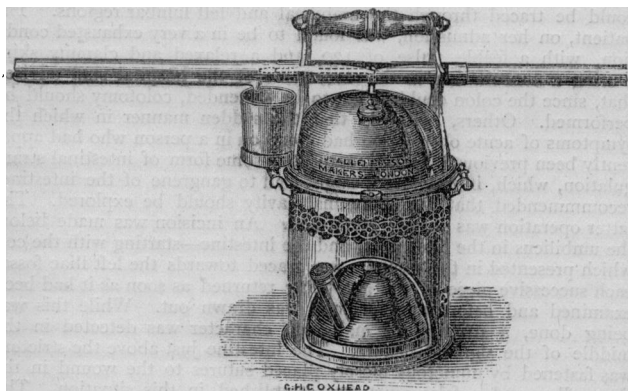


operation, if performed early and with due care, and in cases in which a clear diagnosis could be made, would prove at least as successful as ovariectomy.—Mr. BRYANT had not quite understood how far the symptoms were those of acute rather than a chronic stoppage; but he believed that from the history he should have been inclined to advocate colotomy, though it was always difficult to judge of this without being in presence of the patient. He entirely endorsed Mr. Marsh's observation as to the desirability of early operations in these cases.—Mr. BARWELL thought that he also would have voted in favour of colotomy, which would have involved less risk than the operation performed, on the successful result of which he congratulated Mr. Marsh. He, like Mr. Bryant, was strongly in favour of an early operation.—Mr. GOULD asked Mr. Marsh whether he thought it would have been profitable to have removed the intestine, having regard to its limited extent.—Mr. MARSH replied, that the reason the abdomen was opened was, firstly, that the symptoms were acute; secondly, that no history of previous trouble could be obtained; thirdly, that the nature of the obstruction was obscure. He allowed that he himself had inclined towards colotomy, though there had been no symptoms of malignant stricture. The anterior position of the artificial anus was, he thought, an advantage rather than the opposite. It was more manageable and more easily attended to by the patient. He had not considered it advisable, seeing the exhausted state of the patient, to expose her to the risk of prolonging the operation by removing the diseased intestine by Billroth's method, though in a suitable case he should undoubtedly do so.

## REPORTS AND ANALYSES AND DESCRIPTIONS OF NEW INVENTIONS IN MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

### ALLEN'S VENTILATING CROUP-KETTLE.

THIS very clever and highly convenient steam-kettle was first brought under professional notice at the Royal Medical and Chirurgical Society, by Mr. R. W. Parker, in the course of his able paper on Tracheotomy in Membranous Laryngitis. He said: "Another important aid was the employment of steam; the amount varied with the individual case, but an excess was in all cases to be avoided. The ventilating croup-kettle, manufactured by Messrs. Allen and Son, the author considered the most useful apparatus for this purpose; it supplied not only steam but fresh and warmed air at the same time. The less there was of tracheal secretion, the more was steam needed, and the converse. Creosote, carbolic acid, benzoin, and other medicaments, might be added in order to meet the requirements of various cases, etc."



In Dr. Morell Mackenzie's recent work on *Diphtheria*, he also refers to this contrivance with approval, and to the most convenient method of employing it for young children. "As young children cannot generally be induced to inhale the steam from an inhaler, a 'croup-tent' should be erected over the cot for this purpose. The tent-method of administering inhalations has been in vogue at the Children's Hospital for many years. The steam-kettle should then be placed near the tent, and steam passed within it. An excellent steam-kettle is sold by Messrs. Allen of Marylebone Lane." The makers supply portable iron frames for the croup-tent, which can be used for any cot or bedstead.

The following are the directions for use.

Remove the filling-screw and fill the kettle three-parts full of boiling

water, the filling-screw (in the centre of which is inserted the safety-valve) is then well screwed down, and the lamp having been filled with spirit is lighted. In the course of a few minutes, a draught of warm moist air will be felt issuing from the delivery-tube. This is now to be put near the patient, so that the air may be inhaled. If the bed be enclosed with curtains, the kettle may be placed on a table or stand at the foot of the bed, and the delivery-tube inserted between the hangings. In this manner, the patient will be surrounded by an atmosphere which is being constantly changed, but which is nevertheless uniform in temperature. If it be wished to medicate the vapour, the medicament must be mixed with the water when the kettle is filled. The kettle will continue to work for from five to six hours without re-filling the lamp or boiler. By increasing or decreasing the flame of the lamp, the amount of the warmed air and vapour can be regulated to requirement.

Having seen it in use, we can endorse the recommendations of Mr. Parker and Dr. Mackenzie, and can say that it is a most excellent and convenient apparatus.

## SELECTIONS FROM JOURNALS.

### SURGERY.

REMOVAL OF A SUBRETINAL CYSTICERCUS: PRESERVATION OF SIGHT.—A woman, aged twenty-six, came under the care of Dr. Hermann Cohn (*Centralblatt für prakt. Augenheilkunde*) some time after disturbance of vision had appeared in the right eye. On examination, there were seen to be numerous punctiform and flocculent turbid spots in the vitreous body. To the lower and inner side of the pupil was a bluish-grey vesicular detachment of the retina, projecting into the vitreous body; beneath was a large vein, a small branch of which passed upwards to the vesicle. In the interior of the vesicle, about the middle, was a clear white spot. The vesicle was oval transversely and sharply defined, and had the peculiar glitter of a hydatid. On repeated examination, changes in the length of the vesicle and slight contractions were observed. The diagnosis was, subretinal cysticercus. The following operation was performed without anaesthesia. Four millimètres (0.16 inch) from the outer edge of the cornea an incision, eight millimètres (about one-third of an inch) in length was made in the conjunctiva, from above downwards. The wound having been widened as much as possible, a thread was passed through the external rectus, which was divided at some distance from its insertion. The eyeball was now rolled inwards, and the sclerotic was opened with a von Gräfe's cataract knife, to the extent of about one-third of an inch. A little vitreous humour and a trace of blood escaped. The vesicle, which was of the size of a lentil and uninjured, was now drawn out with iris forceps. There was almost no hæmorrhage, nor any disposition to spontaneous prolapse of the vitreous body. The muscle was now accurately sewn together, and two sutures were applied to the wound in the conjunctiva. A compressive bandage was employed, and rest in the dorsal position rigidly enjoined. The reaction was limited to pain lasting two days, and a subsequent mild attack of iritis. Ophthalmoscopic examination on the seventh day showed the vitreous body to be clearer than before; the position of the hydatid was indicated by a white shining spot, over which the retinal vessels ran evenly. Ten days after the operation, the patient was discharged, the vision being  $\frac{3}{4}$ , and the tension of the eye normal.

### MIDWIFERY AND DISEASES OF WOMEN.

HÆMATOMA OF THE VULVA.—The following case is related by Dr. J. Boronow, in the *Allgem. Med. Central-Zeitung* (No. 96). The patient, aged thirty-one, had had six previous normal confinements. The author was summoned to attend her in the seventh confinement, labour having remained stationary for several hours, in spite of moderate pains. Examination showed that the os uteri was sufficiently dilated, the structure of the pelvis normal, and the head of the fœtus in the first position; but the left labium was very much swollen, and of a bluish hue. This swelling increased visibly, fluctuated, and was soon recognised as a hæmatoma. It was thought best to apply the forceps; but, before this could be done, the tumour, which had in the meantime grown to the size of a child's head, burst, and discharged a great quantity of blood. As soon as the bleeding had ceased, the forceps was applied, and the place of the hæmatoma firmly compressed with the palm of the hand; but, notwithstanding this precaution, it was twice filled with blood before the head had been born. The patient died of exhaustion, after the second bursting of the swelling. This case is worthy of interest, because of the very rare occurrence of a hæmatoma of the vagina and vulva. According to Winckel, it has been observed once in a thousand cases.

## NOTIFICATION OF INFECTIOUS DISEASES.

THE *Sanitary Record* announces that, by an order of the Local Government Board dated February 12th, an important sanitary duty is imposed upon all Poor-law medical officers appointed after February 28th. They are required to give notice, immediately upon its occurrence, of any case of contagious, infectious, or epidemic disease of a dangerous character amongst the pauper patients under their care, to the clerk of the sanitary authority of the district within which they act, or to the medical officer of health of such authority. They are also required to furnish from time to time to the medical officer of health of the sanitary authority such information with respect to the cases of sickness and the deaths amongst their pauper patients as the Local Government Board may direct; and, whenever that Board shall make regulations under Section 134 of the Public Health Act, they will be required to observe such regulations.

## ASSOCIATION INTELLIGENCE.

BRITISH MEDICAL ASSOCIATION:  
FORTY-SEVENTH ANNUAL MEETING.

THE Forty-Seventh Annual Meeting of the British Medical Association will be held at Cork, on Tuesday, Wednesday, Thursday, and Friday, August 5th, 6th, 7th, and 8th, 1879.

*President:* R. W. FALCONER, M.D., F.R.C.P., D.C.L., Consulting Physician to the Royal United Hospital, Bath.

*President Elect:* DENIS C. O'CONNOR, A.B., M.B., Professor of the Practice of Medicine in Queen's College, Cork.

An Address in Medicine will be delivered by ALFRED HUDSON, M.D., M.R.I.A., Regius Professor of Physic in the University of Dublin.

An Address in Surgery will be delivered by WILLIAM S. SAVORY, M.B., F.R.C.S., F.R.S., Surgeon to and Lecturer on Surgery at St. Bartholomew's Hospital.

An Address in Public Medicine will be given by ANDREW FERGUS, M.D., President of the Faculty of Physicians and Surgeons of Glasgow. The business of the Association will be transacted in Six Sections.

SECTION A.: MEDICINE.—*President:* Andrew Clark, M.D., F.R.C.P. *Vice-Presidents:* James Little, M.D.; William Townsend, M.D. *Secretary:* George F. Duffey, M.D., 30, Fitzwilliam Square, Dublin.

SECTION B.: SURGERY.—*President:* W. K. Tanner, M.D. *Vice-Presidents:* W. Mac Cormac, F.R.C.S.Eng.; J. Cooper Forster, F.R.C.S.Eng. *Secretaries:* J. G. Curtis, F.R.C.S.I., 7, Camden Place, Cork; N. J. Hobart, M.D., 33, South Mall, Cork; Stephen O'Sullivan, M.D., 6, Camden Place, Cork.

SECTION C.: OBSTETRIC MEDICINE.—*President:* George H. Kidd, M.D. *Vice-Presidents:* W. J. Cummins, M.D.; Alfred Wiltshire, M.D. *Secretaries:* R. J. Kinkad, M.D., Galway; Fancourt Barnes, M.D., 39, Weymouth Street, London.

SECTION D.: PUBLIC MEDICINE.—*President:* T. W. Grimshaw, M.D. *Vice-Presidents:* H. J. Littlejohn, M.D.; C. Meymott Tidy, M.B. *Secretaries:* J. L. Nottter, M.D., Netley; James Martin, L.K.Q.C.P., Portlaw, County Waterford.

SECTION E.: PSYCHOLOGY.—*President:* J. A. Eames, M.D. *Vice-Presidents:* Henry Rayner, M.D.; Herbert C. Major, M.D. *Secretaries:* Oscar T. Woods, M.D., Killarney; Ringrose Atkins, M.D., Waterford.

SECTION F.: PHYSIOLOGY.—*President:* Henry Power, F.R.C.S. *Vice-Presidents:* John J. Charles, M.D.; Reuben J. Harvey, M.D. *Secretaries:* T. W. Cranstoun Charles, M.D., 10, Mitre Court Chambers, London; W. H. Allchin, M.B., 34, Wimpole Street, London.

*Honorary Local Secretary:* H. MACNAUGHTON JONES, M.D., St. Patrick's Place, Cork.

*Honorary Assistant Local Secretaries:* RINGROSE ATKINS, M.D., Waterford; D. C. O'CONNOR, jun., 2, Camden Place, Cork.

The following recommendation has been passed by the Committee of Council:—

The Committee are of opinion, that it would conduce to the interests of the study of medicine if the officers of sections were to recommend that one particular subject should be discussed, on a given day, in each section, and that they should invite papers from those able and willing to deal with that subject, which should be read and discussed on that day.

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.

## NORTH WALES BRANCH.

THE next intermediate meeting of the North Wales Branch will be held at the Royal Hotel, Llangollen, on Tuesday, the 4th day of March, at Twelve o'clock, under the presidency of WILLIAM JONES, Esq., of Ruabon.

*Papers.*—On Obstruction of the Bowel by Organic Stricture, by W. Williams, M.B., Denbigh; and others.

Dinner at 3 P.M. Tickets (inclusive of wine), 10s. 6d. each.

J. LLOYD-ROBERTS, *Honorary Secretary*.  
Denbigh, February 21st, 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, J. 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 be held at the Cottage Hospital, Ashford, on March 6th, at 3 o'clock; Mr. E. B. TERRY of Woodchurch in the chair.

*Communications.*—Mr. T. Whitehead Reid: Membranous Laryngitis from Eau de Cologne (continued).

Dr. Bowles: Sore-Throat or Diphtheria.

Mr. W. Sheppard: Case of Puerperal Convulsions.

Mr. T. Wells Hubbard: Emphysema occurring during Labour.

Dinner will be provided at the "Saracen's Head". Charge, 6s. 6d. (exclusive of wine).

WM. KNIGHT TREVES, *Honorary Secretary*.  
Margate, February 24th, 1879.

## SHROPSHIRE AND MID-WALES BRANCH.

The next quarterly meeting of the above Branch will be held on Thursday, March 6th, at the Salop Infirmary, at 6.30 P.M. Members intending to read papers, or bring forward subjects for discussion, are requested to signify the same to the Honorary Secretary.

HENRY NELSON EDWARDS, *Honorary Secretary*.  
Moreton House, Shrewsbury.

## SOUTH-EASTERN BRANCH: EAST SURREY DISTRICT.

THE next meeting will be held at the Queen's Hotel, Church Road, Upper Norwood, on Thursday, March 13th, at 4 P.M.; JOHN BROCKWELL, Esq., in the chair.

Dinner will be served at the Queen's Hotel, at 6 P.M. precisely. Charge, six shillings, exclusive of wine.

The following communications are promised.

Dr. Braxton Hicks: A Contribution to the Synthetical Grouping of Acute Visceral Disturbances.

Dr. R. J. Lee will exhibit and explain his Steam-draft Inhaler for Whooping-Cough.

Mr. J. Sidney Turner: Notes of cases of Hysteria.

Dr. Galton will show a Heart with abnormal distribution from the Arch of the Aorta.

JOHN H. GALTON, M.D.  
Woodside, Anerley Road, S.E., February 25th, 1879.

## SOUTH-EASTERN BRANCH: WEST SURREY DISTRICT MEETINGS.

THE next meeting will take place at Dorking, on Thursday, March 27th, 1879.

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

A. ARTHUR NAPPER, *Honorary Secretary*.

Broad Oak, Cranleigh, February 24th, 1879.

## METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.

A MEETING of this district was held at Bow and Bromley Institute on February 18th; Dr. RYGATE, in the absence of the President of the Branch, in the chair.

*Papers.*—The following papers were read.

1. Dr. BERKART read a paper on Diseases of the Bronchial Glands. He believed that cases of so-called nervous asthma were much more frequently dependent upon the condition of the bronchial glands than was commonly supposed. He gave as diagnostic symptoms, besides cough and paroxysmal dyspnoea, deep-seated pain; increased resistance on percussion, and dullness near the root of the lung, to be detected behind between the spine and the scapula, or in front along the edge of the manubrium of the sternum; a diminution or absence of the respiratory murmur in a corresponding part of one or of both lungs. Diseases of the lungs themselves, of the heart and great vessels, must have been excluded before a diagnosis could be arrived at.

2. Mr. R. W. PARKER read a paper on the Relations of Croup and Diphtheria, in which he advocated the identity of these diseases. He thought the differences manifested depended upon the different susceptibilities of individuals, surroundings, etc.; that the disease was at first merely local—hence the importance of early treatment; that afterwards the intensity depended upon the amount of absorption of *materies morbi*.—Dr. Berkart, Dr. Dowse, Mr. Cornelius Garman, and Dr. Rygate agreed in regarding them as distinct diseases.

*Next Meeting.*—It was agreed that the next meeting should be held at the Manor Rooms, Hackney, on Tuesday, March 18th, at 8.30 P.M.; and that Dr. Daly should be nominated to preside, in the event of the President of the Branch being unable to attend.

## CORRESPONDENCE.

## MEDICAL REFORM.

SIR,—The letters of your correspondents "A Metropolitan Member", and Dr. A. Grant, contain several statements which, if not corrected, may mislead your readers on points on which it is particularly desirable they should be rightly informed.

1. Among the "great boons" which, "A Metropolitan Member" says, were offered by Lord Ripon's Bill of 1870, are included the "protection of titles and punishment of impostors"; whereas, it is well known and has been repeatedly shown in your columns, that if Lord Ripon's Bill, or the Association Bill, which copied its clauses on this subject, had become law, the profession would have been in a worse position than before as regards quacks and pretenders to medical titles.

2. Dr. Grant writes as if, after passing the Conjoint Board, a candidate would have to undergo a second examination at the Apothecaries' Hall. This is not so, as after passing the conjoint examination, the candidate would be entitled, upon payment of the fees, to demand his diplomas from the bodies taking part in it.

3. Dr. Grant mentions the election of representatives of medical corporations by the licentiates of those bodies, as if this were direct representation, whereas, this is what has been advocated as an alternative proposition under the name of indirect representation.

4. Dr. Grant writes of "the Society of Apothecaries stepping in with its strengthened penal clauses", and of its being provided with a "hunting pasture". I think he must have misunderstood what Mr. Carpenter wrote, about the strengthened penal clauses of his Bill, which is quite a different thing. I agree, however, with Dr. Grant, that Scotch graduates practising in England should have a fair field and no favour, and if the Act of 1858 fail to secure this to them, it ought to be amended in *that*, instead of in the contrary direction. As to the "hunting pasture", if any such proposal be made in the Bill, it ought to be made known to the profession.

Seeing how many misconceptions still exist on the subject, I venture to suggest to the Medical Reform Committee that, instead of issuing any more circulars in the form of a *plebiscite*, as "A Metropolitan Member" seems to desire, they should prepare a clear statement of the

chief points of difference between the three rival medical Bills, and should offer it for publication in the JOURNAL at an early date, and that means should then be taken to have these fully discussed, either by communicating with the secretary of each branch, or by taking steps to summon an extraordinary meeting of the Council of the Association.

Dr. Grant's letter shows how much even the best Bill needs consideration, and the Dental Practitioners' Act of last year proves how little consideration a Bill materially affecting our profession sometimes obtains.—I am, sir, yours, etc.,

ANOTHER METROPOLITAN MEMBER.

## THE NEW PROGRAMME IN DENTAL SURGERY.

SIR,—Allow me to offer a direct and unqualified contradiction to the statements made by "A Correspondent" in your JOURNAL of February 22nd, respecting the New Programme in Dental Surgery. So far as they concern me, they are entirely void of foundation.—I am, yours faithfully,

J. HAMILTON CRAIGIE.

Hon. Sec. Association of Surgeons Practising Dental Surgery.  
February 24th, 1879.

## PESSARIES.

SIR,—Will you allow me to reply to some remarks by Dr. A. Wynn Williams, in the JOURNAL of February 22nd, in which he rather warmly objects to a few observations which I made at a meeting of the Obstetrical Society on the 4th of December? I adhere to what I then said. The facts are as follow. A few months back, my partner, Dr. Gibbings, mentioned to me that he had under his care a patient for whom Dr. Wynn Williams had introduced an intra-uterine stem, and that the introduction of the stem was followed by alarming symptoms, viz., intense pain, violent sickness, high temperature, and *continued convulsions*; that on removing the stem all these symptoms ceased. This was all I knew about the case. I was ignorant whether the stem which Dr. Wynn Williams had used, and which occasioned the symptoms, was expanding or non-expanding.—Then, at the Obstetrical Society I heard Dr. Wynn Williams state that he had never had a bad symptom, in a single case, as the result of his stem. Some gentleman—I forget his name—asked Dr. Wynn Williams if he had ever known pelvic inflammation to follow, and he replied that he had not. Then I asked him—and I disclaim the slightest hostility in my question—"if he had ever known *convulsions* follow: he replied, rather warmly, "Certainly not". I was surprised at this reply; but thinking that possibly his memory might be slightly treacherous, and that he would be glad of the information, I mentioned the little I knew about the case. To my astonishment, I learned afterwards that Dr. Wynn Williams had taken great umbrage at my simple question and statement. I asked the question in the interest of science—I regret very much if it offended Dr. Wynn Williams and his special pessaries.

One word in conclusion. I am sorry to disturb Dr. Wynn Williams's happy state of mind, as to the comfort with which the "little coloured woman" now wears his "special" stem and shield. I trust he will not be again offended by my informing him, on the authority of Dr. Gibbings, that it fell out the day after it was introduced.—I am, etc.,

FREDERICK H. DALY, M.D.

Queen's Road, Dalston, February 24th, 1879.

## THE POROPLASTIC AND THE PLASTER JACKET.

SIR,—Dr. Sayre, in a letter to the JOURNAL (February 8th), states that an objection raised by me, before the Medical Society of London, to the use of the plaster-of-Paris jacket in the treatment of Pott's disease is an imaginary one. Having at command but a brief portion (a corrected sentence) of my remarks, he has mistaken the grounds of my objection.

My adverse criticism of the plaster-of-Paris jacket was founded on the treatment of a child whom I exhibited to the Fellows of the above Society. The patient, suffering from Pott's disease of the lower dorsal vertebrae, I first treated with a plaster-of-Paris casing, which, having been worn for about six weeks, I removed for the purpose of substituting a (at that time new) poroplastic jacket. I then found an abscess, pointing in the right lumbar region; this was opened, and the patient, after being kept recumbent for a few days to give free exit to the pus, was fitted with a poroplastic jacket. The abscess healed, the disease of the vertebrae was arrested, repair followed, and the child was exhibited perfectly cured. It will be seen that I by mere chance removed the plaster casing from this patient, and thus became aware of the existence of an abscess. The child had exhibited no symptoms indicating the formation of pus; as is usual in these cases, the abscess declared itself

evidence. If they thought it wise that evidence should be called, however, he would have no objection to move the enlargement of the reference.

**Habitual Drunkards' Bill.**—The House went into Committee on this Bill. On clause 2, which provides that the Act shall come into operation on January 1st, 1880, Mr. DILLWYN proposed to add words to the effect that the Act should cease in 1886, in the case of retreats kept by private persons.—The amendment was agreed to.—On clause 8, Mr. DILLWYN moved an amendment rendering it compulsory on the local authorities, or inspectors of retreats, to order the discharge of patients from places unfit for habitation.—In clause 9, Mr. DILLWYN proposed to insert words rendering it necessary that the magistrate who signs the patient's application for admission to a retreat shall have a private interview with the applicant, unaccompanied by any other person. After discussion, the Committee divided, when the amendment was lost, the votes being for, 35; and against, 43.—On clause 11, Mr. DILLWYN proposed an amendment to enable the habitual drunkard, after a week's notice, to obtain from a justice of the peace an order for his release, should the application appear to the justice to be reasonable and proper. In the discussion which followed, Sir M. W. RIDLEY suggested that the object of the amendment could be met by inserting words in clause 17 to enable an habitual drunkard, after he had been a certain time in a retreat, to communicate with his friends and get released, if they were willing to take charge of him.—Mr. DILLWYN said he would withdraw his amendment, and propose the alteration suggested to clause 17.—On clause 14, Dr. CAMERON moved an amendment providing that when reports were made to the Home Secretary by inspectors as to the condition of retreats, they should also be sent to the local authorities of the districts. This was agreed to.—On clause 17, Mr. DILLWYN moved the alteration already referred to; but after a long discussion the amendment was defeated by 53 to 11.—The consideration of an amendment to clause 22 was postponed until the report.—On clause 23, Dr. CAMERON moved an amendment, providing that no intoxicating liquor or sedative narcotic, or stimulant drug or preparation should be given or supplied to a patient in a retreat without the authority of the licensee or medical officer. Mr. HERSCHELL suggested that, in cases of "urgent necessity", the licensee might be allowed to administer drugs. This proposition was agreed to, and the clause amended accordingly.—On clause 25, Mr. DILLWYN proposed to strike out certain words which would give any officer, attendant, servant, or other person employed in or about a retreat, power to arrest a patient attempting to escape. After some discussion, in which the amendment was supported by the Lord Advocate, Mr. Cross, and several other members, the whole clause was struck out.—Progress was soon afterwards reported.

*Tuesday, February 25th.*

**The Case of the Rev. H. J. Dodwell.**—In reply to Mr. Joseph Cowen, Mr. CROSS said that he had Mr. Dodwell examined on the 31st May last, by a medical officer, who thought he was insane. He was examined again in June by two medical gentlemen, who returned the same answer. In consequence of a report from Dr. Winslow and another gentleman, he wrote to the Lunacy Commission, asking them to appoint two gentlemen perfectly independent of the whole matter. They examined him on the 18th September, and in their opinion at that time, he was decidedly insane. Since then, although he gave orders that any improvement in his condition should be reported immediately, he had had no report of the kind.

**Medical Acts Amendment.**—Mr. A. MILLS has given notice of his intention to introduce, on an early day, a Bill to amend the Medical Acts. This is the Bill promoted by the Medical Reform Committee of the British Medical Association.

## OBITUARY.

J. HYDE HOUGHTON, F.R.C.S., DUDLEY.

By the death of Mr. Houghton of Dudley, the medical profession in the Midland district has lost one of its most honoured members. He was educated at the grammar school of his native town, of which he afterwards became a trustee; and subsequently was entered at St. Bartholomew's Hospital. Here he specially attached himself to Mr. Lawrence and Dr. Rigby. The former remained throughout life his medical idol and exemplar. He took an active part in founding the Dudley Dispensary, and was for many years one of its most active officers. When the Guest Hospital was opened in 1871, he became its senior surgeon; and by his devotion to its work, his surgical capacity, and high professional character, contributed greatly to the rapid rise of this noble hospital in

the public esteem. He was for many years medical officer of health, and was placed by the late Lord Lyttelton in the commission of the peace for the county of Worcester.

Mr. Houghton was a very careful reader of the best professional books, and took most copious notes of his cases. From time to time, he contributed papers and cases to the various medical journals, which reflected credit on his powers as an observer. For several years, his health had been impaired by a combination of cardiac and gouty troubles. Anasarca made its appearance early in February; and, on the 12th, he died, in his sixty-fourth year.

By the general consent of his brethren, he was an able, thoughtful, and well-informed surgeon, scrupulously honourable, and a most worthy public officer.

JOHN SMITH, M.D., F.R.C.S.E., EDINBURGH.

ONE of the veterans of the profession, John Smith, died on February 4th, aged 82. Born in 1798, he was educated at Heriot's Hospital, after leaving which he was (according to the usual custom) apprenticed to Dr. George Wood, thus learning the elements of his profession. He then attended the University and received the degree of M.D. in 1835. Dr. Smith devoted himself largely to the treatment of the insane, in which branch of the profession he established a good name. He was for nearly fifty years physician to the city workhouse in Forrest Road, Edinburgh, and discharged all his duties most assiduously. The remuneration for the work could scarcely be called by such a name, and it is true, although scarcely credible, that no retiring allowance was made to him on his resignation. Among other offices held by him in the course of his long useful life was that, during one year, of President of the Royal College of Physicians of Edinburgh. His loss will be felt as a personal one by his professional brethren who knew him, and by those among whom he spent so kindly and conscientiously an honourable career.

ALEXANDER WATSON WEMYSS, M.D., ST. ANDREW'S.

ON February 4th, Alexander Watson Wemyss, M.D., F.R.C.S.E., died at Newton Bank, St. Andrew's, in his eightieth year. Dr. Wemyss had retired for some time from active practice, but took an active interest in professional matters. He was a Licentiate of the Royal College of Surgeons of Edinburgh in 1819, and a Fellow in 1821. He received the degree of M.D. at St. Andrew's in 1840. Dr. Wemyss was formerly one of the surgeons to the Royal Infirmary, Edinburgh, and took an active part in founding the Edinburgh Eye Infirmary. He wrote treatises on *Diseases of the Eye*, on *Homicide by External Violence*, and on *Legislation for the Insane*, besides various pamphlets on the construction of hospitals and of lunatic asylums. He was for some time an active member of the board of management of the Fife and Kinross District Lunatic Asylum.

## MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentlemen were admitted as licentiates on February 18th.

Bell, Thomas Arthur, 9, Falmouth Road, S.E.  
Benington, Robert Crewdson, 19, Vivian Road, S.E.  
Brown, Edward, St. Bartholomew's Hospital, E.C.  
Burton, William Henry, M.B. Toronto, London Hospital, E.  
Cant, William John, Nechells, Birmingham  
Cowie, Andrew James, M.D. Pennsylvania, 127, Ladbroke Grove, W.  
Davy, David Henry, Oakleigh Park, N.  
Day, William White, Tadcaster  
Douglas, Arthur Latham, 5, Cowley Street, S.W.  
Fardon, Edward Ashby, Middlesex Hospital, W.  
Gillam, Thomas Henry, Great Northern Hospital, N.  
Gillies, Niel, M.D., Kingston, 142, Lambeth Road, S.E.  
Herbert, Paul Zotique, M.D. McGill, 142, Lambeth Road, S.E.  
Hetherington, George Haynes, St. Mary's Hospital, W.  
Hine, Alfred Leonard, 8, Oakley Street, S.W.  
Hope, Edward William, M.B. Edinburgh, 18, Chesham Place, S.W.  
Jones, James Robert, M.B. Toronto, London Hospital, E.  
Kittson, Edmund Graves, M.D. McGill, 142, Lambeth Road, S.E.  
Lesslie, Ralph Bidwell, M.D. Toronto, 2, Storey's Gate, S.W.  
Lofthouse, John, Rochdale.  
McSwain, Angus, M.D. Massachusetts, 142, Lambeth Road, S.E.  
Osborne, James, Southwell  
Pardington, George Lucas, St. Bartholomew's Hospital, E.C.  
Porter, William Smith, Broomhill, Sheffield.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.—At the ordinary monthly examinations for the Licences of the College, held on Monday, Tuesday, Wednesday, and Thursday, February 10th, 11th,

12th, and 13th, 1879, the following were the successful candidates.—For the Licence to Practise Medicine.

Coghlan, Patrick Francis  
Collier, John David  
Newland, Peter Frederick  
Quin, John Dominick

For the Licence to Practise Midwifery.  
Newland, Peter Frederick

**APOTHECARIES' HALL.**—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, February 20th, 1879.

Crallan, George Edward James, West Riding Asylum, Wakefield  
Marsden, James Cort, Bangalore, Madras  
Osborne, James, Southwell, Nottinghamshire  
Pardington, George Lucas, Holmer Hall, Hereford  
Williams, Edward, Mold, North Wales

### MEDICAL VACANCIES.

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

THE following vacancies are announced:—

- ABERGAVENTNY UNION**—Medical Officer. Salary, £40 per annum.  
**\*BELVEDERE HOTELS**, Schuls, Switzerland—Medical man required.  
**CELBRIDGE UNION**—Medical Officer for Maynooth Dispensary District. Salary, £100 per annum as Medical Officer, £15 a year as Sanitary Officer, exclusive of registration and vaccination fees. Election on the 3rd instant.  
**CENTRAL LONDON SICK ASYLUM**—District Assistant Medical Officer for Asylum at Highgate. Salary, £100 per annum, with board and residence. Applications on or before March 1st.  
**\*DORSET COUNTY ASYLUM**—House-Surgeon. Emoluments, £70 per annum, and £10 additional as Secretary, apartments and board. Applications on or before March 19th.  
**DUNFANAGHY UNION**—Medical Officer for Dunfanaghy Dispensary District. Salary, £100 per annum, £10 per annum as Sanitary Officer, with registration and vaccination fees. Election on the 8th instant.  
**\*INFIRMARY FOR CONSUMPTION AND DISEASES OF THE CHEST AND THROAT**, 26, Margaret Street, Cavendish Square—Visiting Physician. Applications to Francis Baily, Esq., Secretary.  
**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.  
**\*LEEDS GENERAL INFIRMARY**—House-Physician. Salary, £100 per annum, board, residence, and washing. Applications before March 19th.  
**LEEDS UNION**—Assistant Medical Officer.  
**LONDON FEVER HOSPITAL**—Resident Medical Officer. Salary, £200 per annum, with residence, coals, gas, and attendance.  
**MAGHERAFELT UNION**—Medical Officer for Draperstown Dispensary District. Salary, £115, with £15 a year as Sanitary Officer, registration and vaccination fees. Election on March 5th.  
**MERCER'S HOSPITAL**, Dublin—Senior Surgeon and Junior Surgeon.  
**\*NOTTINGHAM FRIENDLY SOCIETIES' MEDICAL INSTITUTION**—Medical Officer. Salary, £200 per annum, with residence, coal, gas, rates, and taxes (except income-tax). Applications not later than March 1st, 1879.  
**\*OWENS COLLEGE**, Manchester—Demonstrator and Assistant Lecturer in Physiology. Salary, £150 per annum. Applications up to March 22nd.  
**TENDRING UNION**, Essex—Medical Officers required on 25th March next for District 2, salary £41; District 3, salary £42; District 5, salary £35; District 6, salary £40; District 7, salary £28; District 8, salary £37; District 10, salary £13; District 11, salary £12.  
**TICEHURST UNION**—Medical Officer, Wadhurst District.  
**TIPPERARY UNION**—Medical Officer for Cappagh Dispensary District. Salary, £110 per annum, with £20 as Sanitary Officer, registration and vaccination fees. Election on the 15th 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.  
**\*UNIVERSITY OF LONDON**—Assistant Registrar. Salary, £500 per annum. Applications on or before March 15th.  
**\*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.

### MEDICAL APPOINTMENTS.

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

The following appointments have been made at St. Thomas's Hospital.

SANDWITH, F. M., M.R.C.S., House Physician.  
 BENINGTON, R. C., M.R.C.S., } Assistant House-Physicians.  
 HASLAM, W. F., M.R.C.S., }  
 CASTLE, H., M.R.C.S., } House-Surgeons.  
 TAKAKI, K., M.R.C.S., }  
 DAVIES, D. S., M.R.C.S., Assistant House-Surgeon.  
 SMITH, H. U., M.B., Resident Accoucheur.

### 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.*

#### BIRTH.

BUCKELL.—On February 19th, at Ledbury, the wife of Dr. J. W. Buckell, of a son.

#### MARRIAGES.

BRUCE—LEA.—On February 25th, at St. Mary's Church, Moseley, John Mitchell Bruce, M.A., M.D., F.R.C.P., London, to Florence Mary, only daughter of James Green Lea, of Moseley, Worcestershire. No cards.  
 JACKSON—SMITH.—On the 19th February, at the Parish Church, Putney, by the Rev. J. Kay Booker, M.A., assisted by the Rev. H. S. Prior, M.A., cousin to the bride, \*Robert Alexander Jackson, L.R.C.P.Lond., M.R.C.S., etc., of 13, Ladbroke Grove, W., eldest son of Robert Jackson, M.D., of Notting Hill, to Clara Gertrude, youngest daughter of William Henry Smith, Esq., of 32, The Cedars, Putney.

#### DEATH.

WEAVER.—At 9, King Street, Chester, on February 23rd, John Weaver, M.R.C.S., L.S.A., aged 81.

**VACCINATION.**—The Galway Board of Guardians recently received an important communication from the Local Government Board relative to the vaccination of calves for obtaining lymph. At a previous meeting, one of the medical officers suggested to the Board the advisability of procuring a calf in order to have it inoculated for a supply of lymph. The suggestion was approved of; but the minutes being brought under the notice of the Local Government Board, that body, in addressing the guardians, observed that it was not clear from the resolution whether the proposal was to inoculate the calf with small-pox virus or with vaccine-lymph obtained from a human subject; but in neither case could the Board approve of the resolution adopted by the guardians. The Board point out that small-pox virus taken from a calf would communicate that disease to a human subject, and be thereby a fertile source of propagating the disease, and would, moreover, render the operator liable to prosecution under the fourth section of the 31st and 32nd Vict., cap. 87. They further remark, that if the proposition were to vaccinate a calf with lymph obtained from a human subject, that it has long since been ascertained that the animal lymph for vaccination purposes must, in the first instance, be obtained from a cow in which the disease has spontaneously arisen, and that vaccination performed with lymph taken from a cow which had been vaccinated with human lymph is not reliable.

#### POOR-LAW UNION AND LUNACY INQUIRY COMMISSION (IRELAND).

—The report of the Poor-law Union and Lunacy Inquiry Commission has just been published, and is an interesting document, treating, as it does, on questions of social importance. The Commission was appointed early last year, and one of the subjects which it had to consider was the amalgamation of unions, which it was thought would effect great saving in the reduction of official expenditure; but the Commissioners do not recommend the proposed change, as the increase of outdoor relief which would necessarily arise would cause extra expense in that direction, and also that the workhouse accommodation is not in excess of the actual and probable requirements. A recent Parliamentary return stated that the Irish workhouses could accommodate 147,222 persons, while the number of inmates in 1867 was 43,632; but they are of opinion that this estimate should be reduced 50 per cent. The workhouse accommodation is at present considered sufficient, but a recommendation is made that defects existing in the infirmaries, which are sometimes overcrowded, might be obviated by transferring chronic cases to parts of the permanent building, and lunatics to auxiliary asylums. The second important matter under investigation was in relation to the necessity for an additional provision for pauper imbeciles and lunatics. The Commissioners recommend here that the present district lunatic asylums should be divided into two classes in each province, some as curative hospitals and the remainder as asylums for chronic cases. They also suggest that lunatics not in asylums should be subject to inspection by the dispensary medical officers, who should be paid for the additional duty; and that the harmless class of lunatics and imbeciles be located in a portion of the workhouse buildings, which would therefore become auxiliary asylums, a proceeding which would obviate any additional expenditure for the enlargement or building of district lunatic asylums. Should these recommendations of the Commissioners be carried out, a considerable saving in a pecuniary point of view will of necessity take place.

**THE SANITARY STATE OF DUBLIN.**—THE medical officer of health and the consulting medical officer of Dublin have issued a further report on the "means of the prevention of disease" in that city. Instead of recommending the organic sanitary improvements which are evidently necessary to put Dublin in at all a wholesome condition, and,



instead of suggesting increased activity on the part of the town council in the enforcement of the Public Health Act, they have contented themselves with pointing out some of the minor sanitary defects of the city. Thus they refer to the fact that the pavements are more frequently damp than dry, and suggest that asphalt should be laid down in the roads. People in Dublin, they think, habitually wear boots altogether too light, so far as the soles are concerned, to resist the action of the damp pavements. Severe colds, leading to serious illness, are, it is observed, often the result of wearing thin-soled boots. Many houses are built on unhealthy sites, and others are uninhabitable from dilapidation and neglect. It will be a long time, however, before these evils are remedied, if the medical officers' half-hearted advice be strictly acted upon. The recommendation to build houses on a foundation of asphalt, "if the expense could be afforded", and to clear away several densely inhabited and unhealthy areas as soon as the means for doing so are procurable, is not calculated to incite the Council to measures of improvement, to which they have already shown themselves perfectly indifferent. The grave danger to health arising from the discharge of sewage into the Liffey is only casually referred to; but the defective state of the domestic sewers receives considerable attention. Suggestions are made for the more general use of disinfectants, the provision of more water-fountains in the poorer quarters, the removal of the dépôts in which street-sweepings are deposited outside the city, the compulsory "trimming" of vegetables before being brought to market, or the removal of the waste vegetable-matter in the carts which return to the country, the establishment of abattoirs, the relegation of dairy-yards to the confines of the city, the encouragement of revaccination, the disinfection of infected houses and things, for the provision of public baths, and for school-instruction on sanitary matters. If, as appears from the report, there be no hospital for infectious diseases in the city, and the removal of house-refuse be left to the caprice of private individuals, there is small wonder that infectious diseases have been so rife there, even if the other insanitary conditions which are known to exist, but are not touched on in the report, are left out of consideration. After a careful perusal of the report, we regret to have to express our conviction that the causes of the high death-rate of Dublin have not been satisfactorily dealt with by the medical officers, and that measures much more comprehensive than they suggest will be necessary before that death-rate can be expected to diminish.

**DEATH FOLLOWING VAGINAL INJECTION OF ACETATE OF LEAD.**—The following case, published by Dr. Späth in the *Centralblatt für Gynäkologie* (No. 25), tends to prove that, in making injections into the vagina, the fluid may pass through the Fallopian tubes into the abdominal cavity. The patient, a healthy woman, aged twenty-two, married, and who had been confined ten weeks previously, had been ordered by the author to daily inject into the vagina a weak solution of acetate of lead, in order to cure her of leucorrhœa. On the eleventh day, the patient, being in a hurry, probably used too much force in injecting. She suddenly felt a violent pain in the lower part of the abdomen, and fainted. When Dr. Späth was summoned, he found the woman very much changed. Her face was livid, and wore an anxious expression; her pulse small and frequent. The abdomen was very tender on pressure, although not inflated. A violent attack of peritonitis followed, and the patient died at the end of seventy-four hours. No injury to the uterus or vagina had been detected by the author at his first visit. The *post mortem* examination gave the following results. The intestines were very much distended. The mucous membrane of the small intestine was red, especially in the portions situated in the vicinity of the uterus and the broad ligaments. On the surface of the mucous coat of the small intestine, up to a level with the navel, and through the whole of the hypogastrium, were disseminated irregular round flat patches of a greyish colour, which could easily be removed, and beneath which the membrane was entirely normal. Similar patches were also found on the interior of the uterus, which did not present any alterations; neither did the vagina or the rectum. The Fallopian tubes were very narrow, and did not present any sediment; while the broad ligaments in the neighbourhood of the fimbria, and the peritoneal surface of both ovaries, were covered with numerous black flakes of various sizes. This sediment, on being chemically examined, was found to consist of sulphide of lead. The author tries to explain this fatal accident through the tube of the injecting apparatus having, by some accident, entered the os uteri, so that the fluid was thrown into the uterine cavity; thence through the Fallopian tubes into the abdominal cavity, thereby producing the inflammation.

**VACCINATION.**—Dr. G. Wright Hutchinson, of Chipping-Norton, Oxon, has for the third time received a first-class award for efficient vaccination in his district of the Chipping-Norton Union.

## HOURS OF ATTENDANCE AT THE LONDON HOSPITALS.

**CHARING CROSS.**—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; Skin, M. Th., Dental, M. W. F., 9.30.  
**GUY'S.**—Medical and Surgical, daily, exc. Tu., 1.30; Obstetric, M. W. F., 1.30; Eye, M. Th., 1.30; Tu. F., 12.30; Ear, Tu. F., 12.30; Skin, Tu., 12.30; Dental, Tu. Th. F., 12.  
**KING'S COLLEGE.**—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., M. W. F., 12.30; Eye, M. Th. S., 1; Ear, Th., 2; Skin, Th., Throat, Th., 3; Dental, Tu. F., 10.  
**LONDON.**—Medical, daily exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p., W. S., 1.30; Eye, W. S., 9; Ear, S., 9.30; Skin, W. 9; Dental, Tu., 9.  
**MIDDLESEX.**—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; o.p., W. S., 1.30; Eye, W. S., 8.30; Ear and Throat, Tu., 9; Dental, daily, 9.  
**ST. BARTHOLOMEW'S.**—Medical and Surgical, daily, 1.30; Obstetric, M. Th. S., 2; o.p., W. S., 9; Eye, Tu. W. Th. S., 2; Ear, M., 2.30; Skin, F., 1.30; Larynx; W., 11.30; Orthopaedic, F., 12.30; Dental, F., 9.  
**ST. GEORGE'S.**—Medical and Surgical, M. Tu. F. S., 1; Obstetric, Tu. S., 1; o.p., Th., 2; Eye, W. S., 2; Ear, Tu., 2; Skin, Th., 1; Throat, M., 2; Orthopaedic, W., 2; Dental, Tu. S., 9; Th., 1.  
**ST. MARY'S.**—Medical and Surgical, daily, 1.15; Obstetric, Tu. F., 9.30; o.p., Tu. F., 1.30; Eye, M. Th., 1.30; Ear, Tu. F., 2; Skin, Th., 1.30; Throat, W. S., 12.30; Dental, W. S., 9.30.  
**ST. THOMAS'S.**—Medical and Surgical, daily, except Sat., 2; Obstetric, M. Th., 2; o.p., W. F., 12.30; Eye, M. Th., 2; o.p., daily except Sat., 1.30; Ear, Tu., 12.30; Skin, Th., 12.30; Throat, Tu., 12.30; Children, S., 12.30; Dental, Tu. F., 10.  
**UNIVERSITY COLLEGE.**—Medical and Surgical, daily, 1 to 2; Obstetric, M. Tu. Th. F., 1.30; Eye, M. W. F., 2; Ear, S., 1.30; Skin, Tu., 1.30; S., 9; Throat, Th., 2.30; Dental, W., 10.3.  
**WESTMINSTER.**—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 3; Eye, M. Th., 2.30; Ear, Tu. F., 9; Skin, Th., 1; Dental, W. S., 9.15.

## 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, 7.30 P.M. General Meeting. Mr. Bryant, "On the Value of Operative Interference in the Treatment of Inflammation of Bone".—Odontological Society. A Discussion on Transplantation and Replantation of Teeth will be opened by C. S. Tomes, F.R.S. Casual Communications from the President, Mr. S. J. Hutchinson, Mr. Steele of Croydon, Mr. E. M. Tod of Brighton, Mr. Coleman.  
**TUESDAY.**—Pathological Society of London, 8.30 P.M. Dr. Peacock: Congenital Disease of the Aortic Valves. Dr. Finlay: Congenital Disease of the Heart. Dr. Barlow: Skull from a Case of Congenital Syphilis. Mr. Amphlett: Solitary Kidney. Mr. Davies-Colley: 1. A Peculiar Affection of the Palms and Soles; 2. Malformation and Disease of the Ureter and Bladder of a Child. Mr. McCarthy: Cancer of the Oesophagus. Dr. Samuel West: Perforation of the Lung in Pneumothorax. Dr. Norman Moore: 1. Cancer of the Pericardium; 2. Hepatic Abscess. Mr. Bellamy and Dr. Sangster: Specimens from a Case of Rodent Ulcer of the Face and Nose. Mr. Malcolm Morris: Some Specimens of Piedra. And other Specimens.  
**WEDNESDAY.**—Obstetrical Society of London, 8 P.M. Specimens will be shown by Dr. Roper and Dr. Galabin. Papers: Dr. Wilson, "Notes on a Deformed Fetus"; Dr. Scholefield, "Difficult Delivery of a Monstrosity"; Dr. Roper, "Report of a Case of Fatal Thrombosis of Right Heart nineteen days after Delivery, with Remarks"; Mr. Musgrave, "Case of Abortion followed by Septicæmia and Fatal Thrombosis"; and other papers.—Epidemiological Society of London, 8.30 P.M. A paper will be read, entitled "Remarks on the Diagnosis and Causes of Yellow Fever", by Robert Lawson, Esq., Surgeon-General.  
**THURSDAY.**—Harveian Society of London, 8.30 P.M. Dr. Fitzpatrick, "Cases to illustrate certain Common Characteristics of Chronic Disease"; Dr. Mahomed, "Some Forms of Heart-Failure from High Pressure".