

by race. Sex has also a powerful influence on their production; for although in this country the number of females living exceeds that of males, the deaths of males from nervous affections preponderate constantly over those of females; the male death-rate being 12.94, and the female death-rate 11.62 per cent. Age has an influence still more powerful, for these maladies attain an immense maximum during the first year of life, owing to the great prevalence of infantile convulsions. They are much less frequent during youth and middle age, and attain "a second maximum" in old age, after seventy, owing to the prevalence of apoplexy and paralysis; but this second maximum amounts to only one-tenth of the first maximum attained during infant life.

The question next discussed is the system of classification of nervous diseases, and after describing one or two systems, the author states that which he employs. The general principles of this are pathological and good, but some of its details present considerable anomalies. For instance, locomotor ataxy and progressive muscular atrophy are placed almost at the opposite extremities of the list, the former being placed among diseases of the spinal cord, and the latter among vaso-motor diseases; although, in his description of the diseases, further on in the book, it is clearly stated that it is a primary disease of the cord.

A carefully written summary of the physiology of the nerve-centres precedes the account of the symptoms and the pathology of the several diseases, which occupies the greater part of the volume; beginning with convulsions, and going on to apoplexy and its various causes, paralysis, encephalitis, epilepsy, hysteria and catalepsy, insanity, delirium tremens, tetanus, chorea, and structural diseases of the nerve-centres, including tumour of the brain, and syphilitic affections of the nervous system.

Not only has Dr. Althaus tabulated the general facts of the mortality from nervous disease, but he has also worked out, and arranged in charts, the chief facts regarding the mortality from each disease. Many new and valuable facts are thus brought out. As an illustration, we may take the tables of the mortality from delirium tremens. A table is given showing the numbers of deaths in six periods of five years each, from 1838 to 1871. A diagram shows the influence of age. There is a blank until after fifteen years, at twenty the curve begins to rise, advances more at twenty-five, and reaches its maximum at thirty-five; a fall then takes place, which becomes rapid after fifty-five. This is compared with the tables of the Calcutta Hospitals.

The influence of sex is then examined, and, from a total of about 11,000 cases, is found to be as one woman to eight men in England and Wales, a proportion which contrasts unfavourably with the continent where, it is said, in several countries, not to occur in women. A curious chart gives the death-rate from this disease in the eleven registration districts of England and Wales. London heads the list, and if the death-rate there be taken as 100, it is found that the South-Eastern counties follow with 62, the North-Western with 57, the South-Midland with 55, the Northern with 54, Yorkshire with 42, the Eastern division with 41, the West-Midland with 40, the South-Western with 39, the North-Midland with 36, and last comes Wales with 27. It is a curious fact that, although the mortality in London from delirium tremens is so high, that from nervous diseases in general is low.

This example will show the valuable and instructive character of the conclusions Dr. Althaus has obtained by statistical investigation, and these constitute an extremely valuable part of the work. The several diseases are, however, very accurately described, and the account of their pathology is, in the main, a fair representation of the knowledge of the present day.

NOTES ON BOOKS.

Mason on Hare-Lip and Cleft Palate. London: J. and A. Churchill. Mr. Mason has here collected reports previously published, in which he has stated his considerable experience in his own private and hospital practice and as an assistant of Sir W. Ferguson. He is, of course, in favour of early operation for hare-lip. In acquired cleft palate, he approves rather of cauterisation or of the use of obturators suitably constructed. He prefers to operate for congenital cleft palate at about six years of age, and recommends staphyloraphy as the later rather than the earlier stage of operation. The whole of the operative procedures are reviewed from the light of clinical experience. It is well known that the chief difficulty of even successful operations lies in the nasal twang and imperfect pronunciation, arising from the artificially tense curtain which does duty as the soft palate. To lessen this defect, Mr. Mason has a specially devised operation. The monograph is very practical and interesting, and is frankly written.

SELECTIONS FROM JOURNALS.

THERAPEUTICS.

EXOPHTHALMIC GOÏTRE CURED BY GALVANISATION OF THE SYMPATHETIC.—Dr. Ancona (*Giornale Veneto delle Scienze Mediche*) relates the case of a young girl aged 19, of habitually bad health, who suffered from exophthalmos and goitre. She was emaciated, weak, suffered from diarrhoea and frequent flushings of the face; was irritable and capricious, and unceasingly dyspeptic. Dr. Ancona proposed galvanisation of the first cervical ganglia of the sympathetic. The poles of a Stöhrer's battery were applied on each side of the neck, behind the angle of the jaw, pressing backwards the sterno-mastoid muscles. A current of ten elements was passed for a time varying from three to five minutes. After a few days, the circuit was frequently interrupted. The physiological effects observed were the following: dilatation of the pupil each time the current was closed, more marked on the side of the negative pole; slight contractions of the sterno-mastoid; scallorrhoea, with a taste of copper in the mouth; sometimes giddiness. At the end of five months, a hundred electrifications had been applied and very well borne. Arsenical treatment was added. From the beginning of the application of electricity, there was notable amelioration, and at the end of five months the state of the patient was very satisfactory. Her weight had increased by 30 lbs. Her face and mucous membrane resumed their normal colour; her eyelids regained their mobility; the thyroid gland diminished in volume; the arterial pulsation ceased to be visible; the impulse of the heart became regular; the pulse fell; menstruation became regular; digestion was restored; and strength returned.

GLYCERINE IN INTERNAL HÆMORRHOIDS.—Dr. David Young of Florence reports (in the *Practitioner*) five cases in which marked and permanent benefit followed the internal administration of glycerine in doses of from two to three drachms, in water, night and morning. He says that the cases seem to show that we may be able to add glycerine to our list of palliatives for this troublesome malady. There are many patients who will not submit to surgical interference, and others—as, for example, consumptives in advanced stages of their disease—to whom one would scarcely recommend it, so that we are glad to welcome any means which would alleviate such a distressing condition. Not the least recommendation of this plan is, that it is both easy and pleasant, and probably also, especially in the case of phthisical patients, beneficial in some other respects. None of the patients to whom he has given it have experienced any difficulty in taking it; and, when the sweet taste is an objection, he usually orders a little lemon-juice to be added to each dose.

ERGOT IN CYSTITIS.—Dr. Satterthwaite of New York (*New York Medical Journal*, April 1878) warmly recommends the use of fluid extract of ergot, in doses of one drachm three times a day, in cystitis with stricture or enlarged prostate.

BROMIDE AND CHLORIDE OF POTASSIUM.—It having been suggested by Dr. Binz of Bonn that the sedative effects of bromide of potassium are largely due to the potassium, and that possibly chloride of potassium might show similar therapeutic effects, Dr. Seguin has made a comparative trial of the chloride in the treatment of epilepsy alongside of the bromide. The results were conclusive as to the value of the bromide, which reduced the attacks by seventy per cent.; while, in a number of patients treated consecutively by the bromide and chloride, it was found that the latter increased the number of attacks by eighty per cent. The chloride contains a larger amount of potassium than the bromide.

TREATMENT OF BOILS BY ARNICA.—Dr. N. Planat has adopted (*Journal de Thérapeutique*) the use of arnica in all cases of superficial acute inflammation, as boils, angina, erysipelas, etc. He states that arnica cuts short all furuncular eruptions, except those accompanied by diabetes, with remarkable promptness. For external use, he employs a mixture of extract of fresh arnica flowers, ten parts; honey, twenty parts. If this be too liquid, he adds lycopodium. The mixture is applied to the inflamed part and covered with oiled silk. Equally good results will be obtained in the same cases by the internal administration of tincture of arnica in doses of twenty-five to thirty drops every two hours. M. Planat adds that the extinction of the furuncular eruption is so rapid that it seems impossible to deny a specific elective action.

ASSOCIATION INTELLIGENCE.

YORKSHIRE BRANCH.

THE annual meeting of this Branch will be held at the Medical School, Leeds, on Wednesday, June 5th, at 2.15 P.M.

The members will dine together at the Great Northern Hotel, at 5 P.M. Tickets, 6s. 6d. each.

Gentlemen intending to bring forward communications, or to join the dinner, are requested to communicate with the Secretary.

W. PROCTER, M.D., *Honorary Secretary*.

York, May 28th, 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.

EAST ANGLIAN BRANCH.

THE annual meeting of the above Branch will be held in the Infirmary, 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, } *Honorary Secretaries*.
J. B. PITT, M.D., Norwich, }

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.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.

THE annual meeting was held in the Library of the County Hospital, Canterbury, on May 16th, at 1.30 P.M.: present, P. B. HALLOWES, Esq. (Canterbury), in the Chair, and twenty-one members.

The minutes of the last annual and quarterly meetings were read and confirmed. The annual accounts were audited and passed.

Secretary.—Mr. W. Knight Treves, the Honorary Secretary, was re-elected for the ensuing year.

The Chairman.—It was proposed and carried unanimously, "That the custom hitherto holding, that the President of the East Kent and Canterbury Medical Society be the Chairman of the Canterbury meetings, be for the future waived".

Ethical Committee.—The members of the Ethical Committee were unanimously re-elected.

The Dental Practitioners' Bill.—It was decided that a petition against the Dental Practitioners' Bill should be laid on the table, to be signed by those members who had not already done so.

The Places of Meeting for the ensuing year were fixed for: Hythe, September; Canterbury, November 1878 and May 1879; Ashford, March 1879. Mr. John Hackney was elected Chairman of the Hythe meeting.

The members after the meeting paid a visit to the County Asylum at Chartham, and were much pleased with the extent and completeness of the asylum and the general arrangements for the comfort and welfare of the inmates.

REPORTS OF SOCIETIES.

CLINICAL SOCIETY OF LONDON.

FRIDAY, MAY 10TH, 1878.

GEORGE W. CALLENDER, F.R.S., President, in the Chair.

Ringworm complicated by Chloasma.—Mr. MALCOLM MORRIS showed this case, which he considered to be unique. The patient was a young woman employed in a laundry, who perspired freely while at work. She had never worn flannel next to her skin. Eighteen months previously, she was nursing a child suffering from ringworm, and at that time noticed a small red spot on the back of the neck, which gradually spread from the edge, leaving healthy skin in the centre. After this, several other spots of similar character appeared, and spread in the same way. Last January, she observed on her chest a brown spot, which also spread. Her skin exhibited well-marked rings of tinea circinata situated on the neck and shoulders, also on the arms. On the chest and back were large patches of tinea versicolor. These patches not only occupied the greater part of these regions, but had spread within the circles of the ringworm; so that, as the ringworm fungus retired, the chloasma advanced. At the time of the meeting, the patient had been for some days using a strong lotion of hyposulphite of soda, but there was still a considerable quantity of the chloasma to be seen. Under the microscopes on the table, were specimens of the two varieties of fungus, kindly mounted for Mr. Morris by Dr. Sangster. It was well-known that both favus and ringworm could exist on the same skin, or, at all events, that one could produce the other. Mr. Hutchinson had also stated that ringworm in a child could produce chloasma in an adult. The chief point of interest in this case was the fact that the parasite of pityriasis versicolor could grow where the trichophyton could not exist.

A Case of Yellow Fever.—Mr. LEGGATT read notes of this case. The patient, a gentleman aged 52, single, before 1865 had been some years in India (Bengal) without any serious illness. He had always lived well, drinking a bottle of wine daily, and for the last four winters had gone to a warm climate on account of hæmoptysis and a delicate lung; returned from a sanitary voyage to and from Buenos Ayres, on March 17th, and arrived in London on the 18th. He had felt "seedy and bilious" twice on the voyage home, and after landing. He appeared well on the 19th, when he was seen by Mr. Leggatt. His appetite was not so good as usual; urine (night and morning) 1003, acid, almost colourless, no albumen. On the night of March 21st, he was seized with shivering and frequent vomiting after a good dinner. On the 22nd, he was languid and had headache, pain in the back, and loathing of food. He was hot. His pulse was over 100; the tongue white; bowels not moved. He took effervescent citrate of potash and soda, and his usual "tamar" at bedtime; and had milk and soda-water and tea. On the second day (22nd), he was freely purged, and had frequent vomiting, six ounces of black coffee-ground vomit. Pulse 108; temperature at noon 101.3 deg. Fahr. He was very depressed and languid, and asked if he had yellow fever. There were frequent motions during the day of pale whey-like liquid, with shreddy mucus. Evening temperature 100 deg. Fahr.; pulse 94; tongue moist, coated in the centre with a light drab fur, red at edges and tip. On the third day (24th), he passed a sleepless night. There were frequent motions of the same character. He vomited once, and was very depressed and weak. The face and conjunctivæ were yellow. No urine was passed, or possibly a little with the motions. Pulse only 48, weak and irregular; temperature 98.6 deg. Fahr. Great tenderness and pain existed in the epigastrium and right hypogastrium. At night, the pulse was 60, more regular. Frequent motions were passed. A grain of calomel was given at noon; eight minims of laudanum in an enema at bedtime; a teaspoonful of brandy every three hours during the day. Fourth day (25th). The patient slept a good deal. Two drab pultaceous fetid motions and about three drachms of urine were passed. The latter was of sulphur-

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on May 23rd.

Andrews, William S., Dover (University College)
Apthorp, Frederick W., Lee, Kent (Guy's Hospital)
Bisdee, Alfred J., Hulton, Somersetshire (St. Mary's Hospital)
Buckle, John, Catton, Norwich (St. Bartholomew's Hospital)
Butler, George W., Appleton, Abingdon (Guy's Hospital)
Candler, William J., Harleston, Norfolk (St. Bartholomew's Hospital)
Clark, James R. A., Cavendish Square (University College)
Clitherow, Robert E., Horncastle, Lincolnshire (King's College)
Crouch, Edward T., Devonport (Guy's Hospital)
Edwardes, William W., Llansantffraid, Montgomeryshire (St. Mary's Hospital)
Fulton, James, St. Thomas's, Canada (St. Thomas's Hospital)
Good, Frederick T., Highbury Hill (St. Bartholomew's Hospital)
Hawkins, Howard, Lee, Kent (Guy's Hospital)
Jackson, Thomas, Great Torrington, Devon (Middlesex Hospital)
Ling, Maurice E., Saxmundham, Suffolk (London Hospital)
Shaw, George, Blackheath Park (Westminster Hospital)
Smith, Kenneth R., Stamford Hill (University College)
Snowden, George H., Ramsgate (St. Mary's Hospital)

Five candidates were rejected.

The following members, having undergone the primary examination for the Fellowship at the half-yearly meeting of the Board of Examiners on May 27th, will be admitted to the pass examination when qualified.

Messrs. Edward Forster Brockman, L.R.C.P. Lond., diploma of Membership dated November 14th, 1865, of St. George's Hospital; Charles Henry Newby, January 22nd, 1873, of St. Thomas's Hospital; Robert William Greenish, May 27th, 1875, and Samuel Herbert Burton, January 28th, 1876, both of University College; George Andrew, January 21st, 1877, of St. Bartholomew's Hospital; Richard Shalders Miller, August 1st, 1877, of University College; and Albert William Denis Leahy (not a Member), of the Charing Cross Hospital.

Thirteen candidates were rejected.

The following gentlemen passed on May 28th.

Messrs. William R. Williams, diploma of Membership dated April 24th, 1877, of University College and Middlesex Hospital; Charles Atkin, Sheffield and Guy's Hospital; Robert J. Williamson, St. Thomas's Hospital; Cecil L. S. Branson, St. George's Hospital; John Whitehouse, Birmingham; Denis McDonnell, King's College; Richard Bordin, Liverpool School; Thomas D. Savill, St. Thomas's Hospital; Anthony A. Bowlby, St. Bartholomew's Hospital; Reginald Pratt, University College; Frederick C. Fisher, St. George's Hospital; Henry T. Bassett, Guy's and Birmingham; William J. Penny, King's College; David A. King, St. Bartholomew's Hospital; John Phillips, King's College and Cambridge; Thomas Kirsopp, St. Bartholomew's Hospital; and John F. W. Silk, King's College.

Eight candidates were rejected.

The following gentlemen passed on May 29th.

Messrs. Percy E. Shearman, Charles J. Bond, Victor A. H. Horsley, of University College; Francis Bowe and John R. Dodd, St. Bartholomew's Hospital; James T. Brett, Guy's Hospital; Henry E. Garrett, Charing Cross Hospital; and Edwin H. Greves, of the Edinburgh School.

Thirty-six candidates out of the sixty-eight examined, having failed to acquit themselves to the satisfaction of the Board of Examiners, were referred to their anatomical and physiological studies for six months.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, May 23rd, 1878.

Hare, Evan Herring, Putney
Jacob, Henry Garrard, Southsea
Moorhouse, Edward Dobson, Manchester

MEDICAL VACANCIES.

The following vacancies are announced:—

HUDDERSFIELD INFIRMARY.—House-Surgeon. Salary, £80 for first year, with board and residence.—Junior House-Surgeon. Salary, £40 per annum, with board and residence. Applications to be made on or before the 5th instant.

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

LIMERICK UNION.—Resident Medical Officer, at a salary of £200 a year, without rations.—One Resident Apothecary, a Pharmaceutical Chemist, at £100 yearly, without rations. Furnished apartments in both cases. Applications to the 5th instant.

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

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

TRALEE UNION.—Brosna Dispensary District. Medical Officer for No. 1 Division of the District. Salary, £90 per annum, £10 as Sanitary Officer, with the usual Registration and Vaccination Fees. Personal attendance of candidates necessary on the day of election; viz., the 5th instant.

WEST BROMWICH DISTRICT HOSPITAL.—House-Surgeon. Salary, £ per annum, with board, residence, and washing. Applications to be made on or before the 26th instant.

WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.—House-Physician. Salary, £100 per annum, with board, washing, and apartments.—House-Surgeon. Salary, £100 per annum, with board, washing, and apartments. Applications to be made on or before the 24th 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.

HOGGAN, George, M.B., elected Medical Officer of St. John's Hospital for Diseases of the Skin.

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.

DUFFEY.—On May 23rd, at 30, Fitzwilliam Place, Dublin, the wife of *George: F. Duffey, M.D., of a daughter.

MARRIAGE.

SMITH—FREER.—On May 23rd, at Oldswinford Church, Stourbridge, by the Rev. R. H. Sireten and the Rev. H. Sherrard, Henry Hammond Smith, late Madras Medical Service, youngest son of the late C. J. Smith, Inspector-General of Hospitals, Madras, to Ethel, youngest daughter of R. L. Freer, Esq., Stourbridge.

BEQUESTS, ETC.—Miss Pringle has bequeathed £300 to the Hospital for Incurables, Donnybrook; £300 to the Deaf and Dumb Institution, Claremont; and £300 to the Cripples' Home, Bray.—“In Memoriam” has given £50 to the Hospital for Incurables, near Dublin.

DR. GEORGE BENNETT, F.R.S., to whom the honorary gold medal of the Royal College of Surgeons was awarded in 1834, was, on a recent visit to Rome, elected an Honorary Member of the Italian Geographical Society.

ROYAL COLLEGE OF SURGEONS: PASS EXAMINATIONS.—The following analysis of the last examination for the diploma of membership of the Royal College of Surgeons may, perhaps, be interesting. There were eighty-three candidates examined. Those already in possession of recognised medical licences, and therefore not examined in medicine, are represented as follows: “L.S.A.”, twenty-two; “L.R.C.P. Ed.”, three; “L.R.C.P. Lond.”, one; “L.R.C.P. Edin. and L.S.A.”, one; “L.K. & Q.C.P.I.”, one; “M.D. Queen's Coll., Canada”, one; “M.D. Toronto and L.R.C.P. Ed.”, one; “M.D. Toronto”, one; and “M.D. New York”, one. Of the eighty-three candidates, fifty-four received their diplomas; thirteen were approved in surgery, and, when qualified in medicine, will be admitted members of the College; eight were rejected in medicine, and five were approved; five were referred in surgery, and ten altogether rejected.

ILLEGAL EXPOSURE OF A SMALL-POX PATIENT.—Mary Whelan, of Queen Street, East Greenwich, appeared at the Greenwich Police-court on Wednesday to a summons, at the instance of the Greenwich District Board of Works, charged with exposing her daughter, suffering from small-pox, in a public thoroughfare. Mr. Spencer attended in support of the prosecution; and Thomas Conden, an inspector in the service of the Board, gave evidence showing that the defendant, on the 25th of March last, took her daughter, a servant to a family residing in Tollington Road, Islington, and rode with her in an omnibus to London Bridge, and thence in a railway-carriage to Greenwich; they then walked along a distance of a quarter of a mile to the defendant's home. A fine of ten shillings was imposed, and two shillings cost of summons.

WEST KENT MEDICO-CHIRURGICAL SOCIETY.—The eighth and last meeting of the twenty-second session was held at the Royal Kent Dispensary, Greenwich Road, on Friday, May 3rd: W. Johnson Smith (President) in the chair. Drs. Gooding and Moon, and Mr. Lockhart, were appointed auditors of the treasurer's account. Dr. John Curnow of King's College was unanimously elected an honorary member. The following members brought forward cases for discussion: Dr. R. Gooding, Cases of Pregnancy complicated with Small-Pox; Dr. Creed, A Case of Intracardiac Thrombosis (Recovery); Mr. C. P. Creed, A Case of Compound Comminuted Fracture of the Skull in a Boy aged 9, followed by a very large Hernia Cerebri (recovery; boy shown in good health). The annual dinner is fixed for Tuesday, June 25th, at the “Ship”, Greenwich, at 6 for 6 30 P.M. precisely. Tickets 15s., inclusive of wine and coffee.

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.

WEDNESDAY.—Obstetrical Society of London, 8 P.M. Specimens: Extra-uterine Fœtation, by Dr. Hayes; Hand-behind-Head Presentation, by Dr. Bryden; Drawings of a living Double Monster, by Dr. Wiltshire. Papers: Dr. Aveling, "The Curves of the Forceps: their Origin and Use"; Dr. Matthews Duncan, "The Revolutions of the Fœtal Head in passing through a Brim contracted in the Conjugate Diameter";—Royal Microscopical Society, 8 P.M. Mr. F. A. Beutell, "On the Framework of the Mustax of *Melicerita Ringens*"; The Rev. W. H. Dollinger, "On the Measurement of the Diameter of the Flagella of Bacterium Termo".

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.

ERRATUM.—In the **JOURNAL** for May 18th, page 724, column ii, third line from bottom, for 1824 read 1835.

VACCINATION.

SIR,—With your permission, I desire to lay the following facts before your readers. Every one in the profession knows more or less of the difficulties that are to be contended with in reference to vaccination; and without at all despising the very fine feelings displayed by the mothers of the rising generation, where every one considers her own child purer and brighter than her neighbour's, I think that that feeling is very much abused amongst a certain class of people who do not understand logic, and into whose heads logic cannot be driven. Within the last two or three years, my attention has been called to the subject of vaccination by its being in a few cases followed by a rash or erysipelas; and in many of these cases I have known the parents to be syphilitic, and when vaccinating their children have expected the result that in many cases followed the operation. The following case will put the subject prominently before your readers.

About four years ago, I attended a gentleman for syphilis, who was lately married. When his young wife found herself in that condition which foretold her that she should require the service of some one, I, being her mother's family attendant, was engaged to attend her, although not without some objection on the part of the husband. The child, on being born, had no appearance of syphilis, or any disease whatever, and continued in perfect health up till the time of vaccination; but my suspicions being aroused, I was most particular in subjecting the child to that operation, and selected a very healthy child, to whom I particularly called the mother's attention. I vaccinated three from the one arm, two of which did extremely well, the arms healing in the ordinary course, without the least trouble; the other, as I suspected, came out all over with what appeared to be a syphilitic rash, which got me into not a little trouble; and it was only by my sending for the husband and using to him pretty strong antisyphilitic logic, that it did not become a very fine case for the antivaccinators. I shall be glad to hear of any similar case.—Yours truly,

DAVID ALEXANDER.

Clydesdale House, Hull, May 25th, 1878.

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.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following were the questions on Surgical Anatomy, and the Principles and Practice of Surgery, submitted to the candidates at the pass-examination on May 17th, when they were required to answer at least four, including one of the first two, out of the six questions. 1. Describe the origin, course, and relations of the internal pudic artery; and state in what accidents or operations this vessel or its branches may be wounded. 2. Describe "Chopart's amputation" through the foot; and name the structures in their relative positions which are divided in performing that operation. 3. Under what circumstances may iritis occur? Describe the characteristics of this disease in the acute form, and its appropriate treatment. 4. How do you distinguish between an adenoma and a scirrhus of the female breast, before and after removal by operation? 5. Describe the operations which may be adopted for paracentesis thoracis: what are the precautions to be taken in performing them? 6. Describe the signs of a dislocation of both bones of the forearm backwards at the elbow-joint. For what injuries may this accident be mistaken? and how would you reduce and subsequently treat this dislocation?

On the following day, May 18th, those candidates who had not undergone any previous examination in medicine, or did not possess of a recognised medical licence, were required to write answers to the following questions on the Principles and Practice of Medicine. 1. Discuss the pathology, symptoms, treatment, and condition of the urine in hæmaturia, omitting the subject of hæmorrhage from surgical injuries. 2. Describe the morbid anatomy, symptoms, and results of enteric fever. 3. What medicinal plants belong to the order Euphorbiaceæ? Give their medicinal properties and uses, and the names and doses of their several pharmacopœial preparations. Write an unabbreviated prescription in Latin, with directions for use, for a case of acute bronchitis.

The following questions on Anatomy and Physiology were submitted to the candidates at the primary examination for the Fellowship on May 24th, when they were required to answer all of them. 1. State the velocity of the blood in the several parts of its course, and describe the methods by which this has been ascertained. 2. What are the essential structures of a secreting organ? Describe the several types of secreting glands. Give evidence of the direct influence of the nervous system upon secretion. Describe the poison-apparatus in ophidia. 3. Describe the course and relations of the profunda cervicis artery, and the dissection required to expose it. 4. Describe the dissection required to expose the course and distribution of the obturator nerve.

MEDICAL USES OF THE TELEPHONE.

SIR,—As you have mentioned the experiments in progress in America, and as I believe I am the first to have suggested and experimented on the application of the electric telephone to auscultation in this country (my observations having commenced on the 1st of January), I thought it might interest some of your readers and open the way to further suggestions, if I brought before them the actual results up to the present time, and the difficulties in the way of their further development. The telephone I have generally used is one which I put together myself, and which I have proved to be very accurate in conveying the sounds of the voice, reading, speaking, whistling, singing, and blowing: a tune played on a violin at the opposite corner of a small room could also be heard through it, the hearing telephone being in a distant part of the house. I subsequently made a further improvement on this by removing the wood mouth piece, and screwing on in its place a deal stethoscope. The result of my observations in my own practice, in my family, and on some patients I examined at the Brompton Hospital for Consumption, through the kindness of Dr. Tatham, is as follows.

1. On applying the telephone to the chest of a healthy person, no sounds, whether of breathing, voice, or cough, are communicated. The same is the case with regard to the normal sounds of the heart.
2. When the telephone is applied to a very loud cardiac murmur, a sound may sometimes be heard, not continuous, but intermittent, and not distinct enough to be accurately defined.
3. When applied to the trachea of a healthy subject, the voice-sounds may be heard, and also the breathing, when made preternaturally loud by voluntary effort. In a person recovering from catarrh, the voice may be heard distinctly in this manner (*i.e.*, from the trachea), and also the cough, following which may be recognised a large rhonchus.
4. A cough directed into the telephone could of course be heard distinctly: it is divested of all extraneous sounds, and heard merely as a sharp metallic click. The gentlest breath directed into my telephone may also be heard perfectly.

At present, it is difficult to see that much advantage can be derived from the application of the telephone to diagnosis, owing to the fact that apparently no sound can be heard through it which is not heard equally well, or better, with the stethoscope. It is, however, possible that some sounds that interfere with diagnosis may be separated from those that are material to it. I am speaking now of the telephone in the present state of its development. I believe an improvement in its constitution is now being carried out, by which all sound is conveyed by it will be greatly intensified. If this be the case, it may almost supersede the stethoscope.—Yours truly,

120, King's Road, S.W., May 20th, 1878.

J. FOSTER PALMER.

UNQUALIFIED ASSISTANTS.

SIR,—I am sure many unqualified assistants will thank "Undergraduate" for his letter detailing his uphill work for a diploma, and you for your kindness in giving space to it in your valuable **JOURNAL**. In speaking and writing so bitterly of unqualified assistants, few people look at the dark side of our life, or think of the struggles we have to maintain to enable us to pass the portals dividing us from our more fortunate qualified brethren. I am afraid the case of "Undergraduate" is a far from uncommon one. My own career up to the present has been somewhat similar. I, too, was articulated to a surgeon for four years, and ere I left him to commence my career as an unqualified assistant, he had done his share towards initiating me into the mysteries of general practice. My own savings, backed by other help, enabled me to enter hospital; but I was compelled to continue my assistantcy, and I have been, and am, giving nine hours daily to my principal; nine hours more are taken up with lectures, study, and meals; the remaining six I devote to rest. When preparing for an examination, I cannot allow myself more than four or five hours for repose; but I hope in a few months to be placed among those who have won their laurels, and are in the magic circle of qualified men. In speaking of unqualified assistants, I think the fact is lost sight of that many

men undertake the duties as the means to an end. Without the aid afforded to them by this means, they would be debarred from entering the medical profession, and many good men would be lost to it. Some may say, if your course be so hard, why do you not choose a less arduous one? Why should such impecunious individuals attempt to enter the profession? Is the goal worth striving after? May you not pay too dearly for your qualification? To these questions we can only answer, that we love the profession; we think it an honour to belong to it, and to become members of it we are content to suffer; we are willing to pay dearly. But while some of us attain the goal of our hopes, how many are there of whom the world knows nought, who, after years of struggling, leave the battle to the strong and the race to the swift, and commence a new path in life, too often, alas! irretrievably ruined in health? or some, again, which for them is perhaps better, die in harness as unqualified assistants; while others live only to grasp the prize, which they enjoy for a brief moment, when it is snatched from them for ever, and their footsteps in the sands of time are obliterated by those crowding after them.

If the struggles some of us have to maintain were known, we should see less often the harsh remarks made on us, and those who now cry "Away with them" would hold out to us the right hand of fellowship, and lighten our daily struggle by the kind voice of encouragement and sympathy.

I must apologise for trespassing so much on your valuable space; but I know from you we shall receive that which so few accord us—viz., JUSTICE.

UTERINE HÆMORRHAGE.

SIR,—At the Glasgow Medico-Chirurgical Society's meeting of March 1st, 1878, I showed an instrument by which I could instantly arrest uterine hæmorrhage. The members at first thought (like Dr. Jay) that the invention was old; but before I had finished describing it, they were convinced of its originality and utility. There are two ways by which medical men endeavour to arrest uterine hæmorrhage. One is by trying to excite uterine contractions. For this purpose, some will give ergot, others turpentine; or one will inject hot water into the uterus, another cold. Mr. Sawyer's instrument (to which Dr. Jay referred) is a bag of India-rubber, with two tubes attached to it: cold water is poured in by one tube and escapes by the other before it has time to become heated; in other words, it is an ingenious and simple way of injecting cold water into the uterus in order to make it contract. I think it requires no argument on my part to prove that any of these modes of treatment can only succeed where the hæmorrhage depends on inertia of the uterus, and that none of them can be relied on as an infallible remedy even for that. In cases of adherent placenta, it is impossible for them to have any beneficial effect. Another way is by the use of styptics, as recommended by Dr. Barnes; but I would ask, is this not going back to the barbarous times, when after amputation boiling pitch or strong acids were employed to stop the hæmorrhage?

I will now endeavour to describe the instrument I have adopted, and what induced me to try it. In Churchill's *Midwifery*, the last sentence in the chapter on "Flooding" contains the following words: "Mr. Slyman proposes an elastic bag introduced into the uterus and filled with cold water or air, so as to make pressure. Nothing more is said about it, and probably there the matter ended. I thought the idea of arresting uterine hæmorrhage by pressure a good one, but in this case very imperfectly carried out. It was not stated how much pressure was required, nor was there any provision made for permitting the uterus to contract. In the *Encyclopædia Britannica*, I discovered that if a tube were inserted into an artery the action of the heart would raise the blood in it seven feet and a half: from this I knew that if a tube of that length were attached to an elastic bag in the uterus, and bag and tube filled with water, the uterus would then sustain a pressure equal to that which the heart is capable of exerting, and hæmorrhage would be impossible. If the uterus contracted, the water would be expelled through the tube; but after contracting, if it relaxed (which it always does), the water would sink in the tube, and for every foot it sank there would be about one pound less pressure per inch on the uterus; and if the pressure in the bag were less than in the blood-vessels, hæmorrhage would set in again. Letting the end of the tube dip into a glass measure remedied this defect. I cover the bag well with glycerine: it will prevent septicæmia, and hasten the separation of any dead portion of placenta. After the bag has been introduced, I use whatever pressure is necessary to arrest the hæmorrhage by injecting tepid water: then I separate the pump from the tube, and put the end of it (the tube) into the receiving vessel at the proper height (it can be suspended from the ceiling, or anything else convenient). Nature does all the rest.

I have now given the history of my invention, and believe no man can find fault with it, except through ignorance or prejudice.—I am, etc.,

DAVID CHRISTIE, L.F.P.S. Glasg., L.R.C.P. Edin.

Carrigart-by-Letterkenney, co. Donegal, May 2nd, 1878.

THE following communications have been handed to the General Manager:—Mr. B. Brooks, Hull; Mr. W. R. Davies, Sandbach; Mr. W. Ganderton, West Bromwich; Mr. G. H. MacSwiney, Liverpool; Messrs. Corbyn, Stacey, and Co., London.

INSURANCE OFFICES AND MEDICAL FEES.

SIR,—I forward to you a correspondence, which I hope you will think deserving of publication. The great majority of insurance offices deal fairly with the profession, and it is well that we should all know which of them do not so.—Yours truly,

Mortimer House, Clifton, May 19th, 1878. JOHN BEDDOE.

(Copy.) "Mortimer House, Clifton, May 4th, 1878.

"Sir,—I have received from your office a request for a report on the health of Mr. X. Y. This request is not accompanied by the fee, or promise of a fee, which a physician expects from an insurance office. I should be glad to know whether the omission was accidental.—I am, sir, yours obediently, JOHN BEDDOE, M.D., etc.—The Secretary London Life Association."

(Copy.) "London Life Association, 81, King William Street, London, E.C., May 6th, 1878.

"Dear Sir,—This being a mutual assurance society, and not a trading corporation, it requires every person desiring to be admitted to its advantages to furnish evidence that he is in good health, without expense to the society. If he cannot do this, he cannot be admitted. Mr. X. Y., therefore, and not this society, made application* to you for a report, and the form in which that might conveniently be given was supplied to him to save trouble. Your application for a fee should therefore be made to him.—I am, dear sir, your obedient servant, EDW. DOCKER, Secretary.—Dr. Beddoe, Mortimer House, Clifton."

(Copy.) "Mortimer House, Clifton, May 7th, 1878.

"Dear Sir,—The statement that the application was made to me by my patient, and not by your office, appears to me to be a subterfuge unworthy of the directors

of a respectable corporation. The information is obviously required by, and for the advantage of, the association, to guard against the possible entrance of bad lives, and it is bound in honour to defray the expense of obtaining such information, instead of endeavouring to wheedle it out of physicians without payment. It is nothing to me that my patient, who is an honourable man, would certainly repay me: I proceed on the ground of principle. Your rule being what it is, I must decline further correspondence, and remain, yours faithfully, JOHN BEDDOE.—The Secretary London Life Association."

SIR,—Having examined a medical man for life-assurance, am I supposed to hand over the fee to him, or retain it myself?—I am, etc., J. E.

* * The fee being paid by the office, may evidently be retained by J. E. His service is to the office, which has no claim upon him for gratuitous work.

ENQUIRER.—It is not a duty of the clerks to guardians to send the names of successful candidates for appointments; nor are they sent by the Local Government Board. For the information on this subject which is communicated to our readers, we are indebted to the courtesy of the clerks to the boards of guardians and to other correspondents.

SUPERINTENDENTS OF ASYLUMS.

F.R.S.—The appointments of medical superintendents of the county and borough asylums of Great Britain rest with the Committees of Visitors, and are almost invariably filled from those who have had experience in lunacy practice as assistant medical officers; but those in Ireland are made by the Government. The duties, besides medical, are a general control and supervision under, combined with responsibility to, the Visiting Committee, with whom it is optional to grant a retiring pension, not exceeding two-thirds of the salary and allowances, on account of age, ill health, or long service; provided always such is sanctioned by the Court of Quarter Sessions or by the Town Council, the grant in the latter case being paid out of the borough fund. For further information on this latter head, see Lunacy Acts, 16 and 17 Vict., c. 97, s. 57.

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. J. Marion Sims, Paris; Dr. H. Macnaughton Jones, Cork; Dr. E. Waters, Chester; Mr. Eastwood, Huddersfield; Mr. Howard Marsh, London; Dr. Edis, London; Medicus; Dr. David Foulis, Glasgow; Dr. Parsons, Dover; Dr. J. B. Bradbury, Cambridge; Dr. Cochrane, Edinburgh; Mr. Frederick Scott, Manchester; Enquirer; Dr. Page, Plymouth; A Constant Reader; Dr. Edward C. Seaton, London; Dr. Greene, Birmingham; Dr. Bertherand, Algiers; Dr. Lees, Market Drayton; Dr. Levinge, Stapleton, Bristol; Dr. Ruata, Padua; Mr. J. B. Pitt, Norwich; Dr. Fletcher Beach, Clapton; Dr. George Johnson, London; Dr. Lombe Athill, Dublin; Dr. Edward Houghton, Norwood; Mr. W. Story, Leighton Buzzard; Medical Officer of Health, Torquay; Dr. R. L. Bowles, Folkestone; Mr. D. Alexander, Hull; Dr. Haddon, Manchester; Mr. Royes Bell, London; Dr. Hitchcock, Lewisham; Mr. J. T. Browne-Mason, Exeter; Dr. Brushfield, Brookwood; The Secretary of the Obstetrical Society; Mr. G. Eastes, London; The Secretary of Apothecaries' Hall; Mr. T. M. Stone, London; Dr. J. Milner Fothergill, London; The Registrar-General of England; Dr. Saundby, Birmingham; Mr. W. Mac Cormac, London; Mr. Richard Barwell, London; The Registrar-General of Ireland; Dr. J. W. Moore, Dublin; The Secretary of the Royal Microscopical Society; Messrs. Corbyn, Stacey, and Co., London; Mr. John Evans, Swansea; Dr. W. Whalley, Bradford; Dr. Arthur Ransome, Manchester; Mr. A. H. Benson, Dublin; Surgeon-Major Cay, London; Mr. F. R. Fisher, London; Not a Fool; Mr. W. W. Reeves, London; An Associate; Dr. Tripe, Hackney; X.; Dr. Williams, London; Mr. Jabez Hogg, London; Dr. Gowers, London; Dr. W. Procter, York; Mr. H. Greenway, Plymouth; Dr. Crichton Browne, London; R. N.; Mr. N. A. Humphreys, London; Mr. Walter Whitehead, Manchester; Mr. Alban Doran, London; Mr. W. Daxon, Ennis; Dr. P. P. Langford, London; Our Dublin Correspondent; Mr. E. Garland, Yeovil; Dr. J. Northcote Vinen, London; Mr. W. K. Treves, Margate; Mr. W. Lewis Morgan, Oxford; L.R.C.P. London; Fides; Messrs. Salt and Son, Birmingham; Dr. W. F. Wade, Birmingham; Dr. P. H. Pye-Smith, London; Dr. W. M. Ord, London; Our Edinburgh Correspondent; Dr. F. Warner, London; Dr. John Liddle, London; Mr. J. G. Langley, London; Mr. George Browne, London; Mr. R. B. Wilkins, London; Mr. S. V. Merser, London; Mr. George Price, Wolverhampton; Mr. P. Q. Karkeek, Torquay; Mr. W. Ganderton, West Bromwich; Mr. R. Richardson, Portsmouth; Mr. J. W. Hubbard, Maidstone; Mr. G. H. MacSwiney, Liverpool; Mr. J. R. Salter, Bourne-mouth; etc.

BOOKS, ETC., RECEIVED.

Sul Reumatismo Articolare a corso rapido. Studi Clinico-Anatomici, di Concato Luigi. Con 5 Tavole in Cromo-litografia e 3 Tabelle. Roma, Torino, Firenze: 1876.
An Elementary Course of Botany. By Arthur Henfrey, F.R.S. London: Van Voorst. 1878.
Lectures on Surgical Anatomy. By John Chiene, M.D., F.R.C.S. Edinburgh: David Douglas. 1878.

* The application was on a printed form, and came from the office.