

deavoured to show that the non-success of the operation is often due to its too indiscriminate employment in all cases of pleuritic effusions, to the defective mode of operating, and to the kind of instrument employed. In the work just alluded to, and which is entitled *La Thoracentèse par Aspiration dans la Pleurésie Aiguë*, Dr. Dieulafoy states that the abuse of the operation in question arises from the facility with which it is practised with the "aspirator". After passing in review the various instruments employed in the operation, from Trousseau to the present time, Dr. Dieulafoy, of course, prefers that which bears his name. Many objections have been made against his own instrument; but these he removes without much difficulty. For instance, it has been objected that thoracentesis might convert simple serous pleurisy into the purulent form; but, although Dr. Dieulafoy does not deny the possibility of such a result, he asserts that it cannot be attributed to this cause alone, as there are hundreds of cases where the chest had not been opened, and yet pus was formed in the pleural cavity; the transformation, he adds, is the natural process in a certain form of serous pleurisy, in which, whether thoracentesis be practised or not, suppuration is the inevitable result, unless, indeed, resolution or the reabsorption of the fluid had already taken place. The mechanism of this form is very ingeniously explained by the author, for a description of which I must refer your readers to the work itself. Other accidents have also been ascribed to thoracentesis: oedema and congestion of the lungs, albuminous expectoration, asphyxia, cardiac and pulmonary thrombosis, and embolism—all of which he disposes of with great talent, if not with great success. Among the different methods employed in the practice of thoracentesis, the aspiratory method has been condemned in some quarters as being more likely than the other methods to produce the above and other unfavourable results. This objection becomes more personal, as it is well known that the name of Dieulafoy is most intimately connected with the aspiratory method of thoracentesis; and, so far back as 1869, he introduced this method, or rather the instrument that bears his name, a full description of which is given in his work, published in English by Smith, Elder, and Co., and which is entitled *Pneumatic Aspiration*. In the brochure under notice, Dr. Dieulafoy gives some useful hints and rules as to indications for thoracentesis and the mode of employing his aspirator-needle. The most urgent indication is founded on the quantity of pleuritic effusion, which the author fixes to from 1,800 to 2,000 grammes, or from 3 to 3½ pints, as the maximum with which the operation can with any degree of safety be put off; and, even when then this quantity is reached, the operation should be performed at once, as in this case, perhaps more than in any other, delays are dangerous. The author gives some signs by which the existence of the above quantity in the pleural cavity may be ascertained, and recommends that, when the quantity is attained, the operation should be performed without delay, whether the patient be still in the febrile stage or not, or even if the dyspnoea do not appear urgent. This applies to simple acute pleuritis; but, if it be complicated with other morbid conditions, the physician or surgeon must be guided by individual circumstances. When thoracentesis is decided upon, no more than 1,000 grammes of the pleuritic fluid should be drawn off at a time; the operation may be repeated as often as is necessary, and this precept applies more particularly to old and complicated cases of pleurisy, in order to prevent congestion of the lungs and other accidents referred to above, which may be induced by the sudden removal of the pressure to which the lungs had been subjected by the pleuritic fluid; and in this way even the lobes on the sound side may become similarly affected. For the same reason, the withdrawal of the fluid should be performed gradually and slowly; and this is better effected with No. 2 of Dieulafoy's needles, of which there are four sizes, than with any other instrument. The concluding chapter of the brochure describes the manner of operating with the aspirator-needle; and if, according to the author, the rules he there laid down be strictly observed, thoracentesis may be performed with greater safety than with any other trocar or instrument.

A propos of pleurisy, I may notice that Professor Peter, another of Trousseau's most distinguished pupils, lately read a very interesting paper, before the Academy of Medicine, on the comparative thermometry between the healthy and diseased sides of the chest in this affection. According to Dr. Peter, the temperature of the side affected with pleurisy is always greater than that of the sound side; and this increase of temperature continues in proportion to the effusion, and may even reach 2.5 and 3 deg. C. above the normal standard. It then falls when the secretion stops; but, nearly always, it continues by 0.5 to 1.5 of a degree in excess of the temperature of the healthy side. This hyperthermy persists even after the reabsorption of the effused liquid, and it is this persistence that explains the possibility of relapses. In cases of dry pleurisy, or pleurisy without effusion, the local hyperthermy is less elevated than in pleurisy without effusion, and the return to the normal

temperature takes place more rapidly. The above applies to pleurisy left intact or unrelieved by thoracentesis; but, when the operation is performed, the local hyperthermy is the consequence of hyperæmia *a vacuo*, as takes place in ascites. In cases of pleurisy, this hyperæmia, which is altogether local, is necessarily added to the previously existing phlegmatic hyperæmia, against which the operation was without curative action. Thus we have two hyperæmiæ instead of one, with all their consequences—such as augmentation of tension in the blood-vessels of the inflamed pleura, purulent transformation of the effused liquid, syncope, pulmonary congestion, consecutive albuminous expectoration, pain, dyspnoea sometimes amounting to suffocation. The conclusions arrived at by Dr. Peter rather tend to show that thoracentesis is not, after all, so inoffensive an operation as it is made out to be by some enthusiasts; and it behoves every practitioner to pause and consider well before he would thrust an instrument into a patient's chest.

ASSOCIATION INTELLIGENCE.

EAST YORK AND NORTH LINCOLN BRANCH.

The annual meeting of this Branch will take place at the Infirmary, Hull, on Wednesday, May 29th, at 2 P.M.

Gentlemen intending to bring forward any communications, or to propose resolutions, are requested to inform the Secretary without delay.

Dinner at the Vittoria Hotel at 5.30 P.M.

E. P. HARDEY, *Honorary Secretary*.

Hull, May 20th, 1878.

BATH AND BRISTOL BRANCH.

THE sixth ordinary meeting of the Session will be held at the Museum and Library, at the top of Park Street, Bristol, on Wednesday evening, May 29th, at half-past Seven o'clock; H. MARSHALL, M.D., President.

The evening will be devoted to a discussion on Alcohol in Health and Disease, which will be introduced by Dr. E. L. Fox.

E. C. BOARD, } *Honorary Secretaries*.
R. S. FOWLER, }

7, Caledonian Place, Clifton, May 14th, 1878.

SOUTH EASTERN BRANCH: WEST SUSSEX DISTRICT MEETINGS.

THE next meeting of this District will take place at the Marine Hotel, Worthing, on Thursday, May 30th, at 3.15 P.M.; A. H. COLLET, Esq., in the Chair.

The dinner will be served at 5.30 P.M.

Notice of intended communications is requested by the Honorary Secretary on or before Tuesday, the 21st instant, for insertion in the circular convening the meeting.

WM. J. HARRIS, *Honorary Secretary*.

13, Marine Parade, Worthing, May 11th, 1878.

BORDER COUNTIES BRANCH.

THE spring meeting of this Branch will be held at the Keswick Hotel, Keswick, on Friday, June 7th: President—Dr. LOCKIE; President-elect—Dr. GILCHRIST.

Gentlemen intending to read papers, or to be present at the dinner, are requested to give notice to the Secretaries.

R. MACLAREN, M.D., Carlisle, } *Honorary Secretaries*.
JOHN SMITH, M.D., Dumfries, }

Carlisle, May 11th, 1878.

THAMES VALLEY BRANCH.

THE next general meeting will be held on June 13th, at the Greyhound Hotel, Richmond, at Six o'clock.

Papers will be read by—

1. Mr. Balmanno Squire: The Use of Chrysophanic Acid.

2. Dr. Trouncer:

3. Dr. Atkinson: Vaccination and Revaccination.

Dinner at the above hotel at Seven o'clock. Charge, 7s. 6d. each, exclusive of wine.

F. P. ATKINSON, M.D., *Honorary Secretary*.

Kingston-on-Thames, May 13th, 1878.

STAFFORDSHIRE BRANCH.

THE third ordinary meeting of the Session will be held at the Mines' Drainage Office, 22, Darlington Street, Wolverhampton, on Thursday, May 30th, at 3 o'clock P.M.

VINCENT JACKSON, }
J. G. U. WEST, } *Honorary Secretaries.*

Wolverhampton, May 5th, 1878.

EAST ANGLIAN BRANCH.

THE annual meeting of the above Branch will be held at Peterborough, on Friday, June 21st, at 11.30 A.M., in conjunction with the Cambridge and Huntingdon and South Midland Branches: THOMAS J. WALKER, M.D., President-elect, in the Chair.

After Branch preliminary business at 11.30, there will be a general meeting about 12.15, when the President-elect will read an address; at the conclusion of which, he kindly invites members to luncheon at his house before the next general meeting at 2.15 P.M., for papers, discussions, etc.

Gentlemen wishing to read papers, or to dine, are requested to communicate as early as possible with one of the Honorary Secretaries.

WM. A. ELLISTON, M.D., Ipswich. }
J. B. PITT, M.D., Norwich. } *Honorary Secretaries.*

Norwich, May 14th, 1878.

MIDLAND BRANCH.

THE annual meeting of this Branch will be held at Lincoln, on Thursday, June 27th: President—C. H. MARRIOTT, M.D.; President-elect, A. MERCER ADAM, M.D.

Members desirous of reading papers are requested to communicate with C. HARRISON, M.D., *Honorary Secretary.*
Lincoln, May 14th, 1878.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MAY 14TH, 1878.

CHARLES WEST, M.D., President, in the Chair.

CONTRIBUTION TO THE PATHOLOGY OF HÆMOPHILIA.

BY P. KIDD, B.A.

In this paper, a description was given of a case of hæmophilia in a child six years old, in which fatal hæmorrhage occurred from the mucous membrane of the mouth. A short clinical history of the case was given, with an account of the *post mortem* examination. The blood was examined, and was found to be very watery, and to contain a large excess of colourless corpuscles. A microscopical examination was made of the aorta and vena cava, and of that part of the mucous membrane of the mouth from which the fatal bleeding took place. This examination revealed an extensive affection of the small vessels, arteries, veins, and capillaries, especially the smallest veins. This affection, which mainly consisted in a great proliferation of the epithelioid cells lining the vessels, was seen in the small vasa vasorum of the aorta and vena cava, as well as in the vessels of the submucous tissue of the mouth. The coats of the aorta and vena cava themselves were healthy. Drawings were given of the affected vessels and also of a portion of the surface-epithelium of the mouth, which had undergone a peculiar change, described in the paper. A certain number of small arteries of the oval mucous membrane had undergone a further change in addition to the epithelioid proliferation. This consisted in a degeneration of their muscular coat, which was seen to contain only a very small proportion of its normal structural elements. The conclusion was drawn that in this case there was a general disease of the small vessels. But, as the blood was also affected, there still remained the question whether this was primarily a disease of the blood or of the blood-vessels.

ON THE PATHOLOGICAL TRACES OF PULMONARY HÆMORRHAGE.

BY REGINALD E. THOMPSON, M.D.

The traces of pulmonary hæmorrhage most frequently found in the lungs after death were stated to be small rounded or ovoid masses which varied in size from a pin's head to a filbert, and varied in colour according to their age from a blood-red to an ivory white. They were smooth, firm, and tough in texture, and were found to consist of blood-corpuscles and fibrin, packed closely in the alveoli. Their position was peculiar, and the special localities which they haunted indicated

that the force of inspiration was the active power by which the blood was impacted in the alveoli. Hence these traces indicated hæmorrhage transferred from some other distant part in the lungs. Their future condition appeared to depend upon the absence or presence of other pulmonary disease. There were other traces which indicated extravasation of blood *in situ*; in these cases, which were more rarely met with, there was considerable pigmentation of the neighbouring tissue, and occasionally laceration. In either case, whether the blood were transferred from a distance or deposited *in situ*, softening and elimination might occur, so that a cavity might be the result; but it was very difficult to form an opinion with reference to the relation of these hæmorrhagic deposits and tubercle.

Dr. E. SYMES THOMPSON said that the paper now read was of great value, as representing the pathological aspect of the subject. It tended to show that not only might there be secondary hæmorrhagic changes in a lung already affected, but that in an otherwise healthy lung hæmorrhage might occur, and be followed by a series of changes such as were described in the paper.—Dr. THEODORE WILLIAMS said that there was too great a tendency to call the masses found in the lungs, in cases of phthisis, caseous, or tubercular, or something of the kind, without sufficient examination. Dr. Thompson's paper was hence valuable; but he did not think he had made out that the putty-like masses were due to blood.—Dr. DOUGLAS POWELL expressed a doubt whether the force of inspiration was greater in one part of the lung than in another, as Dr. Thompson supposed. It was difficult to imagine how the changed blood could remain recognisable at the end of many months.—Dr. R. THOMPSON had in many cases found hæmoglobin in the masses. He thought that all portions of the lungs did not expand equally.

THE BRAIN IN CONGENITAL ABSENCE OF ONE HAND.

BY W. R. GOWERS, M.D.

The subject was a man in middle life. The left hand was absent from birth in front of the carpus, the carpal bones being imperfectly developed and united. They were covered with a fibrous capsule, into which most of the muscles of the forearm were inserted. None of them were absent except the extensor minimi digiti. The ganglia at the base of the brain were equal in size. The convolutions of the frontal lobes were equal in size, including the ascending frontal convolution. The middle third of the ascending parietal convolution on the right side was only half the size of the corresponding part of that on the left. The upper and lower extremities of this convolution were equal on the two sides. Microscopical examination showed no alteration in the structure of the affected part; the smaller convolution having layers of grey substance of the same thickness, and presenting cells as numerous and as conspicuous as the other. The only difference was in the extent of the convolution. The other convolutions of the parietal and occipital lobes were equal in size. It was pointed out that the smaller area was precisely that, stimulation of which, in the experiments of Ferrier on monkeys, caused movements in the hand, which was in this case wanting. The absence of any change in the structure of the convolution might be due to the persistence of all the muscles of the forearm, or to representation and localisation in the brain being not exclusive, merely preponderant.

ABSCESS WITHIN THE THORAX, ACCOMPANIED BY PULSATION.

BY JOHN TOPHAM, M.D.

The enlargement, which was consequent upon a blow from a mangle received by a laundress aged 21 in March 1871, was not noticed till nine months afterwards, having been preceded by pain in the part injured six months from the accident. There was a hemispherical enlargement at the left margin of the sternum, between the third and fourth ribs, pulsating synchronously with the heart. Both heart-sounds were audible through the swelling. The conclusion arrived at by the author was that the case was one of abscess; but, it being supposed to be aneurism, the patient was confined to bed in an infirmary during three years, the enlargement increasing gradually. At the end of six months, both sounds of the heart became audible in the back. Pressure did not change the size of the swelling, but the skin became inflamed over the prominent part. In June 1876, ulceration having set in, there was a discharge of thick pus, followed by a quantity of cheesy-looking substance, consisting under the microscope of large round corpuscles resembling white blood-corpuscles, or those of pus, which were undergoing fatty degeneration. Both sounds of the heart were audible in the back. The pulse at the wrists was irregular (between 50 and 60 a minute). Systolic murmurs were heard at the heart's apex, none at the base; there was a loud "*bruit du diable*" in the neck at the lower outer edge of the sterno-mastoid; "loud *bruit* with the first sound, but louder and of higher pitch, on the left." The

was of middle height, and of very intelligent and pleasing countenance. He had a very large head, and, though this did not appear disproportionate, the size of his hat would astonish anyone who saw it. He was most generous with his wealth, and Leamington has good reason, in her public institutions of all kinds, to remember him with deep gratitude. He was for many years a county magistrate, and in Warwickshire was, apart from his profession, most deservedly admired and esteemed. About a month ago, his increasing weakness, arising from failure of nervous power, probably dependent upon degeneration of the nerve-structure, alarmed his friends. Dr. Quain of Harley Street, Dr. Heslop of Birmingham, and Mr. Kimball of Knowle, Warwickshire, gave every assistance to his local medical friend Dr. Thursfield of Leamington; but, in spite of all their efforts, he gradually and surely declined, and peacefully entered into his well earned rest on May 14th. Though he has so long lived in retirement, he will be greatly missed, especially by his poorer brethren, to whom his heart and purse were to the last open. His career was singular, almost improbable, and now almost impossible. Had he died thirty years ago, his biography would have appeared in every newspaper in England, and books innumerable would have been written about him. *Sic transit gloria mundi*: better as it is; those of us who knew him in later life saw more of his goodness and generosity, and of the patience with which he bore his awful affliction, than others could previously have seen; and, though he might have had more of the plaudits of the world, he could not have had more of the affection of friends.

He married, in 1826, Anne Eliza, daughter of the Rev. Dr. Geldart, Rector of Kirk Deighton, in Yorkshire, who died in 1874. One child, who died in infancy, was the issue of this marriage. Dr. Jephson was buried quite privately beside his wife in the rural churchyard of Old Milverton, near Leamington, on May 17th, 1878.

MEDICAL NEWS.

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 May 16th; and, when eligible, will be admitted to the pass-examination.

Messrs. Challoner Clay, M. D'Oyley Gilkes, Augustus P. Hills, Frederick M. G. Smith, Percy H. Gardner, James Anderson, John M. Owen, and J. Winthrop Woodruff (students of Guy's Hospital); Francis H. M. Burton, Arthur Willis, Arthur E. Boot, J. Sidney Hunt, and T. Underwood Gray (St. Bartholomew's); Thomas J. Evans, Eugene A. Laurent, and William C. Adams (University College); John A. Webster and Thomas R. C. Edwards (St. Mary's); Robert E. Rygate and David J. Rygate (London); Robert Taylor (St. Thomas's); and David G. Edwards (Liverpool School).

Fourteen candidates were rejected.

The following gentlemen passed on May 17th.

Messrs. Edgar E. A. Phipps, Henry G. Terry, Lestock W. Cockburn, John M. Nicholl, Thomas P. Taylor, and John A. Gray (St. Bartholomew's); Harold D. Davenport, John Rigley, Frederic W. Pilkington, and Benjamin H. Lane (Guy's); Joseph L. Bousignac (St. Mary's); Josiah Beddow (University College); and Frank Newcombe (Middlesex).

Nine candidates were referred.

The following gentlemen, having undergone the necessary examinations, were admitted members of the College at a meeting of the Court of Examiners, on May 21st.

Barnard, John H., Fulham (Guy's Hospital)
Biden, William P., Peckham (Charing Cross)
Blacker, Ernest, Bath (Bristol School)
Clements, William G., Rochester (Middlesex)
Corbyn, Frederick H., Cheltenham (King's College)
Davis, George, Blackheath (Guy's)
Dowsley, David H., Clinton, Canada West (St. Thomas's)
Drought, Eugene N., Winchmore Hill (St. Bartholomew's)
Faulkner, Alexander S., Liverpool (Liverpool School)
Groome, William W., Monk-Soham, Suffolk (St. Thomas's)
Hough, Charles H., Cambridge (St. Thomas's)
Jackson, George H., Liverpool (St. Thomas's)
Jones, Robert D., Conway (King's College)
Macdonald, George A., Hull (St. Thomas's)
McKeough, George T., Chatham, Canada (Toronto School)
Morton, Augustus E., Aylsham (Guy's)
Parke, Thomas H., Sheffield (Manchester School)
Pettinger, John H., Manchester (Manchester School)
Porter, William S., Sheffield (Leeds School)
Russell, James W. L., Sheffield (Sheffield School)
Stein, Charles G., Cape Town (University College)
Stuart, Henry O., Woolwich (Guy's)
Webb, Henry L., Cheadle (St. Mary's)
Williams, Dawson, York (University College)

Four candidates were rejected.

The following gentlemen passed on May 22nd.

Ambler, Horace E., Hemel Hempstead (Middlesex)
Bibby, John, Preston (St. Thomas's)
Biggs, John M., Dallington, Sussex (University College)

Bousfield, Edward C., Bedford (St. Bartholomew's)
Copley, William H., Melton Mowbray (University College)
Cowan, Frederick S., Bath (Guy's)
Davies, Hugh E., Llanddulas, Denbighshire (University College)
Flower, George J. W., Stafford (Guy's)
French, Francis N., Over, Cheshire
Fuller, Leedham H., Bath (King's College)
Gover, Henry J., Clapham (St. Thomas's)
Haslam, William F., Reading (St. Thomas's)
Jackman, George F., Southampton (St. Bartholomew's)
Jackman, William T., Stoke Newington Road (St. Bartholomew's)
Kidd, Percy, Blackheath (St. Bartholomew's)
Newman, Arthur J., Wotton, Herts (Middlesex)
Walter, William H., Sydenham (St. Bartholomew's)

Six candidates were rejected.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, May 9th, 1878.

Blackwell, Frederick William, Birmingham
Good, William Ernest, Dorchester
Mayne, Walter Furlong, Honiton, Devon
Mellor, Thomas, Bury, Lancashire
Mistri, Karasji Hormasji, Bombay
Thomas, William Frederic, Madras

The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, May 16th, 1878.

Dámlá, Edalgi Manekji, Gower Place, W.C.
Hawkins, Walter Robert Thomas, Bristol
Nicod, Louis Charles Napoleon, Oxford Road, Ealing

MEDICAL VACANCIES.

The following vacancies are announced:—

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

HAILSHAM UNION—Medical Officer and Public Vaccinator for the First District. Salary, £58 per annum, and fees. Applications to be made on or before the 27th instant.

KENT and CANTERBURY HOSPITAL—Physician. Applications to be made on or before June 28th.

LONDON FEVER HOSPITAL—Resident Medical Officer. Salary, £200 per annum, with residence, coals, gas, and attendance.

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

NORTHAMPTON COUNTY LUNATIC ASYLUM—Medical Superintendent. Salary, £500 per annum, with residence, free of rates and taxes, and £30 for coals. Applications to be made on or before the 29th instant.

QUEEN'S HOSPITAL, Birmingham—Resident Surgeon. Salary, £50 per annum, with board and residence. Applications to be made on or before the 31st inst.

ROYAL HANTS COUNTY HOSPITAL, Winchester—House-Surgeon and Secretary. Salary, £100 per annum, with board and lodging. Applications to be made on or before the 27th instant.

SCARBOROUGH DISPENSARY and ACCIDENT HOSPITAL—House-Surgeon and Secretary. Salary, £120 per annum. Applications to be made on or before the 30th instant.

SOMERSET COUNTY LUNATIC ASYLUM—Assistant Medical Officer. Salary, £120 per annum, with board, residence, and washing.

WESTMINSTER HOSPITAL—Resident Obstetric Assistant. Applications to be made on or before the 31st instant.

YORK FRIENDLY SOCIETIES' MEDICAL ASSOCIATION—Assistant Medical Officer, from 25 to 35 years of age. Salary, £150 per annum, with fees. Applications to be made on or before June 4th.

MEDICAL APPOINTMENTS.

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

***BATTERSBURY, Richard Legg, M.B.**, appointed Visiting Medical Officer to King's College Convalescent Home, Hemel Hempstead, Herts.

GLANVILLE, F. F., M.R.C.S.Eng., appointed House-Surgeon to the Belgrave Hospital for Children.

MORGAN, John H., M.A., M.R.C.S., appointed Assistant-Surgeon to the Hospital for Sick Children, Great Ormond Street, vice J. W. Haward, F.R.C.S., resigned.

MORGAN, John H., M.A., F.R.C.S., appointed Assistant-Surgeon to the Hospital for Hip-Disease in Childhood, vice H. P. Butlin, L.R.C.P., 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.

BIRTH.

ROWLAND.—On May 17th, at Gloucester House, Malvern Wells, the wife of *H. Mortimer Rowland, M.D., of a son.

MARRIAGES.

FRY—GASKOIN.—On the 16th instant, at the Parish Church, Oystermouth, by the Rev. S. C. Morgan, Vicar of Swansea, R.D., John Farrant Fry, fourth son of the late William Fry, Esq., of Portfield, Somersetshire, to Constance Mary, eldest daughter of John Gaskoin, Esq., of Longfield, Oystermouth, Glamorganshire.

SHAPLEY—OVERELL.—On May 16th, at the Parish Church, Leamington, by the Rev. — Richardson, M.A., of St. John's, Leamington, Harry Thomas Shapley, M.B., M.R.C.S., to Eugénie Eliza, youngest daughter of William Overell, Solicitor, Leamington.—No cards.

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.

TUESDAY.—Royal Medical and Chirurgical Society, 8.30 P.M. Sequel to Mr. Barwell's Case of Aneurism of the Aorta, etc., treated by Double Distal Ligature; Dr. Vandyke Carter, "On the Spirillum Fever of Bombay, 1877"; and, if time—Dr. H. Jones and Mr. H. Page, "Cases of Intussusception"; Dr. Semon, "Case of Thyrotomy"; Dr. Stephen Mackenzie, "Fatal Purpura following a Single Dose of Iodide of Potassium"; etc.

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.

MR. S. A. MORGAN.—Looking to recent decisions, we should think that there was very little chance of success in any criminal proceeding; but a civil action for damages on the case stated might succeed, if the facts could be judicially proved.

THE BUYING OF A PRACTICE.

SIR,—I should be very glad to know from those experienced in such matters, if it be generally considered a safe investment to buy a practice?—I am, etc.
May 17th, 1878. DOUBTFUL.

INQUIRY IN CASES OF SUDDEN DEATH.

SIR,—Will you favour me with your opinion in the following case? A man aged 66 died quite suddenly, in the presence of several persons. At the inquest, the coroner asked me what was the cause of death. I answered, a sudden arrest of the heart's action, the result of natural causes. The coroner was dissatisfied with my answer, and requested me to say what the sudden arrest was caused by. As there was no *post mortem* examination, I stated it might have resulted from various causes, such as fatty degeneration, embolism, etc., but that no definite cause could be ascertained without an actual inspection of the diseased structure. In your opinion, was my answer correct under the circumstances stated above?—Your obedient servant,
A COUNTRY SURGEON.

* * We doubt even whether the first answer was not in excess of the available knowledge in the absence of the accurate information which an inspection of the organs could alone impart.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following were the questions on Anatomy and Physiology submitted at the written examination to the one hundred and thirty candidates for the diploma of membership of the Royal College of Surgeons on the 10th instant, when they were required to answer at least four, including one of the first two, out of the six questions. 1. Describe the structure of the bronchial tubes. What purposes are served by the several tissues which are found in them? 2. What is meant by the vasomotor centre? Give the evidence of its existence. 3. Describe the articulations and ligaments of the seventh rib, and the attachments of muscles to it. 4. Give the dissection required to expose the gluteal and sciatic arteries outside the pelvis. 5. Describe the course and distribution of the ulnar nerve in the palm, and the dissection necessary to expose it. 6. Describe the entire lacrymal apparatus.

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 SPECIAL SERVICE AT ST. PAUL'S CATHEDRAL.

SIR,—Will you kindly allow me to direct the attention of your readers to an advertisement which appeared in the last issue of the *BRITISH MEDICAL JOURNAL*, announcing that by the kind permission of the Dean a special service for the medical profession will be held in St. Paul's Cathedral on Friday evening, the 31st instant, at 8 P.M., when a sermon will be preached by the Rev. George Body? The choral arrangements have been kindly undertaken by the London Gregorian Choral Association, and the choir will number about four hundred men and boys. A special service-book has been published, containing the special hymns, psalms, and lessons which have been selected as most fitting to be used on this occasion. As perhaps the question may be asked why such a service has been organised, let me add that I think there is a special fitness in such a public expression of our opinion of the need which exists for, and the advantages which may result from, a religious service of the kind we hope this will be. What that need is, and what those advantages are, I feel I may safely and wisely leave to the heart and conscience of each of your readers to answer for himself.—Your obedient servant,
George Street, Hanover Square, May 1878. ALFRED MEADOWS, M.D.

ERRATUM.—In the note on a case of poisoning by carbolic acid, published in the *JOURNAL* of the 11th inst. p. 689, instead of "Homerton Small-Pox Hospital," read "Hampstead Small-Pox Hospital."

NOTICES OF MOTION.

SIR,—Will you kindly inform me what steps are necessary to bring before the annual meeting of the Association any motion a member may desire to submit in reference to the time of notice, etc.?—I am, dear sir, yours faithfully,
May 21st, 1878. BENJAMIN BARROW.

* * We have referred this letter to the General Secretary, who informs us that, in the case of the proposed formation or alteration of a by-law, notice in writing must be given to the Committee of Council at least two months previous to the annual meeting (the annual meeting will be held on August 6th next). If the proposed motion do not involve the alteration or formation of a by-law, notice should be given in writing to the Committee of Council on or before the 25th June next.

A METROPOLITAN TEACHER.—It is many years since the College of Surgeons required all teachers to undergo an examination as to their capability for imparting instruction. The regulation, however, was soon rescinded. We believe only two gentlemen were examined and approved—viz., Mr. Erasmus Wilson, F.R.S., and Sir Rutherford Alcock.

THE COUNCIL OF THE ROYAL COLLEGE OF SURGEONS.

SIR,—There are many friends of Mr. William Adams who would be glad to vote for him at the Fellows' annual meeting at the College on the 4th July next, and he has been urged to offer himself as a candidate; but as Mr. Gay is a friend and colleague, and as Mr. Adams is afraid that his candidature would imperil the chance of Mr. Gay, Mr. Adams has very generously declined to be nominated, and he hopes that Mr. Gay may be elected to a seat in the Council, for which he is so well qualified.—I am, your obedient servant,
Redruth, May 21st, 1878. HENRY HARRIES.

THE DUKE OF RICHMOND'S MEDICAL BILL.

SIR,—Having read the leader in the *Times* of the 8th instant on the above Bill, allow me to state, as my determined resolution, that, having several sons, some of whom I am bringing up by a high training for the medical profession, I shall remove them from the schools at which they are if women-students be introduced into those schools, and shall require of any other school or schools to which I may send them an undertaking that no female students shall at any time be admitted, or if so, that the fees paid by me shall be remitted. My resolution is formed in the interest of my sons; and I, as a parent, having to bear the brunt of heavy expense and anxiety, have as just a right to dictate the terms of their association as any clique in or out of Parliament; therefore I would say to the heads of the medical schools—Beware.—Yours, etc.,
PATERFAMILIAS.

PROFESSIONAL ETHICS.

SIR,—Would you kindly express your opinion of the following case? A medical gentleman died some time ago, and his widow conducted the practice, with the aid of an assistant, till a suitable successor was found. A stranger came to the place, and began practice on his own account. After working for a week, he called on the widow, saying that, as he was established, he was prepared to treat with her for the practice "on equal terms", and he accordingly made an offer that was tantamount to an insult. The practice was transferred to myself; and, on my arrival, I found my opponent canvassing the members of the clubs and works which belonged to the original practice, bribing those who were to be bribed with liquor to get them to support him. Not content with this, he also goes about offering to attend midwifery cases for nearly a third less than has been the usual fee here. These are the plain unvarnished facts of the case, and I am prepared to substantiate them. I ask whether such conduct is professional or gentlemanly, and I also ask whether we are bound tamely to submit to it?—I am, sir, faithfully yours,
May 1878. M.D.

FOREIGN DIPLOMAS.

SIR,—Under the heading "The Brussels Degree", there is an answer given by your correspondent "Rhys", which is calculated to mislead. The M.D. degree of Brussels or any foreign university would only be registrable under the Medical Act Amendment Bill if the holder were a foreigner or had practised outside the United Kingdom for ten years, just what many of those who take it have not done, and which is evidently not the case your correspondent alludes to, since he speaks of men going to Brussels to get their degree, and also of their being already on the *Register* in consequence of having British qualifications. Personally, I think it a hardship that Englishmen are thus to be placed in a worse position than foreigners as regards these degrees, and would like to see a provision for giving the title of Doctor to all who passed the conjoint examination, but fear the profession are hardly prepared for that yet. It is worth noting that of twelve Fellows admitted to the College of Physicians on May 9th, three had German degrees and three Scotch.—Sincerely yours,
H.

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.

COMPULSORY VACCINATION.

SIR,—The **BRITISH MEDICAL JOURNAL** being recognised as the organ of an association of seven thousand medical men, your offensive comment on Mr. Bright's views on compulsory vaccination cannot be otherwise than distasteful to all men of liberal minds, and is ill calculated to raise our Association in the opinion of the public. You must be aware that what you term "an indulgence to propagate small-pox" is sold daily by the government, with the sanction of the medical profession, but fixed at a price which only the rich can afford, who are allowed to evade vaccination as long as they choose to pay their pound from time to time. Why not cut the matter short by giving the magistrate power to take the child from the mother's arms and have it carried away by the police to be vaccinated? This would be logical, and would be really compulsory, and there would be no sham about it. This is what Mr. Bright recommends, if the government and the doctors can get over the difficulty which this invasion of the sanctity of domestic life would involve. However, even the **BRITISH MEDICAL JOURNAL** will scarcely be strong enough to sneer away the reputation of the great orator and statesman who will long live in history as the great tribune of the people.—Your obedient servant,
EWING WHITTLE, M.D., M.R.I.A.

Parliament Terrace, Liverpool, May 21st, 1878.

* We are somewhat at a loss to understand what our correspondent means; but we believe that Mr. Bright's view on the subject, of allowing vaccination to be evaded by a single payment of a small fine, is a very dangerous view, and that our objection to it is shared very generally by the profession.

THE EXAMINATION OF LADY-DOCTORS.

SIR,—May I inquire of the men into whose hands Providence—no doubt for some wise purpose, probably for the punishment of our sins—has delivered the future of the medical profession in Britain, why women are to be subjected to a different examination from that which men must undergo? Surely if these "lady-doctors" of the future are to be entrusted with the care of our wives and daughters, and even of our male children's health, it is the duty of the State to see that they know as much at least as the most ignorant male student who manages to "screw through" his examinations. The indecency of subjecting women to some of the questions which men are expected both to know and answer is, I suppose, the ostensible excuse for the clause in the Government Bill which enacts this wise decree. Now, I submit that delicacy of mind is all very well in a lady so long as she does not step out of her own domain; but when the issues of health and disease, of life and death, are the things with which she deals, such delicacy is misplaced. An examiner may excuse her from an indelicate question; but will disease, the great examiner of us all, be complaisant? The young man, with bodily and mental health ruined, the prey of evil habits, will curse the law which delivered him in his early childhood into the care of a woman who was too delicate-minded to know the evils of phimositis, and the easy method of its cure. How, indeed, can the diseases of the childish genital organs be appreciated by one who knows scantily, or not at all, their physiological purport in the future? And then, no doubt, it would be considered indelicate for an examiner to go thoroughly into and test the knowledge of the candidate in the diseases of the female genital organs. Surely under the present Bill the male examiner would be precluded from shocking the sensibilities of the blushing young surgeon before him by questioning her on Baker Brown's theory of the cause of epilepsy in females, or on the cause of sterility, or on the effects of prostitution, or on many other of those most important subjects the knowledge of which on the part of the candidate would, no doubt, shock her delicate mind, but her ignorance of which will doom a vast number of women to a life of pain, and will wreck the happiness of unnumbered households.

I might carry my argument further, and point out the impossibility of a woman being examined in medical jurisprudence or other important subjects; but I have said enough. I do protest against women being admitted, if admitted they must be, into our profession through a different portal from that through which their male competitors are forced to struggle. Surely it is a burning shame that at the time when examinations are becoming every day more difficult, a flood of ignorant persons should be poured into our body, whose less efficient, and therefore less extensive, education enables them to offer their advice at a cheaper rate than the heavily handicapped male practitioner.

I do trust that our Association will raise its voice against this terrible injustice. I for one protest against the whole Government Bill, as a weak attempt to settle a great question. But against the particular clause to which I would call the attention of the Association I especially object: no body representing the feeling of the profession could have let this clause pass through their hands, modified or unmodified, as the Medical Council have done. Representing as it does, not the sense of our profession, but the crochets of a few court-surgeons and physicians, it is indeed time it was reformed, or, still better, entirely swept away.—Yours faithfully,
WILLIAM SYKES.

April 20th, 1878.

THE TREATMENT OF NEURALGIA BY TETRACHLORIDE OF CARBON.

SIR,—In your report of the spring meeting of the South Wales and Monmouthshire Branch a slight error occurs, which I am desirous of correcting. I am reported to have read, "Hints on the treatment of neuralgia, mentioning more particularly the hypodermic injection of morphia and the use of the tetrachloride of carbon." Now, although in the course of my paper I referred to the value of the hypodermic method, my object "more particularly" was to draw attention to the local treatment of neuralgia by the application of *ether spray* and by the *tetrachloride of carbon*. I should hope that the treatment of neuralgia by morphia hypodermically is too well known to require any "hints" for its use from me; but cases do occasionally occur in which even this sheet-anchor fails, and in such cases I suggested that freezing by ether, or the local application of the tetrachloride of carbon (the latter originally recommended by the late Dr. Kenyon of Harrogate), might be found of service, and referred to a few cases in which one or other of these agents had given relief after the failure even of morphia. I would take this opportunity of describing the method I adopt of applying the tetrachloride of carbon. A piece of lint, or, better still, some spongio-piline, is sprinkled with some twenty or thirty drops of the tetrachloride, and applied lightly over the seat of pain: in a little while, tingling is felt and a sensation of warmth in the part, when the pain is generally relieved.—I am, sir, your obedient servant,
J. HANCOCK-WATHEN.

Fishguard, May 8th, 1878.

NOTICES of Births, Deaths, Marriages, and Appointments, intended for insertion in the BRITISH MEDICAL JOURNAL, should arrive at the Office not later than 10 A.M. on Thursday.

FIAT EXPERIMENTUM.

MR. HENRY BERGH, an active member of the Society for the Prevention of Cruelty to Animals at New York, a short time ago publicly declared his disbelief in the existence of hydrophobia. With the view of testing the question, a physician of that city, in a letter signed "Rabies," which appeared in the *New York Herald*, offered to deposit the sum of one thousand dollars with the *Herald*, to go to Mr. Bergh's society, if that gentleman would allow himself to be inoculated with the saliva of a rabid dog, and escaped hydrophobia within six months after such inoculation. Mr. Bergh, however, contrary to public expectation, showed no inclination to accept this benevolent offer, and remained silent, not deigning even to answer the challenge. In order, therefore, "to allay popular anxiety on the subject," he was interviewed by a *Herald* reporter, to whom he stated that "he regarded the offer as a mere joke". On being assured that the proposal was made in perfect seriousness, and emanated from "one of the most prominent physicians of New York," Mr. Bergh replied with dignity, "Well, if that be the case, I must say that it was in very bad taste, for he could not have thought that for one thousand dollars I would allow myself to be inoculated with the saliva of a rabid dog. We are not," he added, smiling, "so hard up for money as that". As nothing satisfactory was to be got out of Mr. Bergh, the reporter proceeded to the house of the "eminent physician", whom he found seated in his library, fully bent on inoculating Mr. Bergh, and terribly in earnest on the subject. "You may assure him," said the physician, "that I will perform on him a painless operation, which will give him no bodily suffering. I will put him under ether, or, if he prefer, even under nitrous oxide gas, which destroys all sensibility whatever." On being asked, "Why not operate on a dog?" the eminent physician replied, "Because Mr. Bergh is violently opposed to vivisection, and because I would not do such violence to his feelings as to experiment upon an animal incapable of giving his assent to the operation." He further offered, in the event of Mr. Bergh thinking the amount too small, to increase it considerably if this would induce him to be inoculated. Here, says the *Pall Mall Gazette*, the matter rests for the present.

We are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Western Morning News; The Yorkshire Post; The Coventry Herald; The Wisbech Advertiser; The West Briton and Cornwall Advertiser; The League Journal; The Liverpool Daily Post; The Newport and Drayton Advertiser; The Exeter and Plymouth Gazette; The Chicago Times; The Manchester Guardian; The Berkshire Chronicle; The Glasgow Herald; The Oswestry Advertiser; The Edinburgh Daily Courier; The Middlesex County Times; The Liverpool Evening Albion; The Daily Courier; The Kelso Chronicle; The Fifehire Herald; The Merthyr Express; The Carnarvon and Denbigh Herald; The Surrey Advertiser; The Stroud News; etc.

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

COMMUNICATIONS, LETTERS, etc., have been received from:—

Dr. Greenhalgh, London; Dr. Lombe Atthill, Dublin; Dr. George Johnson, London; Mr. Christopher Heath, London; Dr. J. B. Bradbury, Cambridge; Dr. Gowers, London; Surgeon-General Francis, Sutton; Mr. R. L. Bayley, Stourbridge; Messrs. C. J. Hewlett and Son, London; Mr. G. M. Williams, Rhyl; Mr. E. P. Hardey, Hull; A Birmingham Consultant; Mr. F. F. Glanville, London; Dr. Clifford Allbutt, Leeds; Dr. Fairlie Clarke, Southborough; Mr. Richard Barwell, London; Dr. Martin Gaisford, Ipswich; Mr. Richard Davy, London; W.; Dr. David Drummond, Newcastle-upon-Tyne; Mr. H. T. Shapley, Leamington; Dr. Louis Henry, London; Messrs. J. C. and J. Field, London; Dr. James Sawyer, Birmingham; Dr. Goldie, Leeds; Dr. R. S. Archer, Liverpool; Mr. Arthur H. Benson, Dublin; Mr. Hamilton Craigie, London; Dr. Dumontpallier, Paris; Dr. Bantock, London; Dr. T. H. Spencer, Trinidad; An Associate; Dr. Joseph Rogers, London; Mr. Wm. Fry, Swansea; Dr. Grigg, London; Dr. Gosweiler, Philadelphia; Dr. Bell, Glasgow; Anti-Humburg; The Secretary of the Medical Society of London; Mr. Nelson Hardy, London; Mr. Arthur Watson, Loughborough; Dr. W. O. Markham, London; The Secretary of Apothecaries' Hall; Dr. Tripe, Hackney; Mr. McGill, Leeds; The Registrar-General of England; Dr. J. Milner Fothergill, London; Mr. G. Eastes, London; The Registrar-General of Ireland; Dr. Quain, London; Dr. A. P. Stewart, London; Dr. Rowland, Malvern Wells; The Secretary of the Royal Medical and Chirurgical Society; Dr. Alfred Meadows, London; Our Edinburgh Correspondent; Mr. Trevor Fowler, Epping; Mr. T. Spencer Wells, London; Dr. E. Waters, Chester; Our Dublin Correspondent; Mr. N. A. Humphreys, London; Mr. Henry Barrow, Ryde; Dr. Ewing Whittle, Liverpool; Mr. K. L. Morgan, Oxford; F.R.S., Worcester; Dr. Henry Harris, Redruth; C.L.B., Cheltenham; Mr. P. Le Neve Foster, London; Justice; Dr. de Pietra Santa, Paris; Dr. T. K. Chambers, London; Dr. R. A. Ross, Chichester; Mr. Garland, Yeovil; Mr. G. E. East, Goole; Dr. D. Christie, Carrigart; Mr. R. Jones, Leamington; Dr. Royle, Manchester; An Old Member; Dr. E. Blackwell, London; Mr. W. F. Teavan, London; Dr. Thursfield, Leamington; Mr. Gould, Hatherleigh; Public Medicine, London; Dr. George Bland, Macclesfield; Mr. J. Palmer, London; Mr. W. G. Cresswell, Gattley; Dr. Farquharson, London; Dr. George A. Hutton, Dr. J. M. Howie, Liverpool; Dr. Beddoe, Clifton; Mr. Richard Colthurst, Dr. Douglas Powell, London; Dr. A. Davies, Swansea; Dr. Levinge, Bristol; Dr. Warner, London; Dr. J. F. Plumley, Maidstone; Dr. A. E. Aust. Lawrence, Bristol; etc.

BOOKS, ETC., RECEIVED.

The Antidotal Treatment of Disease. By John Parkin, M.D. London: Hardwicke and Bogue. 1878.