

SELECTIONS FROM JOURNALS.

MEDICINE.

SPASTIC SPINAL PARALYSIS (ERB): TABES SPASMODICA (CHARCOT).

—In a paper read before the Berlin Medical Society, and published in the *Berliner Klinische Wochenschrift* for December 2nd and 9th, 1878, Dr. Leyden says that he has observed a number of cases of which the clinical history, the necropsy, and the microscopic examination have been recorded, and which during life presented the symptoms of spastic paralysis. One case at a certain period of the disease presented strongly marked extension-contracture and rigidity; but, later on, as in the other case, there was flexion-contracture. All these cases, however, which had a fatal termination, presented also a high degree of paraplegia, partly associated with secondary atrophy of the paralysed muscles, partly with disorders of sensation and of the bladder. *Post mortem* examination showed chronic myelitis of various form and extent, affecting the dorsal portion, either alone or in conjunction with other parts, of the spinal cord. He has also seen the symptoms of spastic paralysis presented in a number of other cases which did not end fatally, but in many of which an accurate anatomical diagnosis could be made. He classifies these cases under the following divisions: 1. Traumatic myelitis, in the later stages of which muscular spasms and contractures often occur; 2. Myelitis from compression of the spinal cord by carious vertebrae or by tumours; 3. Spontaneous myelitis; 4. Spinal paralysis, following acute diseases, of which he has seen examples of the spastic form following typhus, small-pox, and relapsing and intermittent fevers; in this category, he also places puerperal paralysis; 5. Syphilitic paralysis, which, according to his observations, very commonly takes the form of spastic paraplegia; and 6. Certain cases where the disease runs an acute or a subacute course, and extends upwards over the whole spinal cord. They may with great probability be regarded as meningitis or perimyelitis, and have a tendency to end in recovery. Dr. Leyden sums up his remarks in the following conclusions. 1. Spastic paralysis (characterised by rigidity of the muscles, muscular spasms, spinal epilepsy, increased tendon-reflex, extension- and flexion-contractures) is a pretty frequent symptom in various diseases of the spinal cord; but it indicates no special form of disease. 2. It occurs in acute and subacute affections of the spinal cord, and in these circumstances is capable of perfect recovery. Cases of this kind are partly diffuse (ascending) meningitis and perimyelitis (myelomeningitis), partly circumscribed perimyelitis. 3. In acute myelitis (spontaneous, traumatic, or from compression), the symptom is, as a rule, not developed in the first stages of the disease, but very commonly appears in the second or chronic stage. In the same way, it is frequent in cases of myelitis with long-continued compression of the spinal cord. 4. The spastic form of paralysis is most frequently observed in chronic myelitis (sclerosis) when this occurs in one or more foci, one of which usually lies between the cervical and lumbar enlargements. In these cases, the periphery of the white anterior and lateral columns is more or less affected; there is, therefore, a varying extent of (chronic) leucomyelitis or myelomeningitis. A special limitation of the sclerosis to the lateral columns has not yet been observed. 5. If it were desired to describe as a special form of disease those cases of chronic myelitis which are very slowly developed and remain free from disturbances of sensation and from paralysis of the bladder, they would correspond to the condition designated spasmodic tabes. But the expression tabes, as Erb has correctly remarked, is applied in German literature to degeneration of the posterior columns; and the contrast of tabes atactica and tabes spasmodica would only be of importance, if the latter depended on a systematic sclerosis of the columns of the cord. In spite, however, of the remarkable symptoms, these cases present no special type of disease either in anatomy or in symptoms. Anatomically, they belong to chronic myelitis (leucomyelitis), the symptoms of which vary according to its stage and extent; symptomatically, neither the general commencement nor the absence of perceptible symptoms is characteristic; for we see the same processes, at least the same anatomical lesions, after acute commencement, after repeated exacerbations, and when the course of the disease has been progressive. The absence of disturbance of sensation is accidental, and depends on the situation and extent of the focus of disease. Finally, in the further progress of the case, the spastic symptoms may again disappear.

THE CONDITION OF THE MUSCLES IN PARALYSIS.—In the paper above referred to, Dr. Leyden says that spinal paralysis (and also cerebral and peripheral paralysis) may be divided into two great groups, according to the condition of the paralysed muscles: *a*. Those in which the muscles are flabby, have lost their tonicity, and can be easily moved in all directions, so that the position of the limbs depends simply

on gravitation; *b*. Those in which the tonicity of the muscles remains normal, and, as a rule, even increased, so that they have a tendency to contract and shorten and to oppose a tenacious resistance to extension. The first form occurs under conditions which diminish the tonus; the second under those which increase it. If we now concede to the sensory (or centripetal) nerve-fibres an important influence over the muscular tonus, which we are justified in doing by the researches of L. Hermann and Cohnstein, and by Cyon's experiments on the influence of the posterior roots on irritability, the pathological facts become capable of a satisfactory explanation. Atonic paralysis is observed in the following conditions. 1. In extensive atrophy of the sensory fibres (posterior columns and nerve-roots) in progressive locomotor ataxy; to this point Dr. Leyden has already directed attention in a monograph published in 1863. In tabes dorsalis, the muscles are flabby and atonic; but this does not exclude the possibility of the occasional occurrence of a tonic condition. 2. Diseases of the grey matter interrupt the connection between the anterior and posterior roots by atrophy of the ganglion-cells, without injuring sensation itself. It is hence conceivable that atrophic paralysis, proceeding from intense atrophy of the grey matter, belong to the atonic class. Slight diseases of the grey matter, especially of the interstitial tissue, are not unfrequently accompanied by a tonic condition of the muscles. 3. In cases where the irritability of the spinal cord, especially of the grey matter, is much diminished, atonic paralyses also occur. This is the case in the commencement of myelitic, and especially of traumatic, affections of the portions of the spinal cord. Here we assume, with Goltz, an arrest of the function of the cord lying below the lesion, so that the reflex action is destroyed or greatly impaired, as also is the tonus of the muscles. This is the case in the last stage of severe diseases of the spinal cord, where the irritability, one might say the vitality, of the portion of muscle lying below the lesions is destroyed, with, as a rule, general loss of strength. We here see atonic muscular paralysis appear, where perhaps distinct tonic paralysis has been present. This fact has not escaped the notice of Charcot, who says that spastic symptoms may disappear towards the end of the case. On the other hand, tonic or spastic muscular paralysis occur under conditions which raise the reflex influence of the sensory fibres. This may occur: 1. From increased irritability of the motor fibres—neurotic peripheral paralysis; 2. From increased irritation of the sensory roots—neuritic or meningitic process; 3. From partial or complete interruption of the conduction of the will from the brain, the conduction of reflex impressions through the grey matter being preserved or even increased. Especially at the time when neuritic processes, often accompanied with much pain, are developed in the paralysed limbs, muscular spasms and contractures begin to appear. What share the descending degeneration of the lateral columns has in this seems as yet doubtful. The condition is the same where there are myelitic foci, which intercept the conduction of the will from the brain, but leave intact the conveyance of reflex action through the grey matter (leucomyelitis).

SURGERY.

A BULLET IN THE BLADDER.—The following interesting case is reported by Dr. Wittelschöfer, in the *Wiener Medizinische Presse*, January 25th, 1879. An infantry soldier received, on August 16th, 1878, a gun-shot wound of the left thigh, just below the great trochanter. He was carried to the ambulance, but an examination of the wound failed to reveal the presence of a bullet. On his arrival at the hospital in Marburg (August 22nd), blood was passed *per urethram*; this was the only occasion in which there was hæmaturia, but the urine remained somewhat cloudy. At the end of October, the wound of the thigh having healed, the patient was dismissed; difficulty of micturition then ensued, and, at the beginning of December, a piece of the thick linen (three centimetres long and one centimetre wide) of which drawers were made and worn at the time of the injury, was expelled from the urethra. When he was admitted to Dr. Billroth's clinic, it was found that a foreign body was present in the bladder. Median lithotomy was performed, and the bullet, coated with phosphates, was extracted. The wound caused by the operation healed, and the patient left the hospital. The urine, however, did not regain its normal character; and, on January 17th, after a certain amount of straining, a small portion of his blue uniform (one centimetre long and half a centimetre wide) was discharged from the urethra. After this, the patient completely regained his health.

THE Corporation of Doncaster have appointed Mr. A. J. Shirley, solicitor, to the borough coronership of that town, vacant by the death of Mr. John Lister, F.R.C.S., who has held the appointment for nearly thirty years. On a division, it was decided by a majority of one to adhere to payment by fees in preference to payment by salary.

the fear of discharging patients not dangerous for the reason assigned would be removed. It must, however, not be forgotten that the common law limiting the confinement of lunatics to those who are dangerous applies to their confinement in any place and to any restrictions upon their liberty, and that strictly a man may not put his hand upon the shoulder of a lunatic who is not dangerous without committing an assault, or lock him in his bedroom without false imprisonment. That such a law cannot be executed is obvious. It is smothered in its own absurdity as regards the proper treatment of the insane at home, and only on account of its application to patients detained in asylums is it important from its direct antagonism to the operation of the statutes. It expresses the lawyer's view of interference with the insane, founded upon the facts of life when society was young and simple, in opposition to the doctors' view of what must be done to prevent mischief among the tender and complex interests of modern life. In the spring-time of the common law, a great lawyer or doctor who had become insane might not be dangerous if he were not violent; but such a man at the present day, who went about town babbling, not of green fields but of family secrets, would certainly not be harmless. The Commissioners, in their letter, have made the mistake of adopting the word harmless as the opposite of the legal term dangerous, which it is not. A man is not harmless who is mischievous or in any way injurious or harmful to himself or others; but it by no means follows that a man not harmless must be dangerous. By this term dangerous, the lawyers mean liable to inflict physical, not moral, injury. By this limitation of the term dangerous to physical danger, the antagonism of the common to statute law is rendered the more absolute, and the necessity of new enactments to reconcile the two laws the more imperative. Indeed, the common law, the statute law, and the royal prerogative in lunacy matters are in such a hopeless state of entanglement, that it would seem that nothing short of codification can possibly succeed in loosening and smoothing out their knotted intricacies and confusions.

It will be observed that all the above arguments apply only to insane persons having or enjoying property. The confinement of destitute persons of unsound mind rests on quite a different footing. Their welfare must be combined with considerations of public thrift and convenience. But the well-being of an insane person who has property surely ought not to be made by official authority dependent upon the disposition of friends to receive and protect him and his property from injury. Neither is it so left when the law is obeyed. A lunatic of property who is at large may remain unprotected through default of his friends. But a lunatic under cognisance of the Commissioners cannot remain with property "not duly protected", except by inaction of the Commissioners, whose bounden duty it is to invoke the jurisdiction of the Lord Chancellor. The reasons they give for withholding the exercise of their statutory powers in this respect is that "proceedings by Commission are, generally speaking, advisable only where the insanity is likely to be of a permanent character, and the property of the lunatic is of such a nature as to require them". Moreover, they object that these proceedings are costly and public. But it is to be remarked that the Lords Justices, acting with the Lord Chancellor under the sign manual, are the appointed judges of the propriety of commissions; and that the Commissioners have the simple duty imposed upon them of reporting to the Lord Chancellor that the property of any person alleged to be, or detained as, a lunatic is not duly protected or the income not duly applied for his benefit. The words relating to the application of the income were added in the later statute. (8 and 9 Vic., c. 100, s. 94; 16 and 17 Vic., c. 70, sec. 54.)

The Commissioners conclude their objections to commissions of inquiry by the remark that "It is obvious that the finding of a jury is in no case essential in order legally to justify the confinement of a person of unsound mind". This is quite true, in so far that very few commissions are held before juries; but it is not correct, save and except for dangerous lunatics, that the finding of a commission of inquiry is not essential to legal detention. The Lord Chief Baron was perfectly right in declaring that a commission of inquiry ought to have been held on Miss Nottidge; and a large proportion of the harmless patients in private asylums are in the same position as the one in which that lady was illegally placed. Many are the devices to evade the law: illegal payments by trustees to unauthorised persons; illegal authorities to receive rents, extorted from insane persons; illegal transactions of bankers, conveniently ignorant of their customers' mental state; but, above all, powers of attorney acted upon, if not given, after the insanity. The number of insane persons of property who ought to be under the Lord Chancellor's well-informed protection, but whom the Commissioners leave in the unprotected shelter of asylums, is very large. Surely it would not be a great thing, and would be a most useful one, for the Commissioners to require information of the property of all persons detained and taken charge of as lunatics, and to report thereupon to the Lord Chancellor, who through his registrar and medical visitors would make

inquiries as to their due protection. As an instance, it was stated in evidence at a recent trial that a gentleman with an income of £4,000 was confined in a metropolitan asylum upon a stipend of £360; and, seeing that his wife admitted that she expended £1,000 a year, or thereabouts, in millinery and jewels, it would appear that he and his property were not duly protected. A speedy and handy proceeding in Chancery for the protection and utilisation of the property of persons whose insanity promises to be of short duration is one of the crying needs of the lunacy law; but it is a bad expedient to let the law be dormant because it is costly and cumbrous.

Besides those dangerous lunatics who may be legally confined under the common law and the statutes, and those Chancery lunatics who may be legally confined under the authority of the Lord Chancellor, there is a *residuum* of not dangerous lunatics having no property, who are maintained by relatives who have means to do so. Under the canons of construction, the lunacy statutes may possibly be held to justify the detaining and taking charge of such lunatics notwithstanding the prohibition of the common law. This may be the case, and it certainly is the fact, that they are so detained; but it is impossible that this vast gap—this huge *casus omissus*—should be allowed to continue, throwing more than a doubt upon the legality of the detaining, and taking charge under the strictest obedience to the forms of statute of, any insane person who is not either dangerous or found lunatic by inquisition.

THE ROYAL COLLEGE OF PHYSICIANS.

AT the meeting of the Fellows of the Royal College of Physicians, on Thursday afternoon, the President informed them that Surgeon-Major Colvill and Dr. Joseph Frank Payne had been appointed by Government to investigate the plague in Russia at a salary of five guineas a day. Part I of the report to the co-operating medical authorities by the Committee of Reference appointed in accordance with the conjoint scheme of May 1st, 1877, approved by the General Medical Council, was discussed. It deals with the subjects of professional education. Dr. Barnes proposed an amendment to Section 17, which prescribes a course of lectures of not less than three months on midwifery and diseases peculiar to women. He pointed out the inadequacy of so short a course. Dr. Playfair seconded the amendment, and Drs. West, Grailly Hewitt, and Priestley also spoke in support of it. It was put to the vote, and negatived. The consideration of Part II of the report, which relates to the regulations for examiners and the conduct of examinations, was adjourned until Saturday.

ASSOCIATION INTELLIGENCE.

MEETING OF COMMITTEE OF COUNCIL.

A MEETING of the Committee of Council will be held, at the offices of the Association, on Wednesday, the 16th day of April next, at 2 o'clock in the afternoon.

March 6th, 1879.

FRANCIS FOWKE,
General Secretary.

METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.

THE next meeting of this district will be held on Tuesday, March 18th, at 8.30 P.M., at the Manor Rooms, Mare Street, Hackney. Should the President of the Branch be unable to attend, the chair will be taken by Dr. FREDERICK H. DALY.

The following communications have been promised:

1. I. Burney Yeo, M.D., F.R.C.P.: On a remarkable case of Abscess of the Dura Mater and Brain, following a blow on the head.
2. A. T. Gibbings, M.D.: A case of Encephalocele.
3. James Startin, Esq.: On Lupus, with cases illustrating the same.

A. GRANT, *Honorary Secretary*.

370, Commercial Road, E., March 10th, 1879.

GLOUCESTERSHIRE BRANCH.

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

The following communications are promised:

1. Dr. Bond: The Ventilation of a Sitting Room.
2. Mr. Bubb: A case of Hydrocele.
3. Dr. Wilson: Case of Subcutaneous Injection of Morphia in Passage of Renal Calculus, and in Lumbago (no return for two years).
4. Dr. Batten: Complete Paralysis of the Right Oculo-motor Nerve.

5. Dr. Batten : To call attention to the Gradual Change which takes place in Thermometers, and the error thus induced.

The meetings are now held on the third Tuesday in every month, at half-past seven o'clock. Members are invited to give notice to the secretary of any questions or cases of interest which they may be willing to bring before the Branch.

RAYNER W. BATTEN, *Honorary Secretary*.
Gloucester, March 11th, 1879.

YORKSHIRE BRANCH.

THE spring meeting of this Branch will be held at the Queen's Hotel, Barnsley, at 2.45 P.M., on Wednesday, March 19th, 1879.

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

The members will dine together at the Queen's Hotel, at 5 P.M. Tickets (exclusive of wine), 6s. 6d. each.

W. PROCTER, M.D., *Honorary Secretary*.
York, February 27th, 1879.

THAMES VALLEY BRANCH.

THE next meeting of this Branch will be held at the Griffin Hotel, Kingston, on Thursday, March 20th, at 6 P.M.

The following papers have been promised :

Dr. Alfred Wiltshire : On so-called Ulceration of the Os Uteri.

G. Farr White, Esq. : Case of Gall-stone (with specimen), and cases of Abscess of Liver.

Dr. Sealy : On Diphtheria.

Dinner will be provided after the meeting,

FREDERICK J. WADD, *Honorary Secretary*.
Richmond, March 5th, 1879.

SOUTH-EASTERN BRANCH : WEST SURREY DISTRICT.

THE next meeting will be held at the Red Lion Hotel, Dorking, on Thursday, March 27th, at 3.30 P.M.; J. LEE JARDINE, Esq., in the chair.

Dinner will be served at the Red Lion Hotel, at 6 P.M. precisely. Charge, 7s., exclusive of wine.

The following cases are promised :

Mr. T. M. Butler : A case of Double Pneumonia treated by Bleeding.

Mr. Jardine : A case of probable Pulmonary Embolism, consequent on Fractured Tibia.

Mr. A. A. Napper : A case of Separation of the Gall-bladder.

Mr. Schollick : A case of Resection of the Shoulder-joint. (Patient will be shown.)

Mr. C. J. Sells : A case of Poisoning by Charcoal Vapour.

A. ARTHUR NAPPER, *Honorary Secretary*.
Broad Oak, Cranleigh, March 13th, 1879.

SOUTH-EASTERN BRANCH : EAST AND WEST SUSSEX DISTRICT MEETINGS.

A CONJOINT meeting of the above districts will be held at the York Hotel, Old Steine, Brighton, on Wednesday, April 2nd, at 3.30 P.M.; GEORGE BROWNE, Esq., in the chair.

The following communications are promised :

1. Dr. Hollis : Brief Notes. *a.* On the Treatment of Lupus. *b.* On the Treatment of Ague by Quinatum Sulphate. *c.* On the Action of Euonymin as a Cholagogue.

2. Mr. G. F. Hodgson : Obstetric Forceps, their form and their use.

3. Dr. J. H. Ross : Short Note on a case of Delirium Tremens.

4. Mr. N. P. Blaker : Case of General Exostosis (patient to be shown).

Dinner will be provided at 5.30 P.M. Charge, 6s. 6d., exclusive of wine.

Members proposing to read short papers, or furnish notes of cases, which are particularly invited, are requested kindly to communicate with either of the Honorary Secretaries, not later than Saturday, the 22nd instant.

W. J. HARRIS, 13, Marine Parade, Worthing.

THOMAS TROLLOPE, M.D., 9, Maze Hill, St. Leonard's-on-Sea.
March 11th, 1879.

SOUTH WALES AND MONMOUTHSHIRE BRANCH.

THE next meeting of the above Branch will be held at Llanelly, on Tuesday, April 15th. Members desiring to read papers, etc., are requested to signify the same to either of the Honorary Secretaries without delay.

ANDREW DAVIES, M.D. } *Honorary Secretaries*.
March 3, 1879. ALFRED SHEEN, M.D. }

WEST SOMERSET BRANCH.

THE spring meeting of this Branch will be held at the Railway Hotel, Taunton, on Thursday, April 3rd, at 5.15 P.M. The following question has been settled by the Council as the one on which members should be invited to express their opinion at the said meeting after dinner : "Are true Croup and Diphtheria different forms of the same disease; and what treatment, general and local, would you recommend?"

Dinner, 5s. a head, exclusive of wine.

W. M. KELLY, M.D., *Honorary Secretary*.
Taunton, March 1st, 1879.

NORTH OF ENGLAND BRANCH.

THE spring meeting of this Branch will be held at Tynemouth, on Tuesday, April 29th. Gentlemen who are desirous of reading papers, introducing patients, exhibiting pathological specimens, or making other communications, are requested to signify their intention to the secretary at their earliest convenience.

T. W. BARRON, M.B., *Honorary Secretary*.
10, Old Elvet, Durham, March, 1879.

METROPOLITAN COUNTIES BRANCH : NORTH LONDON DISTRICT.

A MEETING of this Branch was held at the Holloway Hall, on the 27th of February. In the absence of Dr. ANDREW CLARK, Dr. HENTY presided.

Communications.—The following papers were read.

Dr. ROBERT BARNES read a paper on the Significance of Thrombosis.

Dr. DOWSE read notes of a case of Thrombosis.

The discussion which followed was maintained by Dr. HENTY, Dr. SMITH, Dr. SHEEHY, and Dr. COTTEW.

A vote of thanks was proposed to Dr. Barnes and Dr. Dowse by Dr. HENTY, and seconded by Dr. HILLIARD.

Next Meeting.—It was agreed that the next meeting should be held at the Holloway Hall on Thursday, March 27th, at 8 P.M., when Mr. EDMUND OWEN will explain and practically demonstrate the application of Sayre's Jacket in the treatment of Spinal Curvature. Other subjects for discussion will be duly announced.

MIDLAND BRANCH : ORDINARY MEETING.

A MEETING of the Midland Branch was held at the Town Hall, Boston, on March 6th, under the presidency of Dr. MERCER ADAM. It was numerously attended by members from Derby, Nottingham, Lincoln, and the neighbourhood.

New Members.—The following gentlemen were elected members of the Association and Branch : B. A. Smith, Esq. (Sibsey); F. Fawcett, M.D. (Louth); T. Small, Esq. (Boston); A. Suxford, M.D. (Boston); T. Blasson, Esq. (Billingboro'); W. E. Robbs, M.B. (Stamford). The following members of the Association were admitted members of the Branch : T. Sharpley, M.D. (Louth); E. W. Jollye, Esq. (Donnington); W. C. Hine, Esq. (Swineshead); C. Robbs, M.D. (Grantham); T. Shipman, Esq. (Grantham).

The Branches and the Committee of Council.—The meeting was in favour of Dr. Carpenter's suggestion, "that power be given in each Branch (if it see fit) to send to the Committee of Council, in the stead of the Honorary Secretary, a representative of the Branch, to be elected annually in general meeting".

Papers.—The following were read :

1. Dr. Elder (Nottingham) : Cases of Ovariectomy.

2. Mr. Pilcher (Boston) : On Intestinal Obstruction.

3. Dr. Morris (Spalding) exhibited a patient, the head of whose femur had been excised by him twenty-nine years ago, and described the operation and the successful results.

Dinner.—The members dined together at the Town Hall.

Next Meeting.—It is proposed to hold the next meeting of the Branch at Louth or Grantham, during the month of May.

PRESENTATION TO PROFESSOR DICKSON OF GLASGOW.—Dr. Dickson, Professor of Botany in Glasgow University, who is at present a candidate for the Chair of Botany in Edinburgh, was presented on the 6th instant with a testimonial from the senior students who had studied under him, expressive of their high esteem of him as a teacher. The testimonial, which had been drawn up only a few days before, was signed by upwards of two hundred and fifty of Professor Dickson's former students.

question, he thought that some facts would be produced which would greatly modify the opinion of the House of Commons as the necessity for continuing the Medical Council. It was not desirable to name the portals of the medical profession because there were many advantages due to the fact that there were several ways of entering it; but the explanation why the various medical bodies had not united together for the purpose of laying down an universal form of examination was, that they were not willing to depart from the old lines, and that they were afraid their particular sources of emolument would be interfered with. He did not mean to say that the emoluments were disposed of in any improper manner. These bodies kept up museums, and these museums were of the greatest value as educational aids; and he had no doubt the loss would be very grave if they were not kept up. What he contended was, that the medical corporations had never set their shoulders to the wheel for the purpose of really improving medical education, and that they had never brought pressure to bear on each other for this purpose. It was only last session that the Government put its foot down, and announced its determination that there should be one examination. When a good standard of examination was arrived at, and when the examination was adequately supervised, he could not understand what would be the necessity for maintaining the Council. He did not see why there should not be a smaller and more representative Council, if they were to have one at all. In that case, a representative might sit, *e.g.*, for the University of Oxford for two years; and, after that, another representative sit for Cambridge for a similar period. In this way, they would have a small Council really doing work, instead of wasting time in talk. They could not expect that a number of gentlemen coming from England, Ireland, and Scotland, would do anything else but talk and waste time over subjects no doubt of interest, but which did not in any sense advance the purposes for which the Medical Council was created. He hoped his hon. friend would accept the proposal of the noble lord, and thus open the way to a full inquiry. If his friend would withdraw his Bill, he would best promote the interest of medical education.

Mr. BERESFORD HOPE joined in the desire that the Bill should be withdrawn. The universities and corporations had each a right to send a representative to the Council, because they had each a distinctive method of teaching. They would throw everything into confusion by combining three bodies. There was an idea abroad that one university was much like another; but that was an error. If the hon. member had proposed that Salisbury should be represented conjointly with another constituency, he would not have made a proposal more extraordinary than that before the House. He would support Mr. Serjeant Simon's amendment if the Bill were not withdrawn.

Dr. LUSH said that, knowing that the noble lord intended to propose the Committee, he had purposely avoided entering into an explanation of the manner in which the proposed Council would work. A great deal had been gained in bringing the matter before the House. With regard to the proposition generously made by the noble lord, he (Dr. Lush) was quite willing to adopt the course suggested. He agreed with what had fallen from Mr. Errington—that the whole subject should be discussed without as well as within. Feeling strongly what had been said, he should be the last to offer any delay to what he believed both sides of the House had at heart, *viz.*, a thorough investigation of the subject by a Committee. He hoped the noble lord, in introducing the Government Bill, would enlarge the scope of the measure. If that were granted, he should gladly accept the proposition that the debate on the second reading should be adjourned for a fortnight, to enable the noble lord to nominate the members for the Committee.

On the motion of Dr. BRADY, the debate was adjourned.

Habitual Drunkards' Bill.—This Bill was read a third time and passed.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

BATH.—The number of births in this city during 1878 was 1,359, and the number of deaths, 1,278, giving rates of 24.9 and 22.4 respectively. The unusually low temperature of November and December created sad havoc in the class which abounds in Bath—the aged and invalid. Diseases of the respiratory organs, notably bronchitis and those forms of constitutional disease most liable to be affected by atmospheric changes, were the largest factors in the bill of mortality. Altogether, 252 deaths from diseases of the respiratory organs happened during the year. Zymotic diseases were less fatal than in 1876 and 1877. Seventy-nine deaths were registered from them, the chief items being

whooping-cough, thirty-nine deaths, and diarrhoea, twenty-three deaths. As regards general sanitary conditions, the state of the city was favourable, but Dr. Brabazon has had to urge the necessity of proper ventilation of soil-pipes and house-drains.

BROWNHILLS.—In this district, the population of which is nearly 12,000, 468 births and 190 deaths were registered in 1878. Of the latter, the greatest number occurred in infants under one year old, the result of malnutrition caused by the employment of unnatural and unsuitable food. Zymotic diseases caused twenty-four deaths, and Mr. Flinn, in common with a great many other Medical Officers of Health, draws attention to the necessity of the compulsory registration of cases of such disorders.

ST. MARY CHURCH.—The death-rate in this district was very high for a watering-place, (20 per 1000), but it is satisfactory to know that this is not due to the prevalence of zymotic disease. Phthisis caused twelve deaths, and pleurisy, pneumonia, and bronchitis no less than twenty-four. Thirty-six deaths occurred under five years of age, and twenty-six over sixty years. Thus the extremes of life accounted for nearly three-fifths of the whole mortality.

PONTYPOOL.—Mr. Mason's report for 1878 is brief, and is mainly concerned with the epidemic of scarlatina, which has ravaged the district, causing no less than 25 deaths. The disease appears, as usual, to have been mainly spread by direct infection, through the carelessness of the population in visiting infected houses. The infantile mortality is high. Thirty-seven deaths of infants under one year, and 40 of children between one and five, is much too large a proportion of the 147 deaths which occurred from all causes during the year.

POOR-LAW MEDICAL APPOINTMENTS.

JONES, William Davies, M.R.C.S., appointed one of the medical officers for the Ruthin Union, *vice* Thomas Jones, M.R.C.S.Eng.

RYLEY, H., L.R.C.S., appointed Medical Officer for the Cheriton Fitzpaine District of the Crediton Union.

VACHER, F., F.R.C.S. Ed., Medical Officer of Health, Birkenhead, has been appointed Public Analyst for the Borough.

MEDICAL NEWS.

UNIVERSITY OF DUBLIN.—Spring Commencements, 1879.—At a meeting of the Senate of Trinity College, held on Shrove Tuesday, February 25th, in the Examination Hall, the following Degrees in Medicine and Surgery were conferred.—*Baccalaureus in Chirurgia.*

Wilson, West Whedale

Baccalaurei in Medicina.

McCreery, Benjamin Thomas

Mason, Thomas

Wilson, West Whedale

Doctores in Medicina.

Maginniss, Robertus Maude

Owen, Gulielmus (*in absentia*)

MEDICAL VACANCIES.

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

The following vacancies are announced:—

***BOURNEMOUTH GENERAL DISPENSARY AND COTTAGE HOSPITAL.**—Resident Medical Officer. Salary, £120 per annum, with rooms, coal, gas, and attendance. Applications not later than March 29th.

BEDMINSTER UNION.—Medical Officer for fourth district. Salary, £40 per annum. Applications on or before March 17th.

CANCER HOSPITAL, London and Brompton.—Resident House-Surgeon and Registrar. Honorarium 100 guineas per annum, with board and residence. Applications on or before March 22nd.

CHELtenham GENERAL HOSPITAL AND DISPENSARY.—Junior House-Surgeon. Salary, £60 per annum, with board and lodging.

***DORSET COUNTY HOSPITAL.**—House-Surgeon. Emoluments, £70 per annum, and £10 additional as Secretary, apartments and board. Applications on or before March 19th.

GATESHEAD DISPENSARY.—Assistant-Surgeon. Salary, £120 per annum, with board and lodging.

GLANFORD BRIGG UNION.—Medical Officer and Public Vaccinator for the Winterton District. Salary, £50 per annum, and fees for Vaccination. Applications on or before March 20th.

***GLOUCESTERSHIRE.**—STROUD GENERAL HOSPITAL.—House-Surgeon. Salary, £100 per annum, with board, lodging, and washing. Early in April.

HORNSEY LOCAL BOARD.—Medical Officer of Health.

***INFIRMARY FOR CONSUMPTION AND DISEASES OF THE CHEST AND THROAT,** 26, Margaret Street, Cavendish Square—Visiting Physician. Applications to Francis Bailey, Esq., Secretary.

- LEAMINGTON HOME AND HOSPITAL FOR INCURABLES—Assistant-Surgeon. Salary, £50 per annum, with lodging and washing.
- *LEEDS GENERAL INFIRMARY—House-Physician. Salary, £100 per annum, board, residence, and washing. Applications before March 19th.
- MACCLESFIELD GENERAL INFIRMARY—Senior House-Surgeon. Salary, £100 for first year, with an increase of £10 the second year, with board and residence. Also a Visiting House-Surgeon. Salary, £70 per annum, with board and residence. Applications on or before March 22nd.
- MERCER'S HOSPITAL, Dublin—Senior Surgeon and Junior Surgeon.
- MONAGHAN UNION—Medical Officer for Scotstown Dispensary District. Salary, £120 per annum and £15 per annum as Sanitary Officer, with the usual registration and vaccination fees. Election on March 13th.
- NAAS UNION—Medical Officer for Clane and Timahoe Dispensary District. Salary, £120 per annum, £15 per annum as Sanitary Officer, with registration and vaccination fees. Election on the 24th instant.
- *OWENS COLLEGE, Manchester—Demonstrator and Assistant Lecturer in Physiology. Salary, £150 per annum. Applications up to March 22nd.
- RIPON DISPENSARY—House-Surgeon and Dispenser. Salary, £100 per annum, with furnished apartments, attendance, coals, and candles. Applicant must be a single man.
- ST. JOHN'S WOOD AND PORTLAND TOWN PROVIDENT DISPENSARY—Surgeon. Applications before the 24th instant.
- SOUTH DUBLIN UNION—Medical Officer for Rathmines Dispensary District. Salary, £125 per annum, with £31 ss. as Sanitary Officer, registration and vaccination fees. Election on the 18th instant.
- *SUNDERLAND AND BISHOPSEARMOOUTH INFIRMARY—House-Surgeon. Salary, £80, increasing annually to £100, with board and residence. Election on April 23rd.
- 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.
- WATERFORD UNION—Medical Officer for Kilmeaden Dispensary District. Salary, £120 per annum, exclusive of registration, vaccination, and sanitary fees. Election on the 21st instant.
- *WEST LONDON DISTRICT SCHOOL—Medical Officer. Salary, £150 per annum. Applications not later than noon, March 21st.
- *WESTMINSTER GENERAL DISPENSARY—Resident Medical Officer. Salary, £100 per annum, with furnished apartments, attendance, coal, and gas. Applications on or before the 22nd instant.

MEDICAL APPOINTMENTS.

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

- DEVIS, C. J., M.R.C.S. Eng., appointed House-Surgeon to the Hereford Infirmary.
- GADSBY, J. T., M.B. and B.S., appointed House-Surgeon to the Richmond Hospital, Surrey, *vice* W. A. Ward, M.R.C.S., resigned.
- GOLLAND, Alfred, M.R.C.S., appointed House-Surgeon to the Bolton Infirmary.
- HOLBECH, Arthur O., L.R.C.P. Ed., appointed Resident Surgeon to the Birmingham General Dispensary, *vice* James R. Harmer, M.R.C.S. Eng., resigned.
- O'NEIL, Henry, M.D., elected Assistant-Surgeon to the extern department of the Belfast Royal Hospital.
- PLAYFAIR, David T., M.B., appointed Assistant Medical Officer to the Royal Albert Asylum for Idiots and Imbeciles, Lancaster.

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.

MARRIAGE.

- GARDEN—BRYCE.—At West Bank, Aberdeen, on the 6th instant, by the Rev. George H. Knight, Free South Church, assisted by the Rev. James Selkirk, Free East Church, Robert John Garden, M.D., to Jane, third daughter of James Bryce, Advocate.

DEATH.

- OLLARD.—On the 8th instant, at 8, York Row, Wisbech Saint Peter, after a short illness, William Ollard, M.R.C.S., aged 79 years.—No cards.

WINTER-COUGH RAPIDLY CURED BY ATOMISED CHLORAL-HYDRATE.—Mr. Robert Fletcher writes, in the *Philadelphia Medical Times*, Feb. 1st, 1879, that a lady about fifty years of age, who had been troubled with a chronic cough for three or four winters past, upon returning from the seaside in September, was attacked with subacute bronchitis complicated with gastric disorder. This soon yielded to treatment, but left a rasping cough, which destroyed her rest at night, and seemed likely to continue throughout the approaching winter. After administering various remedies, in atomised form and otherwise, during several weeks, without much benefit, it occurred to him to try a spray of chloral-hydrate. A solution of ten grains in an ounce of water was inhaled through a steam-atomiser each morning and evening. Improvement was soon observed; and, after two weeks' use of the remedy, the cough entirely disappeared, and did not return. The inhalation was continued, at increasing intervals, for a few days longer, as a measure of precaution. In a second case, its employment was attended with a like successful result.

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.

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.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

- MONDAY.—Medical Society of London, 7.30 P.M. Mr. Edmund Owen, "A case of Strangulated Inguinal Hernia: Reduction *en masse*: Operation: Recovery"; Mr. W. F. Teevan, "The Diagnosis and Treatment of Impacted Urethral Calculus".
- TUESDAY.—Pathological Society of London, 8.30 P.M. Dr. Norman Moore, "Abscess of the Liver"; Mr. Malcolm Morris, "Specimen of Piedra"; "Lardaceous Disease, in reference to its Anatomical Distribution and Pathological Relations": the subject will be introduced with specimens by Dr. Dickinson. Dr. Turner will show specimens of Lardaceous Disease: and other specimens.
- THURSDAY.—Harveian Society of London, 8.30 P.M. Dr. Broadbent, "Cases of Mitral Stenosis": Mr. Malcolm Morris "On some of the rarer Affections of the Hair".

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

- CORRESPONDENTS not answered, are requested to look to the Notices to Correspondents of the following week.
- CORRESPONDENTS who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.
- 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.
- 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*.
- WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

The highest authorities, among them Deschanel (*Natural Philosophy*), and the admirable tables quoted in *W. Miller's Almanack*, *The Statesman's Year Book*, etc., give 15.43235 grains as equivalent to 1 gramme. In the following tables, I take 15.5 grains as nearest, and as a number singularly easy for calculating equivalents on the metric system for medical science.

TABLE I.—Grammes.

1 gramme = 15.5 grains	6 grammes = 93.0 grains
2 " = 31.0 "	7 " = 108.5 "
3 " = 46.5 "	8 " = 124.0 "
4 " = 62.0 "	9 " = 139.5 "
5 " = 77.5 "	10 " = 155.0 " (exactly 154.3235)

Grammes are half more tens in grains, and the half repeated. Hence the rule: Quote as many tens, half as many tens, and half as many units.

Questions.—How many grains in 4 grammes, 6 grammes, and 8 grammes?

Answers.—4 tens + 2 tens + 2 = 62 grains.

6 " + 3 " + 3 = 93 "

8 " + 4 " + 4 = 124 "

TABLE II.—Decigrammes.

1 decigramme = 1.55 grains	6 decigrammes = 9.3 grains
2 " = 3.1 " "	7 " = 10.85 " "
3 " = 4.65 " "	8 " = 12.4 " "
4 " = 6.2 " "	9 " = 13.95 " "
5 " = 7.75 " "	10 " = 15.5 " "

Decigrammes are half more units in grains and the half repeated. Hence the rule: Quote as many units, half as many units, and half as many decimals.

Questions.—How many grains in 4 decigrammes, 6 decigrammes, and 8 decigrammes?

Answers.—4 + 2 units + 2 decimals = 6.2 grains.

6 + 3 " + 3 " = 9.3 "

8 + 4 " + 4 " = 12.4 "

TABLE III.—Centigrammes.

1 centigramme = .155 grains	6 centigrammes = .93 grains
2 " = .31 " "	7 " = 1.085 " "
3 " = .465 " "	8 " = 1.24 " "
4 " = .62 " "	9 " = 1.395 " "
5 " = .775 " "	10 " = 1.55 " "

Centigrammes are half more decimals in grains and the half repeated. Hence the rule: Quote as many decimals, half as many decimals, and half as many hundredths.

Questions.—How many grains in 4, 6, and 8 centigrammes?

Answers.—4 decimals + 2 decimals + 2 = .62 grain.

6 " + 3 " + 3 = .93 "

8 " + 4 " + 4 = 1.24 "

TABLE IV.—Milligrammes.

1 milligramme = .0155 grain	6 milligrammes = .093 grain
2 " = .031 " "	7 " = .1085 " "
3 " = .0465 " "	8 " = .124 " "
4 " = .062 " "	9 " = .1395 " "
5 " = .0775 " "	10 " = .155 " "

Milligrammes are half more hundredths of grain and the half repeated. Hence the rule: Quote as many hundredths, half as many hundredths, and half as many thousandths.

Questions.—How many grains are 4, 6, and 8 milligrammes?

Answers.—4 hundredths + 2 hundredths + 2 = .062 grain.

6 " + 3 " + 3 = .093 "

8 " + 4 " + 4 = .124 "

TABLE V.—Minims.

The *British Pharmacopœia* gives 0.91 grain as equivalent to the minim. As 15.43235 grains = 1 gramme, we have 1543235 grain = 1 centigramme, and 6 centigrammes = .925941 grain, which is less than 16 thousandths of a grain plus the *British Pharmacopœia* minim. Taking the latter equivalent number for a minim, we have the following easy rule: To reduce minims to centigrammes, multiply the minims by 6.

1 minim = 6 centigrammes	6 minims = 36 centigrammes
(or .925941 grain).	7 " = 42 " "
2 " = 12 centigrammes	8 " = 48 " "
3 " = 18 " "	9 " = 54 " "
4 " = 24 " "	10 " = 60 " "
5 " = 30 " "	

From the first four tables, we make the following *résumé*, as applicable to all numbers.

How many grains are equivalent to 4, 6, 8, and 10 grammes, decigrammes, centigrammes, and milligrammes?

4 grammes = 40 + 20 + 2 = 62 grains.
6 " = 50 + 30 + 3 = 93 "
8 " = 80 + 40 + 4 = 124 "
10 " = 100 + 50 + 5 = 155 "
4 decigrammes = 4 + 2 + .2 = 6.2 "
6 " = 6 + 3 + .3 = 9.3 "
8 " = 8 + 4 + .4 = 12.4 "
10 " = 10 + 5 + .5 = 15.5 "
4 centigrammes = .4 + .2 + .02 = .62 "
6 " = .6 + .3 + .03 = .93 "
8 " = .8 + .4 + .04 = 1.24 "
10 " = 1.0 + .5 + .05 = 1.55 "
4 milligrammes = .04 + .02 + .002 = .062 "
6 " = .06 + .03 + .003 = .093 "
8 " = .08 + .04 + .004 = .124 "
10 " = .1 + .05 + .005 = .155 "

The rule is the same for all, and the figures for the equivalents are the same. The decimal point only is moved one place more to the left as we move lower in the metric table from grammes; because to decigrammes make 1 gramme, to centigrammes make 1 decigramme, to milligrams make 1 centigramme.—Your obedient servant,

ISAAC GREGORY, F.R.G.S.,
Author of *The British Metric System*, etc.

Merchants' College, Blackpool.

P.S.—I am anxious to learn, on acceptable authority, whether a minim may be reckoned as 0.92 grain, which is the metric equivalent (6 centigrammes) of a minim, as being equally available as .91 grain, of the *British Pharmacopœia*. If so, the rule and table V are unusually valuable.

IN consequence of the pressure on space produced by the debate in Parliament on Dr. Lush's Medical Act Amendment Bill, we are obliged to defer the insertion of the letters of Mr. A. Cooper, Mr. W. P. Brown, Dr. Dowse, Dr. T. M. Greenhow, Dr. Charles Bell, Dr. Warde, etc.; also the reports of the Pathological and other societies, and various communications.

SEVENTY-SEVEN JUDGMENT SUMMONSES.

ON January 17th, according to the *Chemist and Druggist*, the Sheffield County Court was occupied in hearing seventy-seven judgment summonses, in the whole of which Dr. James Mason was the plaintiff! The judge commented on the fact in strong terms, remarking that thirty-three of the seventy-seven had not been served probably because the hard times had compelled the poor to remove from their homes. On the previous day, Dr. Mason had tried hard to recover a guinea costs from a poor woman who had sued him for £1 overcharge, but had been defeated. The judge refused him the sum demanded, saying that, if a medical man were so lost to a sense of delicacy, he must hold him to his strict right. He was granted 5s. costs, to be paid 2s. a judgment-day.

MR. BROWN (Northallerton) must learn to moderate his language, even when expressing his wrath against antivaccinators.

WE are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Western Morning News; The Irish Times; The Cornwall Gazette; The Glasgow Herald; The Edinburgh Daily Courier; The Manchester Guardian; The Berkshire Chronicle; The Yorkshire Post; The Middlesex County Times; The Coventry Herald; The Liverpool Daily Post; The Manchester Courier; The Cork Constitution; The Leeds Mercury; The Surrey Advertiser; etc.

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

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

Dr. Brabazon, Bath; Dr. Heath, Torquay; Mr. Annandale, Edinburgh; Miss Stillwell, Epsom; Mr. B. Jackson, London; Mr. J. S. Watton, London; Dr. C. Bell, Edinburgh; Mr. W. B. Smith, Stockton; M.R.C.S.Eng.; Our Birmingham Correspondent; Mr. J. Startin, London; Mr. F. Chavasse, Birmingham; Dr. J. G. Parsons, Bristol; Mr. F. Vacher, Birkenhead; Mr. A. Markwick, London; Dr. G. Morris, Egremont; Dr. C. Davidson, Coventry; Dr. R. Stanistreet, Malahide; Dr. A. Collie, Homerton; Mr. G. C. Franklin, Leicester; J. G.; Dr. W. M. Jones, Wath-upon-Dearne; Dr. H. Owen, Birmingham; Dr. Elliot, Carlisle; Dr. W. P. Brown, Bradford; Inquirer; Dr. Macvie, Chirnside; Dr. W. N. Maberly, Norwood; A Country Doctor; Mr. H. R. Hebb, Lincoln; Messrs. J. Millikin and Co., London; Mr. W. Donovan, Whitwick; Dr. Warner, London; Mr. J. H. Craigie, London; M.R.C.S.; Rev. B. R. Winter, London; Dr. Churton, Leeds; Dr. R. Kirk, Glasgow; Mr. H. Leech, London; Mr. H. Brown, Northallerton; Mr. F. Jordan, Birmingham; Dr. A. Bennett, London; Dr. J. A. M. Moullin, London; Dr. Saundby, Birmingham; Mr. J. F. Leeson, Ilkley; Dr. Burdon Sanderson, London; Mr. Warrington Howard, London; Mr. F. P. Neison, London; Mr. H. Burdett, London; Mr. M. A. Smale, London; Dr. Ransome, Bowdon; Dr. Wade, Birmingham; Our Edinburgh Correspondent; Our Glasgow Correspondent; Mr. J. Marshall, London; Dr. Trollope, St. Leonard's-on-Sea; Mr. W. J. Hunt, Ruthvin; Our Dublin Correspondent; Mr. A. H. B. Hallows, Maidstone; Dr. Barron, Durham; Dr. Rutherford, Edinburgh; Dr. Alfred Stillwell, Brighton; Mr. Hugh W. Thomas, Birmingham; Mr. J. T. Gadsby, Richmond; Dr. Bucknill, London; Mr. P. C. Smyly, Dublin; Mr. H. T. Wood, London; Mr. Alban Doran, London; Mr. Francis Mason, London; Dr. J. Ashburn Thompson, London; M. Joubert, Versailles; Mr. Berry, Wigan; Mr. W. S. Ling, Brightonsea; Dr. Wadham, London; Mr. Hamilton Cartwright, London; Obstetricus, Manchester; J. R. Crease, South Shields; Mr. Joseph M. Moore, South Shields; Dr. Botkin, St. Petersburg; Mr. Laffan, Cashel; etc., etc.

BOOKS, ETC., RECEIVED.

An Atlas of Human Anatomy, with Explanatory Note. By R. J. Godlee, M.S., F.R.C.S. London: J. and A. Churchill. 1879.
Physiology and Pathology of the Sympathetic System of Nerves. By Dr. A. Eulenburg and Dr. P. Guttmann. London: J. and A. Churchill. 1879.
Vital Statistics of India, from 1871 to 1876; vols. iv and v. By Dr. Bryden. Calcutta. Die Bewusstlosigkeitszustände als Strafausschliessungsgründe. By Dr. O. Schwarzer. Laupp: Tübingen. 1879.
Handbuch der Kinderkrankheiten. By Dr. C. Gerhardt. Laupp: Tübingen. 1877.
Die Galvanokaustischen Apparate und Instrumente. By Dr. Victor von Bruns. Laupp: Tübingen.
Die Krankheiten des Magens. By H. Lebert. Laupp: Tübingen.
Klinische Terminologie. By Dr. O. Roth. London: D. Nutt. 1878.
The Anatomy of the Joints. By H. Morris, M.A. London: J. and A. Churchill. 1879.
Fourteenth Annual Report of the Sanitary Commissioner with the Government of India, 1877. Calcutta: 1878.
Harvey and his Discovery. By J. M. Da Costa, M.D. Philadelphia and London: J. B. Lippincott and Co. 1879.
Can we Prolong Life? By C. W. De Lacy Evans, M.R.C.S.E. London: Baillière, Tindall, and Cox. 1879.
The Brain and its Diseases. Part 1: Syphilis of the Brain and Spinal Cord. By T. S. Dowse, M.D. London: Baillière, Tindall, and Cox. 1879.
On the Neglect of Physical Education and Hygiene by Parliament and the Educational Department. By Dr. Roth. London: Baillière, Tindall, and Cox. 1879.
On Diphtheria. By R. H. Semple, M.D. Second edition. London: Baillière, Tindall, and Cox. 1879.
The Evolution of Man, from the German of E. Haeckel. In two volumes. London: C. Kegan, Paul, and Co. 1879.
Concord: or, Medical Men and Manners of the Nineteenth Century. By 'Αἰθιδασεῖρος. London: Baillière, Tindall, and Cox. 1879.