

that every component part of the body is endowed with a certain sense peculiar to itself, by which it knows and performs its function. "Thus the muscular fibre takes cognisance of its stimuli, and contracts; in other words, the muscle is irritable; that is to say, it has a sense of its own, by the exercise of which contraction takes place." [Bardolph again, J... "These senses are born with the parts in which they reside ... and are connected by means of nerves to fulfil specific ends, as the individuals in a republic. Their peripheral extremities take cognisance of events, of which their central terminations (brain-cord-ganglia) take recognisance, occasioning a sensation." Are not these all but synonymous with the well-known terms, *direct* and *reflex*? Thus, Dr. BOSE instances muscular contraction under galvanism—"in which neither the muscular nerve, the brain, cord, nor ganglia take part"—as a spasm resulting from a direct impression on the muscular tissue, that is, a *cognisant* spasm, which would be *recognisant* if excited by motor nerves. "A cognisant action or cognisance is the result of an independent exercise of the inherent power or sense with which each organ is provided. On the other hand, a recognisant action is always a dependent phenomenon. Every disease is a cognisance struggling with nature, *i.e.*, recognisance. In hepatitis, the distension of the organ, the effusion of serum, pus, and lymph are *cognisant* phenomena, and pain, fever, vomiting, etc., are *recognisant*. The modern physician is too much occupied with *cognisant* functions; indeed, his knowledge of *recognition* is extremely limited, and does not extend beyond such expressions as fever, inflammation, tonicity, etc.]

In the chapter on Motion, we are informed that motion of some kind seems essential to organisation; that no matter can be said to be truly fixed. "The loftiest mountains, the great and magnificent cities, the silent and solemn pyramids, ... and the calmest ocean, are all moving through the infinity of time and space... Every existence has a certain age... age, in fact, is almost synonymous with motion" (!). [The number three is of much importance in the New System of Medicine, J... "There are three primitive motions—the ciliary, the tubular, and the cellular. ... There are also three varieties of spasm: (1) The complete existent spasm, wherein circulation is excited (hysteria-cholera); (2) The partially coexistent spasm; and (3) The complete coexistent spasm. Rheumatism is of spasmodic nature."]

Concerning the "continuity of animal functions", we are informed that there are three digestions: the first is simply "alimentation"; the second realimentation (comprising suction of chyle and lymph, their mixture with venous blood, etc.); and "nervous digestion" or super-realimentation, whereby the nerves are nourished. But the grandest of all digestions, the final stage of alimentation, is spiritual digestion (!)... The knowledge of God so derived is the last form of *chyle*, the divine food, which we offer our Almighty Father to receive his eternal benediction and peace!]

A sensation is called "sentient accordance", and a motor influence is "motor accordance". "The body in a state of concordance may be compared to a wedge jammed in between two powerfully compressing surfaces—viz., the external world, and the brain, spinal marrow and ganglia, each, as it were, striving to meet the other in close approximation by their peculiar impressions through the intervening wedge". And again, "The mind, with the ordinary senses and the brain, serves, so to speak, as a guardian to the flesh against its external dangers, and watches over the exportation from, and importation to, the corporeal country—the body. It is, as it were, the military department of the animal, with a good commissary-general at its head."

In treating of the "humours in disease", we are gravely informed "that it is not improbable that in many cases an abnormal state of the epithelial membrane is an immediate cause of disorder to the secretive functions. Many of the skin-diseases attended with scaling, which sometimes baffle the best conducted treatment, are, in reality, instances of epithelial disorder".

"... When we have fulfilled our task, we shall ask our professional brethren if they are prepared to cast into eternal oblivion another great bugbear in medicine, and an illusion still more frightful than inflammation, viz., fever—a term which has no meaning in science, and, to say the least, has been a labyrinth of confusion in all ages. Fever is really determination and congestion of the whole frame, and is better called *kyäitis* (from Sanscrit *kya*, the body); and there may be current *kyäitis*, recurrent and concurrent ditto." (Page 157.) Are we much wiser than before?

As an instance of the application of the nomenclature of Dr. BOSE, we recommend to the Committee on Hydrophobia the following definition. "It = general existent (convulsions) and partial coexistent (lockjaw) and concordant spasm (tonic spasm) of voluntary muscles and excessive spinal motor accordance and perverted mental accordance (fear of water) and canine poisoning."

The second and smaller essay commences with the description of an imaginary patient, *Gullible Plastic*, giving his interviews with his housemaid, his mother, Mr. Quack, Mr. Aubant (*aub*, water), Mr. Dilution Globule, and Mr. Biggy Ball, and other M.D.s (or mad dogs), in a strain rather beneath that of an average *Punch*. But the real object of the *brochure* is "to elucidate vital drug-power in its entirety, to reconcile professional differences of opinion, and to raise therapeutics on a basis of common sense to something like a precise art". [This in seventy small pages.]

From a "broad and philosophical study of the present chemical constitution of our globe", our author concludes that "it behoves us, as the oxygen element, to first reduce the housemaids, quacks, *et hoc genus omnes* (*sic*), into speechless stones and ashes! then to combine with the hydropath (the homo-hydrogen) and homœopath (the homo-nitrogen) or compel them to combine into therapeutic water and air, in order that we may, as it were, by a rational convulsion, be nature's true handmaids, and hope to be the real saviours of life, when the vital spring is muddy, or Death prematurely knocks at the door".

After a few lines devoted to quinine, which is, as we are informed, an irritant to gastric mucous membranes, a narcotic, sedative, and tonic, we have a disquisition upon "tone" and the varieties of *organic* life. Of this there are two principal ones: 1. The simple cell, cilia, or fibre-life; and 2. The tubulo-cell life, which may be uni-tubulo-cell, or bi-tubulo-cell, or tri-tubulo-cell, or per-tubulo-cell or intellectual life. If we have any doubt about this, we are advised to study nature well and see. It follows that there are cell-medicines and tubulo-etc.-medicines. What our author would, we suppose, call the *principles* of his therapeutics are, such as that cell-medicines must be bland and inoffensive—not too discordant—must be minutely divided and absorbable, must supply elements of blood, and act continuously; but we can find no extraordinary improvement on the usual teaching in these statements, nor in the division of cell-medicines into cell-tonics, cell-laxatives, and cell-alteratives, nor in the idea that these act through the medium of the liquor sanguinis. Neither is it specially new or definite to presume that, while "iodine and mercury operate equally on all parts, iron, strychnine, and arsenic prefer to act respectively on the blood-corpuscles, sarco-sarous particles, and cutaneous cells, and that quinine, nitre, and digitalis tend to preponderate their forces on the nervous, renal, and circulatory systems". Arsenic acts, we are informed, by a "preferential operation on dermoid structures" either "by destroying acrogenous vegetation, or by indirect alteration of the derma, or by counterirritation, obviating irregular nervous accordance, and the spasm in which recurrent *kyäitis* originates" (!). There is a quaint truth in the including of the following amongst per-tubulo-cell or mental medicines. "The direct supporters of cerebral tone may be enumerated as contentment, cheerfulness, liberty, personal and social independence, wisdom, hope, confidence, etc. Its relaxants will be discontent, wretchedness, dependence, stupidity; and, lastly, its alternatives would be good-breeding, patriotism, intellectual and moral culture, religion, etc."

SELECTIONS FROM JOURNALS.

SURGERY.

AIR IN VEINS.—H. Fischer (Volkmann's *Sammlung Klinischer Vorträge*, No. 113) discusses the questions arising concerning embolism from the admission of air, and describes the following experiments which he has carried out. 1. From a broad cut through the internal jugular vein at the lower part of the neck, there follows death; and from such a cut in the axillary vein at the level of the thorax, there follows generally in a few minutes the death of the animal, after plainly audible entrance of air, the symptoms being those of asphyxia. On *post mortem* section, immediately performed, the right heart is found dilated, filled with air and frothy blood; and so also the pulmonary artery down to its smallest branches. 2. If a firm pierced cylinder be introduced into the larger veins of the body, death occurs after from five to fifteen minutes, with gradually increasing restlessness and constantly growing asphyxia. This applies to the external jugular vein, the veins of the arms, and large veins of the thigh. 3. If a large quantity of air be rapidly forced into the veins of guinea-pigs, death of the animal will be caused, with the appearance of suffocation, whatever veins be operated on, even the smallest in the body. When, however, air is slowly and steadily introduced, death of the animal results equally; and it only survives when a very small quantity is introduced—as an example, from ten to twenty centimetres in half an hour. Thus the entrance of air into the veins is highly dangerous under all circumstances; and it appears that even the slow entry of smaller quantities is more mis-

chievous than might have been supposed from the researches of Uterhart, Laborde, Pirogoff, etc.

THE TREATMENT OF HÆMORRHoids BY FORCIBLE DILATATION.—Dr. W. Wannebroucq (*Bulletin Médical du Nord*) considers the treatment of internal haemorrhoids by forcible dilatation of the sphincter ani as a most valuable surgical process. In most cases, medical means suffice; where surgical aid is necessary, however, the abrupt distension of the sphincter by the fingers gives immediate relief, and commonly effects a permanent cure, dispensing with either Salmon's operation (the best of all surgical proceedings for ablation) or cauterisation, whether by the actual cautery or by saturated solution of chloride of zinc.

INTERMITTENT HYDARTHROSIS OF KNEE-JOINT.—M. Panas and M. Verneuil have reported to the Société de Chirurgie two cases of intermittent effusion into the knee-joint. M. Panas' case had a perfectly regular intermittent character. It was in a young woman aged 22, who had never suffered from any joint-inflammation, and had no apparent diathesis. The effusion recurred at intervals of fifteen days, and lasted a week. These intermittent attacks in each case commenced soon after accouchement. They lasted for some time, and were apparently uninfluenced by quinine or iodide of potassium.—The BRITISH MEDICAL JOURNAL of February 3rd, 1872 (page 128, column 2) contains a notice of two cases of intermittent effusion into the knee-joint, in the practice of Dr. Löwenthal of Berlin and Dr. Bruns of Tübingen. Both patients were females. In Dr. Löwenthal's case, the attacks were suspended during pregnancy; in that of Dr. Bruns, relief was obtained by the administration of arsenic with quinidine, after quinine had failed.

ANATOMY.

RELATIVE CALIBRE OF THE TRACHEA AND BRONCHI.—From his researches on the relative calibre of the trachea and bronchi, M. Marc Sée draws the following conclusions. In the normal state, the united calibres of the two bronchi are equal to the calibre of the trachea. It may be added, as the result of the measurement of a limited number of cases, that the united calibres of the bronchial divisions are equal to the calibre of the bronchus from which they spring. The respiratory tubes, therefore, are a cylinder, and not a cone. In pathological states, the equilibrium between the capacity of the trachea and that of the bronchi may be destroyed either in favour of the bronchi, as in chronic tuberculisation, or of the trachea, as in emphysema.

OBSTETRICS.

USE OF THE FORCEPS IN PARTIAL DILATATION OF THE OS UTERI.—Dr. A. M. Fauntleroy, (*American Journal of Obstetrics*, Jan. 1878) advocates the use of the obstetric forceps before the os uteri is dilated, in the following cases: 1. When the head descends immediately without the intervention of the liquor amnii; 2. In placenta praevia (Dr. J. S. Eshlemon of Philadelphia is said to have been the first to apply the forceps in placenta praevia through an os uteri of only one and a half inches in diameter). He would also resort to the forceps in the following cases: 1. When the foetal head, from malposition or inertia of the uterus, may become fixed; 2. When labour is retarded by either absolute or relative disproportion of the foetal head to the pelvis; 3. In all cases of *ante partum* convulsions, where there is sufficient dilatation; 4. In occipito-posterior positions, where traction alone, or traction and compression, will assist rotation to the front; 5. In some face-presentations, and in some cases of pendulous uterus; 6. When the vagina is so rigid as to seriously obstruct labour; 7. In breech- and foot-presentations, where the foetal head is not readily delivered, the forceps may be used as recommended and practised by the late Dr. C. D. Meigs of Philadelphia. Dr. Fauntleroy's method of application is that called the pelvic, *i. e.*, application of the blades of the forceps along the sides of the pelvis, and making traction according to the "curve of Carus".

MEDICINE.

SUDDEN DEATH IN DIABETES.—Dr. Jules Cyr, in a very interesting memoir published in the recent numbers of the *Archives Générales de Médecine*, has given an account of several cases observed at Vichy, in which death has occurred suddenly, from which he concludes that in some cases, and those the most numerous, the persons have been surprised in a state of health which gave no reason to suppose that so sudden and disastrous a result would occur; others have been attacked by acute diabetes; others have arrived at an advanced period of emaciation due to diabetes, so that the fatal termination was not

surprising. In all these cases, three principal stages or symptoms were observed with considerable constancy: 1, excitement; 2, dyspnoea; 3, coma. The period of excitement is manifested by some incoherence, vivacity, and rapidity of speech with some indistinctness, vague *malaise*, and disquietude going on even to anguish. To this excitement succeeds difficulty of breathing, occurring suddenly and sometimes voluntarily; large expirations made with effort; the thorax-muscles acting vigorously, the lungs dilating, and nevertheless oppression persisting, so that the air which penetrates the lungs appears not to be acting on the lungs, and the gaseous exchange to be impeded. The blood has, as it were, lost the faculty of revivifying itself in contact with the atmospheric oxygen. This stage is the most characteristic. It is followed by exhaustion and coma; and death occurs sometimes in twenty-four hours, sometimes in less. *Post mortem* examination was made in eight cases out of thirty which were observed. The most variable lesions were recognised: congestion of the abdominal viscera and of the lungs, fatty degeneration of the pancreas, oedema of the lungs and of the glottis, congestion of the pia mater, etc.; and sometimes nothing at all. The diagnosis is difficult, if the existence of diabetes be not previously known. The pallor, the total absence of contractions or convulsions, the complete collapse, and the sometimes spirituous odour of the breath, characterise this coma; and of course the examination of the urine reveals its true origin. No treatment has appeared to produce any good result. The cases are especially those of young subjects between twenty and thirty years, which coincides with the well-known clinical fact that diabetes is the more grave in proportion as the subject is the less advanced in age. The determining cause of the symptoms has appeared to be excessive fatigue, long journeys, etc. Among the diverse theories which have arisen to explain these facts, two appear specially acceptable. The first—that of acetonæmia and the poisoning by acetone produced by the abnormal formation of glycose or paraglycose—is referred to. Acetone is a stupefying substance, which by its action at once resembles ether and alcohol. It appears, therefore, very natural that the cause of sudden death in the course of diabetes may be attributed to poisoning by this substance. The second theory—hyperglycæmia—explains also the succession of phenomena. The retention of sugar is a consequence of the diminution of the urine and sugar excreted, whence a change in the composition of the blood; sudden arrest of the vital phenomena, and cessation of the oxygenation of the blood, whence dyspnoea, muscular resolution, and coma. This anoxæmia would produce a rapid death, and without applying specially to cases ending in three to four hours. These theories, however, are not universally applicable, and further researches are required. These researches are especially interesting in connection with the clinical study of acetonæmia in our pages.

OPHTHALMOLOGY.

ESERINE AND PILOCARPINE IN EYE-DISEASE.—Dr. H. W. Williams, in the *Boston Medical Journal*, March 14th, 1878, presents a summary of the value of the above remedies in eye-diseases. Experiments by numerous investigators have shown that eserine has the following action. The activity of the circulation is increased, the pressure within the anterior chamber is lessened, the action of accommodation is excited, and the radius of curvature is lessened. The indications for use follow directly from the mode of action. Thus in all corneal ulcers, in suppuration after cataract operations, in glaucoma, its value is unquestioned. Its clinical effects are these. A drop of a solution of sulphate of eserine (two grains to the ounce) causes the pupil to contract strongly in about fifteen minutes, and this effect continues for eight hours. The application causes little or no pain. A solution of eight or ten grains of borax to an ounce of water may also be used twice a day, or oftener, to lubricate the ulcerated surface and soothe its irritability. In phlyctenular or herpetic eruptions of the conjunctiva or of the epithelial layer of the cornea, eserine is of service especially when photophobia is present, and is far preferable to atropia. In traumatic or gonorrhœal ulceration, in ulcerations of the cornea in persons advanced in life or following exhaustive disease, and in creeping ulcer (ulcus serpens), eserine has been useful. The circum-orbital or supra-orbital pain, often accompanying these ulcers, has been relieved in a marked degree as soon as the remedy had time to act, and the ulceration has assumed a healthier aspect. In paralysis of accommodation and mydriasis resulting from diphtheria, measles, or scarlatina, eserine abbreviates the abnormal condition. In paralysis of the ciliary branch of the third pair resulting from exposure to cold, it is equally useful. In hysterical photophobia, eserine forms an important part of treatment. The chlorhydrate of pilocarpine differs in its effects in that it produces less conjunctival irritation, less supra-orbital pain, and less spasm of the accommodative power.

cases the masseters and pterygoids by what is termed reflex action was the cause of the muscular rigidity which had to be contended with. Nor was it only these muscles that were affected, but indirectly through the connections of the fifth nerve with the seventh nearly all the facial muscles sympathised; and frequently the glosso-pharyngeal nerve through the otic ganglion affected the muscles of deglutition. Mr. Gaine concluded by observing that he thought much light might be thrown upon the pathology of these cases, which were closely mixed up with hysteria, by a pathological investigation of the connection of these nerves with the sympathetic.—A discussion ensued, in which the PRESIDENT, Mr. W. A. N. CATTLIN, Mr. NAPIER, and Mr. S. H. CARTWRIGHT took part.—Mr. GAINES briefly replied.

HARVEIAN SOCIETY OF LONDON.

THURSDAY, MAY 16TH, 1878.

GRAILY HEWITT, M.D., President, in the Chair.

Large Tumour of the Left Cerebral Hemisphere.—Dr. HUGHINGS JACKSON read a communication on a case of cerebral tumour, of which some account had been previously published. It occurred in a boy, who at eight complained of tremulousness of the right hand. This was in October 1876; he survived till May 1878. The tremulousness was followed by headache and then by vomiting, and ultimately by convulsions. Then, later on, the eyesight began to fail. He grew bigger. Hemiplegia gradually came on. Nystagmus appeared. A fit came on, when the left side was rigid. Later on, he complained of intense pain in the head, followed by a tetanoid fit, when there was well-marked opisthotonus; the limbs were all rigid, and the eyes were divergent, the left pupil widely dilated, and the right pupil greatly contracted. At the necropsy, a large tumour measuring three inches and a half from before backwards, and two inches and a half across, was found involving the left corpus striatum and crus cerebri, the corpora quadrigemina not being involved. The optic tracts were affected. Hæmorrhage was probably the cause of the fatal fit. The pons Varolii and cerebellum were quite normal. From the slow onset of the hemiplegia, tumour was indicated, in addition to the other symptoms. The question was, what sort of an adventitious product was it? Probably a voluminous one. The growth of the head suggested this. It might have been a tumour of the middle lobe of the cerebellum from some symptoms. There was no aphasia or defect of voice. Hæmorrhage from a tumour is often the cause of sudden death in these cases.

The Effects of Position on Local Circulation.—Mr. JOSEPH LISTER read a paper on this subject.—In the discussion which followed, Dr. HUGHINGS JACKSON and the PRESIDENT both expressed their admiration of the views expounded, and the manner in which they were set forth; but said that time was required to digest the facts properly.—Drs. BURNET YEO, AVELING, and FITZPATRICK spoke; and Mr. KNOWSLEY THORNTON told of the absence of secondary haemorrhage in Professor Lister's wards in Edinburgh during the time he attended them.—Professor LISTER replied briefly; and the meeting adjourned till the next session of the Society.

PATHOLOGICAL SOCIETY OF DUBLIN.

SATURDAY, MARCH 30TH, 1878.

EDWARD HAMILTON, M.D., President, in the Chair.

Chronic Pleuropneumonia: Atheromatous Degeneration.—Dr. FINNY showed the thoracic viscera of an old soldier, who had suffered from an abscess in the leg and another in the groin connected with the ileum. A basic systolic murmur, heard best at the right second interspace, and dulness on percussion over the upper part of the right lung, were the chief physical signs. After death, examination revealed the presence of chronic interstitial pneumonia, with cheesy deposit and bronchiectasis in the right apex. The right pleura was adherent, much thickened, and extremely cartilaginous. The aorta was dilated, and afforded an example of atheromatous change in its three stages. The heart, originally hypertrophied, was in a condition of fatty degeneration, owing to the extension of endarteritis deformans to the coronary arteries.

Muscular Anomalies.—Dr. KENDAL FRANKS brought forward examples of muscular anomalies. The pectoralis minor was absent on the left side, although the pectoralis major was present. The serratus magnus on the same side, in addition to its normal origin, arose from the costal cartilages and the sternum itself. There was likewise an abnormal development of the flexor sublimis digitorum. All these anomalies were on the left side of the body. On the right side, there were three pectoral muscles.

Carcinoma of Abdominal Viscera.—Dr. W. G. SMITH showed the abdominal organs of a man aged 57, who had suffered chiefly from increasing debility and incessant vomiting of large quantities of greenish watery fluid. The abdomen was distended, and there was some ascites. Solid tumours and nodules were felt over the abdomen. The urine was high coloured, and there was an excess of indican. A thick layer of subcutaneous fat existed in the abdominal wall, which was glued to the viscera by tough cottony adhesions. A large triangular mass of scirrhus occupied the situation of the omentum. It creaked on section. The liver was shrunken and ovoid in form. The kidneys and spleen were healthy. The pylorus, mesenteric glands, and peritoneum were affected with the scirrhouss variety of carcinoma. The pylorus was the part first affected.

ASSOCIATION INTELLIGENCE.

EDINBURGH BRANCH.

THE annual general meeting of the above Branch will be held at 5, St. Andrew's Square, Edinburgh, on Tuesday, June 18th, at 4 P.M.: Sir ROBERT CHRISTISON, Bart., President, in the Chair.

CHARLES E. UNDERHILL, Honorary Secretary.

Edinburgh, June 4th, 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. PITTS, M.D., Norwich, }
Norwich, May 14th, 1878.

CAMBRIDGE AND HUNTINGDON BRANCH.

A COMBINED meeting of the above Branch with the South Midland and East Anglian Branches will be held at the Infirmary, Peterborough, on Friday, June 21st. The following arrangements have been made.

Separate meetings of each Branch for business at 11.30 A.M.
General meeting of the three Branches to hear the President's Address at 12.15.

Luncheon at One o'clock, at the house of the President—Dr. T. J. WALKER.

General meeting at 2.15, for papers, discussions, etc.: after which, should time permit, an inspection of the Cathedral and the adjacent buildings will be made.

It is intended that those members who are able should dine together in the evening.

BUSHELL ANNINSON, Honorary Secretary.
Cambridge, May 21st, 1878.

BATH AND BRISTOL BRANCH.

THE annual meeting of the Branch will be held at the Mineral Water Hospital, Bath, on Wednesday, June 26th, at 4.30 P.M., when H. MARSHALL, M.D., will resign the Chair to H. HENSLEY, M.D. The members will afterwards dine together at the York House.

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

Bath, June 4th, 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.

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.

BATH AND BRISTOL BRANCH: ORDINARY MEETING.

THE sixth ordinary meeting of the session was held at the Museum and Library, Bristol, on Wednesday, May 29th; Dr. MARSHALL, President, in the Chair. There were present sixty-eight members and four visitors.

Discussion on Alcohol.—Dr. Fox opened a discussion by reading a paper on Alcohol in Health and Disease: a very interesting and animated discussion followed, in which Drs. Davey, Atchley, Fyffe, Brittan, and Goodridge, and Messrs. Bartrum, Metford, Jessop, Stewart, and Carr took part.

CORRESPONDENCE.

THE ELECTION OF COUNCILLORS AT THE COLLEGE OF SURGEONS.

SIR,—As the official circular to the Fellows of the College of Surgeons of England has now been issued, and the election to the Council will take place in a month's time, will you allow me, as an independent Fellow, to point out to my fellow-electors one aspect of the annual election which I fancy is somewhat overlooked. There are no doubt many highly respectable Fellows, both in London and the provinces, who may fairly enough aspire to a seat for a few years in the Council of their College, but who lack the professional status and personal qualifications which are essential for the President, if he is to represent his College officially on great public occasions with dignity and honour. The first election of a councillor is, therefore, comparatively unimportant, at least *quoad* the presidency; but a re-election is a very important business, both for individual councillors and for the College as a whole. It is true, that the actual selection of a President rests with the Council and not with the Fellows; but we ought not, I think, to throw upon the Council the invidious task of passing by one of its own body, by neglecting our duty of re-electing only those who can with dignity fill the President's chair.

I beg leave to say that these remarks are not intended to have any special bearing upon the coming election, and that it is only from accidental circumstances they have not been put forward at an earlier date.—Yours obediently,

A FELLOW OF THE COLLEGE.

London, June 1878.

THE WORK OF THE REGIUS PROFESSOR AT OXFORD.

SIR,—“Your Editorial Contributor” does not yield to “Spectator” in his jealousy for the medical school of Oxford; but he thinks that the prospects of that school will not be diminished by the observance of fairness and courtesy. “Spectator” says that Dr. Acland has “converted” a number of paid medical offices into sinecures; that he deliberately obstructs and prevents medical teaching in its essential branches; and that this official “has destroyed in the past” the medical school, etc.

Now, is this true? Or is it rather true that Dr. Acland took these “paid medical offices” as he found them, and that he can scarcely have destroyed that which seems never to have existed?

And is it not rather true that Dr. Acland has done ten times the work of any of his recent predecessors in the cause of medicine as he regards it? And, finally, that, although that work does not include the duties which “Spectator”, like myself, would desire from him, yet he has done work which not only he himself, but every physician in Oxford, and also the Professor of Anatomy at Cambridge, believe to be far more useful for the attainment of that end which we all desire; namely, the higher development of the medical art in this country. That an official is industrious in a wrong or incomplete method, and that he is badly or imperfectly advised, is one thing; it is another thing to represent him as a mere sinecurist and a mere marplot.—I am, etc.,

YOUR CONTRIBUTOR.

MEDICAL ENDOWMENTS AT OXFORD.

SIR,—The advocates for the revival of the lost medical school at Oxford are under a heavy debt of gratitude to the JOURNAL for advice, support, and an opportunity, not only of ventilating their grievances, but also of establishing concerted action. They proved, however, to be but a miserable minority of even the medical graduates of the university, and their efforts and your and their representations have only ended in defeat and disappointment, the more mortifying when we regard the very different attitude towards medical education of the University of Cambridge. *Non equidiviso, miror magis.* I shall not dwell upon the circumstances of our defeat, partly because it would only give rise to reproach and recrimination; but our feelings on the subject are none the less strong, and certainly are not likely to grow weaker, when we read in the JOURNAL and elsewhere, week by week, incisive exposures of the fallacies and misrepresentations that were urged against the feasibility of our project.

The report of the University Commission is the death-blow to our hopes, when it decides against “the establishment of a practical school of medicine in Oxford”. The Commission was led to this conclusion by the evidence and opinion of certain distinguished physicians and surgeons. I do not impugn the motives of their evidence, when I suggest that the Commission might well have considered and made allowances for the fact that these most weighty witnesses were closely connected with the great London hospitals by past or present ties, and could not be expected to regard without prejudice, much less with favour, a proposal which implied that even the elements of medicine and surgery could be with advantage studied elsewhere than in their own wards and class-rooms. I entirely acquit them of any paltry jealousy of present or future provincial schools, but not of an unconscious and very pardonable belief that it would not be less than a sin to allow Oxford and Cambridge men to forego the rare privilege of being their pupils and admirers.

Some, however, of the recommendations of the report seem proofs that our movement has not been entirely without fruits. The Commission recommends the provision of a reader in human anatomy with a stipend of from £250 to £300 per annum. That is a step in the right direction, and may lead eventually to some further steps which seem logically and practically consequent upon it. That, however, bears rather upon the future than the present. But another recommendation, to which I urge particular attention, is of immediate consequence to the profession, and yet will most certainly fall to the ground, unless a strenuous effort be made for its fulfilment. This is in favour of “the foundation and endowment of scholarships or exhibitions, tenable after a certain fixed period of residence in the university, for students in any special branches of study (including subjects which do not fall within the ordinary university course, such, for example, as medicine), which may be usefully promoted by such encouragement under conditions properly adapted to make their enjoyment dependent upon the *bond fide* prosecution of such studies”. This recommendation is even now engaging the attention of the resident Fellows, who have virtually in their hands the disposal of the immense revenues of the colleges. They mean well; they have high ideals of education; but they know absolutely nothing (*experio crede*) of the requirements of medicine (how should they?), and are, moreover, fatally indifferent to the whole subject of professional education, whose clerical phase has always been their bugbear. They will, however, have to deal with the subject as best they may, and you may be sure that the legal and clerical views of professional education will be fully and eloquently laid before them, and their necessities amply provided for.

But the interests of medical education will, I fear, be simply ignored; no member of common-room knows or cares about them; the medical profession, as an abstract entity, is decidedly at a discount among the classes which call themselves cultivated. Barristers and parsons are expected to be more cultivated than the average laity, and, as a rule, are so. No one expects a doctor to possess any knowledge or show any interest in anything which does not serve to put money in his pocket, and it must be confessed that that expectation is seldom disappointed. Doctors are generally supposed to be raising a cry for university education, in the sense that every practitioner is anxious to have the right of putting M.D. after his name; but that no one is willing to go through the ordinary course of university education, which, in England at any rate, is the condition of a degree. I do not think that is so, but believe that the profession is conscious of some of its failings, and in that belief call upon it to assert its just rights and claims upon the university; for I must repeat that, unless pressure be brought to bear upon the colleges by the profession from outside, law and divinity will devour the share of the spoil that ought rightly to fall to medicine. Let it, then, be clearly understood that, while the university is advised not to have a school of prac-

MILITARY AND NAVAL MEDICAL SERVICES.

MILITARY, VOLUNTEER, AND CIVIL SURGEONS.

SIR.—In your issue of the 11th instant, "Militia Surgeon" reports his individual hardship, which is similar to many other militia medical officers, and whose battle was fought in Parliament by Dr. Playfair and other gentlemen, and lost, for Mr. Hardy was determined not to yield. But "Militia Surgeon" has another grievance: probably he forgets, as Mr. Hardy has broken faith with militia surgeons once, it may be done a second time, in this manner, by declining to allow the surgeon the usual year's pay on disembodiment of their regiments; and it would be well if the medicos had that assured to them before they went on embodied service.

I was sorry to see in the same issue that a volunteer surgeon was inclined to accept Dr. Munro's circular, as by giving gratuitous service injury is done to army surgeons, whose profession it is, and whose wrongs will never be redressed if Government be backed up by civil practitioners or volunteer surgeons, who ought rather to support their ill used brother medical men in the army and navy.—I remain, your obedient servant,

M.D.

ARMY MEDICAL SERVICE IN INDIA.

SIR.—Your correspondent "Perick", in the JOURNAL of April 13th, writes to point out that the medical officers who joined the army on the first invitation by the new Warrant—*id est*, that of April 1876—find themselves in very much the same condition that the subjects of a certain king of whom we read in Bible history were in: in other words, they asked more and were given less. They would not join under the Warrant that secured to them substantial advantages, and also the pay in India of 317 rupees, which, when granted, was worth about £31 14s.; so a new warrant was issued, which, he informs us, took away many of those substantial advantages, and at the same time only granted the same number of rupees, now worth as a money value only £25 14s. 9d., and, compared with the purchasing power ten years ago, much less. In answer to all this, I have one question to ask him, or if Perick be not within hail of the penny postage, you or any of your numerous readers: What is the number of the paragraph in the Royal Warrant of April 1876 that refers to Indian pay, as I am unable to find any such clause in it? I am aware there is a printed paper being circulated called "Extracts from the Royal Warrant of April 1876", wherein it is stated the pay will be £31 14s.; but, as far as I can see, it is not a correct statement; as no such thing existing in the Warrant, it cannot be an extract. The Warrant provides for £250 a year and extras; and as those extras in India have been 166 rupees a month, the Warrant provides for 374 rupees a month, and for what reason the right pay is withheld I can find no one to inform me; and those who are content to serve on 57 rupees a month less than they are entitled to, appear to me to differ in opinion from one who considers himself

NOT A FOOL.

OBITUARY.

JAMES M. CUNNINGHAM, M.D.

WITH regret we have to announce the death of Dr. James M. Cunningham of Hailsham, Sussex, in his seventy-fifth year, which event took place on Wednesday, April 24th, from acute pulmonary congestion and haemorrhage. He entered the Royal Navy at an early age, but subsequently turned his attention to medicine, and took his degree as M.D. at the University of Edinburgh. After two years' practice at Whitstable, he removed to Hailsham, where he remained forty-five years, until his death, highly esteemed. He was an old member of the South-Eastern Branch of the British Medical Association, and at the time of his death was a Vice-President. He was medical officer of the parish, and also of several benefit societies in the neighbourhood, and also Assistant-Surgeon to the 3rd Sussex Artillery Volunteers. He was an enthusiastic member of the Masonic fraternity, by the brethren of which he was held in the greatest esteem and veneration, having attained the highest honours in the province in craft, capitarian, and mark masonry.

DAVID MANSON, M.D.

DR. DAVID MANSON was the fourth son of the late Mr. Manson of Fingask, who was for many years Manager of the British Linen Bank at Aberdeen. He was educated in that town, and became a graduate of the University, where, having passed through his medical curriculum with distinction, he obtained the degree of M.D. in 1872. He shortly afterwards went to Amoy, and very recently removed to Foochow; and got into excellent practice in both places among the European residents. He died at the latter place on the 1st of April, from sunstroke, aged only 30, deeply regretted by his relatives and numerous friends in Aberdeen.

VOLUNTEER SURGEONS.—The following volunteer surgeons, having undergone the requisite examinations, have been granted certificates of proficiency, entitling their respective corps to additional Government grants: Acting Surgeon W. A. Renshaw, M.D., 28th Cheshire R.V.; and Surgeon G. E. Corrie Jackson, 46th Middlesex R.V.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, May 30th, 1878.

Aldin, Ebenezer Wenham, Oxford
Castle, Hutton, Newport, Isle of Wight
Homes, James, Ledbury
Hughes, Thomas Montgomery, 175, Kennington Road, S.E.
Lighton, Henry Alfred Hamilton, Ross
Lynn, Edward, Woolwich, Kent
Michael, Henry James, Colchester
Watson, Evan John, Durham

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

Hardy, Henry Louis Preston, London Hospital
Jones, Arthur Lloyd, London Hospital
Wey, Alfred Cox, Middlesex Hospital

In the list for March 7th, Frederick Enos Fenton, St. Mary's Hospital, should have been St. George's Hospital.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.—At the usual monthly examinations for the Licences of the College, held on Tuesday, Wednesday, and Thursday, May 7th, 8th, and 9th, the following candidates were successful.—For the Licence to Practise Medicine: previous examination.

Bartholomew, Isabella

Final examination.

Clark, Ann Elizabeth

Sweeny, Terence Humphrys

For the Licence to Practise Midwifery.

Clark, Ann Elizabeth

Sweeny, Terence Humphrys

Hyne, Frederick Alexander

MEDICAL VACANCIES.

THE following vacancies are announced:—

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

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

MANCHESTER ROYAL INFIRMARY, DISPENSARY, and LUNATIC HOSPITAL—Ophthalmic Surgeon. Applications to be made on or before the 29th instant.

MIDDLESEX HOSPITAL—Assistant-Physician. Applications to be made on or before July 2nd.

ROYAL HOSPITAL OF BETHLEHEM—Assistant Medical Officer. Salary, £300 per annum, with furnished apartments. Applications to be made on or before the 20th instant.

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

TOWNSHIP OF MANCHESTER—Assistant Medical Officer. Salary, £140 per annum, with furnished apartments, washing, attendance, etc. Applications to be made on or before the 10th instant.

WEST BROMWICH DISTRICT HOSPITAL—House-Surgeon. Salary, £80 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.

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.

MARRIAGES.

JACKSON—BARNES.—On the 5th instant, at St. George's, Hanover Square, by the Rev. Charles Sedley Hargreen, Vicar of Staunton Long, cousin of the bride, assisted by the Rev. Capel Cure, Rector of the parish, Ernest Carr Jackson, of 91, Harley Street, Cavendish Square, eldest son of the late *Thomas Carr Jackson, F.R.C.S., to Ada Constance Sedley, younger daughter of *Robert Barnes, M.D., F.R.C.P., of 31, Grosvenor Street, Grosvenor Square.

WOLSTON—LEAN.—On the 4th instant, at the Registrar's Office, Lambeth, Surrey, Walter Thomas Pridgeaux Wolston, M.B., Edinburgh, to Mary, third daughter of the late Francis Lean, R.N.—No cards.

PRESENTATION TO DR. MORTON.—This gentleman was last week presented by his friends in Castleblayney and its neighbourhood with an address, and a purse containing two hundred guineas, on the occasion of his leaving that place to reside in Nenagh. The address stated that, in losing him as their medical attendant, they would miss the clear-sighted skill and watchful attention which many of them had learned to value in time of sickness, and they would deeply feel the loss of his influence which he invariably exercised for good; whilst his example of uprightness and consideration for others, especially the sick poor under his charge in the Castleblayney Dispensary District, had gained for him universal respect and esteem.

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, 1 P.M.—King's College, 1.30 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Cancer Hospital, Brompton, 3 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 1.30 P.M.—St. Peter's, 2 P.M.

THURSDAY.... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Charing Cross, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Hospital for Women, 2 P.M.—St. Thomas's (Ophthalmic Department), 4 P.M.—London, 2 P.M.

FRIDAY..... Royal Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.—Royal South London Ophthalmic, 2 P.M.—Guy's, 1.30 P.M.

SATURDAY.... St. Bartholomew's, 1.30 P.M.—King's College, 1 P.M.—Royal London Ophthalmic, 11 A.M.—East London Hospital for Children, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 1.30 P.M.—Royal Free, 9 A.M. and 2 P.M.—London, 2 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Royal College of Surgeons of England, 4 P.M. Mr. T. Spencer Wells, "Lectures on the Diagnosis and Surgical Treatment of Abdominal Tumours". Lecture I: Mode of examining Patients with Abdominal Tumours; External, Internal, and Combined Examination; Form of Note-book for recording Cases; Collections of Fluid in the Abdominal Cavity and in the Cyst; Ovarian, Renal, and Hydatid Cysts; Illustrated Specimens from Museum; Chemical and Microscopical Examination of Fluids removed by Tapping.

WE DNESDAY.—Royal College of Surgeons of England, 4 P.M. Mr. T. Spencer Wells, "Lectures on the Diagnosis and Surgical Treatment of Abdominal Tumours". Lecture II: Semisolids Abdominal Tumours; Different Kinds of Ovarian Tumours—their Diagnosis—Complications with Pregnancy; Extra-uterine Pregnancy—Specimens illustrating various other Conditions resembling Ovarian Tumours; Fibroid and Fibro-cystic Uterine Tumours; Tumours of Abdominal Wall; Tumours of Omentum and Mesentery, of Liver, Spleen, Kidney, and Mesenteric Glands; Cancer and Tuberclse; Aneurism; Haematocele and Pelvic Abscess; Faecal Accumulation; Phantom Tumours.—Epidemiological Society, 8 P.M. Dr. McCombie, "On the comparison of Small-pox (Statistic) Epidemics, 1871 and 1877".

FRI DAY.—Royal College of Surgeons of England, 4 P.M. Mr. T. Spencer Wells, "Lectures on the Diagnosis and Surgical Treatment of Abdominal Tumours". Lecture III: Surgical Treatment of Ovarian Cysts and Tumours; Tapping, by Abdominal Wall, Vagina, or Rectum; Tapping, with Drainage; Injection of Iodine, or Antiseptics; Incision and Drainage; Ovariectomy—Selection of Cases—Preparation of Patient—Instruments—Anæsthetics; Duties of Assistants and Nurse.

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.

SIR,—Can any of your readers tell me which are the best Italian and Spanish medical text-books?—Yours truly, H. C. London, June 3rd, 1878.

ELECTIONS AT THE MEDICAL BENEVOLENT COLLEGE.

SIR,—The result of the late election of "foundation scholars" for the Medical Benevolent College shows, I think, how needful it must be to do away with all canvassing. Totally unacquainted with any of the candidates, I am struck with the fact that a first year's applicant (Archer) is carried in at once by a large number of votes, whilst another (Digby) loses his fifth chance, not to mention others. Surely such results must be the consequence of much canvassing and expenditure, and could not occur under a different system.—I remain, sir,

A SUBSCRIBER FROM THE FIRST, AND MEMBER OF CHARITY REFORM ASSOCIATION.

A. H. T. C.—The title of Mr. Birkett's work is *Diseases of the Heart, and their Treatment*.

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.

ALCOHOL AS FOOD.

SIR,—It is not asserted by any scientific man that alcohol enters into the composition of the tissues, thereby assisting to build up the body, and thus to make up for the wear and tear consequent upon exertion; but even such an authority as Dr. Carpenter holds that "it may be transformed into force in the human economy under certain unknown circumstances, and as such it may be useful without danger as a luxury". Dr. Richardson, on the other hand, declares that alcohol adds no force whatever to the animal organism. Now, it is quite possible to reconcile, to a very great extent, these apparently contradictory statements. We must keep before us the fact, scientifically demonstrated, that a large proportion of the alcohol introduced into the economy undergoes chemical transformation in the tissues, and is not, as has been asserted, eliminated unchanged by the excretory organs. Now, as all chemical changes produce a certain amount of force, it is impossible to escape from the conclusion that alcohol adds energy to the system. But this by no means renders it certain that man gains strength by the imbibition of alcoholic drinks, for it has also been distinctly shown that the human body is capable of more exertion without alcohol than with it. In other words, it is scientifically proved that alcohol adds a certain amount of force to the body; and, on the other hand, it has been satisfactorily demonstrated that it abstracts a considerable amount of energy from the system.

It is impossible to understand this question thoroughly unless we bear in mind that alcohol is both a food and a stimulant. A stimulant is an agent which compels the organism to expend the energy which has been stored up in the tissues, while food imparts the energy required by the system for carrying on the various vital processes. A food imparts strength or force, while a stimulant dissipates the force or energy received from the food. It must therefore be evident that the usefulness of any substance as a nutritive agent entirely depends upon the proportion which its force-producing properties bear to its stimulating power. If the stimulant properties predominate, there will be more energy caused to be expended by the substance than its force-producing power is able to supply; but should the force-giving properties be in the ascendant, there will be more energy imparted by the substance than will be caused to be expended by it. Beef, for example, is both a food and a stimulant; but it is a highly nutritive agent, because its force-producing properties are very much greater than its stimulating power. Beef-tea, on the other hand, has very little nutritive strength, because its stimulating power is very great in proportion to its force-producing properties; but with alcohol its stimulating power is so very excessive, when compared with its quality as a force-product, as to render it not only useless as a nutrient, but positively injurious as a luxury. Against this conclusion are usually brought certain facts which show that persons have lived upon alcohol alone for months, and even years. Such facts I do not attempt to deny; for my own experience in private practice in Liverpool (a place not pre-eminent for its total abstinence) has furnished me with reasons for believing and means of explaining them. The explanation of such cases is as follows. When the system has been, by long continued and excessive use of alcohol, deprived of its power to be stimulated except by immense quantities of the drug, then the body gets the advantage of its force-producing power, provided that the amount administered stops short of the quantity required to produce stimulation to any but the smallest extent: in other words, man can gain no vital force from alcohol until he has so far ruined his nervous system by means of it that his life has become a burthen. This explanation is in entire accordance both with scientific experiment and clinical experience. The cases which seem to militate against it, in which persons have lived for weeks when partaking of nothing but alcohol, even although the nervous system has not been previously accustomed to it, are all capable of quite another explanation, for it has been shown that such persons would in all probability have lived longer without any alcohol whatever. Many patients live for weeks upon nothing but water; indeed, it is quite marvellous how little food is required to maintain life when the body is at complete rest and is maintained at a suitable temperature.—Yours, JAS. MUIR HOWIE, M.B.

50, Rodney Street, Liverpool, May 18th, 1878.

SIR,—Will Dr. Markham try to settle the above question in the following way? I am out of health just now, but that would be of advantage to Dr. Markham in solving the problem in the way I propose—viz., that he and I should walk twelve miles a day until one of us yielded. His "nourishment" should be as much as he pleased of bread and plain water; mine, bread and the best draught stout, as much as I pleased likewise. Should Dr. Markham not like to experimentalise upon himself, the plan could be applied to any other two men. The result would be practical and conclusive; and that the stout would beat the water and prove itself a food I am certain.—I am, sir, your obedient servant,

L.R.C.P.Lond.

TETRACHLORIDE AND BISULPHIDE OF CARBON IN NEURALGIA.

SIR,—Unless I have myself been labouring under an unaccountable delusion, there is a singular error in Mr. Hancock Wathen's note on his treatment of neuralgia by tetrachloride of carbon. He writes of that drug (p. 778) as having been "originally recommended by the late Dr. Kenyon" (his name was Kenyon, by the bye), whereas it was the fearfully offensive bisulphide of carbon which Dr. Kenyon used to apply, vaporised, to the temple or behind the ear, as "a specific for headache of all kinds". It would be interesting to learn how Mr. Wathen came to employ an allied carbon compound, though it is perhaps not strange he should find it of efficacy in the same genus of symptoms. At one time I gave the bisulphide a persistent trial, with widely varying results. In occipital or other reflex headaches, having their origin in "bilious" epigastric catarrh, slow digestion, apergia, and what not, where the painful sensations are merely impressions transmitted through the inferior cervical ganglion to the brain, I invariably found the bisulphide completely fail, and no wonder, since it could neither remove nor counteract the cause; whilst in certain other forms of head-pain, such as the megrim of hysterical ill-nourished women, or the regularly recurrent brow-ague of debility, I have very often (but not invariably) found it a rapid alleviant. Where of use at all, I have always found it succeed at once—"like magic", patients have phrased it; so much so, that, as the first measure of all, when in doubt as to the *rationale* of the ache, I have used the bisulphide as an aid to diagnosis: if it failed at once to relieve, dismissing at once from calculation a certain class of causes and anodyne remedies, veering round to totally different treatment founded on quite opposite hypothesis.—Yours, etc., F. ARNOLD LEES.

Market Rasen, May 25th, 1878.