

having the well-marked characteristics of rodent ulcer of seven years' standing. The tumour was found, under the microscope, to consist essentially of epithelioid cells having large oval deeply stained nuclei. The cells were packed in the meshes of branching fibrous trabeculae, and followed no definite arrangement. The new growth was bounded at its advancing edge by a zone of inflammatory cells, many of which invaded its substance and caused retrograde change. Where the new growth was not ulcerating, the Malpighian layer which still covered it showed great irregularity, but not marked hypertrophy. There was no structural continuity between the Malpighian layer and the subjacent new formation. Here and there, isolated tracts of Malpighian or altered sebaceous cells were seen surrounded by the epithelial infiltration, apparently cut off by its onward progress. At the margin of the growth, the hypertrophy of the Malpighian layer decreased, but it was still very contorted, owing to the presence of distorted and hypertrophied hair-follicles, choked with epithelial debris. The sebaceous glands had undergone change. Groups of cells entering into the formation of the glands had become cut off by new-formed fibrous tissue, and, these cells becoming flattened out and arranged concentrically, gave rise to an appearance resembling the birds' nests of epithelioma. The real origin of these collections of cells was, however, clearly traceable. The sweat-glands showed degenerative changes. There was much inflammatory cell-infiltration present in the tumour, but especially beneath the rete Malpighii and at the margin of the growth. No true epithelial "nests" were present.—Mr. THOMAS FOX remarked that he was unable to recognise the changes of the sebaceous glands referred to by Mr. Sangster.—The specimen was referred to the Morbid Growths Committee.

SELECTIONS FROM JOURNALS.

SURGERY.

FRACTURES OF THE LOWER END OF THE RADIUS.—Dr. J. S. Wright (*Philadelphia Medical and Surgical Reporter*, November 1878), gives the results of very extensive experiments and observations respecting fractures of the radius. He arrives at conclusions to the following effect. 1. A fracture of the base of the radius may be distant from the lower articular surface about one and one-half inches, as observed by Colles; or from one-fourth of an inch to an inch, as observed by Robert Smith; or from three to twelve lines, as observed by Dupuytren; or from one-fourth of an inch to one and one-half inches, as observed by Hamilton; or a piece of the posterior may be split off, as observed by Barton; or the base of the radius may be fissured in the long axis, as observed by Bigelow. The perfect accuracy of these statements may be somewhat questioned, on the supposition that they have been made without accurate and exact measurements. 2. A fracture of the base of the radius may be transverse; or (3) oblique. 4. When the base of the radius is broken, the average length of the lower fragment is somewhat more than one-half an inch. 5. A fracture of the base of the radius may be vertical. 6. A fracture of the base of the radius may be impacted; or (7) comminuted. 8. A fracture of the base of the radius is generally caused by the reaction of the resisting surface on which the palm of the hand strikes at the time of the fall; the carpus being driven or pressed against the base of the radius. 9. It may be caused by extension or flexion of the hand on the forearm. 10. Muscular contraction must be recognised as an associate cause of importance in fracturing the base of the radius. 11. An important element in the causation of fractures of the base of the radius is found in the structure of the bone, the seat and direction of the fracture being usually where there is the least compact tissue. Clinical observations and *post mortem* examinations show that there are, and must be, some cases of fracture of the base of the radius which will inevitably result in permanent deformity and disability.

SUBSCAPULAR CREPITATION AND ITS TREATMENT BY AN ORTHOPÆDIC APPARATUS.—Dr. Terrillon (*Bulletin de Thérap.*, 1879) describes the symptoms of this curious disease as follows. Whenever the patient attempts to move his arms freely, a series of loud crackling noises are heard emanating from the shoulder-blade; they can be perceived at a distance, and are very much like the crunching noise made by a horse eating oats. On placing the hand on the shoulder-blade, these crepitations may be felt, and the patient can make them louder or softer at his will by assuming certain positions; they are loudest when the scapula is brought into contact with the ribs. The affection begins by being unilateral, it then becomes bilateral, but has a great tendency to complicate a local change, e.g., an ankylosis or a scapulo-humeral peri-arthritis. Very often, the disease confines itself to the crepitations; in other cases, the joints become painful, or the upper extremities become feeble and incapable of use. If the affection have reached the latter stage, it must

be treated by preventing the scapula from moving on the trunk. This will at once calm the pain, and can be done by means of an orthopædic apparatus consisting of leather straps and steel-bars. This affection cannot be mistaken for dry arthritis, because the crackling noise in the latter is not so loud, is rougher, and is particularly heard when the patient attempts rotatory movements; whilst the crepitations in the former are softer and rather of an abrupt character; they are also perceived whenever the patient raises his arm. The most characteristic symptom, however, is the following. After placing the flat hand on the scapula, the patient is directed to move the shoulder alone on the trunk, keeping the arm immovable and hanging down by the side; the crepitations are then distinctly heard along the spinal border of the scapula.

LACERATION OF CERVIX UTERI CALLING FOR OPERATION.—Dr. Munde (*Medical Record*, January 11th, 1879) classes these cases thus. 1. Slight lacerations, which ordinarily give no trouble whatever, but in which, under the influence of friction against the posterior vaginal wall (the uterus often being subinvolved and depressed), the trivial ectropium became a profusely secreting ulcer, gradually spreading into the cervical canal and producing the familiar muco-purulent tenacious plug projecting from the fissured os. 2. Slight lacerations, perhaps not ulcerated and non-productive in themselves of local disturbance, but still acting, through the gaping and everted os, as chronic feeders of the subinvolution and hyperplasia, against which we all acknowledge our therapeutics, local and constitutional, to be ordinarily of little avail. 3. Cases of hyperplastic or cystic ectropium of one labium, in which a raw ulcerated surface, often one-half to one inch in diameter, takes the place of the labium. To excise that redundant and useless piece of tissue, slightly paring the edges of the broad cervix, and restoring the normal transverse os, is certainly a much neater way of curing the difficulty than by the tedious cautery. 4. Cases of laceration of the intercervical mucous membrane, with comparatively slight injury to the border of the os, which, however, is slightly patulous and funnel-shaped, often admitting the point of the index finger, and frequently everted and corroded. 5. Large granular and follicular erosions of the cervix. In a certain proportion of lacerations of the cervix, operation is not indicated, because they produce no unpleasant symptoms, or are amenable to caustic and astringent applications.

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

CHAULMOOGRA OIL.

THE chaulmoogra oil, to which we are introduced by a pamphlet, compiled from various sources, by Mr. Richard C. Le Page, of Calcutta, is an oil expressed from the seeds of the plant *Gynocardia odorata*. It has long enjoyed a considerable reputation among indigenous Indian drugs in the treatment of skin-diseases, including, or perhaps one might say especially, leprosy, and such other diseases as ichthyosis, elephantiasis, and scrofulous skin-diseases. Dr. Mouat was one of the first who drew attention to it in the *Indian Annals*, April 1854, in an article of which the substance was given in this JOURNAL, August 17th, 1855. The oil is given in doses of five to six drops, gradually increased when necessary. Professor Richard Jones, formerly of Calcutta, states that it is not only extremely efficacious in leprosy and secondary syphilis, but adds that the curative powers of the oil are perhaps most striking in cases of scrofula in children. He recommends that the oil should be administered in doses of from six to fifteen drops to adults, three times daily, a short time after meals. The dose for infants is from two to three drops. The oil is best administered in cod-liver oil, or, when this cannot be taken, in glycerine or milk. In skin-diseases, chaulmoogra oil should also be applied externally. It is stated that salt meats, acids, spices, and sweetmeats should be avoided during its administration; and that its operation is aided by the help of a milk diet, or one containing fatty matter. We have seen a good deal of evidence that the experience of European practitioners is bearing out the statements of Dr. Mouat, Dr. Richard Jones, Dr. Dymock, and other Indian practitioners; and we are inclined to believe that the pure oil expressed from the seeds will be found an useful addition for therapeutical resources, of which the precise value needs to be defined. The pure oil is now procurable in England from Messrs. Corbyn, Stacey, and Co., 300, High Holborn.

In the official report by Lieutenant Chard of the splendid defence of Rorke's Drift, he writes: "Of the steadiness and gallant behaviour of my whole garrison I cannot speak too highly. I wish especially to bring to your notice the conduct of Lieutenant Bromhead, of the 2-24th Regiment, and the splendid behaviour of his company, B 2-24th; of Surgeon Reynolds, in regard to his constant attention to our wounded under fire, assisting them where they fell, etc."

The following statement of ratios of mortality among medical officers serving in the field conveys information which has not been published in England, and will be of interest to many in connection with army medical matters, is extracted from the *Handbuch der Militär-Gesundheitspflege* of Drs. Roth and Lex. In the French army against Constantine in 1837, 167 per 1,000 of medical officers died, 78 per 1,000 of other officers; Austrian army in 1848-50, 238 per 1,000 of medical officers died; French army in Crimea, 1854-56, 182 per 1,000 of medical officers, 73 per 1,000 of other officers; British army in Crimea, first year, 132 per 1,000 of medical officers died—second year, 26½ per 1,000, the mean being 67½ per 1,000; Russian army during Crimean war 1854-56, 440 per 1,000 of medical officers died. Of 35 German surgeons in the Russian service at this time, 24 died; and of 13 American surgeons, 8 died. During the campaign in Mexico, 200 per 1,000 of medical officers in the French army died, 40 per 1,000 of other officers. During the long civil war between the United and Confederate States of America, 409 medical officers died, but the ratio to the total number employed is not mentioned. In the Franco-German war of 1870-71, 46 medical officers perished on the German side, or 14.09 per 1,000. The deaths of medical officers from disease were 50 per cent. more than those of combatant officers in the German army from disease. The number of deaths among the medical officers of the French army during this war has not been recorded.

In connection with the above figures, it may be interesting to submit a summary prepared last year for the information of the Secretary of State for War by the Chairman of the Parliamentary Bills Committee of the British Medical Association, showing the average mortality amongst army medical officers as compared with other classes civil and military. The average annual death-rate per 1,000 of adult males in England is 9 to 10; army officers, exclusive of medical officers, 15; army medical officers from 1839 to 1854, 34; *a.* During Crimean war, 67; *b.* Since Crimean war, 20; average death-rate of army medical officers during the last thirty years, 30. This increased death-rate does not take place among the older men, as in civil life, but the chief mortality is among the younger men of the department. The actual death-rate of the department is 44 per cent. greater than that of the males in civil life of all classes, and 75 per cent. greater than that of males of the same class as the army medical officers (including medical men) in civil life.

For a full discussion of these data, a paper by Dr. De Chaumont (now Professor of Hygiene at Netley) in the *Edinburgh Medical Journal* for November 1874, page 405, may be consulted.

THE MODELS FOR THE STATUE OF HARVEY.

THE following is a description of the models sent in by the three artists invited to furnish designs for the statue of Harvey which is to be erected at Folkestone. The models are now being exhibited in the picture-gallery of the South Kensington Museum, and will remain on view until Saturday, the 29th instant. They are respectively labelled A, B, and C, in the order of their position in the gallery.

A. This sketch represents Harvey at the most interesting period of his life, at the time when he made his great discovery. He was then about thirty-seven or thirty-eight years of age. He stands with note-book and pencil in hand, intent on the examination of a heart which lies on a table by his side; and he pauses for a moment, as if to verify his observation. The head is looking down, which would enable the face to be well seen when the statue is high on a pedestal. He wears the "undress" gown of a Doctor of Medicine of Cambridge, at which University Harvey received his degree, after his return from Padua. He also wears a Doctor's cap, which appears in the famous portrait by Jansons at the College of Physicians; and, as the proposed statue is to be placed in the open air, a covering to the head would seem to be advantageous and appropriate. Characteristic of Harvey is the fact that he used large anatomical diagrams drawn on boards. One of these, showing the valves in the veins of an arm, is introduced at the back of the figure; and this diagram is taken from one of Harvey's own woodcuts. Several of these boards are still preserved at the College of Physicians.

B. The artist in this case has endeavoured simply to reproduce Harvey, with such suggestion of his great discovery as would appear to be compatible with the dignity and repose of sculpture. The model is

intended to present the great discoverer in absorbed contemplation, holding in one hand the symbolic heart, whilst the other instinctively seeks the pulsations of his own. The head is taken from the portrait by Jansons in the College of Physicians of London.

C. The head is taken from a portrait in the Royal College of Physicians, considered the most authentic, and representing Harvey at the period of life when he made his great discovery. In his left hand he holds a heart, and in the right hand the dissecting-knife. The academic gown is introduced because Harvey conspicuously refers to it in his will; but it is fair to assume that he wore it only when lecturing, and threw it aside when engaged in dissection or study. The deer at his feet is introduced as one of the animals upon which he principally made his experiments, King Charles the First supplying him with those animals from the Royal Parks. The heraldic emblems on the frieze of the pedestal are taken from the arms of the Royal College of Physicians. The device of the die represents the staff and wreath of Æsculapius.

We refrain for the present from expressing any opinion as to the merits or demerits of these three sketches, inasmuch as it would seem to be unfair to the artists to criticise their productions before the meeting of the subcommittee to which has been delegated the task of selecting the artist to whom the making of the statue shall be entrusted. That committee will meet, we understand, on March 31st.

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.

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.

METROPOLITAN COUNTIES BRANCH: NORTH LONDON DISTRICT.

THE next meeting of this district will be held on Thursday, March 27th, at 8.30 P.M., at the Holloway Hall, when remarks upon Sayre's Jacket-treatment for Spinal Distortion will be made by Edmund Owen, Esq., and a practical demonstration will be given. Dr. Dowse will introduce a discussion upon the relationship between Croup and Diphtheria.

THOMAS STRETCH DOWSE, *Honorary Secretary.*

Tray's Hill Hall, Hornsey Lane, N., March 18th, 1879.

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

A JOINT 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 Quinetum 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).

5. Dr. E. Mackey: Cases of Rötheln (German Measles), with remarks.

6. Dr. E. F. Fussell: Case of affection of Muscles of the Neck. (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.

CORRESPONDENCE.

THE TEACHING OF MIDWIFERY IN LONDON.

SIR,—The Committee of Reference appointed by the co-operating medical authorities having finished its work, it seems probable that the proposed scheme for conjoined examination may shortly come into operation. Its provision for the teaching of midwifery is so defective, from the point of view taken by those who are interested in the subject, that I beg your permission to comment upon it. It is obviously hopeless to appeal to the Committee, which does not include a single individual known as an obstetrician, and who is presumably acquainted with the extent to which obstetric medicine has advanced of late years; and the only thing now to be done is to appeal from the decision of the Committee to the common sense of the profession at large.

In paragraph 17 of section 1 of the proposed regulations, it is required of the student that he shall produce evidence "of having attended a course of lectures on midwifery, and the diseases peculiar to women, during not less than three months. (Note F). Instruction in the use of obstetrical instruments must be included in this course." In making this regulation, the Committee could not have been ignorant of the fact that the teachers of midwifery in London were unanimously of opinion that it was impossible to teach these subjects in so short a space of time, and that they were most desirous of having the curriculum on this point assimilated to that which exists in Scotland, and I believe in Ireland also, where a six months' course is imperative. In plain words, this amounts to a resolution that midwifery and gynaecology shall not be taught at all, since the attempt to do so, in a summer course of under forty lectures, is nothing short of a solemn farce. I am confident that every teacher of midwifery in London will endorse this assertion. Permit me to illustrate this statement by my own experience. I believe I can get through my lectures as rapidly as anyone else; but last year, I was obliged to omit all reference to such important topics as the diseases of the puerperal state, including puerperal fever, convulsions, mania, phlegmasia dolens, practical lecturing on the use of obstetric instruments (which the Committee tells us must be included in the course), and much besides. The year before, I omitted conception and genera-

tion, the physiology and pathology of pregnancy, placenta prævia, etc. During all the years I have lectured, I have never once been able even to refer to the diseases peculiar to women. What I am obliged to omit, other teachers have to omit also; and the profession can judge for itself whether this can be called satisfactory teaching. The Committee of Reference consists of a number of eminent physicians and surgeons, and an examination of their scheme shows how admirably they have attended to the teaching of the subjects in which they are specially interested. Of course, the student has to attend six months' courses of medicine and surgery; but, besides this, we have introduced what, so far as I know, is an entire novelty in a medical curriculum, viz., two separate and distinct courses, of six months each, on what is called "practical medicine", and "practical surgery". In one of these, he is to be taught the methods of physical examination, the examination of diseased structures, etc.; in the other, the use of surgical apparatus, the performance of operations on the dead body, etc. Would it be presumptuous in me to suggest that it would be more easy, and certainly more profitable, to the student to compress these subjects into three months' courses, rather than the entire theory and practice of midwifery and the diseases of women? Moreover, the latter includes quite as much practical work as either medicine or surgery; and it is needless to add that the scheme contains no provision for a course of "practical obstetrics". Had this been a scheme for the education of pure physicians and surgeons, such as constitute the majority of the Committee which concocted it, it would, no doubt, have been excellent. As a matter of fact, however, it professes to be a scheme for the education of the general practitioner, of whose daily work midwifery and the diseases of women constitute quite as large a portion as medicine, and far more than surgery. To the two latter, twelve months' tuition is allotted; to the former, three only.

These facts speak for themselves; and I am satisfied that the bulk of the profession will agree with me that, in this matter, the Committee has dealt very unfairly with a great and important branch of practice, the anxieties and responsibilities of which weigh heavily on all who are occupied with it. At any rate, it ought to be well understood that if, after protesting that it is impossible to teach the subjects in three months, I and my fellow-lecturers send their pupils into the world ignorant of half of midwifery, knowing next to nothing of the application and uses of obstetric instruments, and scarcely even having heard of the diseases of women, the responsibility will not rest on us, but rather on those who have imposed on us a task which is an impossibility.

I am, etc., W. S. PLAYFAIR.

31, George Street, Hanover Square, March 14th, 1879.

LUNACY CONSULTATIONS.

SIR,—Allow me to restate my former proposition, viz.: The Lunacy Acts do not, in cases of supposed mental disorder, preclude us from taking any means to arrive at a sound conclusion, which, from their proved efficiency, we are used to take in other cases. They only enjoin some further precautions against error. This proposition has not yet been seriously, I make bold to affirm that it cannot be successfully, challenged.

I have also stated, and repeat, that it is not unusual (in this part of the country at all events) to pursue this rational course. But I have not, as your correspondent "Signpost" insinuates, advised any one to adopt it.

I am not deep enough to perceive what logical connection there is between these facts and the fact that, "at the present moment, two actions are proceeding in the Court of Queen's Bench for conspiring together to sign certificates of lunacy, the damages against each of the defendants being laid at ten thousand pounds".

Will "Signpost" state that the sole, or a substantial, ground of these actions is that the defendants *consulted together before signing the certificate*? He can have no difficulty in answering this question, because the new Judicature Act requires that all pleas shall be set out in clear plain language.

No doubt any one can commence an action against us for conspiring to sign certificates, just as they can for conspiring to order a dose of castor-oil. But it is in either case a childish proceeding, unless it can be shown that we have acted ignorantly, or maliciously, or carelessly. Conspiracy to effect a lawful purpose is unknown to the English and to every other law. Indeed, we are better protected in cases of lunacy than in ordinary practice; for in the former, the plaintiff, if he fail to prove that we have acted illegally, has to pay double costs (8 and 9 Vict., c. 100, s. 105), and, in other cases, only single costs.

To argue that consultations are outside the law, because not compulsory by the statute, seems to me about on a par with an argument that it is outside the law to honour your father and your mother, because the Poor-law only requires you to maintain them. At all events, lunacy

consultations, though without the statute, are within the common law, which lays us open to successful actions unless we use due care and diligence. It does not require great depth to see that any judge and jury would be favourably impressed by the fact that we had taken even greater pains and trouble than we were compelled to do by the statute.—Yours, etc.,
W. F. WADE, F.R.C.P.

* * We are informed that the substantial charge against the defendants, in the action in question, is that they consulted together before signing the certificate. Men may conspire together to honour their father and mother, because there is no statute law requiring them to do so independently; but there is statutory requirement that they shall give their lunacy certificates separately, and the contention is that consultation is illegal.

THE CASE OF MR. MILLERCHIP.

SIR,—We have the pleasure to inform you that we have this day forwarded to the Home Secretary a memorial on behalf of Thomas Millerchip, signed by two hundred and seventy-six members of our Branch.—Yours faithfully,
JAMES SAWYER.
Birmingham, March 19th, 1879. EDWARD MALINS.

The memorial is as follows.

"To the Right Honourable R. Assheton Cross, M.P., Her Majesty's Secretary of State for the Home Department.

"We, the undersigned members of the Birmingham and Midland Counties Branch of the British Medical Association, beg most respectfully to bring under your notice the case of Thomas Millerchip of Coventry, now a prisoner in her Majesty's Prison of Warwick, who was sentenced by the Lord Chief Justice Coleridge, at the recent assizes held at Warwick, to four months' imprisonment, with hard labour, for the manslaughter of George Bastock.

"Your petitioners earnestly hope that you will give a favourable consideration to the facts mentioned in this memorial, and that you will be graciously pleased to liberate Thomas Millerchip, or mitigate the severity of the punishment he is now undergoing.

"1. Thomas Millerchip was one of the Poor-law medical officers of Coventry. In that capacity he was called upon to attend a child, aged two months, who was suffering from diarrhoea. The note issued by the relieving officer was not marked 'urgent', and was not presented at Millerchip's house until the day after it was obtained, though the father was out of work, and might have brought the message, or even the child itself.

"2. Millerchip was admitted by the child's mother to have always been kind and attentive to her on previous occasions when he had attended her or her family.

"3. Millerchip was ill at the time, having only just recovered from an operation which he had recently undergone.

"4. He was also subject to epilepsy, and had suffered from a paroxysm of this malady within the ten preceding days of the neglect charged against him.

"5. The jury, although finding Millerchip guilty, strongly recommended him to mercy, on the ground of his previous kindness to Mrs. Bastock, and on account of the unfortunate state of his family affairs at the time.

"Your petitioners humbly beg that this recommendation of the jury, together with the points above mentioned, may have due weight with you, and may incline you to exercise that prerogative of mercy with which as Home Secretary you are endowed. And your petitioners will ever pray, etc."

HERPES ZOSTER AFFECTING THE INSIDE OF THE CHEEK AND TONSIL.

SIR,—May I be permitted, through the columns of your JOURNAL, to ask Dr. Mackenzie if anaesthesia or hyperaesthesia existed independently of analgesia in the buccal and other mucous surfaces supplied by the sensory division of the fifth nerve in his very interesting case; also if there was lacrymation from the eye of the same side, or hyperaemia of lids and conjunctival mucous membrane? The case is extremely interesting to myself from a neurosal point of view, and I only regret that a more detailed account was not given.—I am, sir, your obedient servant,
T. STRETCH DOWSE.

Old Burlington Street, March 1879.

MR. JOHN FURLONG, an apothecary, residing at George's Street, Limerick, poisoned himself last week by taking a large quantity of prussic acid and cyanide of potassium.

H.R.H. THE PRINCE OF WALES has graciously signified his consent to become the patron of the Hospital for Women, Soho Square.

MEDICO-PARLIAMENTARY.

HOUSE OF LORDS.—Thursday, March 20th.

Medical Acts Amendment Bill.—The House went into Committee on this Bill.

HOUSE OF COMMONS.—Thursday, March 20th.

Coroners in Ireland.—Mr. LOWTHER, in reply to Mr. O'SHAUGHNESSY, said the Government intended to bring in a Bill on the subject of coroners. That measure would be referred to a select committee, upon which there would be four Irish members.

Medicinal Opium.—Mr. MARSH STEWART asked the Under-Secretary of State for Foreign Affairs when the publication of the new regulations for the admission of medicinal opium into Japan might be expected, and whether he had any objection to lay them upon the table of the House as soon as they were agreed upon, together with all correspondence relating to the subject.—Mr. BOURKE, in reply, said that papers on the subject had been ordered to be sent home, but they had not yet arrived. When they were received they would be published.

MILITARY AND NAVAL MEDICAL SERVICES.

ARMY MEDICAL DEPARTMENT.

SIR,—Permit me to make a few remarks concerning the Army Medical Department.

The supply of medical officers for the army in all grades is understood to be unusually insufficient, and the demand urgent. Consequently, Government is calling for volunteer civil surgeons to accompany the troops now at the front with the Zulus; and of these, no fewer than fifty have already been placed in orders for that service. These civil surgeons are to receive £1 a day, with rations, forage, and a free passage.

Before Colonel Stanley adopts the ill-considered recommendations of the Departmental Committee, now before him, it may be well to point out that the scarcity of medical officers will become even greater should such proposals be framed into another unpopular warrant.

First, pay the market value of surgeons for the army; secondly, give medical officers relative rank; thirdly, keep faith with them.

First, the market value now is clearly not less than £1 a day; for it may be taken for granted that the Government is not paying for the services of civil surgeons on a higher scale; and if men who are inexperienced in military routine are worth so much, clearly, trained regimental surgeons ought not to receive a lower rate of pay.

Secondly, the rank of surgeons, on passing through the course of instruction at Netley as trained officers, should be that of captain, and their ages not less than twenty-two years nor more than twenty-eight.

Thirdly, to keep faith with army surgeons, many changes in the management of the department should be made; and whatever the new warrant may prove, it should be so framed as to have all its clauses capable of bearing but one interpretation only, and to be complete in itself, instead of depending on former and partly obsolete warrants for its correct explanation.

To prevent confusion as to the distribution of duties, and soreness in questions of seniority and promotion, which can hardly fail to be generated by the existing state of things, I should propose that those surgeons who have taken service under the warrant of 1876 should be included under the terms of the new warrant, on the understanding that their enjoyment of any advantages it holds out should count from the date of its issue, and not back to the issue of the previous warrant.—I am, sir, yours etc.,
STRANGER.

Hornsey, N., February 26th, 1878.

MEDICAL NEWS.

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

Alexander, Samuel, Spring Grove, Isleworth
Harvey, Alfred, Wheellys Road, Birmingham
Hodgson, George Goodfellow, Royal Infirmary, Liverpool
Prichard, James Edward, Clifton, Bristol

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

Branthwaite, Robert Welsh, Charing Cross Hospital
Rice, Richard, Charing Cross Hospital
Studer, Benjamin, Guy's Hospital

The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, March 13th, 1879.

Clements, Henry Joseph, Dingle, co. Kerry, Ireland
Fitzgerald, Robert, St. Mary's Square, Paddington
Harewood, John Gasson, Boston, Lincolnshire
Lunn, John Reuben, St. Thomas's Hospital
Wey, Alfred Cox, Tavistock Road, Plymouth
Wilkinson, Charles Fixott, Stock Orchard Villas, Holloway

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

Downes, Charles Hagger, Guy's Hospital

MEDICAL VACANCIES.

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

The following vacancies are announced:—

- ***BETHLEM HOSPITAL**—Two Resident Medical Students. Applications on or before April 4th.
- ***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.
- CHELTHENHAM GENERAL HOSPITAL AND DISPENSARY**—Junior House-Surgeon. Salary, £60 per annum, with board and lodging.
- COLERAINE UNION**—Medical Officer for Articlave Dispensary District. Salary, £90 per annum, £22 yearly as Sanitary Officer, with registration and vaccination fees, and £12 annually towards rent of residence. Election on the 3rd proximo.
- GATESHEAD DISPENSARY**—Assistant-Surgeon. Salary, £120 per annum, with board and lodging.
- ***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.
- ***INGHAM INFIRMARY AND SOUTH SHIELDS AND WESTOE DISPENSARY**—Senior House-Surgeon. Salary, £80 first year, £90 second year, £100 third and following years. Applications to James Kirkby, South Shields.
- LEAMINGTON HOME AND HOSPITAL FOR INCURABLES**—Assistant-Surgeon. Salary, £50 per annum, with lodging and washing.
- LISNASKEA UNION**—Medical Officer for Derrylin Dispensary District. Salary, £100 per annum, £15 as Sanitary Officer, registration and vaccination fees. Election on March 28th.
- ***LIVERPOOL EYE AND EAR INFIRMARY**—Honorary Surgeon. Election on the 26th instant.
- 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.
- QUEEN'S UNIVERSITY IN IRELAND**—Examiner in Medicine. Salary, £100 a year. Applications to be sent to the Secretary of the University, Dublin Castle, not later than April 8th.
- ***ROYAL FREE HOSPITAL**, Gray's Inn Road—Physician for the Diseases of Women and an Ophthalmic Surgeon to the Hospital. Applications on or before April 30th.
- STANHOPE STREET PUBLIC DISPENSARY**—Resident Medical Officer. Salary, £105 per annum, with furnished apartments, coal, and gas. Applications on or before April 1st.
- ST. JOHN'S WOOD AND PORTLAND TOWN PROVIDENT DISPENSARY**—Surgeon. Applications before the 24th instant.
- STOCKPORT INFIRMARY**—Medical Officer. Salary, £70 for the first year, £80 for the second, with board and lodging.
- ST. PANCRAS AND NORTHERN DISPENSARY**—Resident Medical Officer. Salary, £100 per annum, with residence and allowance for a servant. Applications on or before the 24th instant.
- ***SUNDERLAND AND BISHOPSWEARMOUTH 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.
- WANDSWORTH PROVIDENT DISPENSARY**—Medical Officer. Salary, 200 guineas, with midwifery fees, extras, and residence.
- WEXFORD UNION**—Medical Officer for Wexford Dispensary District. Salary, £125 per annum, with £25 as Sanitary Officer, registration and vaccination fees. Election on the 26th instant.
- YOUGHAL UNION**—Medical Officer for Killeagh Dispensary District. Salary, £120 per annum, with registration, vaccination, and sanitary fees. Election on the 24th instant.

MEDICAL APPOINTMENTS.

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

- ***GWYNNE**, C. Nelson, M.B., appointed Medical Officer to the Children's Hospital, Sheffield.
- LOVELL**, B. Haynes, M.R.C.S., appointed Resident Medical Officer to St. Mary's Hospital, *vice* G. H. Hetherington, M.R.C.S.Eng., retired.
- PVE**, Walter, F.R.C.S., appointed Assistant-Surgeon to the Victoria Hospital for Sick Children, Chelsea.
- ***SHERA**, H. A., L.R.C.P.Ed., appointed Medical Officer to the Children's Hospital, Sheffield.
- URQUHART**, A. R., M.D., appointed Assistant Medical Officer to the Warwick County Asylum, *vice* H. Sankey, M.B., resigned.
- WORKMAN**, Charles, M.D., elected Assistant-Surgeon to the extern department of the Belfast Royal Hospital.

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.

IMAGE.—On March 18th, at 6, Westgate-street, Bury St. Edmunds, the wife of Francis E. Image, Esq., of a daughter.

DEATH.

WADE.—On the 6th instant, at 24, Temple Row, Birmingham, aged 82, Mary Anne, widow of the Rev. Edward Michael Wade, M.A.

INSECT-BITE.—Dr. E. Malfatti records the following in *Lo Sperimentale*, November 1878. In last August, he was summoned in haste to see a labourer, aged 18, who had been bitten by a poisonous animal, and found the patient in such a state of excitement and unable to articulate distinctly, that he was obliged to gather such information as he could from his friends. They said that the patient had been bitten in the neck by a small green winged insect, such as they had never seen before. There was, in fact, a small red spot with a dark centre to be seen in the neighbourhood of the external jugular vein; the pulse was small, threadlike; the respiration difficult; the skin cold; the patient's pupils were much enlarged; the tongue swollen and hard; the lips bloodless; and his face bore the expression of great anxiety and sadness. Ammonia was administered both externally and internally, but without success; coffee and wine were then ordered with more effect, as two hours later the pulse and respiration of the patient were almost normal, but the tongue remained hard and the pupils enlarged. The patient complained of a feeling of heaviness in the head, ringing in the ears, and chills. Stimulants and quinine were freely given during the whole of the following night, whereupon the above-named symptoms disappeared, but in their stead an intense feeling of heaviness set in in the whole of his left side; he could neither stand upright, because his left leg gave way under him, nor lift any weight or even hold any object in his left hand. The sensibility of the extremities was not decreased, but their temperature was lower than normal. Frictions with a mixture of mustard and alcohol were next administered, and proved very successful, as the patient was able to stand after twenty-four hours, although he had not yet recovered his full muscular strength. A month later, he still felt weak, and was very anæmic. The author ascribes all these symptoms to acute poisoning of the blood, by which the central nervous system, and especially the anterior portion of the spinal cord, had been affected. The insect which caused the mischief probably had been carried over from Africa by the south wind. This, he says, happens often in the swamps of Tuscany; a large number of African insects are carried over to Italy by the hot south wind, and soon perish there in the colder climate. It has also been noticed that the bite or sting of these insects is particularly poisonous as long as the same hot wind blows in the country.

THE INTERHOSPITAL CHALLENGE CUP.—The final competition between Guy's and St. Bartholomew's teams for the cup was decided before a large assemblage of spectators at Kennington Oval on Monday last. When "time" was called, Guy's had won by three goals, two tries, and two touches-down, to one try and two touches-down. The cup was first competed for in 1875, and has since been a matter of contention in February or March of each year. Five matches have, therefore, been decided, in three of which Guy's has proved victorious, whilst St. George's and St. Thomas's have each scored one victory.

TESTIMONIAL TO SURGEON-MAJOR MACKENZIE.—The residents of Mahabeshwur have presented a testimonial to Surgeon-Major M. Mackenzie, on his vacating the office of superintendent of that hill station. The testimonial enumerated the many local services rendered and improvements carried out "during his long and faithful career as the superior resident. As a magistrate, he was a terror to bad characters, and reduced crime to a minimum. As a medical officer, he discharged his most delicate and responsible duties entirely to the satisfaction of all parties."

PRESENTATION TO DR. J. W. KENNEDY.—On February 27th, Dr. Kennedy was entertained by his friends at dinner, in the Ferguson Arms Hotel, Castlederg, and presented with an address and testimonial, on the occasion of his removal to Lurgan. The presentation consisted of a valuable drawing-room clock, in bronze and malachite, with vases to match, and a massive silver *épergne*, with side pieces in character. The address, which was illuminated, stated that his friends esteemed him as a genial friend, who had the good wishes of all, rich and poor alike; but still more as a medical man, in whom they could place the utmost confidence, whose kindness, sympathy, and professional skill had obtained for him a name in Castlederg which would not soon be forgotten.

A FEVER-STRICKEN CREW.—The barque *Ottercaps*, Captain Mordy, which arrived in Cork harbour on Sunday night, reports having fallen in on the 2nd instant with the barque *Catherine* of Liverpool, bound from the West Coast of Africa for Queenstown for orders with a cargo of palm-oil. There was only one man living on board the *Catherine*, the captain and crew having died during the passage of a climatic fever. The captain of the *Ottercaps* sent the second mate and three of his crew to assist the *Catherine* to port.

BEQUEST.—The late Mr. John Foster, manufacturer, of Queensbury, has left £1,000 to the Bradford Infirmary, and £1,000 to the Halifax Infirmary.

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. Malcolm Morris, "A variety of Erythema Multiforme, often called Hydroa"; Dr. Dowse, "Vasomotor and Tropic Neurosis".

TUESDAY.—Royal Medical and Chirurgical Society, 8.30 P.M. Mr. Savory and Mr. Rutlin, "On Cases of Perforating Ulcer of the Foot"; Dr. Gowers, "On the Movements of the Eyelids"; Mr. G. Gaskoin, "On a Case of Melanoderma".

WEDNESDAY.—Hunterian Society, 8 P.M. Mr. Reilly will exhibit a patient suffering from Chronic Oedema of one Leg; Mr. Jacobson will read a paper on "A Case of Acute Intestinal Obstruction ending fatally ten days after operation, with Remarks on Treatment".

FRIDAY.—Clinical Society of London, 8.30 P.M. Mr. Heath: Foreign Body (end of a silver catheter) in the Bladder: Median Lithotomy: Recovery. Mr. Keetley: A case of severe Traumatic Meningitis treated in the stage of coma by cold douche for two hours and a half: Recovery. Mr. Teevan: A Case of Cystotomy (living specimen). Mr. Mac Cormac: A Case of unreduced old standing Thyroid Dislocation of the Femur, in which excision was performed successfully with the object of obtaining an useful limb.—Quekett Microscopical Club, 8 P.M. Dr. M. C. Cooke, "On the 'Dual-Lichen' Hypothesis. Mr. F. A. Redwell, "On a successful method of examining the anatomy of *Actinia Mesembryanthemum*.

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.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

CORRESPONDENTS are particularly requested by the Editor to observe that communications relating to advertisements, changes of address, and other business matters, should be addressed to Mr. FRANCIS FOWKE, General Secretary and Manager, at the Journal Office, 161, Strand, London, and not to the Editor.

ACKLAND'S GUARDED SAW.

WE incorrectly, last week, assigned the excellent guarded saw, invented by Mr. T. D. Ackland of St. Thomas's Hospital, for dividing plaster jackets and bandages, to other than the actual makers, Messrs. F. Walters and Co., 12, Palace Road, Albert Embankment, and 29, Moorgate Street.

A HAIR-DYE.

SIR,—Will you kindly allow me a line in the JOURNAL, to ask either you or any of your numerous readers, if they know—and if so, will publish it in the JOURNAL—of any really effectual and innocuous dye for the hair? My patient, who is not yet thirty, has had, at various intervals, all her head shaven—on one occasion as the result of an attack of small-pox, which latter left, as one of its sequelae, obstinate and recurring attacks of psoriasis, affecting even the scalp. This eruption has been removed; but at scattered places the hair is intermingled with grey, a condition of matters which is very distressing to the patient. I advise her to shun the numerous hair-dyes so largely advertised, because of their almost always containing lead, or some other objectionable ingredient. My patient's hair is naturally of a darkish brown colour. What treatment must I advise?—I am, sir, faithfully yours,
February 1879. "AS YOU WERE."

A MEDICAL STUDENT.—We have never heard of the Reformed Medical College, New York. Our correspondent should address the American Minister in London, who would give him information on the subject of the status, if any, of the institution so described in the advertisement which he forwards to us.

THE BILL OF THE BRITISH MEDICAL ASSOCIATION.

SIR,—The Bill of the Reform Committee of the British Medical Association now before Parliament, is, in my opinion, as bad a Bill as can be well imagined. It abounds in self-contradictions, which would render nugatory the purposes for which it has been draughted. Its penal clauses are the worst that have been drawn, and are so defective, notwithstanding their verbosity, that they would permit quacks to assume unregistrable medical titles, and registered persons to fill up death certificates in cases attended by quacks. It would deprive private individuals of the power they now have of prosecuting quacks. It would, could its impracticable provisions be carried out, create a second Medical Council; and it would make the practice of the profession absolutely free to both men and women, even though they could neither read nor write. As a specimen of what some of its clauses are, the following, for the present, will be sufficient: "A prosecution for an offence under this section shall not be instituted by a private person, except with the consent of the General Medical Council, or some branch council, but may be instituted by the General Medical Council, upon the information in writing of two legally qualified medical practitioners, by a branch medical council, or by a medical authority, if such council or authority think fit." Comment here is surely needless.

I think I am entitled, as a member of the Association, to call upon the Reform Committee to state publicly,

1. Why they persist in endeavouring to throw open the practice of the profession to all unqualified persons?
2. Why they persist in their endeavours to exempt from prosecution quacks who take unregistrable medical titles?
3. Why they persist in their endeavours to make unpunishable the giving of death-certificates by registered persons in cases attended by quacks?
4. Why they persist in their endeavours to deprive private individuals of the power they now have of prosecuting quacks, however vile they may be?—I am, sir, your obedient servant,
R. H. S. CARPENTER.

London, March 15th, 1879.

MEDICAL ETIQUETTE.

SIR,—Impressed with the feeling (which, I am assured, is shared in by many practitioners) that, by your decision in the case of my appeal against the unprofessional conduct of Dr. Burd, and by the withholding of my reply to his letter of February 12th, you have not only done an injustice to me individually, but also to my brother general practitioners, I beg, through the medium of your columns, courteously to challenge Dr. Burd to refer the matter to a "Court Medical", to consist of, say, three consultant physicians, one to be nominated by each of us, and the third by our selected two; the attendant expenses (if any) to be defrayed by the disputant adjudged to be in error; and if their decision be adverse to myself, I shall be additionally prepared to offer every apology to Dr. Burd for a wrongful accusation. I make the appeal with the greater confidence, as, in the note I addressed to him on the 27th of January last, I expressed my intention to refer the case to the Salopian Medico-Ethical Society for adjudication, under the impression that, consequent on the dissolution, in 1876, of the Shropshire Ethical Branch of the Association, with which the former was amalgamated in 1860, it had reverted to its original position as a separate Society; and it was not until my letter on the subject to a late official was returned to me, with the intimation that the Medical Ethical Society (to the regret of many, who wished it were re-established) had ceased to exist, that I was induced to appeal to the editor of the BRITISH MEDICAL JOURNAL.

Trusting that you will allow this to appear in "Notices to Correspondents" in the next issue of the JOURNAL, I am, sir, yours very sincerely,
39, High Street, Bridgnorth, March 17th, 1879. WILLIAM THURSFIELD.

* * The Council of the Shropshire and Mid Wales Branch would, no doubt, arbitrate in the matter, if both parties be willing that they should do so.

DR. C. B.—The address of the makers of Budin's mannikin is Messrs. Mathieu, fabricants d'instruments de chirurgie, Carrefour de l'Odéon, 16, Paris.

BLINDNESS FOLLOWING DENTAL DISEASE.

SIRLETTI (*Le Mouvement Méd.*, *Phil. Med. Times*) reports the case of an old man suddenly attacked with hemeralopia, without any previous enfeeblement of vision. On examination, it was found that the patient had suffered severe pain in the upper canines, from one of which the crown was gone. A fistulous cavity, with intra- and extra-alveolar periostitis, was found in the root of each canine. These teeth having been extracted, the patient began to be able to distinguish light from darkness almost immediately, and by the end of six days, his sight was completely restored.