

in whom the shoulder-joint had been excised. The patient, a woman, had had a sinus in the right arm, near the insertion of the deltoid, for a year and a half, following an abscess in the axilla four years previously. Excision of the head of the humerus was performed, under strict antiseptic principles. The incision was longitudinal, commencing at the sinus, and extending upwards along the inner margin of the deltoid. The bone was divided at the surgical neck. Extensive caries of the head of the humerus was found. The wound was dressed four days after operation under carbolic spray. It was three-fourths healed, and there was very little discharge. It was dressed only twice more, at intervals of four days, under carbolic spray. The wound was almost entirely healed at the last dressing. When shown, the patient could move her arm from the shoulder backwards and forwards with perfect freedom, and could also slightly abduct the thumb. The measurement from the shoulder to the elbow corresponded exactly with that of the other arm.

Treatment of Wounds.—Mr. GAMGEE exhibited a series of cases illustrating the advantages to be gained by dry and unfrequent dressing, rest, and pressure in the treatment of wounds. The case, and Mr. Gamgee's instructive comments upon them, gave rise to much discussion among the members of this section; and Mr. West showed, for comparison, a case of inflamed bursa treated by incision under Lister's method, which was completely healed on the eighth day. The conclusion ultimately reached by this section was, that, whilst Mr. Gamgee did not effect to have superseded Lister's method, he had established a valuable and indisputable claim to improvement in the treatment of wounds of certain forms.

SELECTIONS FROM JOURNALS.

PATHOLOGY.

TUBERCLE OF THE ALIMENTARY CANAL.—M. Spillmann, in a Thèse de Paris (*Gazette Méd. de Paris*, No. 2, 1879), says that there is nothing characteristic in the constitution of the tubercle similar to what has been found in other affections, like cancerous nodules, gangrene, etc. It may be briefly described as a special inflammation, consisting in a nodular infiltration of perivascular connective tissue, originating from lymph-cells. It is always accompanied by fibrinous coagula in the vessels lying in the centre of the nodules, and by arrest of the circulation; in short, a granulation is an atrophic transparent cheesy mass. The most interesting variation of tuberculosis is that affecting the mouth and pharynx. It is characterised by yellowish or greyish raised spots, which later begin to ulcerate. It presents the so-called giant-cells, which M. Spillmann believes to originate from the alteration of muscular fibres encased in the tuberculous centres. Among the symptoms, M. Spillmann especially points out an unbearable lancinating pain, which often causes the patient to refuse nourishment, and may even drive him to commit suicide. The best means of relief are tincture of iodine, glycerine, and morphia, combined, and cauterisation with a hot iron; but it is very doubtful whether complete recovery is possible. The extirpation of the parts attacked, so long as the disease has not spread to other organs, has been suggested. Tuberculous lesions in the digestive canal belong to several types. 1. They may be isolated, consisting of miliary centres situated either in the mucous membrane itself or beneath it, and after a time transformed into lenticular ulcerations. 2. They may follow the course of the vessels (annular type), having their superior part turned towards the intestines. 3. They may entirely cover Peyer's glands. In the large intestine, the tuberculation may be diffuse, and cause wide-spread, deep, rugged, or gangrenous lesions. While the tubercles of the stomach and intestines are very different from those of the buccal cavity, they present many points of resemblance, both clinical and anatomical, with the tubercles of the anus. It is not yet proved whether anal fistula ought to be considered as caused by tuberculosis of the digestive canal. M. Spillmann thinks that it has not yet been proved that tuberculous matter can develop tuberculosis, if introduced into the intestine. It is very remarkable, however, that, in a tuberculous individual, any organic lesion or irritation may produce tubercles.

DEGENERATIVE CHANGES IN THE DIAPHRAGM AS A CAUSE OF SUDDEN DEATH.—Dr. F. W. Zahn, in an article in Virchow's *Archiv*, Band 73, ascribes certain cases of sudden death to structural changes in the muscular tissue of the diaphragm. These cases occur mostly in persons who have been for some time the subjects of emphysema, chronic bronchial catarrh, or slight disease of the muscular structure of the heart, and

then die suddenly without any evident special complications. At the necropsy, there are found emphysema, moderate oedema, and hyperæmia of the lung, chronic catarrh of the bronchi, with more or less hypertrophy of the heart with some fatty degeneration; the remaining organs are generally sound, and the pathological conditions are apparently not sufficient to account for the sudden death. In a case of sudden death occurring in a person who was the subject of an advanced stage of emphysema, Dr. Zahn was led to examine the diaphragm, as there was nothing in the other organs that would sufficiently account for the death. The result was the discovery of extensive fatty degeneration of the muscular tissue of the diaphragm, which was much thickened. He has since made a number of examinations; and finds that degenerative processes of three kinds occur in the diaphragm. 1. There may be simple brown atrophy with proliferation of cells and nuclei. In this case, which is the most frequent, the diaphragm is thinned and of a faintly brownish colour. Fatty tissue is found between the muscular fasciculi. 2. There may be granular opacity with fatty degeneration. Here the diaphragm has a yellow opaque appearance, and yellowish spots are sometimes seen. 3. In one case, Dr. Zahn found hyaloid degeneration of the muscle. This is very rare; and, when it affects the striated muscles, appears to be of traumatic origin. From his investigations, Dr. Zahn arrives at the following conclusions. In almost all cases, the disease of the diaphragm is of the same kind as that of the muscular tissue of the heart; and hence it may be correctly inferred that the disease in both arises from the same cause. Brown atrophy is brought about by marastic changes in the organism; fatty degeneration is in part the result of dyscrasic changes in the blood. Regarding the hypertrophy and consequent secondary degeneration of the muscular tissue of the diaphragm through increased exertion in consequence of impediments to or abnormal conditions of respiration and the pulmonary circulation, Dr. Zahn does not, for the present, arrive at any conclusion. He is, however, disposed to attribute the change in the muscle to a disturbance of nutrition, such as that produced by an excess of carbonic acid and a defect of oxygen in the blood. Where disease of the diaphragm is present, sudden death by asphyxia may occur even in very slight cases of bronchial catarrh.

THERAPEUTICS.

BROMINE IN LARYNGEAL CROUP.—Dr. W. Redenbacher writes in the *Ärztliches Intelligenz-Blatt* of January 7th, that he has obtained strikingly good effects in two cases of laryngeal croup from the internal administration of bromine (in the form of bromide of potassium). For some time, bromine inhalations have been used in the following manner. From 0.2 to 0.3 gramme of bromine, with a similar or greater quantity of bromide of potassium, has been dissolved in 120 grammes of water, and, a sponge or handkerchief dipped in it being tied before the nose and mouth, the bromine-vapour has been inhaled for five or ten minutes at intervals varying from half an hour to an hour. From this method, however, Dr. Redenbacher has not been able to obtain any good result. Two little girls, aged respectively 5 and 7, having come under his care with severe croup of the larynx and air-tubes, he ordered a tablespoonful of the following mixture to be taken every hour: *R. Decocti altheæ 120 grm.; potassii bromidi 4 grm.; bromi 0.3 grm.; syripi simplicis 30 grm.* On again visiting the patients, whom he did not expect to find alive, he was most agreeably surprised. The harsh respiratory murmur, the difficult breathing, the dry characteristic cough, the loss of tone in the voice, had all disappeared; the breathing was free, the cough loose, and the hoarseness diminished. Several portions of croupal membrane had been coughed up. The improvement continued on the next day, and perfect recovery followed in a few days. No toxic symptoms of any kind were produced. For children under one year, the quantity of bromine in the mixture should be reduced to 0.1 gramme; and for those from one to four years old, to 0.2 gramme.

SILPHIUM CYRENAICUM.—The *Allgem. Wiener Med. Zeitung*, No. 53, 1878, contains an article on a drug which seems to have been known many centuries ago, but which has only been analysed and officially acknowledged in our times. It is the silphium Cyrenaicum, prepared by Messrs. Dérode and Deffès, chemists in Paris, which is said to be very efficient in phthisis, catarrh of the lungs, cough, etc. It does not suddenly put a stop to these affections; but it diminishes the irritation in the throat which causes the cough; it reduces the action of the heart and lowers the temperature, thereby enabling both the patient and the physician to dispense with narcotics, which after a certain time lose their power, or, what is still worse, cause permanent injury to the nervous system and the brain. It is given in different forms, as pills, tincture, syrup, and glycerine.

SAFONIN AS A LOCAL ANÆSTHETIC.—In the *Centralblatt für die Medicin. Wissensch.*, No. 52, 1878, Dr. Keppler describes some experiments which he made on himself to test the efficiency of saponin as a local anæsthetic. He injected hypodermically into his thigh one *decigramme* of a ten per cent. solution. In a few moments, he felt a burning sense of pain at the puncture, he turned pale, his brow was covered with cold perspiration, he felt giddy, and became unconscious for a few moments. Sixteen minutes after the injection, the puncture and the region around, to the extent of an inch, became insensible to the prick of a needle thrust into the skin for about half an inch, as well as to touch, and remained so about fifteen minutes. The temperature, when taken in the clenched fist forty minutes after the injection, had risen to one-sixth of a degree, and three hours after the operation was 100.1 deg. It then sank gradually during twenty-four hours till it reached the normal standard. On the second and third day, the temperature showed distinct remissions, rising regularly to 100.1 deg. On the evening of the third day, the temperature was 99 deg.; the same state continued on the fourth day. On the fifth, the temperature sank below the normal, being at noon 89.5 deg., and at night 95 deg. The frequency of the pulse had also sunk from 85 to 65 on this day. During these five days, Dr. Keppler felt himself, both bodily and mentally, much depressed, and was very somnolent. According to him, saponin ought not to be classed among surgical anæsthetics; it is not easily diffused in the body, and is, therefore, slowly eliminated. This protracted presence of the drug in the organism might cause paralysis of the brain and heart. It might be tried as an antifebrile medicine in doses of six *centigrammes* given hypodermically.

PHYSIOLOGY.

RAPIDITY OF PROPAGATION OF STIMULATION IN NERVES.—In the *Progrès Médical*, No. 2 of 1879, are given the results of M. Chauveau's experiments on the difference of rapidity in the different parts of nerves, and on the propagation of stimulants in the nerves of the involuntary muscles. They are as follows 1. The mean rapidity in the frog is twenty-one *mètres* per second. 2. If in mammals the space between the muscle and the point to which the stimulus has been applied be increased, the time needed for the propagation of the impulse does not increase in direct proportion with the space. 3. This law seems to be reversed if the experiment be performed on a dead subject. 4. In the middle portion of the nerve, the rapidity is about sixty-five *mètres* in a second. These experiments were performed both on the facial and the pneumogastric nerves with the same result. As regards the transmission of the impulse in the nerves of the non-striated muscular fibres, the results were as follows 1. If the muscular tissue of the œsophagus be directly stimulated from the top to the bottom, contractions ensue, which correspond in extent and form to the stimulation applied, and also start from the same point. 2. If the stimulus be applied to the vagus nerve above the origin of the motor œsophageal nerves, the contractions follow more slowly in the lower portion of the œsophagus, which possesses much longer nerves than its upper portion. 3. If the impulse be propagated in the motor nerves of the larynx and face with a rapidity of sixty-five *mètres* a second, or more, we may calculate that it does not go beyond eight *mètres* a second in the motor nerves of the cervical portion of the œsophagus. Hence the rapidity with which centrifugal stimulation is transmitted in the motor nerves of involuntary muscles is about eight times less than in the nerves which innervate voluntary muscles.

SURGERY.

REMOVAL OF THE RADIUS BY ABSORPTION.—Dr. Nedopil relates, in the *Wiener Medizinische Wochenschrift* for December 7th, 1878, the following rare case, which occurred in Dr. Billroth's out-patient practice at the University Clinic. Josepha Z., a cook, aged 34, applied, in June 1878, for relief on account of a constantly increasing contraction of the left forearm. In 1868, she was delivered of a child, which died when six years old with symptoms of scrofula; according to her account, the father had syphilis. In 1873 (having been previously in good health), she had serpiginous ulcers of the right thigh; and in 1874 she had disease of the left knee, from which she suffered for three years. The knee swelled spontaneously: the swelling disappeared when she was able to rest, but returned as a result of exertion. She was first treated in hospital early in 1876, for white swelling. As there was no improvement, she left the hospital in August; and in the following October (1876) an abscess formed over the patella, and two small pieces of bone were discharged. Soon afterwards, the knee healed. During her stay in hospital, the radial half of the left forearm became painful and swollen, and

the use of the hand became impossible. Local applications of tincture of iodine and warm moist bandages were ordered; and the patient soon ceased to attend. The pain and inability to use the hand lasted about nine months; and when the swelling and pain disappeared (about September 1877) she observed a constantly increasing deformity of the left wrist, on account of which she again presented herself at the hospital. The left patella was smaller than the right, and the loss of substance which it had undergone had divided it—as if it had been fractured—into two fragments. The knee-joint itself was healthy. The left forearm was distinctly smaller in circumference than the right (14 *centimètres* against 17½). There was subluxation of the hand towards the radial side. On palpation, no trace of the diaphysis of the radius could be found. The epiphyses were both present; their ends were directed towards the ulna, and could be rather extensively moved by passive motion. Supination was much impeded; the other movements of the hand were perfectly free and strong. On forced passive flexion, the muscles on the radial side of the arm contracted strongly; but it could not be ascertained with certainty whether the epiphyses of the radius were connected by a firm band. In a note to this case, Dr. Billroth refers to a case shown him by Dr. Barbieri of absorption of the lower jaw, without suppuration, but with much pain, in a man about fifty years old. He mentions also a preparation in the pathological museum at Zürich, of a tibia of which only the epiphyses and a diaphysis about as thick as a crowquill remain: it is catalogued as “concentric atrophy of the tibia”.

OBSTETRICS AND DISEASES OF WOMEN.

TREATMENT OF TUBAL PREGNANCY.—Dr. Veit (*Deutsche Zeitschrift für prakt. Med.*, No. 49, 1878) says that about one-fifth of the cases of hæmatocele are due to rupture during tubal pregnancy; and that the latter is more frequent and capable of a more favourable prognosis than is generally supposed. In the rare cases in which an early diagnosis of tubal pregnancy can be made, expectant treatment is indicated. When rupture occurs, an attempt must first be made to arrest the hæmorrhage by external means; and, as a last resource, laparotomy must be performed, although it does not afford a very good chance. The method of arresting the hæmorrhage will vary in different cases; sometimes it will consist in the application of sutures, sometimes in removal of the sac, etc. Dr. Veit performed laparotomy on a moribund patient to arrest the hæmorrhage produced by rupture in tubal pregnancy. The Fallopian tube was tied, the sac sewn to the lower angle of the wound, and plugged with salicilised cotton-wool. After two days, plastic peritonitis set in, of which the patient died sixty-four hours after the operation.

MEDICINE.

THE DIAGNOSIS OF ADHESION OF THE PERICARDIUM.—In an article in the *Berliner Klinische Wochenschrift* for December 20th, Dr. L. Riess calls attention to a comparatively rare, and, as he believes, hitherto undescribed sign of adhesion of the pericardium; viz., the production of a metallic resonance of the heart's sounds (and of murmurs in disease of the valves) in the stomach. He relates three cases which have come under his observation in the Berlin General Hospital, in which the resonance was observed. In the first, a necropsy showed extensive adhesion of the pericardium over the diaphragm, as well as in other parts—there being, in fact, almost universal pericardial adhesion. The other two patients are still alive, and are the subjects of valvular disease; and in both there is resonance of the murmurs through the stomach. Commenting on the three cases, he remarks that the inconstancy of the phenomenon does not militate against the explanation he gives of it; viz., that it arises from the close approximation of the heart and stomach in consequence of the pericardial adhesion. In the first case, the stomach was excessively distended; but this is not necessary for the production of the resonance, for in the other cases there was only moderate distension, and the resonance was neither increased nor produced by artificial distension. He observes also that these cases show that the first sound of the heart or a systolic murmur may have a metallic resonance, while the diastolic sound does not manifest this character. Constancy of the sign is not to be expected; and one or more examinations may fail to detect it, although other symptoms of adhesion of the pericardium are present. When met with, however, it is a valuable aid in the diagnosis. Of course, the resonance produced by cavities in the lungs, and by pneumothorax or pneumopericardium, must be excluded.

DR. JOHN SMITH, for nearly fifty years physician to the City Workhouse, in Forrest Road, Edinburgh, and some time President of the Royal College of Physicians of that city, died on the 4th inst., at the age of eighty-one.

Several reasons have been advanced for the proposed changes. One of these is economy; another, that the grey trouser is less detrimental to the health of the soldiers; and a third is, that the red trouser serves as a sort of target for the enemy. Not one of these reasons can stand the test of sober and impartial argument, not even the principle of economy, as it has been proved that, for long wear, nothing is equal to red cloth, provided the dye used is of good quality, and not mixed up with the aniline products frequently substituted now-a-days for the good old vegetable tinctures used for dyeing.

Up to the present time, it is well known that the green colour of preserved vegetables is imparted to them by certain salts of copper, the sulphate and the acetate, which are dissolved in the water employed for bleaching them; but, notwithstanding the attempts made from time to time to prove the contrary, the salts of copper are considered poisonous, and the Council of Public Hygiene in Paris has, in the most peremptory manner, forbidden the use of these salts in the preservation of alimentary substances. And it will be difficult to persuade the public that the salts of copper, however ingested, are innocuous, or that they ought to be considered as condiments necessary and indispensable to our food. With the view of overcoming this difficulty, and in order still to impart to preserved vegetables, without the intervention of the salts of copper, the beautiful green tint admired by the public, Professor Guillemaire of the University of Paris has made most important researches on the subject. From numerous experiments, he learned, on the one hand, that chlorophyll, or the colouring matter of vegetables, disappears on boiling, and it does so more or less completely and quickly according to the smallness of the quantity of vegetables submitted to ebullition; on the other hand, if the vegetable fibre and the starchy substance it contains be placed in contact with soluble chlorophyll during the process of bleaching, the fibre becomes saturated at about 212 deg. Fahr.; lastly, vegetables saturated by one-half or completely with chlorophyll during the bleaching process retain the green colour, which is unaffected by boiling. M. Guillemaire has succeeded in fixing, in a definitive manner, the chlorophyll in vegetables by the following method. Spinach, treated with a weak solution of soda, yields nearly all the chlorophyll it contains, and it is this solution of chlorophyll that is added to the water destined for the bleaching of vegetables. The chlorophyll, set free, fixes itself on the vegetables, and, adding itself to the colour already existing naturally in them, enables them to preserve their green tint, which, without this addition, would be destroyed by ebullition. The importance of this discovery cannot be overrated, as, by this new method, preserved vegetables may be obtained with the green colour so much sought by *gourmets*, without the intervention of the salts of copper or other poisonous material.

ASSOCIATION INTELLIGENCE.

METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.

THE next meeting of this District will be held at the Bow and Bromley Institute (Committee Room, No. 3), on Tuesday, February 18th, at 5 P.M.; Dr. ANDREW CLARK, President of the Branch, in the Chair.

The following communications are promised.

1. On some Diseases of the Bronchial Clands. By Dr. J. I. B. Berkart.
2. The Relations of Croup and Diphtheria: their identity or otherwise. By R. W. Parker, Esq.

Members having cases of practical interest are requested to communicate at once with the Honorary Secretary.

All members of the Branch are invited to attend.

A. GRANT, M.D., *Honorary Secretary*.

370, Commercial Road, E., February 5th, 1879.

METROPOLITAN COUNTIES BRANCH: SOUTH LONDON DISTRICT.

THE next meeting of this District will be held at Bethlem Royal Hospital, St. George's Road, S.E., on Wednesday, February 19th, at 8 P.M.: Dr. GEORGE H. SAVAGE in the Chair.

The following papers will be read.

1. Repeated Paroxysmal Failure of Sight in connexion with Heart-disease. By E. Nettleship, F.R.C.S.
2. Annular Stricture of the Intestine. By Stephen Mackenzie, M.D.

These District meetings are open to all members of the Branch.

H. NELSON HARDY, *Honorary Secretary*.

The Grove, Dulwich, S.E., February 10th, 1879.

GLOUCESTERSHIRE BRANCH.

A MEETING will be held on Tuesday next, February 18th, at half-past seven o'clock, at the General Hospital, Cheltenham; President: Dr. WILSON.

Business of the meeting:—

1. A Case of Disease of the Testicle. Mr. Cripps.
2. A Case of Absence of the Vagina in a Married Woman, operated on successfully. Dr. Gooding.
3. A Case of Operation for Hernia with Undescended Testicle. Mr. Bennett.
4. A Case of Hydatids in Liver and both Lungs. Mr. Cardew.
5. A Case of Multiple Abscesses. Dr. Ferguson.
6. A Case of Perityphlitis. Dr. Batten.

Members are requested to observe that meetings are now held on the third Tuesday in every month, at half-past seven o'clock; they are also invited to give notice to the Secretary of any questions or cases of interest, which they may be willing to bring before the Association.

RAYNER W. BATTEN, *Honorary Secretary*.

Gloucester, February 10th, 1879.

LANCASHIRE AND CHESHIRE BRANCH.

AN intermediate meeting of this Branch will be held at the Athenæum, Bury, on Friday, February 21st, at 3.30 P.M.; LESLIE JONES, M.D., President, in the Chair.

Mr. Jonathan Hutchinson (London) will give an address on Syphilis as an Imitator.

The following communications have also been promised:

J. FARRAR, Esq.: A Case of Idiopathic Tetanus treated by Chloral-Hydrate.

Dr. Haddon: 1. A Case of Milk-like Urine in a Boy; 2. The Evils of Diffusing Steam in the Room in Cases of Bronchitis.

Dr. Leslie Jones will relate the history of a case of Suppurating Hydatid Cyst of the Liver, in which, after repeated aspirations, the tumour was opened with the knife, and the membranous walls of the cyst, with six pints of purulent fluid, removed; recovery following.

Dr. Little will exhibit Mr. Brudenell Carter's demonstrating Ophthalmoscope, and will illustrate its Use by Cases of, (1) Optic Neuritis, (2) Retinitis Albuminurica.

Dr. Lloyd Roberts will show a Case of Extra-uterine Pregnancy in which Abdominal Section was performed.

There will be an exhibition of microscopic preparations illustrative of the pathology of various lung-diseases.

Medical and surgical instruments will be shown by Messrs. J. and W. Wood, Messrs. Holdernes, Messrs. Arnold and Sons, and Mr. Hawksley.

Mr. Squire, Messrs. Woolley, and Messrs. Corbyn and Stacey, will show new drugs and preparations.

Dinner will be provided at the Derby Hotel at six o'clock. Charge 7s. 6d., exclusive of wine. Gentlemen who intend to be present at the dinner are requested to send their names to the Honorary Secretary.

D. J. LERCH, M.D., *Honorary Secretary*.

96, Mosley Street, Manchester, February 11th, 1879.

STAFFORDSHIRE BRANCH.

THE second ordinary meeting of the session will be held at the London and North-Western Hotel, Stafford, on Thursday, February 27th, at 3.30 P.M.

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

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

THE next meeting will be held at the Prince of Wales Hotel, Erith, on Tuesday, March 4th, at 3 o'clock P.M.: FLAXMAN SPURRELL, Esq., in the Chair.

Dinner will be provided at 5.30 P.M. Charge, 5s., exclusive of wine.

A. HALLOWES, *Honorary Secretary*.

11, King Street, Maidstone, February 10th, 1879.

MIDLAND BRANCH.

THE next meeting will be held at the Town Hall, Boston on Thursday, March 6th, at 1 o'clock: President, A. MERCER ADAM, M.D.; President-Elect, F. WRIGHT BAKER, Esq.

The following papers will be read and discussed.

Notes of three Cases of Ovariectomy, Geo. Elder, M.B., Nottingham.
Notes on Cases of Strumous Ophthalmia, W. Newman, M.D., Stamford.

On Excision of the Hip-Joint, T. Sympton, F.R.C.S., Lincoln.

Dr. Morris will introduce a patient, whose head of the femur he removed for "Morbus Coxarius of six years' standing, twenty-nine years ago"; and give a brief history of the case.

On the Treatment of Intestinal Obstruction, W. J. Pilcher, F.R.C.S., Boston.

Dinner at the Town Hall at 3 o'clock. Tickets, four shillings each.
C. HARRISON, *Honorary Secretary*.

Lincoln, February 1879.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEETINGS.

THE next meeting will take place in the Cottage Hospital, at Ashford, on Thursday, March 6th, at 3 o'clock: Mr. E. B. TERRY of Woodchurch in the Chair.

Dinner will be provided at the Saracen's Head at 5 o'clock.

Members intending to read papers are requested to communicate at once with the Honorary Secretary.

WM. KNIGHT TREVES, F.R.C.S., *Honorary Secretary*.
Margate, February 3rd, 1879.

NORTH WALES BRANCH.

MEMBERS who intend reading papers at the next Intermediate Meeting (in March) are requested to notify the subjects of their papers to the Honorary Secretary on or before the 19th instant, that the titles may be included in the usual circular.

Denbigh. J. LLOYD ROBERTS, *Honorary Secretary*.

METROPOLITAN COUNTIES BRANCH: NORTH LONDON DISTRICT.

A MEETING of this district was held at the Holloway Hall, on January 30th, 1879: Dr. ANDREW CLARK, the President of the Branch, being unavoidably absent, Dr. SHEEHY took the Chair. About twenty-five members and visitors were present.

Instruments.—Messrs. Arnold and Son exhibited a large number of instruments.

Dr. R. J. LEE explained the action of his new Steam Draft Inhaler.

Paper.—Mr. JOHN GAY read a paper on Milk as a Food for Man. Drs. Lee, Grigg, and Brown, took part in the discussion.

Next Meeting.—It was agreed that the next meeting should be held at the Holloway Hall, on February 27th, 1879, at 8 P.M., when Dr. Barnes will read a paper.

DUBLIN BRANCH: SECOND ANNUAL MEETING.*

THE *Dinner* took place in the King and Queen's College of Physicians in Ireland. After the usual loyal toasts had been proposed and honoured, the President, Dr. GORDON, in proposing the "House of Commons", said the British Medical Association was a struggling body, not as regards its funds, which were in a flourishing condition, but in its endeavour to secure the rights and interests of its members. The British Medical Association claimed, in common with the House of Commons, to be a representative body. Having alluded to the courtesy and attention with which members of the House had received him (the President) and other members of Parliamentary deputations on which he had been, the President especially acknowledged the assistance received from their guest, the Attorney-General for Ireland, with whose name he coupled the toast.

The Right Hon. the ATTORNEY-GENERAL (Mr. EDWARD GIBSON, Q.C.), in the course of his remarks, said he was persuaded that the House of Commons was sincerely anxious, loyally, faithfully, and laboriously to discharge its high functions, and to endeavour to retain the confidence and the admiration of the civilised world. It was the special good fortune of the medical profession and of those who took an interest in medical subjects that, whenever any measure dealing with that great profession was brought before the House of Commons, it was considered entirely on its own merits, and not at all as a party question. That was a matter for profound congratulation. As one of the representatives of an university which contained within it a great and successful medical school, he (the Attorney-General) was bound by duty to that university to take a warm and close interest in all questions con-

nected with the medical profession. When such topics came again before the House of Commons, it would be his duty, and certainly his desire, to pay them the greatest possible attention, and to watch the progress of any legislation affecting the medical profession, availing himself of the information afforded to him by those who were far more competent to form right opinions in the matter than he could pretend to be from any minute researches of his own.

The toast of the "British Medical Association" was responded to by the ex-President of the Branch (Mr. PORTER), who referred to the good work done by the Association, and to the successful establishment of the Dublin Branch, the health of the respected President of which he proposed.

The PRESIDENT (Dr. GORDON), in returning thanks, said the Association had done good work in Ireland the last few years. This year (he continued) will be an eventful one, as the British Medical Association is to be received by the premier Irish Branch of the Association in Cork next August. I am satisfied that we will do all in our power to make that reception creditable; and, for my part, I shall leave nothing undone to promote the interests of the Dublin Branch of the Association.

Dr. LITTLE (Vice-President of the College of Physicians), in the absence, through illness, of the President (Dr. HEAD), responded to the toast of the College. He said: The College of Physicians is at all times proud to receive the members of this Branch within its halls. The College feels that this great Branch, and the still greater Association of which it forms a part, have taken upon themselves duties which the College, in its corporate capacity, is not able to undertake. The College of Physicians does its utmost to discharge efficiently those duties which have been imposed upon it—namely, the supervision of education and the guarding of the portals of the profession. But the functions which belong to the medical associations—namely, the advancement of the material interests of the profession, the giving an impetus to the scientific mind of the profession, and the promoting of a cordial and kindly feeling amongst the members of the profession—are just as dear to the College as if they fell within its own province. They are very glad, therefore, to receive in these halls the members of an Association which undertakes those duties and so well performs them.

[*Hear.*] After referring at some length to the constitution of the College, Dr. Little argued that it had always endeavoured, to the best of its ability, to discharge its functions for the interest of the whole body of the profession. The representation of the great body of the profession on a General Medical Council was a measure that the College of Physicians had been foremost in urging should be granted for Ireland. [*Hear, hear.*] And he (Dr. Little) sincerely hoped that, whatever changes the forthcoming year might produce, it would not pass over without bringing that great concession.

Mr. SMYLY (President of the Royal College of Surgeons) said, in returning thanks on the part of the College, that it would welcome the Branch just as heartily to its hall as the toast of the College had been welcomed that evening.

Dr. ROBERT McDONNELL (President of the Irish Medical Association) responded to the toast of that body. He said it was apprehended that there would be some slight antagonism between the British and the Irish Medical Associations. I am most happy, however, to be able to say (he continued) that we have not proved to be in the slightest degree antagonistic. Our objects are the same; we have worked so far together in perfect concord, and there is no hostility between us. I shall only thank you sincerely for connecting my name with the toast, and express a hope that all the Irish medical associations will join in the reception which is to be given to the British Medical Association in Cork this year. I trust that the members of the Dublin Branch will co-operate in the work so as to make it a success.

In response to the toast of the "South and North of Ireland Branches", Professor MACNAUGHTON JONES of Cork said: Mr. President and gentlemen, I beg to return you thanks, on the part of the South of Ireland Branch, for the kind way in which you have alluded to it. In common with many who are here to-night, I regret that the future President of our Association, Professor O'Connor, is unavoidably prevented from being here himself, as he had intended. He would be able to tell you better than I can of the reception we hope to give the British Medical Association in Cork during the ensuing year. On the part of the South of Ireland Branch, I may say that I think we have very many reasons for congratulating ourselves with reference to the formation of that Branch. In the first place, we took the initiative in proving to the British Medical Association that such Branches could be worked in Ireland, without being antagonistic to any other associations whatever which had been previously established in this country. We have also shown, in taking the initiative in inviting the Association to Ireland, the use of which such Branches can be in the future of the medical history of this

* Concluded from page 211 of last number.

country. Not that I wish it to be understood that it was the South of Ireland Branch which was mainly active in giving that invitation. It was not so. It was the united action of the profession throughout Munster; for we were heartily seconded by the different towns throughout that province. Therefore, I hope for a much better meeting than we could anticipate, if the invitation had merely come from our individual city. I heard to-day, and also in the past, such expressions as "Oh! Cork is only a provincial town". I am one of those who believe that there is much more in those provincial towns than many believe, if only the stuff be worked out of them. [*Hear, hear.*] It was with that idea that I myself and a few others determined to start the Branch of the British Medical Association in Cork, because we saw in that vast association the means of drawing out some of that stuff in the existence of which I believe; and you will perhaps know better the extent to which it exists after next August. In reference to that meeting, I would prefer to speak of it after it shall have taken place, rather than now. It has been most gratifying to me to hear, both at the meeting to-day and this evening, the unanimous voices in favour of that meeting, and the promises to give us in Cork that support which we shall so much need, in order to make it a success. No doubt, we are in a remote corner of Ireland; but, for that very reason, and from being so far removed from the central city of Ireland, we require the support which Dublin can give us. I am sure that every member of the Irish Branches who has gone in the past to meetings of the British Medical Association in England, as I have done, has enjoyed the cordial and hospitable reception which has been accorded to every member who has ever visited the Association, whether in London or in English provincial towns. Therefore, I hope that we shall not be behindhand in maintaining in Cork that hospitality for which Ireland has always been proverbial. I know that in Cork we can give them plenty of butter and also a sufficient amount of "blarney". [*Laughter.*] On the part of the South of Ireland Branch, I thank you for the toast you have drunk, and for your kind expressions of intention to make the reception of the parent Association at Cork in August creditable, not only to that city, but also to Ireland. [*Applause.*]

The PRESIDENT next gave the toast of the "Visitors", associating with it the names of Dr. Cameron, M.P., and Mr. Theobald Purcell, Q.C.

Dr. CAMERON, M.P.: I have very great pleasure in responding to this toast, and the more so because, although I may be a visitor, I hardly deem myself a stranger here. In fact, I can hardly consider myself a stranger either to the members of this Branch of the Association or to the Association itself. Amongst the members of this Branch, I see a number of my oldest and most esteemed friends; and, as to the Medical Association itself, no man can have been in any way engaged in public life without becoming aware of the very great and very deserved influence which the British Medical Association exercises upon public opinion and upon the legislature in matters medical. I am heartily glad to know that the British Medical Association has extended its Branches to this country; and that the profession on this side of the Channel, and also on the other, are now in that Association working together hand in hand.

Mr. PURCELL, Q.C., said that the public were greatly indebted to the medical profession for the aid they gave to the legislature in dealing with questions connected with public health and sanitary science.

The PRESIDENT gave the health of Dr. Duffey, Honorary Secretary, which was warmly received. He next gave the "Press".

Mr. J. A. SCOTT, editor and one of the proprietors of the *Dublin Evening Mail*, responded, and mentioned that some of the most valuable articles which appeared in that journal of late years had been contributed by young medical men.

Dr. JACOB, editor of the *Medical Press and Circular*, in responding to the toast, said: The class of journalism which I represent cannot compare in importance with that about which my friend who has just sat down spoke to you; for, however the former may be useful in suggesting to the minds of members of the medical profession facts and circumstances on which they may form opinions, it can never boast of leading the public mind of the day. I have, therefore, but a small rôle to fulfil in replying to the toast of the "Press". I do so with great gratification, first, because I feel it to be an honour to the medical press that it should be duly recognised in this assembly, and, secondly, because it affords me an opportunity of speaking my mind in reference to the British Medical Association, its Dublin Branch, and its provincial representatives. There were those who, when it was proposed that the British Medical Association should extend its wings further than it had previously done, and establish the Branch in which my friend Dr. Duffey exercises the functions of honorary secretary with such admirable firmness and success, had misgivings as to the effect it would have upon the profession in Ireland. I confess that, as a journalist, who is always

anxious about the main chance, I was not without my own misgivings on the subject. But I am glad to be here this evening, because it enables me to say that it is a most pleasing circumstance to me that all jealousy between either rival sections of the profession—if we were to call them rival, which we will not—or rival journals, should be cast aside; and that, in Ireland, all sections of the profession, national or extrinsic, should shake hands together for the common weal. [*Applause.*] Therefore, I desire that it should be understood that, as far as in me lies, I am most anxious in all respects to co-operate with the British Medical Association, and assist them in the good work they have in hand both in this country and in the sister country. I also desire to say that, as a journalist, I am bound to record my admiration of the able manner in which the journalism of the British Medical Association is done. Nothing could be better done in its way. I think that my friend who has just spoken could bear similar testimony to that which I bear, and say that immense editorial ability is displayed in the production of that JOURNAL. I need hardly say that, as all journals derive their strength from those whose opinions they lead, so that JOURNAL derives its strength from the opinions of the great rank and file of the profession whom it leads. Those opinions have become quite a power in medical matters in the State; and, inasmuch as I recognise the public good and the interests of the profession in the opinions which the JOURNAL expresses, I wish both this Association and its JOURNAL the most complete success in the path they have set before them. [*Applause.*]

The proceedings then terminated.

CORRESPONDENCE.

THE AMENDMENT OF THE MEDICAL ACT.

SIR,—Dr. Waters, the chairman, as he tells us, of "the large and influential Medical Reform Committee of the British Medical Association, comprising the president and several ex-presidents, with several physicians to large hospitals, and distinguished teachers in flourishing provincial schools of medicine", asserts in our JOURNAL of to-day that the programme of medical reform of this combination of eminence and influence has for nearly fifty years embraced "four grand principles", two of which have already been established by the Act of 1858. I do not clearly understand how two principles which were attained in 1858 by the Act of 1858 have formed part of a subsequent programme of reform extending over from 1858 to 1879.

The two grand principles which Dr. Waters tells us were established by the Act of 1858, were those of (1) reciprocity of rights to practise, and (2) registration of qualified practitioners. There is nothing grand in the "principle of registration" as it is carried out by the Act, beyond the "grand" iniquity of its having abstracted upwards of £100,000 from the purses of an over-worked profession, without in return having given them a single privilege of which they were not in possession before the Act was passed. Had registration for practice been compulsory, as the Alliance Bill proposes it shall be, instead of optional, as the Act of 1858 made it, Dr. Waters might with propriety have claimed praises for those who draughted the Act; but for their bungling and their failures, which are but too evident throughout the act, they deserve nothing but our censure and resentment.

As regards the other "grand principle" which Dr. Waters says the Act of 1858 established—the reciprocity of rights to practise, will he be surprised to hear that the said Act gives *no such rights*? This grand principle was intended to have been established by some of the promoters of the Act, but they were outwitted by one amongst them, who represented a corporation whose interest it was that no such "reciprocity" should exist; and it does *not* exist.

On behalf of the general medical practitioners, as contradistinguished from those leaders of the profession, I would offer a word of advice to those now engaged in organising opposition to the Bill of the Alliance. This Bill will be obtainable by Saturday next; let them get a copy of it and examine line by line every clause it contains. If they are able to detect flaws in these clauses—flaws which would not carry out the objects of the Bill, or that would, in their estimation, be disadvantageous to the profession, let them communicate with the Alliance with the view of ascertaining, by a joint consideration, in what way an amendment of them could be best attempted; but to draw a second and an opposition Bill, which in all probability could result only in obstructing legislation and postponing it to an indefinite period, would be a proceeding which would have little to recommend it.—I am, Sir, your obedient servant,

R. H. S. CARPENTER.

130, Stockwell Road, S.W., February, 8th, 1879.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentlemen were admitted as members on January 30th.

Blake, Henry, M.B.Lond., St. George's Hospital, S.W.
Carrington, Robert Edmund, M.B.Lond., 13, Loughborough Road, S.W.
Hood, Donald William Charles, M.B.Camb., 43, Green Street, W.
Khory, Rustomjee Naserwanjee, M.D.Brussels, 47, Minford Gardens, West Kensington Park, W.
Kidd, Percy, M.B.Oxford, St. Bartholomew's Hospital, E.C.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, February 6th, 1879.

Pegge, William Joseph, Newton Heath, Manchester
Vores, Arthur, Great Yarmouth

The following gentleman also on the same day passed his primary professional examination.

Sweeting, Richard Deane Roker, London Hospital

At the Preliminary Examination in Arts, held at the Hall of the Society, on the 24th and 25th of January 1879, 88 candidates presented themselves: of whom, 25 were rejected, and the following 63 passed, and received certificates of proficiency in general education—viz., in the First Class, in order of merit:

1. Arthur Henry Gordon and Francis Harris. 3. M. Adler, H. G. Blackman, A. G. Francis, G. F. Pollard, H. G. L. Stevens, E. J. Stevens, and A. O. Ward.

In the Second Class, in alphabetical order:

R. Andrews, W. A. H. Barrett, H. W. R. Bencraft, E. H. Brookes, H. Buckland, J. L. C. Cox, W. P. Davis, A. E. Dodson, H. W. G. Doyne, N. I. Edghill, F. G. Ellerton, W. M. Ellis, F. Eschazuer, J. B. Fowler, P. G. Gilmour, W. P. B. Goodridge, J. E. R. Grant, C. A. Griffith, M. Hailey, G. V. Hewland, W. P. Hilliam, Clara S. Hopwood, E. Jessop, Philip Johnson, J. M. B. Joyce, H. A. Kent, F. W. Kerkham, W. B. Laurie, E. E. Lefroy, C. W. Low, W. O. Magoris, G. L. Moore, W. A. de A. Norris, H. L. Parry, Allan Perry, J. M. S. Preston, J. S. Robertson, A. H. Roosmale-Cocq, S. Rumbold, H. T. D. Ryder, H. A. Seagrove, R. G. Silverlock, P. Albert Smith, S. D. Stilwell, F. J. Stone, F. H. Taylor, A. J. Turner, E. M. Tyrrell, B. Volckman, Emma M. Walker, G. Wale, A. M. Whitehead, A. R. Willson, and J. C. Young.

MEDICAL VACANCIES.

Particulars of those marked with an asterisk will be found in the advertisement columns.

The following vacancies are announced:—

- ARDWICK AND ANCOATS DISPENSARY AND ANCOATS HOSPITAL—House-Surgeon. Salary, £100 per annum, with apartments and attendance, and about £20 per annum from the Provident Dispensary attached. Applications till the 23rd instant.
- *BIRMINGHAM GENERAL DISPENSARY—Resident Surgeon. Salary, £150 per annum, with allowance for cab-hire, furnished rooms, lights, and attendance. Applications on or before Wednesday, February 19th.
- *BOLTON INFIRMARY AND DISPENSARY—A House-Surgeon. Salary, £120 per annum, increasing by £10 each year to £150 per annum, with furnished apartments, attendance, and board (washing excepted). Applications not later than February 25th.
- CANCER HOSPITAL, London and Brompton—Resident House-Surgeon and Registrar. Appointment is for one year, and the honorarium 100 guineas. Applications to be made on or before February 15th.
- CLONMELL UNION—Medical Officer for Ballymacabry Dispensary District. Salary, £100 per annum, exclusive of registration and vaccination fees. Election on the 17th instant.
- DONAGHMORE UNION—Medical Officer for Bomixin District. Salary, £100 per annum, and £20 per annum as Sanitary Officer, with the ordinary registration and vaccination fees. Election on the 25th instant.
- *HOSPITAL FOR WOMEN, Soho Square—Pathologist and Curator for Museum. Honorarium, 50 guineas per annum. Applications on or before February 17th.
- *ISLE OF THANET UNION—Medical Superintendent of Sanatorium at Northwood, near Ramsgate. Salary, £150, with an allowance of 31s. 6d. for board and lodging. Applications on or before March 1st.
- LONDON FEVER HOSPITAL—Resident Medical Officer. Salary, £200 per annum, with residence, coals, gas, and attendance.
- LONGFORD UNION—Medical Officer for Killashee Dispensary District. Salary, £120 per annum, exclusive of vaccination and registration fees. Election on the 18th instant.
- *MARYLEBONE GENERAL DISPENSARY, 77, Welbeck Street, Cavendish Square—Resident Medical Officer. Salary, 100 guineas per annum, with furnished apartments, attendance, coals, and gas. Applications not later than February 26th.
- *NATIONAL DENTAL HOSPITAL, 149, Great Portland Street—House-Surgeon. Salary, £50 per annum. Applications on or before the 25th instant.
- NORTH-WESTERN HOSPITAL, Kentish Town Road—Honorary Physician. Applications on or before February 15th.
- *PARTICK, HILLHEAD, AND MARYHILL HOSPITAL, Knightswood, near Glasgow—Medical Officer. Salary, including board, etc., £100 per annum. Applications on or before February 20th.
- RICHMOND INFIRMARY—House-Surgeon. Salary, £80 for the first year, with an annual increase of £10 up to £100, with board and furnished apartments. Applications on or before the 15th February.
- *ROYAL ALBERT ASYLUM FOR IDIOTS AND IMBECILES, Lancaster—Assistant Medical Officer. Salary, £120 per annum, rising annually to £150, with board, apartments, and washing. Applications on or before February 18th.

*ROYAL INFIRMARY FOR CHILDREN AND WOMEN, Waterloo Bridge Road—Dental Surgeon. Applications up to the 28th instant.

TIVERTON INFIRMARY AND DISPENSARY.—House-Surgeon and Dispenser. Salary, £100 per annum, with furnished apartments, coals, gas, and attendance.

*VICTORIA HOSPITAL FOR CHILDREN, Queen's Road, Chelsea, and Churchfield, Margate.—Assistant-Surgeon. Applications on or before March 3rd.

WATERFORD UNION—Medical Officer for No. 2 South District, at a salary of £120 per annum, exclusive of allowance as Sanitary Officer (£25 per annum), registration and vaccination fees. Election on the 21st instant.

WEST LONDON HOSPITAL, Hammersmith—Assistant Physician. Applications on or before Tuesday, February 18th.

*WESTERN GENERAL DISPENSARY, Marylebone Road, N.W.—House-Surgeon. Salary, £100 per annum, with furnished apartments, fuel, light, and attendance. Applications on or before the 24th instant.

PUBLIC HEALTH MEDICAL APPOINTMENTS.

*MASON, S. B., L.R.C.P., reappointed Medical Officer of Health for Pontypool Urban Sanitary Authority at the increased salary of £25 per annum.

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 announcements.

MARRIAGES.

BROCK—SEELS.—On the 6th instant, at the Church of Wainfleet St. Mary, by the Rev. Dallas Harrington, assisted by the Rev. David Matthews, Charles De Lisle Brock, M.R.C.S., L.R.C.P., etc., of Witham, Essex, to Augusta Jane, daughter of Henry John Seels, The Hall, Wainfleet, Lincolnshire.

LOW—STANDING.—On the 11th instant, at St. Margaret's, Lee, by Rev. H. Law, Rector, assisted by Rev. E. H. Rogers, Vicar of Thames Ditton, Frank Harrison Low, M.B., M.R.C.S., of Thames Ditton, Surrey, to Fanny Grace, elder daughter of John Standing, Esq., of Dacre House, Lee, Kent.

At a meeting of the Abby Dispensary Committee, Tuam Union, held on the 3rd instant, Dr. Lambert was elected medical officer of the district, in the room of Dr. Ffrench, who has retired on superannuation. The election for a medical officer for Ballymacabry District, Clonmel Union, which was held a few weeks since, has been adjourned to the 17th instant, in consequence of the candidates having received an equal number of votes.

MANCHESTER MEDICO-ETHICAL SOCIETY.—The annual meeting of this Society was held on January 30th. The following gentlemen were elected as officers for the year 1879. An asterisk is attached to the names of those who did not hold the same office during the preceding year. *President:* *John Thorburn, M.D. *Vice-Presidents:* *W. H. Barlow, M.D.; C. H. Braddon, M.D.; *R. W. Ledward, M.D.; *Peter Royle, M.D. *Treasurer:* J. Stone, M.D. *Honorary Secretaries:* A. Wähltuch, M.D.; T. Broadbent. *Committee:* *S. M. Bradley; J. B. Brierley, M.D.; E. Bishop; *A. C. Clarke, M.D.; *R. D. Fox; *J. S. Fletcher, M.D.; *F. M. Pierce, M.D.; *T. H. Pinder; J. F. Tatham, M.D.; *J. Ross, M.D.; J. Watson, M.D.

ULSTER EYE, EAR, AND THROAT HOSPITAL.—The annual meeting of the friends of this institution was held at Belfast on February 10th. The eighth annual report showed that the new cases during the year numbered 2,171, of which 127 were admitted as intern patients; whilst the aggregate visits of extern patients amounted to 8,847. Of these latter, 1,027 paid an entrance-fee of one shilling, the rest being admitted free. The same principle has been carried out in the intern department, some being admitted free; but the great majority have been paid for either by those interested in them or by Poor-law unions. A total of £175 was received during the past twelve months from intern patients. The Committee record a generous gift of £1,000 by Mr. George Benn, brother of the munificent founder of the institution, the annual interest from which will be ever applied to the support of the hospital.

SOCIETY OF ARTS.—The Second Course of Cantor Lectures this Session will be by Dr. W. H. Corfield, M.A., "On Dwelling-Houses: their Sanitary Construction and Arrangements". It will consist of Six Lectures, to be given on the following dates. Lecture I (February 17th): Situation and Structure of House—Drainage of Soil, Foundations, Walls, Roof, Rain-water Pipes, etc. Lecture II (February 24th): Ventilation, Warming, and Lighting—Size of Rooms, Overcrowding, Ventilators, Stoves, Lights, etc. Lecture III (March 3rd): Water-Supply—Sources, Systems of Service, Cisterns, Pipes, Filters, etc. Lecture IV (March 10th): Removal of Refuse Matters—Dust, Kitchen-refuse, Earth-closets, etc.; Conservancy and Water-carriage Systems compared. Lecture V (March 17th): Sewerage—Main Sewers and House-branches, Traps, Ventilation, etc. Lecture VI (March 24th): Water-closets, Sinks, and Baths—Arrangements of Pipes, Traps, etc. The course will be illustrated by specimens and models from the Parkes Museum of Hygiene.

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 P.M.—Hospital for Diseases of the Throat, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Hospital for Women, 2 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.—St. Thomas's (Ophthalmic Department), 2 P.M.

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

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8.30 P.M. Mr. Lennox Browne, "Clinical Observations on Laryngeal Stenosis". Dr. Drysdale, "On Syphilitic Urethritis".

TUESDAY.—Pathological Society of London, 8.30 P.M. Report by the Morbid Growths Committee on Dr. Hoggan's Section of the Skin in Leprosy. Dr. Greenfield, for Dr. Saundby: Hypertrophic Cirrhosis of the Liver. Mr. A. Doran: Perforating Ulcer of Intestine after Ovariectomy. Sir J. Fayer: Specimens of Elephantiasis Arabum, Simple and Nævroid. Dr. Barlow: Skulls from a Case of Congenital Syphilis. Mr. Amphlett: Specimens of Single Kidney. Dr. P. Irvine: Horseshoe Kidney. Mr. Gay: Two Blood-Cysts and a Mucous Cyst removed from the Knee. Mr. Davies-Colley: 1. A Peculiar Affection of the Epidermis of the Palms and Soles; 2. Malformations and Disease of the Ureters and Bladder of a Female Child. Mr. Macarthy: Cancer of the (Esophagus). Dr. Samuel West: Perforation of the Lung from a Case of Pneumothorax. Mr. Royes Bell: Molluscum Fibrosum (a living specimen). And other specimens.

WEDNESDAY.—Association of Surgeons practising Dental Surgery. Council, 8 P.M. Ordinary Meeting, 8.30 P.M. "Casual Communications".

THURSDAY.—Harveian Society of London, 8.30 P.M. Mr. Lennox Browne, "Chronic Abscess of the Antrum"; Mr. Cripps Lawrence, "Intermittent Bronchopneumonia".

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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

AUTHORS desiring reprints of their articles published in the *BRITISH MEDICAL JOURNAL*, are requested to communicate beforehand with the General Secretary and Manager, 161, Strand, 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, 161, Strand, W.C., London; those concerning business matters, non-delivery of the *JOURNAL*, etc., should be addressed to the General Manager, at the Office, 161, Strand, W.C., London.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

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

TOLERANCE OF OPERATION DURING PREGNANCY.

SIR,—On the 18th of last August, M. M., aged 19, was brought to my house from a neighbouring factory, having her left hand completely mashed up, by getting it entangled between two large cogwheels. Seeing that there was no chance of saving her hand, or even part of it, I at once put her under chloroform, and, with the help of my (then) assistant, Mr. James Maconachie, I amputated about an inch above the wrist-joint. The patient was taken home at once, and did not recover perfect consciousness until they put her in bed (the distance to her home being only a few hundred yards). The wound, though only treated with cold-water dressings, did well, and the girl was able to walk up and have it dressed at my surgery in ten days after the operation; and after three weeks the stump was perfectly healed up.

In performing the operation, I thought it desirable to divide the radius about a quarter of an inch higher up than the ulna, hoping thereby to guard against union between the divided bones. The result was highly satisfactory, pronation and supination being performed with the greatest ease.

The day after operation, I was informed that M. M. was pregnant. About a fortnight ago, she was admitted into Ashby-de-la-Zouch Union, from the registrar of which I received the following on last Saturday: "M. M. confined on January 29th, 1879, of a female child."—I am, etc.,

WILLIAM DONOVAN.

DR. MUNRO (Lower Broughton).—We fear we cannot assist our correspondent to recover his debt.

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, 161, Strand, London, and not to the Editor.

THE METRIC SYSTEM.

SIR,—I am glad to see that the metric system is beginning to make its way into British medical practice, and I think the metric documents which you send to those who ask for them will do much to familiarise practitioners with its details. Might I be allowed to suggest, however, through your columns, that, for the present at any rate, the French spelling of the unit of weight should be retained? The abolition of the two final letters of the word "gramme" makes the word, when spelt "gram", so similar both in writing and printing to the familiar "grain", that I think mistakes might easily occur; and they might be serious.—I remain yours, etc.,

W. DOUGLAS HEMMING.

ERRATUM.—The paper on Hystero-Epilepsy, published at page 186 of last week's *JOURNAL*, was written by James Anderson, M.B., of Ulverstone, and not by Thomas Anderson, M.B., of Rosewell, as stated in error.

MEDICAL CONTRACTS.

SIR,—I wish to ask you if the Lord Chief Justice has decided that an agreement between a medical man and his assistant not to practise within a certain radius "is an aggravating and harassing embargo upon the exercise of legitimate trade", and could not be sustained in law. I have been told so, on what seemed very good authority; but to make sure, appeal to you as being the person to know of any such decision by him or any other judge.—I am, sir, yours, etc.,

BETA.

* * We have no idea what the judges or any of them may have said, but we have put the alleged dictum before Mr. W. H. Michael, Q.C., who says that he thinks it very bad law; for it is quite settled that such contracts, in partial restraint of trade, if reasonable, made upon a good consideration, and operating within a fixed distance, are good; and there are endless decisions to that point.

A PROVINCIAL HOSPITAL SURGEON will find the article to which he refers in the *Lancet*, March 4th, 1876, page 339. The lecture discussed "Sex and Sexual Relations".

SPIRITUALISM AND LUNACY.

MR. ASHCROFT of Hartlepool writes to us:—Will you kindly state in next Saturday's edition of your valuable *JOURNAL*, if you possess, the information, what number of inmates there are in the lunatic asylums of the United States of America, and what proportion are caused by spiritualism?

* * The question is one of some interest, and was at one time much discussed in society and in professional circles. Very wild statements have been made in point on the subject; and one medical gentleman, writing as an alienist, assuming to have authority, published a little monograph on the subject, in which, if we remember aright, he stated that the inmates of American asylums whose insanity was to be traced to spiritualism numbered thousands, if not tens of thousands. Of course, if that had been even approximately true, it would have been important to ascertain how many of these thousands had become insane by reason of their addiction to spiritualism, and how many had become spiritualists by reason of their insane tendencies. It is, however, a wise preliminary to all such inquiries to obtain, as far as possible, a basis of fact. In response, therefore, to the inquiry of our correspondent, we have been at the pains to turn over a file of last year's reports of American State Asylums. In these reports appear the tables of assigned causes of insanity among the inmates, amounting to 14,550. The asylums in question are three in Virginia—East, West, and Coloured; Wisconsin; New York; Pennsylvania and Taunton for Massachusetts. The two latter include causes of insanity over a series of years during which the asylums have been open. The only cases in this list attributed to spiritualism are four cases reported from the lunatic hospital for the State of Pennsylvania.

TESTIMONIAL TO MR. JAMES STOCKER.

THE following letter has been addressed by Sir William Gull, Bart., to the Editor of the *Guy's Hospital Gazette*. It well expresses the respect with which Mr. Stocker was regarded by past students of Guy's Hospital, and indicates the form which the testimonial will now assume. Subscriptions will be received by R. Clement Lucas, B.S., 4, St. Thomas's Street, S.E., and H. E. Waddy, Esq., 2, Clarence Street, Gloucester.

To the Editor of the "Guy's Hospital Gazette".

SIR,—I shall be much obliged if you will allow me in a few words to record my feeling of affectionate regard to the memory of the late Mr. James Stocker. Mr. Stocker's name has been associated with the Medical School of Guy's Hospital for nearly fifty years. He was a gentleman of singular purity of feeling; and by the integrity of his life, and his devotion to the interests of Guy's, deserved and obtained the sincere regard of the many hundreds of students who have passed through our school. There are many (and myself among the number) who owe much to the friendly advice and direction Mr. Stocker was ever ready to give to the student. Although he took no formal part in the teaching of medicine or surgery, he largely contributed by his experience to enforce the best lessons of the lecture-room; and by the simplicity of his life, and his deep sense of the high aims of our profession, he afforded an example which all who had the pleasure of knowing him will recall with unmingled satisfaction.

Some time before Mr. Stocker's decease, a movement was begun for presenting him with a testimonial expressive of the feelings I now record. I cannot doubt that this movement will be so continued and extended as to become a substantial proof to Mrs. Stocker and her children that he whose loss they have to mourn, and whose substantial aid, as father of the family, they now lose, has left behind him a memory that many desire to honour. Mrs. Stocker has, unfortunately, long been a helpless invalid, and two of the children have such weak health as not to be able, with any success, to fight the battle of life. Mr. Stocker was happily able to make for them a moderate provision; but I cannot doubt that the testimonial in question, though chiefly valued as an honour, will yet be very useful, as a substantial addition to income, at a time when all expenses are so great.—I remain, yours truly, WILLIAM W. GULL.