hospital); and we therefore do not suppose that you would desire, if you could, to divest yourselves of all responsibility for the management of these hospitals.

“The two errors in the administration of out-patient relief at hospitals, to which we desire to draw your attention, have arisen, as it seems to us, through a disregard of the undertaking given by Sir Richard Gresham, on the part of the C'ty, that these hospitals should be kept especially for the poor and indigent, and that the patients treated at them should be treated by properly qualified physicians, surgeons, and apothecaries.

“The latter of these two points we consider of the utmost practical importance. The popular impression is, that hospitals are places where those who are sick or injured have only to apply, in order to obtain the best medical advice and medicines, and where the most skilled physicians and surgeons render their personal assistance to all who apply. However true this may be as regards the in-patients, it is certainly not true with reference to the out-patient department of large hospitals, in which the number of qualified medical men is usually quite inadequate to do any but a small proportion of the work; the inference being that the remainder is done by unqualified students, or some other persons not appointed for the purpose.

“The system has thus become, to a certain extent, one of deception on the public, the sick being attracted to hospitals by the names of famous physicians and surgeons on their medical staffs, and being treated, when there, too often, we have reason to believe, by students in their second or third year of study, or at least by persons whose names are not before the public.

“The loss of time to poor working men and women, caused partly by this inadequacy of the medical staffs, and partly by the indiscriminate admission of all classes who like to apply at these departments, is something almost incredible—four, six, or even eight hours being not unfrequently lost in attendance and waiting for medicines, where two at the utmost ought to be sufficient.

“Your petitioners consider that it is neither creditable to the City of London nor to their own profession, that such blots as these should remain on the administration of our great medical charities, and therefore ask that you will either receive a deputation from them on the subject, or refer the matter to a committee, at which they may be heard.

“And your petitioners will ever pray.

(Signed) “T. HOLMES, Chairman of the Committee of the British Medical Association on Hospital Out-Patient Relief.

“M. A. EASON WILKINSON, M.D.

“A. P. STEWART, M.D., F.R.C.P.

“ALFRED MEADOWS, M.D.

“ROBERT J. LEE.

“JOSEPH ROGERS, M.D.

“J. FORD ANDERSON, M.D.

“H. NELSON HARDY.”

Signed by Members of above Committee.

Resolved: That Mr. Holmes be requested to write to Sir Sydney Waterlow, asking if he would endorse the petition.

Resolved: That copies of the memorial be sent to each alderman, previous to the presentation of the petition to the Court.

Dr. Eason Wilkinson reported that as it took a long time to complete the report of the Subcommittee on Manchester Provident Dispensaries, in consequence of the number of institutions to be communicated with, it was not at present ready for presentation to this Committee. Circulars had been sent out to various institutions.

Mr. Hardy referred to Mr. Holmes's letter in the BRITISH MEDICAL JOURNAL, and suggested that it would be as well to circulate a copy of

it to each member of the Committee, and ask their opinion about adopting it as the future basis of the Committee.

At a meeting held on February 26th, 1878—Present: Mr. T. HOLMES (Chairman of Committee, in the Chair), Mr. Hardy, and Dr. Meadows. The minutes of the last meeting were read and found correct.

Read letter from Dr. Brierley, of which the following is a copy, viz.:

"Out-door Hospital Reform, Subcommittee of the British Medical Association, City Road, Manchester, Feb. 25th, 1878.

"My dear Sir,—At a meeting of the above Committee, held here on the 8th inst., letters were read from several medical officers of the Provident Dispensary Staff in this place, but no information of a definite character was forwarded. Ultimately, it was resolved that the only effectual way of getting the desired evidence was to employ a paid officer to visit the whole of the families at their own residence, and make inquiries as to the amount of weekly earnings, position, etc.

"The estimated cost of this work is £40 to £50; and I am instructed to ask you if the Association would feel inclined to lay out such a sum for the purpose.—Yours faithfully, JAS. BRASSEY BRIERLEY."

The Chairman then read the letter that he proposed to send to Sir Sydney Waterlow.

Mr. Hardy read letter from Alderman Sir William Rose, declining to present the petition to the Court of Aldermen.

Resolved: That Alderman Sir William Rose's letter be entered on the minutes.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: ORDINARY MEETING.

THE sixth ordinary meeting of the session 1877-78 was held in the Queen's College, Birmingham, on March 14th, 1878. Present: Mr. SAMPSON GAMGEE, President, in the chair, and thirty-nine members.

New Member.—Mr. F. S. Goulder of Dudley was elected a member of the Branch.

Communications.—The following communications were made:

1. Mr. LAWSON TAIT: Specimens of Thymol and Thymolised Lint.
2. Dr. MALINS: An Ovarian Cyst.
3. Mr. H. G. LOWE: Loose Cartilages from the Knee-joint.
4. Mr. H. M. MORGAN: Obstetric Tractors.
5. Mr. H. M. MORGAN: India-rubber Ring for Midwifery Forceps.
6. Mr. H. R. KER: A paper on Black Country Experience, Medical and Surgical.

SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT.

THE first meeting for the present year was held at the New Kentish Hotel, Tunbridge Wells, on Friday, March 29th: F. MANSER, Esq., in the Chair. Twenty-two members and visitors were present.

Next Meeting.—It was decided that the next meeting be held at Lewes in the end of May; and that Mr. W. CROSSKEY be invited to take the chair.

Communications.—The following communications were made:

1. Dr. FAIRLIE CLARKE: Case of Diffused Melanotic Cancer originating in a Black Mole.
2. Dr. MILNER BARRY: Dr. Southey's Trocar and Cannula.
3. Dr. RANKING: Membranous Dysmenorrhœa.

The Harvey Tercentenary Memorial.—A letter from the Committee of the Harvey Tercentenary Memorial Fund was read and ordered to be referred to the Council of the South-Eastern Branch, recommending them to take it into their favourable consideration.

The *Dinner* took place at the New Kentish Hotel. Twenty-two sat down: Mr. F. MANSER in the Chair. After explanations from Dr. C. HOLMAN, a resolution expressing confidence in the Committee of Council of the Association and approval of the course they had pursued was agreed to unanimously.

WEST SOMERSET BRANCH: SPRING MEETING.

THE spring meeting of this Branch was held at the Railway Hotel, Taunton, on Thursday, April 11th, at 5 P.M.: SAMUEL FARRANT, Esq., President, in the chair.

Dinner.—A good dinner was, as is usual at these meetings, the prelude to the business of the evening.

Letters of Regret.—Letters from ten members accounting for their absence, were laid before the meeting.

Representatives of the Branch.—Samuel Farrant, Esq., Taunton; F. J. C. PARSONS, Esq., Bridgwater; and Dr. Kelly, Honorary Secretary; were elected as representatives of the Branch in the Council for the year 1878-79.

Question for Discussion.—The question of which notice had been sent to each member a month previously, viz., "Is the use of water desirable in dressing wounds?" was put from the chair to each gentleman present. A written answer from Dr. Cordwint, who was not able to attend, was read by the secretary. The weight of opinion and argument, as expressed in the answers given, was to the effect that it is not desirable to use water for dressing fresh healthy wounds.

Communications.—The following communications were made:

1. Case of Transposition of the Thoracic and Abdominal Viscera, by G. W. RIGDEN, Esq. The patient attended, and submitted himself for examination.

2. Compound Dislocation of the Astragalus and Removal of the Bone, by SAMUEL FARRANT, Esq. The dislocation was caused by the patient falling from some height. He was admitted into the Taunton and Somerset Hospital with the bone hanging by some tendinous shreds under the outer ankle. There was no fracture of either tibia or fibula. The wound healed perfectly, and there was no perceptible deformity from the loss of the bone. The patient attended, and exhibited his foot.

Autumnal Meeting.—Mr. STEPHENS of Ilminster proposed that the autumnal meeting should be held at Ilminster. The question was postponed to the summer meeting.

New Members.—Two new members were proposed.

STAFFORDSHIRE BRANCH: ORDINARY MEETING.

THE second ordinary meeting of this session was held at the London and North Western Hotel, Stafford, on Thursday, February 28th, 1878; present, Dr. ARLIDGE, President, in the chair, and twenty-two members.

New Members.—The following members of the Association were duly elected members of the Branch: Dr. Beales (Congleton), Dr. Edgar Flinn (Browhills), Mr. McAlldowie (North Staffordshire Infirmary).

The Dental Practitioners' Bill.—A memorial in opposition to the above was considered, and afterwards signed by all the members present; and it was resolved that the memorial be at once presented to the House of Commons.

Communications.—1. Dr. J. H. TYLECOTE read the notes of a recent case of Pneumonia followed by Phlegmonous Erysipelas of the Left Foot and Leg, and two months after convalescence by an Abscess of the Buttock and Cellulitis of the thigh.

2. Mr. R. GARNER read notes of a case of Parturition complicated with Prolapsus.

3. Mr. VINCENT JACKSON read a record of a case of Stretching of the Outer Digital Nerve on the flexor aspect of the left forefinger.

Alteration of Rules.—The meeting having been made special, Mr. FOLKER proposed alterations in Rules 4, 9, and 13. All were carried.

SOUTH WALES AND MONMOUTHSHIRE BRANCH: SPRING MEETING.

THE spring meeting was held at the Joint Counties' Lunatic Asylum, Carmarthen, on April 4th; Dr. A. DAVIES, Ex-President, in the chair, in the unavoidable absence through illness of the President, J. TALFOURD JONES, M.B. Eighteen members were present.

Dr. Hearder kindly provided luncheon for the members on their arrival.

New Members.—Fourteen new members of the Association, and sixteen of the Branch, were elected.

Grants of Money.—On the recommendation of the Council, it was resolved unanimously:

1. That £3 3s. a-year be subscribed to the Medical Benevolent Fund.
2. That a contribution of £3 3s. be made in support of the case of "Apothecaries' Company v. Shepperly."

Harvey Tercentenary Memorial Fund.—It was resolved, on the motion of Mr. WATHEN, that a donation of two guineas be subscribed to this fund; and that the Secretary, in forwarding it, should express the strong opinion of this Branch that, whatever monument or statue be erected to Harvey's memory, should be placed in some part of the metropolis, and not in any provincial town, however identified with his early history, as a national homage to his claims as a great discoverer.

Branch Subscriptions.—It was resolved: "That defaulters of two years and upwards be informed that, in the event of non-payment of their subscriptions on or before the next annual meeting at Neath, their names will, however reluctantly, be struck off the list of members."

Representatives on the General Council.—The following were elected: J. G. Hall, Esq.; Dr. Sheen; Evan Jones, Esq.; H. N. Davies, Esq.; Dr. Hearder; J. H. Wathen, Esq.; Dr. Edwards; Pearson R. Cresswell, Esq.

Communications.—1. Mr. H. NAUNTON DAVIES (Cymer) showed a Spina Bifida Cyst which had been successfully removed by Ligature and Amputation.

2. Mr. H. N. DAVIES also showed a specimen of Addison's Disease of the Suprarenal Bodies, from a case in which there had been a greenish-brown colour of the abdomen and cheeks. Both suprarenal bodies were adherent to the surrounding parts. The left was almost entirely disorganised into a cheesy matter; the right was hard and fibrous.

3. Mr. DAVIES also showed a portion of Indurated Carbonaceous Lung from a Collier.

4. Mr. E. R. MORGAN (Morriston) read a case of Paralysis after the application of a Plaster to the Nape of the Neck by an Unqualified Person.

5. Mr. J. G. HALL (Swansea) read a case of Fibroid Tumour growing from the upper surface of the Uterus, removed by abdominal section: death.

6. Mr. J. H. WATHEN (Fishguard) read Hints on the Treatment of Neuralgia, mentioning more particularly the hypodermic injection of morphia and the use of tetrachloride of carbon.

7. Mr. WATHEN also showed an improved Splint for the Treatment of Fractures and Injuries of the Leg, made by Arnold and Son. It is light, inexpensive, and can be shut up into a small compass.

8. Dr. HEARDER (Carmarthen Asylum) read notes of some peculiar Abnormalities about the Heart in an Epileptic.

9. Dr. HEARDER also showed some cases of Hæmatoma Auris in Insane Patients, and the favourable results of treatment by blistering.

The British Medical Journal.—The following resolution, on the motion of Mr. E. R. MORGAN, was passed unanimously: "That this Branch begs to suggest to the Journal Committee that in future the JOURNAL be issued to the members with the pages cut, unless there are substantial financial reasons for not doing so."

An Appeal on behalf of the family of the late Mr. J. L. Thomas of St. Clears was made, and a letter on the subject was read from Mr. Dyke (Merthyr) by Dr. Hearder. It was resolved that the matter be postponed till the annual meeting.

Visit to the Asylum.—An interesting visit was then paid to the wards of the Joint Counties' Asylum, under the able guidance of Dr. Hearder, the Superintendent; and afterwards the members and visitors dined together at the Royal Ivy Bush Hotel, Carmarthen.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, APRIL 23RD, 1878.

WILLIAM WOOD, M.D., Vice-President, in the Chair.

Ophthalmoplegia Externa.—Mr. JONATHAN HUTCHINSON showed two patients who had paralysis of the muscles of the eyeball, and consequent inability to move the eyes. He proposed for the condition the name of ophthalmoplegia externa.

ON TRANSVERSE CALCAREOUS FILM OF THE CORNEA. BY EDWARD NETTLESHIP, F.R.C.S.

THE disease, a somewhat rare one, had been described by various authors, but chiefly in its local relations. The chief objects of the paper were to draw attention to some points in the natural history of the disease which may throw light on its causation, and to confirm the statements of earlier writers, especially Dixon and Bowman, as to the good results of local treatment in suitable cases. A thin film of crystalline, chiefly calcareous, substance was formed beneath the anterior corneal epithelium; it could be chipped off in little flakes, leaving the underlying cornea clear. It was limited to the parts habitually uncovered by the lids, and when complete it formed a broad nearly transverse stripe terminating at each end a little within the lateral boundaries of the cornea. The symptoms as a rule were very slight, and there were generally no complications, even when the disease was of many years' standing; but sometimes chronic iritis and glaucoma came on. Occasionally, ulceration took place on the diseased patch. It seldom began in both eyes at the same time, but was almost invariably symmetrical in the end. The film was formed slowly, and might continue to increase for some years. The disease was one of middle and advanced life; and its subjects, almost without exception, were males. Occupation seemed to have no direct influence. The morbid ten-

dencies of the patients, so far as they were known, led the author to suggest that, in regard to causation, excess of uric acid in the blood furnished the most likely explanation from the constitutional side, though local peculiarities not yet understood were necessary as determining causes. Several new cases with naked eye and microscopic drawings were given. The paper was supplemented by abstracts of all the published cases (fifteen in number) known to the author; and in some of these (recorded some years ago by Dr. Fairlie Clarke) the present condition of the patients had been ascertained.

Mr. H. POWER had seen several of these cases, and had always considered them gouty. In one, there was whitish matter along the lids. Portions of the membrane on the eyeball could be picked off with the point of a knife, like the shell of an egg. This could be done with ease. Little irritation followed. He had also employed glasses with a small central hole in them, but patients did not like the restricted field of vision.—Mr. HUTCHINSON did not think the cases so closely connected with gout as Mr. Power believed. Probably there were many causes at work, mostly indications of senility. The condition reminded him of Dupuytren's contraction of the palmar fascia, where the exciting causes were numerous, but all probably neurotic. It was a question whether there was not some connection between that malady and the one now described.—Mr. NETTLESHIP was not aware that gout had been referred to in Messrs. Bowman and Dixon's cases. He had no note of the condition of the palmar fascia. He had, since the paper was written, seen another case in a woman who had only one eye affected. It was of long standing. She was not gouty, but had become hemiplegic.

THE TREATMENT OF SEVERE ARTERIAL HÆMORRHAGE FROM PUNCTURED WOUNDS OF THE THROAT AND NECK, ESPECIALLY CONSIDERED WITH REGARD TO LIGATURE OF THE EXTERNAL CAROTID ARTERY.

BY WILLIAM HARRISON CRIPPS, F.R.C.S.

The paper discussed the treatment to be adopted in cases of severe arterial bleeding, that had resisted all simple means, and in which operative measures became necessary. The class of case included punctured wounds about the angle of the jaw and through the mouth, hæmorrhage from the tonsils, or from cancer of the tongue or mouth, secondary hæmorrhage after surgical operations, etc. The treatment usually adopted in these circumstances had been a ligature upon the common carotid. Upon analysis of a considerable number of cases, it was found that, after this method of treatment, rather more than half the patients died. The causes of these deaths were approximately as follows: rather more than 30 per cent. from brain-symptoms; the same proportion from recurrence of the bleeding; and the same from other causes. It thus appeared that one-third of the deaths were directly due to ligature of the carotid, and that in another third the operation had proved useless for arresting the bleeding. The brain-symptoms appeared to result from the already anæmic brain having a considerable portion of its blood-supply suddenly cut off. Hæmorrhage occurring from the original wound (after ligature of the common trunk) must either be due to the blood coming as a regurgitant stream brought down the internal carotid, or to blood being brought through the fine anastomoses of the terminal branches. Experiments and facts were narrated in the paper to show that in a certain number of instances the bleeding was due to a regurgitant stream through the internal carotid, or to the blood brought to the proximal end of the wounded vessel by the inferior thyroid. A table accompanying the paper showed how the bleeding vessel, wounded in the situation described, had most commonly proved to be the external carotid or one of its branches, a wound of the internal carotid being of rare occurrence. The cause of the high mortality following ligature of the common carotid artery having been discussed, ligature of the external carotid about half an inch from the bifurcation was recommended as likely to prove a safer and more efficient method of controlling the bleeding. The grave danger of cutting off the blood-supply to the brain was avoided by this operation, while at the same time the chance of recurrent hæmorrhage was diminished in proportion to the number of instances in which it occurred as a regurgitant stream. The objections raised to the operation were: 1. The fear of secondary hæmorrhage from the proximity of large branches; 2. That, should the wounded vessel prove to be the internal carotid, a ligature upon the external would be an useless operation. The first objection was answered by reference to cases narrated by M. Guyon, showing the rare occurrence of secondary hæmorrhage from the external carotid. The second was met by the comparatively few instances in which the wounded vessel had proved to be the internal carotid. Moreover, should the mistake occur, it was not beyond remedy, for a ligature might still be placed on the common trunk at its bifurcation; on the other hand, no remedy could be found for a patient

oxygen, Nature's disinfectant and purifier? Would it not be more rational to apply an efficient antiseptic treatment to the hospitals and wards in which the septic atmosphere is generated, so that the general health of the patient may be supported and the wound healed under the influence of pure fresh air and light simple dressings? Apologising for occupying your space, I am, sir, yours faithfully,

CHARLES SHRIMPTON, M.D.

Whitehall, S.W., April 15th, 1878.

TEACHING OF PHYSIOLOGY IN DUBLIN.

SIR,—I am quite unable to perceive that Professor Mapother has supplied any fact by his letter of the 8th instant which was not before you in mine of the 30th ult. Surely he cannot mean to imply that no course of operative surgery has been accepted since 1874. If this be his meaning, he is certainly greatly mistaken.

I shall not trouble you with any criticisms on his letter; it speaks for itself. He has shown what his idea of practical teaching is; and, as his influence on the Council of the College is very great, the difficulties I have to contend with will be all the more readily understood. I may, perhaps, be allowed to assure him that the introduction of a course of laboratory instruction will not do away with the illustration of lectures by specimens and experiments, any more in physiology than in chemistry.

As to Professor Mapother's last paragraph, I have only to say I do not wish to occupy your space or to trouble your readers with personalities. My object was to call attention to what I consider a great injustice to Irish students, and to such of their teachers as are anxious to keep pace with the ideas which everywhere else prevail.

In conclusion, I beg to thank you for the very material aid your remarks in the JOURNAL of the 6th instant have given my cause, by showing that what I am seeking is neither monstrous nor new, but only what is generally regarded as essential.—I am, sir, faithfully yours,

REUBEN J. HARVEY.

7, Upper Merrion Street, Dublin, April 15th, 1878.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

THE annual general meeting of this Association will be held at the Freemasons' Tavern, Great Queen Street, Lincoln's Inn Fields, on Tuesday, May 7th, at 3 P.M., when several matters of interest to the members of the Poor-law Medical Service will be discussed. After the meeting, the members will dine together; tickets, 7s. 6d. each, exclusive of wine. As this association has conferred great benefits by its public work on the members of the Poor-law Medical Service, the Council trusts—we hope with good prospect of success—that a large number of the members will attend. Gentlemen who intend to dine are requested to send their names as early as possible to J. Wickham Barnes, Esq., Honorary Secretary, 3, Bolt Court, Fleet Street.

THE BROMYARD BOARD OF GUARDIANS AND THE MEDICAL OFFICERSHIP OF THE CRADLEY DISTRICT.

IN the JOURNAL of February 16th, we alluded to an appointment which was made in the Bromyard Union in violation of the orders and regulations of the Local Government Board, and a hope was expressed at the time that the department would withhold its sanction to it. Not only was this done, but the facts of the case were laid before the Local Government Board by Dr. Lush, M.P. for Salisbury, in a letter which he addressed to Mr. Sclater-Booth on the subject. The action thus taken, it will be seen by the letter subjoined, has been attended with the best results.

"Local Government Board, Whitehall, S.W., April 5th, 1878.

"Sir,—I am directed by the Local Government Board to acknowledge the receipt of your letters of the 16th and 18th ultimo, respecting the proposed appointment of Mr. G. E. F. Etheridge as medical officer for the Cradley District of the Bromyard Union.

"In reply, I am directed to state that the board are unable to sanction the appointment of Mr. Etheridge as medical officer for the above-mentioned district, inasmuch as he already holds the offices of medical officer for the second district and the workhouse of the Bromyard Union, and also of medical officer for the Knightswick District of the

Martley Union. The board considers that the appointment as district medical officer of a medical practitioner whose residence is situated at a distance from the district when there are other duly qualified medical men willing to accept the office, and resident nearer to the district, is contrary to the principle of the general regulations relating to the office of medical officer.—I am, Sir, your obedient servant,

"HUGH OWEN, Junior Assistant Secretary.

"To H. N. Knott, Esq., Clerk to the Guardians of the Bromyard Union."

PUBLIC HEALTH ADMINISTRATION.

A VERY good illustration of the average mode of administering sanitary laws by small local bodies is afforded by the recent proceedings of the Denbigh Town Council. The medical officer of health had resigned, and the mayor observed that he was "a very good man; a very good man indeed; his only fault was, that he reported too much and went into details". To mend this defect, it was arranged to appoint a successor whose salary should be cut down to £25 a year, on the understanding that he would not report too much, and that his chief duty would be to furnish extracts from the birth and death returns. It was explained that it was absolutely necessary to appoint somebody, and, on the whole, the plan adopted was considered to be the least likely to lead to troublesome questions. So long as the administration of public health is maintained on its present outlines, of which the inefficiency was from the very first pointed out to Mr. Stansfeld in preparing the original Public Health Bill by the most practical authorities on public health throughout the country, so long shall we continue to have an immense amount of money spent in trifling salaries and on little works, while comparatively small advance will be made in the prevention of disease and the saving of life.

OBITUARY.

WALTER BARTON STOTT, M.R.C.S. Eng.

MR. WALTER BARTON STOTT died on April 8th, at the age of 78. He practised for many years in Manchester, and retired into private life in 1862. In his earlier days, he was Demonstrator of Anatomy at the school in Mount Street, conducted by the late Mr. Jordan, and afterwards in the Pine Street School. He had also the honour of being one of the founders in 1831 of the Children's Hospital in Manchester, in conjunction with the late Dr. Alexander.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentlemen were admitted Members on April 25th, 1878.

Bird, William Valentine, M.D. Aberdeen, L.R.C.P., Sydenham
Bogg, Thomas Wemyss, M.B. London, St. Leonard's
Boulton, Percy, M.D. Edinburgh, 6, Seymour Street
Gill, Stanley Augustine, Royal Lunatic Asylum, Liverpool
Saundby, Robert, M.D. Edinburgh, Birmingham
Savage, George Henry, M.D. London, L.R.C.P., Bethlem Hospital
Thorburn, John, M.D. Edinburgh, Manchester

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in anatomy and physiology at a meeting of the Board of Examiners, on April 25th; and, when eligible, will be admitted to the pass-examination.

Messrs. William E. Winkell and Alexander Davidson, students of the London Hospital; William Sellers and Edward S. Jackson, of the Edinburgh School; Thomas P. Pemberton and Arthur T. Kingsland, of the Birmingham School; William Knott, of the Manchester School; John Whiting, of St. Bartholomew's Hospital; Ignatius J. Rubie, of the Dublin School; Francis J. Grindon, of the Charing Cross Hospital; and William M. Jennings, of the Newcastle School.

Twelve candidates were rejected.

The following gentlemen passed on April 26th.

Messrs. Edward A. Harbord, Alfred Lee, and William E. Alldridge, of the Birmingham School; Robert B. Knowles and James Thomson, of the Edinburgh School; Oswald G. D. Bradshaw, of the Bristol School; Robert Jones, of the Dublin School; James N. Richardson, of the Leeds School; William Loyal, of the Manchester School; Frederick W. Martin, of the Liverpool and Charing Cross Hospitals; Edward G. Peck, of the Cambridge School; and John F. Mackenzie, of the Newcastle School.

Twelve candidates were rejected.

The following gentlemen passed on April 29th.

Messrs. Daniel E. Anderson, Sydney H. Heuty, Edgar F. G. Morris, and James Norie, of University College; John C. R. Husband and David Harris, of the Leeds School; John J. Boswell and Leopold Burroughs, of Guy's Hospital; Charles Sanders and Howard H. Tooth, of St. Bartholomew's Hospital;

William H. Sharples, of the Manchester School; Hugh G. Hill, of St. Mary's Hospital; David J. Thomas, of the Glasgow School; Alexander H. Barbour, of the Edinburgh School; Arthur G. Wood, of King's College; Frank S. Watson, of the Charing Cross Hospital; Arthur W. Loveridge, of the Middlesex Hospital; and Alfred F. Street, of the Cambridge School.

Six candidates were rejected.

The following gentlemen passed on April 30th.

Messrs. Johannes H. M. Brok, George B. Silke, and Edward F. Martin, of the Edinburgh School; Hugh P. Rowlands and Robert A. Milligan, of Guy's Hospital; Tom H. T. Frampton and Richard D. H. Gwillim, of St. Mary's Hospital; Ernest M. Little, of St. George's Hospital; Alfred S. Kenny, of King's College; Jonathan N. Cook, of St. Bartholomew's Hospital; Arthur Vores, of St. Thomas's Hospital; and Frank M. Pope, B.A. Cantab., of the Cambridge School.

Twelve candidates were rejected.

The following gentlemen passed on May 1st.

Messrs. William Clark, Thomas W. J. Allen, and William F. P. Bassett, of University College; Edward Rice, Herbert J. Barratt, and Oswald A. Browne, of St. Bartholomew's Hospital; Alfred Benson, William A. Smith, and George C. R. Bull, of St. Mary's Hospital; Harry P. Berry and Joseph J. Udale, of Guy's Hospital; Francis M. Puddicombe and Francis C. J. Sanders, of St. George's Hospital; William Fligg, of the Edinburgh School; and James H. A. Rhodes, of the Liverpool School.

Nine candidates were rejected.

MEDICAL VACANCIES.

THE following vacancies are announced:—

BELGRAVE HOSPITAL FOR CHILDREN—House-Surgeon. Applications to be made on or before the 13th instant.

ROMYARD UNION—Medical Officer and Public Vaccinator for the Parish of Cradley. Salary, £50 per annum, and fees. Applications to be made on or before the 4th instant.

GLOUCESTER GENERAL INFIRMARY—Surgeon and Assistant-Surgeon. Applications to be made on or before the 30th instant.

GREAT NORTHERN HOSPITAL—Ophthalmic Surgeon. Applications to be made on or before the 6th instant.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street—Assistant-Surgeon. Applications to be made on or before the 16th instant.

LEITH HOSPITAL—House-Surgeon and Assistant-Surgeon. Salaries, £70 and £60 respectively, with board. Applications to be made on or before the 15th instant.

LIMERICK UNION—Visiting Medical Officer for the Workhouse. Salary, £75 a year. Candidates must be over 23 years of age, and must attend personally at the day of election; viz., the 8th instant.

METROPOLITAN FREE HOSPITAL, Commercial Street, E.—Two House-Surgeons.

MITFORD AND LAUNDITCH UNION—Medical Officer and Public Vaccinator for the Frarsham District. Salary, £55 per annum, and fees. Applications to be made on or before the 10th instant.

ROYAL PIMLICO DISPENSARY—Resident Medical Officer and Dispenser. Applications to be made on or before 4th instant.

SHEFFIELD PUBLIC HOSPITAL AND DISPENSARY—Junior Resident Medical Officer. Salary, £50 per annum, with board, lodging, and washing. Applications to be made on or before the 6th instant.

STOCKPORT INFIRMARY—Assistant House-Surgeon. Salary, £60 per annum, with board and apartments. Applications to be made on or before the 20th instant.

STROUD GENERAL HOSPITAL—House-Surgeon. Salary, £60 per annum, with board, furnished rooms, and washing, and £30 per annum in lieu of stimulants. Applications to be made on or before the 15th instant.

UNIVERSITY COLLEGE, London—Professor of Materia Medica. Applications to be made on or before May 15th.—Surgical Registrar. Applications to be made on or before the 6th instant.

VICTORIA HOSPITAL FOR CHILDREN, Chelsea—House-Surgeon. Salary, £50 per annum, with board and lodging. Applications to be made on or before the 18th instant.

WILTS COUNTY LUNATIC ASYLUM—Assistant Medical Officer. Salary, £110 per annum, with board, lodging, attendance, and washing. Applications to be made on or before the 15th instant.

MEDICAL APPOINTMENTS.

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

TIRARD, Nestor J. C., M.B., appointed Medical Tutor and Subdean of King's College, *vice* Freeman R. Cross, M.R.C.S. Eng., resigned.

WINTERBOTTOM, Augustus, F.R.C.S. Eng., appointed Lecturer on Dental Surgery and Dental Surgeon to St. George's Hospital.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths, is 3s. 6d., which should be forwarded in stamps with the announcement.

MARRIAGE.

WALDO—WATERS.—On April 25th, at the Parish Church, Clifton, by the Rev. J. P. Waldo, Vicar of St. Stephen's, South Kensington, cousin of the bridegroom, assisted by the Right Rev. Bishop Anderson, Vicar, *Henry Waldo, M.D., of Clifton, to Cecilia Emily Elizabeth, only daughter of the late Richard Waters, Esq., Solicitor, of Tredegar, Monmouthshire.

BEQUESTS, ETC.—Mr. James Madden has bequeathed £50 to the Hospital for Incurables, Donnybrook; and £100 to St. Michael's Hospital, Kingstown.—Mr. Forster Green has given £50 to the Society for Providing Nurses for the Sick Poor of Belfast.

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.—Royal Orthopaedic, 2 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, 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.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 1.30 P.M.—St. Peter's, 2 P.M.

THURSDAY... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Charing Cross, 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.—London, 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 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.—London, 2 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8.30 P.M. The Annual Oration by Dr. Alfred Carpenter of Croydon: "Alcoholic Drinks, as Diet, as Medicine, and as Poisons".

TUESDAY.—Pathological Society of London, 8.30 P.M. Dr. Dickinson: Ulceration of the Bowel in connection with Granular Kidney. Dr. Ord: 1. Renal Calculus of mixed Carbonate and Phosphate; 2. Two specimens showing the Spontaneous Disintegration of Calculi. Mr. Nunn: Sections of Tumour from Pectoral Region of Man, aged 81. Dr. Braidwood: The Microscopical Characters found in Tissues affected by Measles. Dr. Thin: 1. Epithelioma of the Female Lip; 2. Cancerous Ulcer of the Skin, forty-three years' duration. Mr. Nettleship: Carcinoma of Orbit recurring after fourteen years. Dr. Peacock: French Millstone-maker's Lung. Dr. Irvine: Specimens of Cerebral Aneurysms. Dr. Cayley: Embolism of the Left Inferior Parietal Convolutions. Dr. Tilbury Fox: 1. Specimens showing the Minute Anatomy of Dysidrosis; 2. Favus. Dr. F. Taylor: Cavity in Spinal Cord.

WEDNESDAY.—Epidemiological Society, 8.30 P.M. Dr. Thorne, "On the Origin of Infection".

FRIDAY.—Clinical Society of London, 8.30 P.M. Mr. Leggatt, "Case of Yellow Fever: with Notes of the *Post Mortem* Examination by Dr. Greenfield"; Mr. Spencer Watson, "Two Cases of Lupus Exedens"; Dr. Buzzard, "Case of Double Optic Neuritis, with obstruction of the Right Brachial Artery"; Mr. Cripps, "Case of Gastrotomy for Intestinal Obstruction".

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

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*.

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 CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

WE have received a further communication from Dr. Abrath of Sunderland, and also another letter on the subject; but we cannot publish any further communications on this matter.

DIALYSED IRON.

SIR,—We gave Dr. Cavafy credit for greater chemical knowledge than he seems to possess. We beg to say, in reply to his letter, that it is *not* "possible that we think the iron is converted into a peptone"; but it is perfectly obvious that the acid of the gastric juice which converts the albuminoid foods into peptones must far more easily combine with the hydrate of oxide of iron. That it should not so combine with it, is a chemical impossibility. Let Dr. Cavafy try Bravais' dialysed iron for himself. We will send him a bottle for the purpose, if he will publish the results.—We are, sir, your obedient servants,

ROBT. GLENN & SONS, Agents for Raoul Bravais, and Co.

Idol Lane, Great Tower Street, London, May 2nd, 1878.

P.S.—We should add, that Mr. Bravais distinctly recommends the dialysed iron should not be taken with ordinary water, but in distilled water, if taken in water at all.

WE agree with the opinions expressed in the letter of Mr. H. Brown of Northallerton.