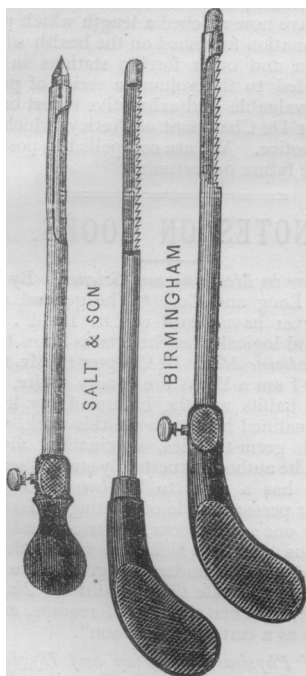


REPORTS AND ANALYSES AND DESCRIPTIONS OF NEW INVENTIONS IN MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

[NEW SAW AND KNIFE FOR SUBCUTANEOUS OSTEOTOMY.

SIR,—The instrument of which an engraving is annexed has been forwarded to us by our New York correspondent. It appears to be so useful an invention, that we venture to think you may be pleased to furnish your readers with its description. As will be seen by the engraving, it consists of a trocar, a fenestrated cannula, and a staff with blunt extremity; a portion of this staff, at a short distance from the end, is flattened, one edge forming a knife, and the other a saw. The instrument with its cannula is first introduced, and the trocar withdrawn; then the staff (or cutting instrument) is passed down the cannula, either the saw or the knife edge appearing through the fenestra of the cannula as may for the moment be required. The saw or knife can be used within the cannula by a piston-like movement, or, if more convenient, the instru-



ment can be secured to the cannula by a thumb-screw provided for that purpose. The portion of the cannula at the back of the fenestra is made extra strong, and is of the same thickness as the blade, so that in screwing there is no stoppage to the passage of the saw through any thickness of bone. The saw-blade and knife are blunt at the extremity, and guarded on all sides, except on the limited cutting surfaces, so that the soft tissues are protected from injury. All that is necessary in using this instrument is to thrust the trocar and cannula into the limb, the fenestra of the cannula being alongside of the bone upon which the operation is to be performed. We believe this instrument was first made in New York by Messrs. Tiemann and Co., and reported to the *Medical Record*.—We are, sir, your obedient servants, SALT AND SON.

TROMMER'S MALT-EXTRACT.

THIS extract of malt has attained a very large celebrity, and has come into very extensive use in the United States, where indeed it has become an article of almost daily use in professional practice. Malt-extracts of the kind, consisting of the soluble constituents of barley-malt not fermented, appear to have considerable value in maintaining and strengthening nutrition. They are rich in malt, sugar, dextrine, and

diastase, and correspond with the extract of malt of the German *Pharmacopœia*, of which Niemeyer, Oppolzer, and other German physicians speak very highly. Hoppe-Seyler points out that, while the dextrine possesses the property of increasing the activity of the gastric secretion, and the diastase assists in converting starch into glucose and dextrine, the malt-extract includes also a combination of malt-sugar, alkalies, and phosphates, which together make it a nutrient and medicinal agent of great value. There is, indeed, an accumulation of considerable clinical evidence that malt-extract is capable of taking the place of cod-liver oil, to a large extent, in the treatment of phthisis and other wasting diseases. In Ziemssen's *Cyclopædia*, vol. xvi, it is said to almost entirely have taken the place of cod-liver oil at the Basle Hospital, without any reason having been found as yet for returning to the use of the latter remedy. The extract is given from one to three times a day, in doses varying from a teaspoonful to a tablespoonful, in milk, broth, beer, or wine. Other preparations of the Trommer Company are extract of malt, with pyrophosphate of iron; extract of malt, with cod-liver oil, with which it forms an excellent emulsion; extract of malt with cod-liver oil and iodide of iron; extract of malt with pepsine, etc. The uses of these various combinations are, of course, apparent to the physician.

SELECTIONS FROM JOURNALS.

SURGERY.

DOUBLE PERFORATION OF INTESTINE SUCCESSFULLY TREATED BY CATGUT SUTURE.—Dr. Riedinger of Würzburg relates the following case in the *Centralblatt für Chirurgie*, No. 10, 1879. In operating for strangulated inguinal hernia on a man aged 35, a large quantity of fluid having an offensive smell escaped from the sac; and, on examining the intestine, which was much injected, and of dark brown and in some parts black appearance, two rather large ruptures were found in the posterior part of the loop. After removal of the sloughing edges, these were united by a series of catgut sutures placed close together. The united wounds lay parallel with the long axis of the gut. Care was taken to bring the serous surfaces into intimate contact; the sutures were carried through the entire thickness of the bowel. The intestine was replaced, and Listerian dressing applied, a drainage-tube being inserted. Healing took place in a short time, without febrile disturbance.—*Deutsche Medicin. Wochenschrift*, March 1st.

MEDICINE.

A RARE CASE OF CHRONIC COPROSTASIS.—Dr. Fleck of Marienbad has published, in the *Wien. Medicinische Blätter*, the following curious case of chronic constipation, which he ascribes to some anomaly in the innervation of the intestines. The patient, a Dutchman by birth, was of delicate constitution, but well nourished, and had always been more or less subject to constipation; but for the last two years his bowels had become torpid to a most alarming extent, moving only from five to six times a year. It is true that, in the intervals between these evacuations, the patient passed a very small quantity of hard fæces once in six, eight, or ten days, but these motions would hardly amount to the remains of one meal. Two or three days before one of the principal evacuations occurred, the patient began to feel ill, his sleep was disturbed, he was restless, felt disinclined to work, had a very uncomfortable feeling in his back, etc. Then, after a sharp attack of colic, he passed an enormous quantity of horribly offensive fæces; then he felt better for two or three hours, when some more fæces were passed, and so on till he had had four or five motions during the day. On the following day, he only has a slight attack of diarrhoea, after which his bowels relapsed into their usual torpid state; but he felt so wretched and exhausted for several days afterwards, that he dreaded the evacuation more than the coprostasis. At the examination, it was found that the fæces were principally accumulated in the ascending and transverse colon; these intestines could not only be felt, but also seen through the abdominal walls; the abdomen was soft, not much distended; the diaphragm was pushed upwards; all the other organs were perfectly normal. The patient had tried every possible remedy to cure himself of this affliction, including electrotherapy, hydrotherapy, and very voluminous enemata, but had never succeeded in obtaining relief. He had at last come to Marienbad, where he drank the water and took baths; the result of which treatment was, that the bowels moved once in two or three days. The author tries to explain this curious fact by some anomaly in the innervation of the intestines, owing to which they remained torpid till stimulated by some unknown cause, or perhaps through a reflex act, when the accumulated fæces were suddenly expelled.

man. But it is doubtful whether a charge of manslaughter could be sustained in the case of a patient suffering from an incurable and speedily fatal disease. In the present case, the medical evidence showed that the child died of diarrhoea, and the presumption was that timely medical aid would have saved life. Fortunately, to the credit of the medical profession be it said, such cases are rare, but parish medical officers have not a bed of roses, and I should be sorry to see this case made a precedent for vexatious prosecutions.

Dr. Sawyer has resigned the post of Secretary to the Local Branch, an appointment he has held for some years; and I am glad to understand he resigns it now only on account of more pressing professional engagements.

At a recent meeting of the Town Council, the report of the Health Committee dealt mainly with the question of the disposal of sewage. As Birmingham has not the advantage of a position on the banks of a fine river, we are not able to get rid of our filth by sending it down to poison our neighbours, so that the town authorities are now brought face to face with this question of its safe and innocuous disposal by other means. The difficulties are undoubtedly very great, but the Health Committee evidently do their utmost to cope with them. One of their furnaces and wharves is just behind the General Hospital, and the Committee of that Institution have threatened proceedings if the nuisance be not abated. That there is ground for complaint is pretty plain; and it is unfortunate that two such important public departments should have such an incompatible juxtaposition. Many would say, move the wharf; some say move the hospital; but the real need is to move both. Perhaps, at some future time, hospitals will be situated in the most healthy locality in the neighbourhood of each town, and will be surrounded by the houses of the doctors, like real temples of Hygieia; then it will be worth something to be a doctor. As it is, doctors and patients are too frequently located in the most crowded and insanitary parts of the town.

Dudley has sustained a great loss in the death of Mr. Hyde Houghton, an eminent member of the profession and an admirable surgeon. By his death, a vacancy occurs on the staff of the Guest Hospital. Several candidates are in the field, the most prominent being Mr. Messiter and Mr. Hugh Ker, either of whom would be an acquisition to the hospital.

PARIS.

[FROM OUR OWN CORRESPONDENT.]

Toxic Power of Alcoholic Liquors.—Parietal Osteitis, with Ap has ia. Temperature of the Brain.—Difference of the Brain in the Sexes.—Paquelin's Thermo-cautery.

At a recent meeting of the Biological Society of Paris, Dr. Rabuteau read a paper on the difference of the toxicity of the divers alcoholic liquors, and of their ethers, and on the noxious influence on the system of artificially alcoholised wines, particularly when the latter are adulterated with the alcohols produced in the north of Europe. He said that wines alcoholised with the alcohols of the North, which are produced from amylaceous substances, produce true alcoholism, and not the natural wines, or those alcoholised with pure spirits of wine. There are three varieties of alcoholism: 1. Ethylism, produced by natural wines or ethylic alcohol; it causes a gay sort of intoxication, without any serious consequence: 2. Amylism, or true alcoholism, produced by wines alcoholised with amylaceous, butylic, and other spirits; it renders the subject stupid, dull, and heavy, and such wines are supremely prejudicial to the health: 3. Anæsthesism, produced by the ethers of wines, and particularly the acetic ether of white wines, which affect the head, produce trembling, and perhaps affect the stomach, but they are not so dangerous as the amylaceous spirits.

At a subsequent meeting of the same society, Dr. Magnan presented a case of aphasia accompanied with hemiplegia of the right side of the body, and dementia. *Post mortem* examination disclosed osteitis of the left parietal bone, which was supposed to be syphilitic. The site of the diseased portion of the bone corresponded with that of the ascending portion of the third frontal convolution.

Dr. Paul Bert, at the same meeting, referring to the experiments of M. Broca, who, it will be remembered, observed with a thermometer applied to the skull an increase of temperature when the brain was in a state of activity, noticed that the increase existed only on the left side. He also observed that the normal temperature is not equal on both sides, and that it is always higher on the left side than on the right. M. Bert employed a thermo-electric apparatus, which he placed in a position corresponding with the island of Reil.

M. Broca has reproduced in his *Anthropological Review* the results of his researches on the difference of the human brain in both sexes.

According to him, the brain of women, and, consequently, their intellectual faculties, are not only inferior to those of men, but the difference tends to increase with the progress of civilisation. M. Gustave Lebon, writing on the same subject, remarks that if the relative inferiority of the brain of women of the present day is more marked than it was in the prehistoric period, the brain of men has also become inferior to that of their prehistoric ancestors. He states that the skulls found in the "Caverne de l'Homme Mort" (Lozère) measured, according to M. Broca himself, 1,606 cubic centimètres in men, and 1,507 in women, the difference being 100. In contemporary Parisians the male skull measures, on average, 1,558 cubic centimètres, and the female skull 1337, the difference being 221. This difference of the human brain is not only confined to the sexes, but it increases between the inferior and superior races. In men and women of the same height, M. Lebon says that the difference is 172 in favour of the male brain.

At the Hôpital de la Pitié, M. Verneuil lately performed three different operations on the same day with Paquelin's thermo-cautery. The first was one of tracheotomy on a young woman for cedema of the glottis caused by syphilitic laryngitis. The operation was performed without any anæsthetic; it lasted three minutes. The external wound was rather long, but this was necessary to have a proper view of the trachea. On reaching this organ, M. Verneuil cut through it with a bistoury, in order to avoid a large scar. The second operation was the opening of an urinous tumour in the anterior portion of the perineum, caused by a stricture. The thickness of the tissues was such as to give the sac the appearance of a solid tumour. With the thermo-cautery the operation was completed without any hæmorrhage. The third operation consisted in the removal of a large epithelioma of the buttock, including the tissues surrounding the anus, and extending towards the vulvar orifice. The extirpation was completed in twenty minutes. M. Verneuil remarked that here, as in the preceding cases, the instrument not only removed the disease, but it cauterised the parts around the tumour. With the thermo-cautery it was certainly necessary to take up some arteries, but the loss of blood was insignificant; moreover, the fecal matter had not to pass over a raw wound ready to absorb putrescent and other matter, as the wound effected with the thermo-cautery is covered over with an eschar, which isolates it for some time. In order to render any operation with the thermo-cautery bloodless, or nearly so, M. Verneuil suggests that the instrument should be kept at a comparatively low heat.

ASSOCIATION INTELLIGENCE.

METROPOLITAN COUNTIES BRANCH: NORTH LONDON DISTRICT.

THE next meeting of this district will be held at the Holloway Hall, on Thursday, April 24th, at 8.30 P.M.

Dr. Morell Mackenzie will open a discussion on the Relationship of Croup and Diphtheria.

THOMAS S. DOWSE, M.D., *Honorary Secretary.*

Tray's Hill Hall, N., April 14th, 1879.

LANCASHIRE AND CHESHIRE BRANCH.

THE next meeting of this Branch will take place on Saturday, April 26th, at 3.15 P.M., at the Angel Hotel, Northwich: Dr. LESLIE JONES in the chair.

Dr. WILLIAM ROBERTS will read a paper on Digestive Ferments, and their Therapeutic Uses.

The following communications have also been promised.

Mr. REGINALD HARRISON: A case of Lithotomy where a large Cystic Oxide Calculus was removed.

Dr. LLOYD ROBERTS will show an Intra-uterine Tumour removed by excision and enucleation.

Dr. HOARE: The Power of Alcohol to Prolong Life in Wasting Diseases.

Dr. MITCHELL BANKS: On the Removal of Cartilaginous Tumours.

Dr. LEECH: Notes on New Remedies.

Mr. J. E. BURTON will show a new Ether Inhaler.

A collection of Digestive and Nutrient Preparations, including all the Pancreatic and Peptic Substances now used Medicinally, and the various kinds of Malt Extract, will be exhibited.

At Six o'clock the members will dine together at the Angel Hotel. Gentlemen intending to be present are particularly requested to send their names to the Honorary Secretary before the 24th of April.

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

96, Mosley Street, Manchester, April 15th, 1879.

NORTH OF ENGLAND BRANCH.

THE spring meeting of this Branch will be held at the Aquarium, Tynemouth, on Tuesday, April 29th, at 3 P.M.

The following papers are promised.

1. On Stricture of the Œsophagus. By G. H. Philipson, M.D.
2. Case of Tinnitus Aurium from tension of the Membrana Tympani relieved by incising the Membrane. By Robert Torrance, Esq.
3. On the Compulsory Registration of Disease. By A. Legat, M.D.
4. On Acute Articular Rheumatism, its Pathology and its Treatment. By Charles Gibson, M.D.
5. On the Treatment of the Second and Third Stages of Labour. By James Murphy, M.D.

Dinner at the Aquarium at 5 P.M. Charge (including admission to the Aquarium, but exclusive of wine), 6s. 6d. Gentlemen intending to be present are requested to communicate as soon as convenient with the Honorary Secretary.

T. W. BARRON, M.B., *Honorary Secretary.*

10, Old Elvet, Durham, April 8th, 1879.

CAMBRIDGESHIRE AND HUNTINGDONSHIRE BRANCH.

A MEETING of the above Branch will be held at the Railway Hotel, Hockerill, Bishop Stortford, on Tuesday, May 13th, at 2.30 P.M.: C. F. HODSON, Esq., President.

Members intending to make communications are requested to communicate with the Honorary Secretary as soon as possible.

Dinner will take place at the Railway Hotel, at 6.15 P.M. Tickets, including wine, 15s. each.

BUSHELL ANNINGSO, M.D., *Honorary Secretary.*

Cambridge, April 7th, 1879.

MIDLAND BRANCH.

THE next meeting will be held at Louth, during the month of May: President, A. MERCER ADAM, M.D. Members desiring to read papers are requested to communicate with C. HARRISON, *Hon. Sec.* Lincoln, March 1879.

BORDER COUNTIES BRANCH.

THE spring meeting of the above Branch will be held at the King's Arms Hotel, Melrose, on Thursday, May 22nd, at 1.30 P.M.

Gentlemen intending to read papers or be present at the dinner are requested to give notice to the secretaries.

RODERICK MACLAREN } *Honorary Secretaries.*
JOHN SMITH }

Carlisle, April 16th, 1879.

METROPOLITAN COUNTIES BRANCH: SOUTH LONDON DISTRICT.

A MEETING of this district was held at the Bethlem Royal Hospital on March 12th; J. W. J. OSWALD, Esq., in the chair.

Spontaneous Dislocation of the Hip.—Mr. NELSON HARDY brought forward a case of spontaneous dislocation of the hip-joint, and exhibited the patient. J. L., aged 59, on February 12th, 1879, dislocated his hip while turning over in bed. When seen some hours after the accident, he was found hopping about on the other leg, using a sweeping-brush as a crutch, and endeavouring by circular movements of the leg to swing it into its place. A partial dislocation on the pubic bone was found to exist, the head of the femur being plainly felt in this situation; and, chloroform having been administered, this was readily reduced. Subsequently it was ascertained that twenty-five years before the patient had fallen from a haystack, but had not dislocated nor apparently injured the hip. Three years after this accident, when stooping to tie his shoe, he fell, and on raising himself up found that the bone had slipped out of its place, and that he could not put his foot to the ground. By twisting about, however, he got it right without surgical aid, and heard it go back with a smack. During the following ten years, he often had the bone slip out, and always got it back himself. He never had any abscess about the joint, but suffered a good deal from rheumatic pains both there and in the knee-joints. The rationale of the case seemed to be that chronic rheumatic arthritis had caused so much deposit about the bony parts of the joint as to render the acetabulum much shallower than usual. Spontaneous dislocations had been specially studied by Stanley, who found them to be frequently associated with rheumatic arthritis.—The CHAIRMAN and several members examined the patient, and remarked on the infrequency with which such cases are met with.

Reform of the Out-patient Department of Hospitals.—Dr. A. E. SANSOM read a paper on this subject. Glancing first at the system as it now exists from the points of view of—1. The out-patients themselves, whose dominant ideas are drugs, and to whom treatment is nothing if not pharmaceutical; 2. The medical and surgical staff, whose efforts are often marred by the amount of work to be got through; and 3. The general practitioners, to whom the out-patient department is a direct injury, Dr. Sansom next described the two prevailing modes of admission as unrestricted and limited, incidentally referring to the casualty system as practised at a well-known hospital as a *reductio ad absurdum*, and a parody on the science and art of medicine. He suggested that the unrestricted system of admission should be done away with, and that every patient should bring with him a certificate of fitness; that each letter should entitle a patient to one consultation only, instead of, as now, to one, two, or three months' supply of medicine; that the numbers admitted to see each consultant should not be more than he can properly attend to; and that cases permitted to attend after the first consultation should be referred to a distinct department, in which inquiry should be made as to their ability to pay.—In the discussion which followed, Dr. Sansom's suggestions for reform were generally approved.

Next Place of Meeting.—It was agreed to hold the next meeting at St. Thomas's Hospital; and to ask Dr. Bristowe to preside in the event of the President of the Branch not being present.

WEST SOMERSET BRANCH: SPRING MEETING.

THE spring meeting of this Branch was held at the Railway Hotel, Taunton, on Thursday, April 3rd, at 5.15 P.M.; F. J. C. PARSONS, Esq., President, in the chair.

Dinner.—Seventeen members and one visitor partook of dinner before commencing the business of the evening.

Minutes.—The minutes of the last meeting were read and confirmed.

Absentees.—A telegram from Dr. Clark, and letters from several members, accounting for their absence, were submitted.

New Members.—Mr. T. L. Tims (Langport) and Mr. G. J. W. Flower (Yeovil) were elected members of the Association and of the Branch.

Petition.—A petition in favour of the Medical Act (1858, No. 2) Bill was brought before the meeting, and signed by many of those present.

The Committee of Council and the Branches.—Communications from a Subcommittee of the Committee of Council, appointed "to consider how the relations of the Committee of Council with the Council and the Branches of the Association may be improved" were read. The meeting concluded not to move for any alteration in the existing arrangements.

Question for Discussion.—The question of the evening (of which the usual notice had been given), viz., "Are true Croup and Diphtheria different forms of the same disease? and what treatment, general and local, would you recommend?" was put from the chair. Written answers were read by the Secretary from Dr. Cordwint and Mr. Pranker, in the unavoidable absence of those gentlemen. Nearly every member round the table had something to say on the question. The answers of some embodied the results of careful observation after considerable experience in both diseases; while, on the other hand, in a practice of many years, it had happened to other gentlemen never to have met with cases of either croup or diphtheria. Afterwards, the Chairman summed up, and confirmed, from his own experience, the conclusion which was pretty generally come to, viz., that croup and diphtheria are not different forms of the same disease, but that they are two distinct diseases. As regards treatment, for croup, emetics, leeches, mercury, etc., were recommended; but for diphtheria, supporting and stimulating remedies, with antiseptic local applications to the affected parts.

Exhibition of Inhalers, etc.—At the request of the President, Messrs. Ferris and Co. of Bristol sent an assortment of inhalers, steam spray apparatus, and other instruments. A representative of the firm attended to give explanations.

Papers Deferred.—The usual time for breaking-up having arrived, some papers intended to have been read were deferred to the next meeting.

BEQUESTS.—Mrs. Margaret Adolphe, late of Dublin, has bequeathed £60 to Mercer's Hospital, and £50 to each of the following; viz., Adelaide; Convalescent Home, Stillorgan; and the Hospital for Incurables, Donnybrook. Mr. Whitty has left £1,000 to the Mater Misericordiae Hospital, Dublin.

lungs, which gradually increased until he died at 10 P.M. on the following day.

Mr. Brietzcke, although his health was always indifferent, was no idle man. He worked for and passed the examination for F.R.C.S. Eng., when he had already for twelve years been a member of the College; and he contributed to the *Lancet*, in 1872, a case of caries of the first lumbar vertebra, with inflammation of the cord extending to the brain, and ending in death by coma; and, in 1875, a case of aneurism of the arch of the aorta, in which death occurred from rupture into the pericardium. He also made extensive researches on the subject of urea in its relation to muscular force, the outcome of which was a paper on the subject, which appeared in the *Medico-Chirurgical Review* during 1877. But it was chiefly as an indefatigable officer of the medical convict service that Mr. Brietzcke was best and most widely known and appreciated, and we are informed that his death cast a gloom over the whole service, especially in Portsmouth Prison, where the memory of his goodness will long be cherished and extolled, and where he was followed to the grave on March 14th by all the officers of the establishment who could be spared from their duties.

Being of a warm, generous, sympathetic temperament, thoroughly unselfish, hating and fighting abuses of all kinds, gifted with far more than ordinary talent for appreciating the humorous in all matters, his company and correspondence were highly prized by his friends, who were many, as he was often on the move, and the list of them constantly received additions wherever he went.

Amongst the many abuses against which Mr. Brietzcke vehemently protested, was that which makes the medical officers of the convict service hold an inferior position, both in regard to the large amount of work expected of them, and the inadequacy of their pay, when contrasted in these particulars with the more favoured position occupied by other officers of the service having unskilled work to perform. That the duties of the medical officers are of an arduous and harassing nature may be inferred when it is borne in mind that they have to examine, both for labour and punishment, criminals of the most abandoned and dangerous character, and of every grade, from the meanest thief to the most refined swindler. Mr. Brietzcke himself once wrote to a friend, "My great difficulty appears to be how to detect the malingerer. I have always found it difficult enough to make a correct diagnosis in any disease, when the symptoms are at all obscure, but it seems ten times more so when you know that nearly every assertion your patient makes is false. And most of these men employ their solitary hours (which are not a few) in endeavouring to discover means for deceiving the doctor."

Amongst such unpromising material for practice and reflection, this zealous surgeon laboured and died, exerting his many talents in no stinted manner for the benefit, physical and moral, of those with whom he came in contact. His reward was the high respect and esteem in which he was universally held, and the still higher consolation afforded by the knowledge of a good fight well fought, and the assurance of a coming peace for those who, perforce, must rest from their labours.

MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.—Thursday, April 17th.

The Government Medical Bill.—Dr. LYON PLAYFAIR gave notice of an amendment on the second reading of the Government Medical Bill, brought down from the Lords, to the effect that the second reading be postponed until a Select Committee shall examine into the constitution of the Medical Council, and as to the effect, injurious or otherwise, which the various Medical Bills now before the House may have on the teaching of medicine in the universities and other schools of medicine.

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF CAMBRIDGE.

THE STUDY OF GREEK.—Progress is evident at Cambridge, says *Nature*, in response to the memorial against the compulsory study of Greek by all undergraduates. Very few votes prevented reform years ago; no doubt the claims of science students and of liberty for all will now be more fairly listened to. The syndicate on the subject includes Professors Humphry, Liveing, and James Stuart, and Mr. Todhunter, and thus the real interests of mathematics, physics, biology, and medicine, as regards the education of students, as well as the progress of science, will be sure of recognition.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

MR. E. P. S. GREENE (Woodbridge).—If our correspondent has not already resigned his appointment, we would advise him, in spite of the decision of the Local Government Board, "that there is no legal obligation on the guardians to pay" to test the matter by a county court summons. We hold that, having constituted the man a pauper by honouring the recommendation for beef and porter weekly, they are not only morally but legally bound to pay the fee for attending the fracture, the outcome of which has been that the man is now chargeable to the rates.

THE RECENT POOR-LAW INQUIRY AT GUILDFORD.

IN our issue of December 28th, we briefly commented on the evidence taken at an official inquiry conducted by Dr. Mouat and Mr. Hunter, Poor-Law Inspectors, at Guildford, on the 12th and 13th of the same month, a report of which appeared in the *Surrey Advertiser*. From the same journal of the 29th ultimo, we learn that the department, after a more than ordinarily prolonged gestation, has at length delivered itself of its judgment on the question at issue.

Nominally, as we at the time pointed out, the inquiry was instituted for the purpose of ascertaining the mode of administration of medical relief in that union; practically, however, it was limited to the conduct of Mr. Taylor, medical officer of No. 1 district.

From the letter of the Local Government Board to the guardians, we learn that "the Board cannot say that it" (the resolution) "is not open to the construction placed on it by Mr. Taylor . . . at the same time, they highly disapprove of the action taken by Mr. Taylor in discontinuing his attendance in cases which still required medical care and observation; and they consider that, in doing so, he committed grave errors in judgment". But what about the action of the Board, in directing the relieving officer to discontinue the supply of extras, quite as necessary for the recovery of the sick as Mr. Taylor's visits and medicines? In those cases where his patients had refused the relieving officer's order for the House, the department expresses the opinion that that official, and the Board he obeyed, were in no way to blame.

The department then proceeds "to recommend that the guardians should rescind the resolution, or so modify its terms, as to bring it into harmony with the provisions of the Board's orders, as, in its present form, it is certainly of questionable legality". They then proceed to say, "If any further difficulties should arise, they will be prepared to afford the guardians every assistance in their power to enable them to discharge the many difficult and important duties which devolve upon them in connection with this subject". This is a proffer of aid of which, from our knowledge of the mode in which medical and other relief have been administered for many years past in this Union, the Board of Guardians stands sadly in need.

In the letter to Mr. Taylor, which is of unusual length, although admitting, as above stated, that the resolution bears the construction he put upon it, the Board goes on to state "that they cannot afford sufficient justification for the course you adopted, and that, in adopting such course, you put an erroneous interpretation upon the resolution of November 1871, and thereby seriously misapprehended your duty as a medical officer". This, as we interpret the Board's meaning, is intended to say, "Your duty is to go on visiting and sending the medicines (which you have to supply), whether the guardians permit or forbid their relieving officer to grant those extras which you, in your judgment, hold to be quite as necessary for the successful treatment of pauper sickness as visits and drugs".

The department then proceeds to deliver itself of the following general observations: "That the Board are anxious that all district medical officers should clearly understand that there has been much abuse of out-relief in the past, particularly in the lavish enjoyment (query employment) of stimulants and extras. The Board look confidently to them to aid the guardians cordially in checking practices which are as detrimental to the best interests of the poor themselves, as they are opposed to the principles which regulate the proper administration of the relief of the destitute". This, being interpreted, means that the Central Board desire to still further diminish the already limited power of medical officers in recommending food and stimulants in the treatment of the pauper sick. For ourselves, we altogether deny this statement of the department; and we further assert, from extended sources of observation, that, except in a very few isolated instances, there does not exist that disposition to abuse the power of recommendation which the medical officer alone possesses; and we further enter our protest against the action of the Central Board in still further striving to diminish the already too limited power of parochial

medical officers, and which, if carried out, will, by the induction of preventable deaths and the prolongation of pauper sickness, lead to that increase of local taxation which the department is striving to diminish, but which their blundering policy will most assuredly augment.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in anatomy and physiology, at a meeting of the Board of Examiners on the 9th instant; and when eligible will be admitted to the pass examination.

Messrs. William Holt and W. C. Falls, students of St. George's Hospital; F. W. East and J. W. Byers, of the London Hospital; P. J. Cook and F. R. Anness, of St. Thomas's Hospital; E. J. Dobell and W. A. Brough, of University College; E. E. Newnham and C. W. G. Burrows, of the Charing Cross Hospital; W. T. Maddison, of King's College; Zachariah Prentice, of Guy's Hospital; James Brooks, of St. Bartholomew's Hospital; John Hepburn, of the Westminster Hospital; and Edward Davis, of the Middlesex Hospital.

The following gentlemen passed on the 14th instant.

Messrs. T. H. Openshaw, W. E. Price, John Holroyde, and John Coveney, of the London Hospital; B. P. Bartlett, W. H. W. Strachan, W. C. Dendy, and W. E. Starling, of Guy's Hospital; A. T. O'Reilly, P. R. Griffiths, and H. R. Woolbert, of University College; C. J. Muriel, F. T. Thistle and W. B. Paterson, of St. Bartholomew's Hospital; C. M. Tuke, Oswald Giles, and John Cahill, of St. George's Hospital; H. M. Massey, C. W. H. Brown, and Eldon Harvey, of St. Thomas's Hospital; G. S. Aslett and A. R. Brown, of King's College; John Hern and F. J. Ingoldby, of St. Mary's Hospital; W. H. Kempster, of the Westminster Hospital; and C. H. Duff, of the Middlesex Hospital.

The following gentlemen passed on the 15th instant.

Messrs. Ben Hall, Bernard Rice, J. E. Square, C. A. Morton, F. L. Gaskin, and Thomas Mudge, of St. Bartholomew's Hospital; M. R. H. Jay, Thomas Marsden, A. E. Mason, Arthur Longman, John B. Draper, and Walter Fell, of St. Thomas's Hospital; S. P. Morris, W. S. Barnes, J. R. Day, and R. P. Roberts, of University College; E. H. Booth and G. N. Pitt, of Guy's Hospital; J. H. Russell and Richard Hingston, of the London Hospital; H. M. Sloggett, of King's College Hospital; G. N. Roberts, of St. George's Hospital; J. W. Jackson, of St. Mary's Hospital; P. T. Thane, of the Middlesex Hospital; and Charles Rout, of the Charing Cross Hospital.

The following gentlemen passed on the 16th instant.

Messrs. C. E. Todd, Neville T. Wood, A. K. Willis, W. E. Robinson, and C. E. H. Cotes, of St. George's Hospital; W. W. Jones, C. S. Evans, G. F. Cooper, F. W. Stoddart, and A. E. Wells, of St. Thomas's Hospital; A. C. Roper, J. W. Field, E. G. Colville, and F. W. Alexander, of St. Bartholomew's Hospital; G. L. Webster, J. A. West, and Philip Boobyer, of King's College; J. D. B. Scott and Percy Warner, of Guy's Hospital; H. M. Dancy, Frank Quick, and H. D. Waugh, of University College; T. B. F. Eminson, of St. Mary's Hospital; and Charles Williams, of the Middlesex Hospital.

The primary examination of the 213 candidates was brought to a close on Thursday. The pass examination for the diploma of membership commences this day—Friday.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, April 10th, 1879.

Bell, Frank Kingan, Birmingham
Crooke, George Frederick, Gainsborough
Hume, Walter Augustus, Hounslow
Lowes, Septimus, Newcastle-on-Tyne
Maunell, Zebulon, Shepherds' Bush
Silk, John Frederick William, Gravesend
Tabb, John Frederick, Herne Hill

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

Legge, William Heneage, Westminster Hospital
Palmer, William Pitt, St. Bartholomew's Hospital
Thompson, Charles Emelius, Middlesex Hospital

MEDICAL VACANCIES.

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

THE following vacancies are announced:—

***ASHTON-UNDER-LYNE DISTRICT INFIRMARY**—House-Surgeon. Salary to commence at £80 per annum, with residence and maintenance. Applications before May 3rd.

BOLTON UNION—Resident Assistant Medical Officer. Salary, £150 per annum, with furnished apartments. Applications not later than April 22nd.

CHARING CROSS HOSPITAL—Surgical Registrar. Applications on or before April 26th.

***DENBIGHSHIRE INFIRMARY**—House-Surgeon. Salary to commence at £85 per annum, with board, washing, and residence in the House.

DROGHEDA UNION—Medical Officer for Monasterborie Dispensary District. Salary, £110 per annum, £20 as Sanitary Officer, with registration and vaccination fees. Election on the 29th instant.

***DUDLEY DISPENSARY**—Resident Medical Officer. Salary, £120 per annum. Applications on or before April 26th.

GRANARD UNION—Medical Officer for Granard Dispensary District. Salary, £100 per annum, £16 as Sanitary Officer, with registration and vaccination fees. Age not to exceed forty years. Election on the 26th instant.

KIDDERMINSTER INFIRMARY—House-Surgeon. Salary, £150 per annum, with apartments, coals, and gas. Applications on or before the 21st instant.

LIVERPOOL EVE AND EAR INFIRMARY—House-Surgeon. Salary, £80 per annum, with residence and maintenance. Applications not later than April 26th.

NOTTINGHAM DISPENSARY—Assistant Resident Surgeon. Salary, £160 per annum. Election on May 19th.

***ROYAL BERKSHIRE HOSPITAL**—Honorary Physician. Applications before May 13th.

***ROYAL COLLEGE OF SURGEONS IN IRELAND**—Curator of the Museum. Salary, £250 per annum. Applications on or before May 31st.

***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.

***SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN**—Physician to the Out-patient Department. Applications, with testimonials, not later than the 29th instant.

***SHOREDITCH UNION**—Assistant Medical Officer for the Infirmary. Salary, £120 per annum. Applications not later than May 5th.

***ST. PETER'S HOSPITAL**, 54, Berners Street—House-Surgeon. Board and lodging and an honorarium of £25 given for the term of office of six months.

***ST. MARYLEBONE GENERAL DISPENSARY**—Honorary Physician. Applications on or before May 7th.

***SUNDERLAND AND BISHOPWEARMOUTH INFIRMARY**—House-Surgeon. Salary, £80, increasing annually to £100, with board and residence. Election on May 1st.

MEDICAL APPOINTMENTS.

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

BOND, J. W., M.R.C.S., appointed House-Surgeon to the St. Pancras and Northern Dispensary, *vice* W. W. Taunton, M.R.C.S., resigned.

HAYWARD, J. R., M.D., appointed Surgeon to the St. John's Wood and Portland Town Provident Dispensary, *vice* W. H. Evans, L.R.C.P.E., resigned.

***JALLAND**, W. H., F.R.C.S., elected Honorary Surgeon to the York County Hospital, *vice* G. Hornby, M.R.C.S., resigned.

MACKENZIE, G. H., M.D., appointed Lecturer on Laryngoscopy and Diseases of the Throat to the Minto House Medical School, Edinburgh.

OGLE, Charles J., M.R.C.S.Eng., appointed Resident Medical Officer to the Westminster General Dispensary, *vice* J. McD. Tudge, M.R.C.S.Eng., resigned.

STORRY, F. W., M.R.C.S., appointed House-Surgeon to the Stroud General Hospital, *vice* H. W. Ewen, M.R.C.S.Eng., resigned.

***WOODROFFE**, J. FitzHenry, M.B., appointed Resident Medical Officer to the Bournemouth Dispensary and Cottage 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.

MARRIAGE.

PICKETT-CHAPLIN.—On the 16th instant, at Christ Church, Forest Hill, by the Rev. J. Parry, M.A., Vicar of St. Luke's, Wolverhampton, Jacob Pickett, of 26, Colville Square, W., to Marie A. H., second daughter of the late R. J. Chaplin, of Beechwood, Deal, Kent. At home after May 25th.

THE PUBLIC HEALTH.—During last week, the annual death-rate from all causes, in London and twenty-two other large towns of the United Kingdom, was 25 per 1,000 persons living; it was 20 in Edinburgh, 23 in Glasgow, 26 in London, and 28 in Dublin. Small-pox caused 4 deaths in Dublin and 12 in London. In London, the death-rate was lower than in any week since the end of February; and there were 1,786 deaths, of which 194, or 62 below the average, were due to the seven principal zymotic diseases. There were 575 deaths referred to diseases of the respiratory organs, which were 195 above the average. At Greenwich, the mean temperature of the air was 43.0 deg. and 3.9 deg. below the average; rain fell on five days of the week to the aggregate amount of 1.05 inches. The duration of registered bright sunshine in the week was equal to 12 per cent. of its possible duration.

VACCINATION.—Mr. R. S. Hall, of Ince, Wigan, has received a grant of £50 19s. from the Local Government Board for the efficient state of vaccination in his district. This is the fourth grant which he has received.—Mr. Drinkwater of Bicester has received a Government grant for efficient vaccination for the second time.—Mr. W. Bey of Donhead St. Andrew, Salisbury, has obtained £5 5s. 4d. as an award from the Local Government Board for efficient vaccination.—Mr. George Fisher has received a grant (the second) of £6 6s. from the Local Government Board for vaccination in the Albury district of the Guildford Union.

THE LATE DR. CHARLES J. WALSH OF CASTLEBAR.—At a public meeting of the friends of this gentleman, held on the 25th ult., a resolution was adopted that, being desirous of bearing testimony to the great worth of the deceased, who was ever influenced by the best, kindest, and purest feelings towards all, they wished to express their high appreciation of his talents and virtues, which obtained for him the esteem of all classes. A subscription-list has been opened to erect a suitable monument over his remains.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's, 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.—St. Mark's 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., 9; 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; Skin, F., 4; 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, W. S., 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, 8.30 P.M. Mr. G. C. Coles will exhibit some improved Temperature Charts; Dr. Routh, "On the employment of a new Powder for Antiseptic and Preservative purposes"; Dr. Churton (Leeds), "On the Treatment of Certain Phases and Results of Typhoid Fever"; Dr. Cockle, "Clinical Cases".

TUESDAY.—Royal Medical and Chirurgical Society, 8.30 P.M. Adjourned Discussion on the Report of the Committee on Croup and Diphtheria.

WEDNESDAY.—Hunterian Society, 7.30 P.M. Dr. Warner will read a paper on "Headache in Children".

FRIDAY.—Clinical Society of London, 8.30 P.M. Dr. Semon, "On the Question of Tracheotomy in Bilateral Paralysis of the Posterior Crico-Arytenoid Muscles" (patient to be exhibited); Dr. Tilbury Fox, "A case of Lichen Scrophulosorum"; Mr. Morratt Baker, "Removal by Operation of a Large Rodent Ulcer of the Scalp"; Mr. Bryant, "A case in which a Biliary Calculus was removed by Operation from the Gall-bladder, and a cure resulted"; Quekett Microscopical Club (University College), 8 P.M. Mr. Adolf Schulze, "On a Method of Resolving the Finest-lined Diatomaceous Tests"; Mr. A. D. Michael, F.R.M.S., "On the Reproductive System of certain of the Acarina".

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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

AUTHORS desiring reprints of their articles published in the *BRITISH MEDICAL JOURNAL*, are requested to communicate beforehand with the General Secretary and Manager, 161, Strand, W.C.

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.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following were the questions submitted to the candidates at the written primary examination for the diploma of member of the Royal College of Surgeons, when they were required to answer at least four, including one of the first two, out of the six questions. 1. What are the functions of the facial nerve? What would be the effects of division of this nerve on the organs of special sense? and how would these effects be produced? 2. What are the peculiarities of the circulation within the cranium? State the position, composition, and functions of the cerebrospinal fluid. 3. Describe the muscles attached to the fibula, with their nerve-supply. 4. Describe the position of the heart in the chest, and the relations of the several valves to each other and to the walls of that cavity. 5. Describe the anatomical relations of the rectum, and the origin and course of its arteries and veins. 6. Describe accurately the articular and muscular mechanism by which the arm is raised from the side from the vertical downward to the vertical upward position. In mentioning any muscle, note its attachments and nerve-supply.

ERRATUM.—In the *JOURNAL* of March 15th, page 407, column 2, in the account of the meeting of the Midland Branch, under the heading "New Members," for "A. Suxford, M.D.," read "A. Tuxford, M.D."

PAYING SYSTEM IN HOSPITALS.

IN reference to the letter of "A Member of the Hospital Staff", which we last week published, and which we are specially asked for an opinion, we may say that whether the hospital to which he alludes is legally entitled to take payment from in-patients and out-patients is a question on which we can give no opinion without having before us the Act of Parliament by which it was incorporated, and knowing the arrangements that have been entered into with the ratepayers and the subscribers. He does nothing unprofessional, we consider, in seeing patients who are required to pay for their medicine; but the system is a bad one, and one against which the profession should protest. Persons who can pay small sums should be treated on the provident principle, while those who cannot pay anything should be charitably relieved. The house-surgeon should certainly do his utmost to admit a patient who is recommended as suitable by one of the staff.

PROVIDENT DISPENSARY.

SIR.—Some short time ago, one of your correspondents offered to furnish particulars as to the establishment and working of a provident dispensary in a country district. I should be very glad of such information. Two plans have been suggested to me: one to have tickets issued at, say, £1 each for so many visits; another to charge 2s. per quarter for adults and 1s. for children; members free for medical attendance after three months, with or without an admission fee.

I should like to know what favour chrysophanic acid meets with now in the treatment of psoriasis and eczema.—Yours truly, ALPHA.

* "Alpha" will proceed on the right principle if, in starting a provident dispensary in a rural district, he charge adults (as he proposes) 2s. and children 1s. a quarter. He will find the model rules of the Charity Organisation Society useful; also the tract on provident dispensaries, published by the Provident Knowledge Society, 112, Brompton Road, S.W., and the tract entitled *The Doctor's Bill and no Doctor's Bill*, published by the Ladies' Sanitary Association, 52, Berners Street, W. The last has been found serviceable for circulation among the poor, in order to show them the value of provident dispensaries.

THE ROYAL SOCIETY.

SIR.—The *JOURNAL* of April 12th alludes to the nomination of the accomplished professor at Netley for the Fellowship of the Royal Society. The *Times* of April 5th announces the election of Mr. R. A. Cross to the same honour. May I ask on what grounds—philosophical, scientific, or literary—the latter has been elected? As I write for information which I believe others as well as myself are desirous of obtaining, the insertion of this inquiry in your next number is earnestly requested by AN OLD MEMBER OF THE BRITISH MEDICAL ASSOCIATION.

* Cabinet Ministers have, by an old prescription, a special right of admission as Fellows. The contact of science with Government is mutually advantageous.

FINGER-ENDED STETHOSCOPE.

SIR.—For the last few years, I have used the case of my clinical thermometer as a stethoscope in the following way. I have one of "Maw's" thermometers in boxwood case, length six inches, diameter half-an-inch. The square end (which is to prevent it from rolling off a table or other flat surface) I have rounded off with glass-paper, still leaving it sufficiently square for its original purpose. The round end of the boxwood case, containing the thermometer (which I have secured from moving by the insertion of a little cotton-wool at each end) fits comfortably in the ear; the other, or square end, I apply to the chest. In this way, I have saved myself the inconvenience of having to carry two instruments.—I am, etc., V. POULAIN, M.D., M.R.C.S.E.

LUNACY VISITATION FEES.

SIR.—Will you kindly tell me what fee I should charge in the following case? A private lunatic asylum has been just established here containing two ladies (sisters) of weak mind. The Lunacy Commissioners require a fortnightly visit from me, and a written report in a book kept for that purpose in the house. I do not know whether they are wealthy or not, but I am told that they are able to pay fairly.—Believe me, yours faithfully, CHARLES WILLIAM CHUBB.

* Not less than one guinea for each visit, unless the property be very small.

ABDOMINAL BELTS.

SURGEON (Harleston) would be glad to know where to obtain a really useful and effective abdominal support. They would be very useful to many ladies whose abdominal parietes are so much relaxed by frequent pregnancies. Most of those belts advertised are, he says, quite useless, because they slip up, and even where there are openings for the alae of the ilium, they are not quite free from this fault. Surely a belt, with thick-pieces for where there was distinct pressure on the pubes and middle of the sacrum, could be made without any tendency to work up, and yet give an equable support.

BLOOD-LETTING IN DISEASE.

SEVERAL letters on this subject, in reply to Dr. T. M. Greenhow's communication, have reached us.

Mr. COTTEW (Holloway Road) says bleeding is not entirely discarded in the treatment of inflammatory disease. He believes that, if it were resorted to more frequently, happy results would come from it. He mentions a case as illustrative. He was called to a man a few months ago, who appeared almost in *extremis*. Respiration could not be perceived, no pulse could be felt, the countenance was livid, and neither auscultation nor percussion elicited any sound. A large incision was made into the median vein, and when from sixteen to twenty ounces of blood had flowed, the countenance resumed its natural hue, a long deep sigh was given, and the man made a rapid recovery. The man was strong, about thirty years of age.

Mr. LESLIE THAIN (Longtown, near Abergavenny), in the course of eight years' experience as pupil, student, and assistant, never saw a case of bleeding (except for transfusion). He believes, however, that, in many instances, it might prove an undoubted advantage to lessen the volume of blood in the body.

A severe case of double pneumonia arose in a plethoric miller, complicated with general hepatic tenderness and jaundice. He administered aconite with ipecacuanha and potash bicarbonate, but he gradually became worse, and on the tenth day of the attack, Mr. Thain was hurriedly sent for, "as he was dying". His pulse was feeble and thready; respiration shallow and rapid. The weakened heart could no longer struggle with the mass of impure blood. Brachial venesection was performed to the amount of ten ounces. Black blood slowly ran out; presently it began to run fast, and in three minutes the respirations grew deeper and longer, and the blood "jetted out with each breath". From this moment he recovered. Convalescence was, however, retarded by a second attack (slight).

Mr. Thain remarks that, of course, all plethoric people cannot stand the loss of blood, and refers to the need of knowing the state of the patient's organs, etc. He usually bleeds three or four people weekly, and has had no reason yet to regret his adoption of an old practice. He attributes the decline of venesection to the fact that, when the custom was "five years' apprenticeship", a man was imbued with his master's ideas; but now the student goes straight to town, and is taught by London physicians from London constitutions, which, of course, rarely can bear the loss of blood.

TREATMENT OF DYSPEPSIA.

SIR,—Can any of our associates oblige me with a hint in the following circumstances? I have a patient, middle-aged, of fairly good health, but pallid and bilious in complexion. He suffers much from inveterate dyspepsia, including morning diarrhoea, sense of emptiness and depression shortly before food, and want of appetite; flatulence and heaviness, with occasional headache after food. I have tried vegetable bitters, alkalies, mineral acids, and slight aperients without effect. What suggestion can be given for improved treatment, to oblige yours respectfully,
April 1879.

AN OLD MEMBER?

"MAYNE'S LEXICON."

SIR,—As a very hard-worked member of the profession, I would urge upon the New Sydenham Society the desirability of getting on with the above publication. I am sure it would be a great boon to many of us, and I believe the Society would gain the gratitude of the whole of its members by having it published at the earliest possible date.

Every one must agree with your other correspondents that it will be no good dragging its weary length along over a series of years.—Obediently yours,
W. H. A.

A CROP OF ALLEGED CENTENARIANS.

AT the Home for the Aged, in Seventieth Street, New York City, under charge of the Little Sisters of the Poor, the unusual spectacle was, says a medical exchange, presented, on the 14th of February, of two of its inmates then lying dead, who were aged respectively 110 and 102 years. The former was a Mrs. McCloskey, who, beyond some deafness, enjoyed good health and unimpaired mind till the last. The latter was Mrs. Brock, who also retained her health and faculties almost to the last moment. On the 3rd of February a Miss Rosanna Hammond died in the Home, at the age of 107, and, on the 28th of January, Mrs. Scully died, at the age of 102. There is now in the Home a Mrs. Gallagher, aged 105, who is in tolerable health.

EARLY TREATMENT OF HERNIA.

SIR,—My attention has been called to a letter from Mr. Travers in the JOURNAL, giving an account of a case of hernia operated on non-antiseptically, and where, no doubt, success was in a great measure due to prompt surgical action.

The following case may be of interest. Mrs. C. had suffered for many years from an umbilical hernia, for which she had worn a truss. On the morning of March 18th, when putting on the truss, she found it impossible to empty the sac, which was about the size of a Tangerine orange. After many ineffectual attempts, she sent for medical assistance. Mr. Spencer Wells, who happened to be then in Wimbledon, kindly saw the patient with my partner, Mr. Pocklington. Finding it impossible to reduce the hernia, he immediately operated. The sac contained chiefly omentum intensely congested. This was cut off, and the ends, secured by silk ligature, returned into the abdomen. The wound was brought together with silk sutures, and covered with a sponge dipped in weak carbolic lotion. One grain of opium was given every four hours. The temperature three hours after the operation was 100 deg., the next day 99 deg., since then normal. With the exception of sickness during the first night, which might be due to the ether, there was not a single bad symptom. The wound healed by first intention, except about an eighth of an inch in the centre. The patient was very corpulent and fifty-five years of age.—I am, sir, yours faithfully,
WILLIAM IRVING PAGE.

MISS PAGE's letter arrived when going to press, and shall receive attention.

PHOSPHORUS SOLUTIONS AND PILLS.

SIR,—If "Medicus" will do me the favour to refer to my letter published in the JOURNAL of February 15th, he will find his question answered; but to avoid any chance misapprehension, I will here formally state that, during nearly five years' further investigation, I have observed nothing, nor has anything been brought to my notice, which should lead me to alter the dosage of phosphorus, as it is laid down in *Free Phosphorus in Medicine*, on pp. 98 to 105, in any respect whatever.

In the remainder of his letter, he confuses two different things, viz., the solubility of certain preparations, and the absorption of solid phosphorus. On the former subject, I must ask him to be so good as to consult Appendix B more carefully, and to compare it with pp. 87, 88. He may then see that my criticism is confined to the preparation, and has no reference to the phosphorus said to be contained in it.

The two former questions, although to me they appear to be unnecessary, are reasonable enough at all events; but when "Medicus" quotes Mr. Martindale's letter of January 18th, and admits that he finds something conflicting between that gentleman's statements and mine as to the absorption of solid phosphorus by the stomach, I regret the politeness with which he is so good as to express himself, because I am obliged to do him but an ill turn in reply, and he half disarms me. In that letter, Mr. Martindale outstepped in several instances both his province and his knowledge, and on those points it seemed to me unnecessary to remark. There, I must now confess, I was in error. The sentence in Mr. Martindale's letter to which "Medicus" refers is: "In the state of minute division, phosphorus does not exert its full physiological or therapeutical action, because it requires a higher temperature than that of the human stomach even to liquefy it." The train of thought thus summed up is, the stomach can absorb a liquid, but not a solid; phosphorus is a solid; heat liquefies phosphorus; but the human stomach is not hot enough for the purpose; therefore, solid phosphorus cannot be absorbed by the stomach. Therefore, it is not absorbed by the stomach, Q.E.D. All the facts are quite correctly stated; and if "Medicus" is fortunate enough never to meet with any more doubtful than they are, the problems of life will be wonderfully smoothed to him. Nevertheless, a new inquiry—interesting, if speculative—presents itself at once, viz., what is the real cause of wide-spread pathological changes and consequent death to all those children, suicides, and murdered persons, who have swallowed phosphorus in the form of lucifer-tops and rat-paste—in the latter case not even minutely divided—since the human stomach "cannot" absorb it? "Medicus" must excuse me if I say bluntly that he ought not to allow himself to be thus deceived by an opinion, just because it is disguised in the form of an assertion—the disguise instinctively conferred on its opinions by the untutored mind when it seeks to thrust its possession of that dangerous thing, "a little knowledge", upon the world. Nor need "Medicus" have been deceived. If he will refer to that work which he somewhat plaintively says he has bought (but which he does not seem to have done himself the justice to read before writing his letter), he will find a description of the manner in which phosphorus is absorbed by the stomach, on pp. 59, 60; and he will not be surprised to learn that no reference to liquefaction by heat is necessary to account for it.—I am, etc.,
March 12th, 1879.

J. ASHBURTON THOMPSON, M.D.

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; Daily Courier; Northern Echo; Durham Journal; etc.

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

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BOOKS, ETC., RECEIVED.

The National Dispensary. By A. Stillé, M.D., and J. M. Maisch. London: J. and A. Churchill. 1879.
Remarks on a review of the report: Causes and Extent of Typhoid Fever in Melbourne. By W. Thomson, F.R.C.S. S. Robertson, Melbourne. 1878.
Notes for Students: Pathological Anatomy, Part 1. By R. J. Lee, M.A., M.D. London: T. Richards. 1879.
Infectious Diseases in the Army. By Professor R. Virchow. Translated by J. James. London: H. K. Lewis. 1879.