

sider them insufficient, and advise researches with the microscope into the structure of the brain and its membranes, the fatty degeneration of the viscera, etc., and would invoke the aid of chemistry for the detection of albumen in the urine contained in the urinary bladder, as well as other pathological points which would have no application to the generality of cases.

Wounds are very concisely treated, and the processes for the detection of blood-stains are fairly described. Under Asphyxia, drowning, hanging, strangulation, and suffocation are successively considered. While we find nothing new in these chapters, we may observe that the author has given a very good account of what is at present known on these subjects. With respect to drowning, he appears to have had considerable experience. Thus, he speaks of having viewed 272 drowned bodies, and in 116 of these *post mortem* inspections were made; but, on comparing his statements with those of other writers, the differences are too slight to call for particular remark. At the conclusion of the chapter on drowning, some useful practical directions are given for the inspection of drowned bodies. The cases given under the head of asphyxia, and indeed throughout the work, are few. The author generally confines himself to a brief reference. Suffocation is discussed in five pages, and death from cold, heat, lightning, and starvation, is restricted to nine pages. We are disappointed with the mode in which starvation is treated. The medico-legal importance of this subject has been lately shown by the numerous discussions and the conflicting medical opinions on the Penge case. The whole subject is compressed by the author into two pages, and the Penge case in four lines.

The concluding five chapters, devoted to General Toxicology, comprise a summary of the action of poisons; the diagnosis of poisoning and diseases resembling it; treatment of poisoning; and hints on the use of the microscope, spectroscope, and chemical processes for the detection of mineral and organic poisons.

We can commend this work to our readers as containing, in a condensed form, a fair summary of Medical Jurisprudence in its modern aspects. We have no doubt that it will be consulted by the lawyer as well as the medical practitioner, and that it will take its place among the few English works on the subject now available to the medical jurist. A medical contemporary has flippantly described medical jurisprudence as a hybrid or motley science. An earnest and candid critic, turning to this volume, would see at once from its contents that the subjects comprised under this name are of great importance to medical and legal practitioners, and that we shall in vain search for a description of them in works on pathology, medicine, or midwifery.

## NOTES ON BOOKS.

*Birmingham Medical Review.*—The April number of the *Birmingham Medical Review* shows a good deal of vigour and ability in its management. The first article, that on metalloscopy, gives the most complete and condensed summary which we have yet seen of the most recent phase of the ancient practice of metalloscopy, including summaries of nearly all the recent French observations which have for the most part been stated at length, from time to time, by Drs. Charcot, Dumontpallier, Bennett, Carpenter, Wilks, and others, in our columns, together with references to many other cases. The number also includes a very complete little summary of the facts of localisation, brought out by Dr. Ferrier in his Gulstonian Lectures on cerebral disease, and has one or two original articles of interest, especially a report by Dr. Russell on a case of rheumatic hyperpyrexia treated by cold baths, in which he attributes the existing coma to multiple cerebral haemorrhages.

*Royat Guide.* Clermont-Ferrand. Small 12mo, pp. 202. This handy little volume (very similar to the pocket guide-books of Messrs. Hachette and Co.) gives every information concerning Royat, its excellent waters, and the adjacent volcanic country, that can be desired by visitors of that rising spa, which is regarded as the French rival of Ems. It is amply illustrated with cuts and maps.

### SHORT NOTES ON FOREIGN BOOKS.

*Die Offentliche Gesundheitspflege in den ausserdeutschen Staaten in ihren wesentlichen Leistungen geschildert.* Von Dr. CARL GÖTEL. Gekrönte Preisschrift. Leipzig : F. C. W. Vogel. 1878. (Public Sanitation in Foreign Countries. By Dr. C. GÖTEL.) The author gives a very thorough and exhaustive description of the sanitary arrangements and officers, hygiene of dwellings, food, and trades, hospitals, asylums, etc., in England and France. He passes rapidly over the other states, viz., Belgium, the Netherlands, the United States of America, Switzerland, Italy, Austria. Almost one-half of the book is devoted to England and its sanitary and hygienic arrangements.

*Klinische Terminologie.* Von Dr. OTTO ROTH. (Erlangen, Eduard Bezdöhl, 1878.) A very good and useful book, containing a short and clear explanation of clinical terms, together with their derivation. It would be very useful to a student, as it is—if we may use the expression—a medical Johnson or Webster.

*Klinik der Gelenkkrankheiten, mit Einschluss der Orthopädie.* Von Dr. C. HUETER, Professor der Chirurgie in Greifswald. Zweite umgearbeitete Auflage. 3 Bände. Leipzig : F. C. W. Vogel. 1878. (Clinic of Joint-Diseases, including Orthopædy. By Dr. C. HUETER.) The first volume of this very able and interesting work contains a sketch of the anatomy and physiology of the joints and the history of their development. The rest of the volume is devoted to the general pathology of articular affections. The second volume contains the special pathology and etiology of the articular affections which are peculiar to the extremities. The third volume treats of the affections of the joints of the head and thorax. We shall hope to give a longer account of this important work.

*Traité de Climatologie Médicale.* Par le Dr. H. C. LOMBARD, de Genève. Vols. I, II, III. Paris : J. B. Bailliére et Fils. 1877-79. This work, the result of much research, is to be considered the crowning labours of the veteran climatologist of Geneva. In the first volume, Dr. Lombard devotes himself to the study of climatic meteorology. The next two volumes treat of the geography of disease. That subject will be completed in the fourth volume, which will also consider the indications for particular climates in the various forms of disease. This concluding volume, which is shortly to appear, will be accompanied with an atlas, showing the distribution of climate and of disease; and the whole work promises to become a most valuable book of reference.

## SELECTIONS FROM JOURNALS.

### MEDICINE.

*A NEW THEORY OF LOCOMOTOR ATAXY.*—Dr. Andreas Jakaes of Buda-Pesth adds another to the many theories which have been contrived to explain and reconcile the clinical phenomena and anatomical changes found in locomotor ataxy. He has published his views in a very epitomised form in the *Centralblatt für die Medicin. Wissenschaften* (December 14th, 1878). According to Dr. Jakaes, the grey degeneration of the posterior columns is only a secondary process; atrophy of the posterior roots and horns or posterior meningitis being the only discoverable primary affections. The *constant* affection of sensation, moreover, is delayed transmission; anaesthesia and hyperesthesia being often absent (Friedreich). He refers to Schiff's observations that the posterior columns normally transmit tactile impressions, while those of pain pass through the grey matter; and he quotes Friedreich's authority for saying that, under pathological conditions, the functions of the posterior columns may be performed by the grey matter, a slower mode of transmission. A normal muscular movement is not, he says, a simple jerk, but a series of always changing contractions all co-operating to produce the desired effect, and these contractions must depend upon an ever-changing stimulus transmitted through the motor nerves from the co-ordinating centre; while each muscular movement again sends back an impression through the sensory nerves to the same centre. If, now, these latter controlling sensory impressions, as he calls them, are delayed, the stimulus must be delayed also, and in consequence the muscular action reverts to an earlier phasis, and the movement becomes ataxic. In *tabes dorsalis*, the sensory function, normally performed by the rapidly conducting posterior columns, is carried on by the slower grey matter. When, therefore, the posterior columns alone are affected, ataxy ensues; when, in addition, the posterior roots and horns are implicated, anaesthesia and hyperesthesia are present in proportion to the degree of the morbid change existing.

*THE TREATMENT OF SPINAL IRRITATION.*—Dr. Benedikt (*Wiener Medizin. Presse*, January 26th, and *Berliner Klin. Wochenschrift*, No. 17, 1879), has made some communications on the treatment of spinal irritation in hysterical patients, showing in how manifold ways these patients are affected by various irritants. He first calls attention to the importance of examining the urine in such cases. He observed, for example, in a case of very obstinate hysterical sciatica, that each attack was accompanied by great tenderness in the lumbar region; and after several months' observation, it was found that on each occasion the specific gravity of the urine was increased. Wildungen water was administered; and the sciatica henceforth became amenable to treatment. Whenever the condition of the urine indicated the approach of a paroxysm, the water was given; and for several years the patient has

remained free from her malady. The same result was obtained by means of similar treatment in a case of hysterical anuria in a lady who was the subject of complete anaesthesia and paralysis of the right leg. In this case, the urinary secretion was repeatedly restored, in a perfectly normal condition, by the use of Wildungen water, and from five to seven grains of carbonate of lithia daily; and it became possible to remove the principal nervous disease by galvanic treatment. He also calls attention to the value of metallotherapy in the treatment of hysterical irritation. In a case of very severe hysterical convulsions, produced by the least psychical or external irritation, the author saw the attacks cease when the patient began to wear a Burq's chain made of zinc along her spine. A very remarkable means of overcoming hysterical irritation in many patients is to place the hands over the closed eyes; in this way, indeed, he says, a state of catalepsy, of inability to move, is induced, and is followed for several days by disappearance of the symptoms of irritation. A similar cataleptic state followed the drawing of a horseshoe-magnet over the cervical spine, or even over the peripheral parts; and with this was connected the relief of very numerous nervous disturbances, especially paralytic ones. This favourable result, however, attended the use of the magnet even when the cataleptic state was not produced.

### ANATOMY.

THE MUCOUS MEMBRANE OF THE NASAL CAVITY.—M. Remy has arrived at the following conclusions. The nasal cavity first appears in the embryo in the form of a depression of the epithelium. Soon after that, two slits are formed in it, which develop into a duct, which is much enlarged towards its end. This enlargement is terminated in front by the os incisivum, and divided in two by the subsequent formation of the nasal cartilages.

### THERAPEUTICS.

BROMIDE OF POTASSIUM IN DIARRHOEA AND VOMITING IN PREGNANCY.—An American practitioner relates, in the *Louisville Medical News* for April 12th, a case of incessant diarrhea and morning sickness cured by bromide of potassium. The patient had suffered during all her previous pregnancies with this trouble, which lasted from the third month up to the time of delivery. As all the remedies used for vomiting in pregnancy remained without effect, it was thought that both the diarrhea and vomiting were due to reflex irritation. He at once gave her twenty-five grain doses of bromide of potassium three times a day, the first dose half an hour before rising. As long as she continued taking the medicine, the troubles did not return; but as soon as she attempted to leave it off for a whole day, diarrhea again set in. After the first week, she was able to ward off all the symptoms with only one dose in twenty-four hours, half an hour before rising. During her next pregnancy, when again suffering from the old troubles, the same treatment was reverted to, and with the same success.

BAPTISIA TINCTORIA IN TYPHOID FEVER.—At the annual meeting of the New York State Medical Society (*Boston Medical and Surgical Journal*, February 27th, 1879), a paper read by Dr. Laurence Johnson of New York, on the action of baptisia tinctoria in typhoid fever, may be summed up as follows. Baptisia tinctoria, although formerly believed to possess antiseptic powers rendering it useful in diseases having a tendency to putrescence, has of late fallen into utter neglect with the regular profession. It was to test its value in typhoid fever that the experiments recorded were made. The preparation used was a tincture of the root, and it was administered in small doses (from one to five drops) at intervals of from one hour to three hours. The ordinary general measures of treatment—such as cool spongings, milk-diet, and stimulants, when required—were not neglected, and casual indications were promptly met and appropriately treated. Careful records of pulse and temperature were kept and were shown in tables. Of the seven cases whose histories were detailed, three at least had at the beginning symptoms betokening attacks of severity. The pulse, temperature, and general condition of these patients left no room for doubt upon the point, yet the improvement under treatment was remarkable. In general, it may be stated that the cases, when treatment was well under way, were characterised by lack of symptoms sufficiently grave to occasion anxiety. There was a marked absence of delirium, and comparatively little diarrhea, though at the beginning, in two or three of the cases, these were very troublesome features. The temperature seemed to be reduced by the drug; and in one case, where the morning temperature was as high as 106 deg. Fahr., when baptisia was employed for the first time, it never reached that point again, while the patient was fully convalescent in ten days. All the patients made good and comparatively

quick recoveries. Taken altogether, although the results obtained in such a small number of cases could not, of course, be considered conclusive, they appeared to establish a certain relation of cause and effect between the drug and the favourable course of the disease. The evidence on this point, Dr. Johnson regarded as sufficient at least to encourage further trials.

### SURGERY.

OSTEOTOMY OF GENU VALGUM.—Dr. Schmitz, of the Oldenberg Children's Hospital, St. Petersburg, recommends in *Centralblatt für Chirurgie*, April 19th, that Ogston's operation should be performed in genu valgum, but not subcutaneously. This is thought to be a beneficial procedure, as the operator can see what he is doing, and hence accurately guide the saw, and renders unnecessary the forcible cracking of the internal condyle. Drainage can also be readily carried out. A case of a young girl is related in which this plan was followed. Antiseptic precautions were taken; and in three weeks the position of the bones were eminently satisfactory, without any bad symptoms having shown themselves.

COLD ABSCESS.—At the annual meeting of the Medical Society of the State of New York (*Boston Medical and Surgical Journal*, February 27th, 1879), Dr. Sayre read a paper on the traumatic origin of subfascial, deep-seated, or cold abscess, in which he took issue with the opinion that this is, as a rule, due to a scrofulous diathesis, and stated that his views were more in accordance with those of Benjamin Bell, published in 1792. In support of this, he gave a detailed narrative of six cases which had occurred under his own observation, one of them being that of his son. In all of them, the trouble could be directly traced to a traumatic origin, which was of identically the same character in each instance. His idea was that, during some unusual muscular exertion, a portion of the attachment of a muscle (it might be an extremely minute part) was torn away, and that in consequence of this an escape of blood or serum (although perhaps a very small quantity) took place. There was thus occasioned the presence of an unusually large number of wandering cells among the tissues, and in the course of time these, undergoing degenerative changes, became transformed into pus, and were multiplied indefinitely. The existence of an accumulation of pus would necessarily produce a profound effect upon the system, and yet the true cause of the trouble might often remain entirely undetected for a long time on account of its being deep-seated.

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

#### FRESH BAEL FRUIT.

WE have received from Messrs. Young and Postans, Baker Street, W., a specimen of fresh bael fruit, a quantity of which has been forwarded to them by Dr. James M. Laing, who brought it from Calcutta. They report that Dr. Laing thinks it should prove most useful in this country in summer diarrhea, as well as in tropical dysentery; and there is no difficulty whatever in obtaining a constant supply, as it keeps well if occasionally sprinkled over with a little dust of lump-sugar. In order to test the efficacy of the drug, we handed it to a gentleman, who for a long time was in India, and who for about six years has suffered from persistent diarrhea. Last autumn, he began to take the extractum bælae liquidum, in doses of one drachm six times daily, gradually reduced to four times a-day. Under this treatment, great improvement occurred, the appetite and strength returned, and diarrhea nearly ceased. But it has been found necessary that the remedy should be taken constantly since November last; which has been done except when the patient substituted for it the specimen of fresh bael from Messrs. Young and Postans. This was used according to the method recommended in Pereira's *Materia Medica*; it was cut into pieces, weighing in all two ounces. These were placed with a pint of water in a saucepan and boiled over a slow fire until all the strength of the fruit was extracted, when the liquid, which was then reduced to about a quarter of a pint, was poured into a six-ounce bottle, and a fourth part of it taken every six hours. The fresh bael so taken checked the tendency to diarrhea about as efficaciously as the pharmacopeial liquid extract taken in doses of a drachm. We may add that the extract of fresh bael prepared as above was very sweet and mucilaginous, and agreeable to the taste.

cases, as Dr. Johnston had said, where the membranes were still there. The membranes must be long ruptured, the liquor amnii must be away for a considerable length of time. In addition to that, the head must not be coming down; the os must be not dilating, because, the membranes being away, the head could not be kept down to dilate it, and that was just the very condition in which the cervix uteri became thinned out and attenuated, and there was real danger.

Dr. NEWMAN (Stamford) said that he spoke simply as a practitioner of obstetrics. The subject was one that had interested him for long. Twenty-five years ago, his student-course ended, and his obstetric teacher was the late president of the Society (Dr. West). His teaching throughout was, to say the least, not in the direction of rashness. For a number of years, his dicta held weight with Dr. Newman, almost too much. The first case of operative midwifery he saw was the case of an out-patient of St. Bartholomew's Hospital. Labour had gone on for some long time. Craniotomy was performed, and, six or seven days afterwards, he had to report the escape of a large slough and the subsequent formation of a large vesico-vaginal fistula. Subsequent years had tended to make him feel that the forceps was an instrument of enormous value, and one also at the same time that admitted of very much more extended use than perhaps a school of caution would be disposed to allow. A friend of his, speaking on this matter a few days ago, said: "I think I could send you a note of the number of times per thousand in which I have had recourse to the forceps." His note ran thus: In the first thousand cases, he used the forceps ten times; in the second thousand cases, he used the forceps forty-eight times; and in the third thousand cases, eighty times. Dr. Newman did not know that he had ever met with a more careful, more shrewd, more wise midwifery practitioner. He was glad it had been fairly laid down that no formulæ could be supposed to do more than approximate to the truth, because it was a matter of daily experience that the same thing was looked at by two men, or by many men, in many different ways. What to one man was comparative caution, would, to his neighbour differently situated, be looked upon as, at all events, a degree approaching to actual boldness or rashness. He did not know how to separate between the local result of an injury that nature would inflict in a prolonged case of labour and the result that might follow—and no doubt often did follow—where the forceps was resorted to on account of immediate and urgent danger. One man might put down to the use of the instrument that which, after all, had been done before his instrument was even taken in hand. As years grew, personal caution certainly tended to increase; and when one found that men, actively engaged in their profession in country districts, made use of the forceps, conscientiously believing that they were doing the best thing for the women that came under their care, the consensus of opinion gathered from men of that sort must be allowed to have its weight. Men living in the country had to develop a degree of definite individuality that hardly belonged to a man who had some much more experienced men than himself within easy call. Therefore, he thought the ill-defined conclusions at which many in the country certainly had arrived—conclusions which agreed thoroughly with the paper read—were, at all events, deserving of recognition and consideration as fitting evidence of the value of the instrument, applied even more frequently and with less hesitation than the more cautious teaching of a few years past would lead one to adopt.

Dr. MALINS (Birmingham) desired to add his testimony to the pleasure, already expressed, with which they had listened to the paper read by Dr. Barnes. Dr. Barnes remarked that the practice not only of individuals would vary, but also of localities; and thus, while the teaching of one school had been the preponderance of the operation of craniotomy, with all its dreadful elements, another school had advocated the use of the long forceps; and experience had shown that the latter had given the best result both to parents and offspring. During a pupillage of six years in a very populous district; during a residence of four years in Edinburgh, part of which time he was on duty at the lying-in hospital; and in his own practice of nine or ten years, he had never witnessed a case of craniotomy—showing that the necessity for craniotomy did not exist in some places or in some minds as it did in others. In 1870, he read a paper before the Birmingham Branch of the British Medical Association, recording eight hundred and six cases where the forceps was used once in twenty-two cases. Omitting cases that occurred in his hospital practice and in the practice of those with whom he had seen patients, in his own practice during the last five years he had used the forceps once in five times with the best results. Dr. Kidd had stated that it was the teaching of his school that prolongation of the first stage of labour gave rise to no bad results. The opposite doctrine to this was very clearly demonstrated by Hamilton and Burns of Edinburgh. Hamilton was accustomed to say—and in that he was followed by Sir James Simpson—that the most disastrous results followed. There was not only weariness of

the uterus and irregular contraction, but also a greater proneness to hemorrhage. This was a teaching which the experience of most men in active practice would fully bear out. With regard to the use of alternatives to the long forceps, with the head at or above the brim, certain indications perhaps pointed to the necessity for the use of the forceps, but some indications pointed to the expediency of other operations. There were conditions of sudden catastrophes on the part of the mother in which delivery might be effected more safely and expeditiously by turning. In certain cases of disproportion, from the large size of the head and slight contraction of the brim, or from the condition where the arm was placed behind the head, in which no amount of direct force would overcome that difficulty, turning was a wiser and safer plan than the application of the long forceps. If, as Dr. Kidd stated, the mortality in high cases in primiparae was very large and dangerous, if the average mortality were assumed to be one in thirteen of the mothers and one in three of the children, then, as an alternative to the use of the forceps for the high operation, the practice of turning afforded a safer and better prospect to both mother and child. There were also conditions where it was not possible to have the forceps in readiness, to have anaesthetics and other conditions at command which should accompany the use of the forceps; therefore, in the majority of cases in which the high operation was used, the alternative of turning was as efficient, as easy, and as safe a practice as the use of the forceps.

Dr. ALDERSON said that, since he had read Dr. Barnes's book, his practice had been very different, and his life much happier. He was surprised at the number of still-births he had when he did not use the forceps. With regard to deaths, he had none in the cases where he used the forceps, and the recovery of his patients had been very much greater. As regards the length of the labour, no doubt the danger was according to the length in a very great number of cases; and he was quite sure when he was a student he erred from fear of the forceps. From 1865 to 1871, both inclusive, in 437 cases, he used the forceps eight times, with thirty-nine still-births. He used ergot very frequently. In the seven years, 1872-78, in 636 cases the forceps was used ninety-nine times, with twenty-six still-births. He was quite sure that very many lives had been saved by the application of the forceps.

Mr. WORSHIP (Sevenoaks) remembered taking for two months Mr. Bailey's practice at Thetford, and in those two months he applied the forceps oftener than he had done in any ten years since; for every woman there expected to be delivered with the forceps. Every woman used to say, almost as soon as she was in labour, "If dear old Mr. Bailey were here, he would soon put me out of my trouble." It was Mr. Bailey's universal practice. His expression to Mr. Worship was, "Well, if the child is up a little higher, you have nothing to do but to push the forceps up a little higher: if it is low, you can very easily deliver with these forceps." Of late years, he had used the forceps very little. When assistance had been required, he had used the whalebone loop, and had had comparatively few cases of flooding. He believed it was simply the tired uterus which caused flooding, and not the precipitate labour, as used to be taught in books.

On the motion of Dr. Edis, the discussion was adjourned till the 4th of June.

## ASSOCIATION INTELLIGENCE.

### GLOUCESTERSHIRE BRANCH.

THE next meeting will be held, under the presidency of Dr. WILSON, at 4.30 P.M., on Tuesday, May 20th, in the Board Room of the General Hospital, Cheltenham.

The dinner will be at the Plough Hotel, at half-past Seven.

Dr. Walters of Cheltenham will exhibit a specimen of Human Monstrosity, illustrating one of the rarer causes of difficult parturition.

Dr. Wilson will open a discussion on Antiseptic Surgery: 1. Its Principles; and 2. Its Practice; with demonstrations of Lister's and other plans, by the Surgical Staff of the Cheltenham Hospital.

The President (Dr. Wilson) will be happy to show the Delancey Fever Hospital, during the early part of the afternoon, to any gentlemen who will previously intimate to him their wish to see it.

RAYNER W. BATTEN, *Honorary Secretary.*  
Gloucester, May 14th, 1879.

### SOUTH-EASTERN BRANCH.

A MEETING of the Executive Council of this Branch will be held at the Bridge House Hotel, London Bridge, on Wednesday, May 21st, 1879, at 3.15 P.M.

CHARLES PARSONS, M.D., *Honorary Secretary.*  
2, St. James's Street, Dover, May 12th, 1879.

METROPOLITAN COUNTIES BRANCH : EAST LONDON  
AND SOUTH ESSEX DISTRICT.

THE next meeting of this district will be held on Tuesday, May 20th, at 9 P.M., in the Reading Room of the London Hospital Medical College; Dr. ANDREW CLARK, President of the Branch, in the Chair.

A. GRANT, Honorary Secretary.

370, Commercial Road E., May 14th, 1879.

METROPOLITAN COUNTIES BRANCH: SOUTH LONDON DISTRICT.

THE next meeting of this district will be held at Guy's Hospital Medical School on Wednesday, May 21st, at eight o'clock P.M.; Dr. ANDREW CLARK, President of the Branch, in the Chair.

H. NELSON HARDY, Honorary Secretary.

The Grove, Dulwich, S.E., May 14th, 1879.

METROPOLITAN COUNTIES BRANCH: NORTH LONDON DISTRICT.

THE next meeting of this district will be held at the Myddelton Hall, Islington, on Wednesday, May 28th, at 8.30 P.M.

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

2, Old Burlington Street, May 1879.

NORTH OF IRELAND BRANCH.

THE annual general meeting of the above Branch will be held in the Belfast Royal Hospital on Thursday, May 22nd, at 12 o'clock noon, when the Council's report will be read and officers elected for the ensuing year.

JOHN MOORE, M.D., Honorary Secretary.

Belfast, April 18th, 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  
JOHN SMITH } Honorary Secretaries.

Carlisle, April 16th, 1879.

BATH AND BRISTOL BRANCH.

THE sixth ordinary meeting of the session will be held at the York House, Bath, on Thursday evening, May 29th, at a quarter past seven o'clock: H. HENSLEY, M.D., President, in the chair.

The evening will be devoted to a discussion on "Pleuritic Effusions and their Treatment", which will be introduced by E. M. Skerrit, M.D.

Bath, May 2nd, 1879. R. S. FOWLER, E. C. BOARD, Honorary Secretaries.

STAFFORDSHIRE BRANCH.

THE third ordinary meeting of the present session will be held at the Bell Medical Library, Wolverhampton, on Thursday, May 29th, at 3 P.M.

Invitations to attend this meeting, which is commemorative of the opening of the Bell Medical Library, will be sent, with the consent of its Council, to all the members of the Shropshire and Mid-Wales Branch.

In addition to the ordinary business, papers will be read by Dr. Millington, Dr. Joseph Hunt, and Mr. Vincent Jackson.

Immediately afterwards, Dr. T. J. Walker of Peterborough will demonstrate in the Theatre of the Hospital his method of applying the Plaster-of-Paris Jacket.

VINCENT JACKSON, Wolverhampton  
J. G. U. WEST, Stoke } Honorary Secretaries.  
Wolverhampton, May 5th, 1879.

SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT MEETINGS.

THE next meeting of the above district will be held at the New Kentish Hotel, Tunbridge Wells, on Friday, May 30th, at 3.30 P.M.: W. SATCHELL, Esq., in the Chair.

Notice of intended communications is requested by the Secretary not

later than Thursday, the 22nd instant, in order that they may be inserted in the usual circular.

Short papers are promised by the Chairman on a Rare Form of Skin-Disease; and by Dr. Ranking on a Case of Fibrous Polypus Uteri, and on the Action of Jaborandi and Pilocarpine in Uraemia.

Dinner will be provided after the meeting.

THOMAS TROLLOPE, M.D., Hon. District Secretary.  
9, Maze Hill, St. Leonard's-on-Sea, May 13th, 1879.

MIDLAND BRANCH.

THE next meeting will be held at the Hospital, Louth, on Thursday, May 29th, at 3 o'clock P.M.; A. MERCER ADAM, M.D., President, in the Chair.

The following papers will be read and discussed :

On Excision of the Hip-Joint. By T. Sympson, Esq.

Notes on Cases of Strumous Ophthalmia. By W. Newman, M.D. A Case of Removal of Fibroid Tumour of the Uterus. By T. Sharpley, M.D.

Notes on Cases in the Hospital. By H. S. Shaw, Esq.

If time permit, a discussion will be opened on the Present Aspects of Medical Legislation.

Dr. Fawsett will be glad to see gentlemen at his house in West Gate on their way to the Hospital.

Dinner at the King's Head Hotel, at 5 o'clock. Members intending to dine are requested to communicate with H. S. Shaw, Esq., 88, Upgate, Louth.

The annual meeting will be held at Derby on Thursday, June 26th. Lincoln, May 12th, 1879. C. HARRISON, Honorary Secretary.

SOUTH-WESTERN BRANCH.

THE annual meeting of this Branch will be held at Exeter, on Wednesday, June 4th, during the week of the Bath and West of England Agricultural Society's show in that city.

Further particulars will be sent to members next week.

LOUIS H. TOSWILL, M.B., Honorary Secretary.  
Exeter, May 14th, 1879.

SOUTH MIDLAND BRANCH.

THE annual meeting of the above Branch will be held at the Swan Hotel, Bedford, on Thursday, June 26th, at Two o'clock, under the presidency of G. P. GOLDSMITH, Esq.

The President kindly invites the members of the Branch to luncheon at his residence, 3, Harpur Place, at One o'clock.

Gentlemen desirous of reading papers are requested to communicate at once with the Honorary Secretary.

G. F. KIRBY SMITH, Honorary Secretary.  
Northampton, May 12th, 1879.

CAMBRIDGE AND HUNTINGDON AND EAST ANGLIAN BRANCHES.

THE combined meeting of the East Anglian and of the Cambridge and Huntingdonshire Branches will be held in the last week in June, at Bury St. Edmund's, under the presidency of J. KILNER, Esq., F.R.C.S., Senior Surgeon of the Suffolk County Hospital. Gentlemen who are desirous to read papers, or to bring any subject before the meeting, are requested to give early notice to Dr. Elliston, Ipswich.

J. B. PITTS, Norwich  
B. ANNINSON, M.D., Cambridge  
W. A. ELLISTON, M.D., Ipswich } Hon. Secs.

METROPOLITAN COUNTIES BRANCH: NORTH LONDON DISTRICT.

A MEETING of this district was held at the Holloway Hall, on April 24th: G. W. TIMMS, M.D., in the Chair.

*Discussion.*—Dr. Morell Mackenzie introduced a discussion on the Relationship between Croup and Diphtheria, which was shared in by Drs. Timms, Coupland, Henty, Dowse, and Semple, and by Messrs. Buller and Brown.

LANCASHIRE AND CHESHIRE BRANCH: INTER-MEDIATE MEETING.

An intermediate meeting of this Branch was held at Northwich, on Saturday, April 26th; C. JOHNSON, Esq., in the Chair. Sixty-one members and visitors were present.

*Communications.*—The following communications were made.

1. Dr. William Roberts gave an address on Digestive Ferments and their Therapeutic Uses.
2. Dr. Lloyd Roberts showed an Intra-uterine Tumour removed by Excision.
3. Mr. Reginald Harrison read the notes of a case of Lithotomy where a large Cystic Oxide Calculus had been removed, and showed the calculus.
4. Dr. Howie read a paper on the Power of Alcohol to prolong Life in Wasting Disease.
5. Dr. Mitchell Banks made a communication on the Removal of Cartilaginous Tumours.
6. Dr. Leech gave a short account of some Drugs lately introduced.

*Specimens.*—Messrs. Syme and Co. of Liverpool exhibited a large collection of new remedial agents and preparations; and some specimens of new drugs were also shown by Messrs. Corbyn and Stacey; and Messrs. Burgoyne, Burbidges, and Co., of London, Messrs. Mottershead and Co., of Manchester, showed galvanic batteries and various kinds of pancreatic preparations.

*Dinner.*—After the meeting, thirty-six members and three guests dined together at the Angel Hotel.

## CORRESPONDENCE.

### CRUPO AND DIPHTHERIA.

SIR,—Your reporter has, unintentionally no doubt, mistaken what I said at the discussion on diphtheria and croup at the Royal Medical and Chirurgical Society. What I said was, that Valleix has reported fifteen cases of diphtheric croup, as he called them, out of twenty-six cases, as cured by repeated administration of emetics. All these cases had false membranes expelled. In the next page, Valleix states that this treatment was applied to eight cases of the same disease at the Hôpital des Enfants without producing any amelioration. This Valleix attributed to the adverse hygienic conditions in that hospital. I pointed out that, in the early stages of inflammatory dysentery in India, one or two large doses of ipecacuanha frequently cut short the disease, and said that, as ipecacuanha produced a large amount of secretion from the mucous membrane, it was not unreasonable to suppose that even Valleix's cases cited with membranous casts were inflammatory croup, not diphtheritic croup; and I asked, Would any one familiar with diphtheria as we now know it dare to treat that disease with large and repeated doses of emetics? I said inflammatory dysentery, for there are at least two other kinds (not to enter specifically), haemorrhagic and erysipelas; and it is especially in inflammatory dysentery that ipecacuanha in the early stages is so beneficial. I did not say that I had seen many cases of membranous croup yield to emetics. All my cases I said had yielded to emetics after the expulsion of a thick pulvaceous mucus, and would, I believed, have gone on to so-called membranous croup in the absence of treatment.—Yours faithfully,

T. M. LOWNDS, M.D.

Egham Hill, May 3rd, 1879.

### IRREGULAR LUNACY CERTIFICATES.

SIR,—I wish to call the attention of the public through your widely circulated pages to an abuse in the admission of pauper lunatics into asylums, which the Commissioners of Lunacy sanction by passing the papers. The 62nd Section of the Lunatic Asylums Act, providing for sending pauper lunatics to asylums, enacts that every relieving officer, who has knowledge that a pauper resident in his district is deemed to be a lunatic and a proper person to be sent to an asylum, shall, within three days thereof, give notice thereof to some justice of the county or borough, who having seen the lunatic and called to his assistance a medical man to certify, shall make the order for removal to the asylum. The justice may see the lunatic at his own abode or elsewhere—provided that in case any pauper deemed to be lunatic cannot on account of his health or other causes be conveniently taken before any justice, such pauper may be examined at his own abode, or elsewhere, by an officiating clergyman of the parish in which he is resident, together with a relieving officer or overseer, and the lunatic having been certified, such officiating clergyman, together with such relieving officer or overseer, shall sign the order of admission into the asylum. It cannot be doubted that the legislature intended the action of an officiating clergyman to be conditional upon circumstances which prevented the action of a justice, such as the urgency of the case or the inability to procure the services of a justice in some remote district. I find, however, that the custom exists, and is increasing, for officiating clergymen to sign orders of admission where there are no such circumstances, and that this custom is

engrafted in many instances upon one which is still worse for the interests of insane paupers, whereby they are systematically taken to the union house before they are sent to the asylum. On examining the papers of lunatics recently admitted into a county asylum, I found the orders in the proportion of forty per cent. signed by officiating clergymen, and of thirty per cent. by the chaplains of a city union workhouse. The statute provides that a pauper deemed to be a lunatic shall be taken from his home before a justice, or visited at his home by a justice, who shall call to his assistance some medical man in whom he has confidence, to examine and to certify; but now the wretched lunatic, “the slave of an ill fashion”, is first taken to the workhouse, whence, if he be fortunate enough to be troublesome or dangerous, he is forwarded to the asylum under the authority of a body of union officials, the union chaplain, the union doctor, and the relieving officers. The Commissioners who superintend the formalities of admission must have the right to demand that causes which prevent the ordinary operation of the statute should be stated, and to judge of their sufficiency. They do undertake the more difficult and questionable duty of judging the facts upon which insanity is certified. May we hope that, when their attention has been called to this abuse, they will do that which I fear you will think I have not been able to do with this letter: cut it short?—I am, your obedient servant,

A VISITING JUSTICE.

## MEDICO-PARLIAMENTARY.

### HOUSE OF LORDS.—Thursday, May 15th.

*Habitual Drunkards Bill.*—On the order for going into Committee on this Bill, the Archbishop of CANTERBURY stated that he had presented a petition from the British Medical Association on the subject of this Bill. He pointed out that, if the measure were to terminate in five or seven years, no one would be found to spend money on these retreats. The Bill as it stood would do the greatest good; therefore he urged on their lordships to pass as few amendments as possible.—The Earl of KIMBERLEY protested against this doctrine. The Bill was an innovation, and to say that they were not to consider every line of it was a most dangerous doctrine.—The Archbishop of York said he had several amendments on the paper to the measure, but he did not wish to impede its progress. There was a fear out of doors, especially amongst medical men, that lunatics might find their way into these retreats.—Their lordships then went into Committee.—Earl BEAUCHAMP moved an amendment to strike out the words limiting the continuance of the Bill to seven years. He thought the Bill should be renewed next year if it were thought desirable, after one year's experience of it, to continue it.—The Archbishop of CANTERBURY opposed the amendment, and, after some discussion, the clause was postponed, Earl Beauchamp undertaking to bring up an amended clause on report.—Amendments were agreed to, providing that the inmates of the retreats should not be such as could be put in lunatic asylums, and that no licences for retreats should be given to the keepers of lunatic asylums.

—The Archbishop of YORK moved an amendment to the effect that the inspectors of retreats should be persons whose names were on the *Medical Register*; but, after a discussion, in the course of which it was pointed out that the Government would always appoint such persons, the amendment was withdrawn.—On the motion of the Archbishop of YORK, the following amendment was agreed to: “The inspector of retreats shall, in the month of January in each year, present to the Secretary of State a report setting forth the situation of each retreat, the names of the licensees, and the number of inmates who have been admitted and discharged, and who have died during the past year, with such observations as he shall think fit as to the results of treatment and the condition of the retreats. The Secretary of State shall lay such report before Parliament.”—The Archbishop of YORK moved the omission of Clause 15, and the substitution of the following: “In the case of the death of any person detained in such retreat, the licensee shall forthwith give notice to the coroner of the county or borough in which the retreat is situated, who shall hold an inquest on the body.” After some discussion, the amendment was withdrawn. The Bill shortly afterwards passed through Committee.

### HOUSE OF COMMONS.—Monday, May 12th.

*Medical Reform.*—Mr. ERRINGTON: I wish to ask the Vice-President of the Council whether, considering the complicated circumstances in which the important question of medical reform is now placed, and in order to avoid further unnecessary delay, he will agree to its reference to a Select Committee as soon as possible, so that some progress may be made towards dealing with it?—Lord GEORGE HAMILTON, in reply, said: I stated some time back the course which the Government

proposed to take with reference to medical reform—namely, to embody in a Bill those educational reforms which had been practically agreed upon, after protracted discussion, by the vast majority of the medical profession, and to refer to a Select Committee the disputed question of the constitution of the Medical Council, undertaking that the Government Bill should not be proceeded with until the report of the Committee had been received. This course, in our opinion, was the most convenient, and the most likely to save time; but I have been unable to carry it out, as the appointment of the Committee is blocked by an amendment of the hon. gentleman which he will not withdraw. We are therefore in this position, that we must either accede to the proposal of the hon. gentleman to refer all the questions contained in all the Medical Bills to a Select Committee, or postpone indefinitely (for the same difficulty would arise next session) the prospect of medical reform. As this is a contingency much feared by medical reformers, we are ready to adopt the inconvenient procedure forced on us, rather than sacrifice our Bill; and if, therefore, those hon. gentlemen who have amendments to the Medical Bills will withdraw them, so as to allow them to be read a second time, I will move that they be referred in their entirety to a Select Committee.

*Surgeon-Major Reynolds.*—Mr. ERRINGTON asked the Secretary of State for War whether, under the new regulations, the recent promotion of Surgeon-Major Reynolds for his distinguished services at Rorke's Drift would not in the ordinary course of events have taken place in a few months; and, under these circumstances, if he would consider whether some further recognition might not fairly be made of that officer's gallant conduct, and of the prominent part he took in the defence on that memorable occasion.—Colonel LOYD-LINDSAY: Surgeon-Major Reynolds has undoubtedly done good service in South Africa. He has been promoted fourteen months before he would have been in the ordinary course of events, and by that means he has passed over the heads of sixty-four officers.

Thursday, May 15th.

*Professor Galloway.*—Dr. LYON PLAYFAIR asked the Vice-President of the Council whether it was true that Professor Galloway had been dismissed from his Professorship of Chemistry in the College of Science, Dublin, after twenty-three years' service, during which he had carried on efficient laboratory instruction, as evidenced by various parliamentary returns, and whether he would lay on the table any papers explaining the grounds of dismissal.—Lord G. HAMILTON: Yes, it is quite true that an intimation has been conveyed to Professor Galloway that his services will not be required after the present session at the College of Science, Dublin. As Professor Galloway has been connected with the College, for twenty-three years, I can assure the right hon. gentleman that this decision was not arrived at until after anxious and careful consideration, and the only reason was, that it was considered absolutely necessary for the welfare of the College.

*Medical Reform.*—Dr. LYON PLAYFAIR asked the Vice-President of the Council whether the Select Committee to which he proposed to refer the Medical Bills now before the House was to have power to summon witnesses and hear evidence from Universities and Corporations affected by the Bills.—Mr. Serjeant SIMON also asked whether the Committee would have power to summon witnesses generally.—Lord G. HAMILTON: It is proposed to give the Committee power to summon witnesses. Of course, what witnesses will be summoned must depend on the decision of the Committee themselves.

## OBITUARY.

### THOMAS WILLS, F.C.S.

THE death of Thomas Wills, in his twenty-ninth year, which took place at Brixton on May 2nd, has removed one who, from his early boyhood passionately devoted to science, was already fast attaining eminence and distinction in his profession. Beginning his career as an assistant to Dr. Odling at St. Bartholomew's Hospital, and subsequently appointed official assistant to Dr. Odling at the Royal Institution, he remained for several years in this position, during which time he was elected a Fellow of the Chemical Society. In 1873, he was induced to accept the post of Demonstrator in Chemistry at the Royal Naval College, Greenwich, which office he held until his decease. In the same year, having had his attention for some time directed to this subject, he read a paper before the Society of Arts upon "Recent Processes for the Manufacture of Gas for Illuminating Purposes", for which he received their silver medal, and soon after was appointed Secretary of the Chemical Section of this Society.

In 1874, whilst Mr. Wills was working at the action of the electric arc on the atmosphere, in connection with the question of the electric

light, he was the first to solidify nitrous oxide (laughing gas), which had previously in 1823 been liquefied by Faraday. In 1878, he was again honoured by receiving the silver medal of the Society of Arts for a series of lectures upon "Explosions in Coal Mines". More recently, Mr. Wills had been making researches in connection with the "electric light"; and the not unimportant discovery of the oxides of nitrogen formed by this light, making it not less injurious than gas for paintings, books, etc., was recently attributed to him by Professor Tyndall, in giving his evidence upon this subject before a Committee of the House of Commons.

Mr. Wills was an occasional contributor to several scientific publications, and his services were much in demand both as lecturer and consulting chemist, especially in connection with the gas industry; he himself held appointments under the Board of Works, and more recently the Phoenix Gas Company. He was much esteemed as a conductor of classes for the preparation of students for examination at the universities, and his last public duty was the conducting of his class for matriculation at Guy's Hospital.

### JAMES D. RENDLE, M.D.

Dr. JAMES DAVY RENDLE, Medical Officer of Brixton Convict Prison for many years, died at his residence, Clapham Park, on May 1st. The deceased gentleman, who was in his fifty-seventh year, received his professional education at St. Bartholomew's Hospital, became M.R.C.S. England in 1846, M.D. St. Andrew's in 1862, and was for some time house-surgeon of St. Bartholomew's. He was the author of various articles in the BRITISH MEDICAL JOURNAL and other medical papers. The vacant office is in the gift of the Home Secretary, the salary being £350 per annum.

### GEORGE MACKAY, M.D., INSPECTOR-GENERAL R.N.

DR. GEORGE MACKAY, Inspector-General of Hospitals and Fleets and Honorary Surgeon to the Queen, has recently died. He entered the service in October 1835, and served as assistant-surgeon of the *Nemesis* throughout the first China war, including the bombardment and capture of the forts of the Bocca Tigris. As surgeon of the *Bellerophon*, Dr. Mackay was present at the bombardment of Odessa and at the landing of the troops at Varna, and was senior surgeon of the *Agamemnon* at the landing of the allied armies at Old Fort, and at the battle of the Alma. Dr. Mackay was also employed as inspector of transports in the Russian war, and was present at the bombardment of Sebastopol on October 17th, 1854, and at the capture of Kertch and Yenikale, blockade and fall of Sebastopol. He was in charge of the *Melville* hospital ship at Hong Kong from 1860 to 1865, and served as deputy-inspector at Haslar Hospital from 1865 to 1870. Dr. Mackay had received Sir Gilbert Blane's gold medal, the Crimean medal and clasp, China and Turkish medals, and fifth class of the Medjidie, and was in receipt of a pension for injuries.

## 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. Arthur Orton, Alfred Orchard, Thomas H. Summerhill, Walter R. Awdry, and John L. Thomas, students of the Birmingham School; George H. Dawson, and William Holdsworth, of the Leeds School; John H. Jones, John D. McVean, and James D. Boyd, of the Glasgow School; George F. Grace, of the Bristol School; Herbert K. Fuller, B.A. Cantab., of the Cambridge School; Henry M. Baylis, of the Edinburgh School; and Ellis Davies, of the Dublin School.

The following gentlemen passed on the 12th instant.

Messrs. Frederick E. Row, Frederick E. Hubbard, Charles R. O. Garrard, Alexander G. Wildey, and Henry A. Fotherley, of Guy's Hospital; Alfred F. Whittle; Theodore H. Waller, Arthur H. Jacob, and Edward A. Bewes, of St. Bartholomew's Hospital; Francis A. Stone, of St. Mary's Hospital; Wallace Petherick, of St. George's Hospital; Arthur A. Lipscomb, of the London Hospital; Andrew Houman, of the Charing Cross Hospital; Charles F. Burton, of the Leeds School; and Daniel E. Coronado, of Columbia.

The following gentlemen passed on the 13th instant.

Messrs. George S. Pollard, Harold R. Osborne, Henry C. Dixon, Herbert E. Rowell, and Frank C. Payne, of Guy's Hospital; Richard P. Griffin, Arthur J. M. Armstrong, and Hallatt L. Roche, of St. Mary's Hospital; John Cleife, of St. George's Hospital; Henry Holcroft, of St. Bartholomew's Hospital; Edward F. Grin, and Frederick W. Haroy, of the London Hospital; and Syed Hassari, of the Bengal School.

The following gentlemen passed on the 14th instant.

Messrs. George L. L. Lawson, John B. Trapp, East Aphthorp, John F. Faraker, Charles F. Campe, and John W. F. Long, of Guy's Hospital; Robert J. Allan, J. Langton Hewer, Charles R. Walker, and Stephen C. Townsend, of St.

Bartholomew's Hospital; William H. Davis, of the Newcastle School; Louis W. H. Pegler, of the Edinburgh School; Hugh W. Macnamara, of the Westminster Hospital; and Joseph Neumann, of the Berlin School.

**APOTHECARIES' HALL.**—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, May 8th, 1879.

Brookes, Frederick William, 137, Westminster Bridge Road  
Cannock, Charles Watkyn, Blakeney, Gloucestershire  
Fairley, Samuel Barjona, Aston, Birmingham  
Wheeler, Albert, Glenthorne Road, Hammersmith  
Wickham, Walter, St. Bartholomew's Hospital

**ROYAL COLLEGE OF SURGEONS IN IRELAND.**—At the examination held on April 21st, 1879, and following days, the undernamed gentlemen having passed their final examination for the Letters Testimonial and made and subscribed the declaration, were admitted Licentiates of the College.

William Allen, Richmond Robert Allen, William Conyngham Ashe, Hubert A. Achinleck, Edward Frederick Sheehey Barry, Joseph Henry Bond, Winthorpe Benjamin Browning, Kyran Buggy, Arthur England Johnson Croly, John Joseph Daly, Augustus Newton Dickson, Patrick Samuel Duigenan, Henry Hamilton Dwyer, William Banbury Eames, Alfred Ewing Edward Finnigan, George E. Fisher, Thomas Fitzmaurice, John Joseph Hayes, Thomas Jackson, Joseph King, Joseph Langan, John Vincent Lentaigne, Edward Patrick Meagher, Adam Mitchell, William O'Donnell, Michael Joseph O'Shea, James H. Parkinson, William Pooley, Thomas Emile Ryan, Patrick Smith, and George Harrison Young.

**UNIVERSITY OF DUBLIN.**—At the First Commencements in Trinity Term, held in the Dining Hall of Trinity College, on Wednesday, April 23rd, the following degrees in Medicine were conferred by the University *caput*.—Bachelor in Medicine.

Jones, Cyril Lloyd (*ad eundem gradum apud Cantabrigienses*)  
Doctors in Medicine.

Jones, Cyril Lloyd

Evans, William Robinson

**ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH: DOUBLE QUALIFICATION.**—The following gentlemen passed their first professional examination during the April and May sittings of the examiners.

Edward George Horder, Kent; George Harrison, Chester; Francis William Smailes, Pickering; James MacLachlan Ferguson, Bolton; David Duncan Main, Ayrshire; William Kyd Aitken, Edinburgh; David Leslie Porter, Londonderry; Edward Connel Adair Ramsay, Fleetwood; Herbert Ward, Sheffield; James Ferguson Wyllie Clarke, Aberfeldy; Luther Cook, Sutton-in-Ashfield; John Thomas Dickie, Edinburgh; Robert Clark, Settle; Edward Knight, London; William Patrick Connolly, county Limerick; William Jones, Aberystwyth; William Hamilton Chambers, Manchester; Hastings; Norman Victor Harrington, Howrah; Charles James Addison, Weymouth; Frederick Robinson, Dewsbury; Alfred William Fox Whitlock, Scarborough; James Johnstone, Dumfriesshire; William Longbottom, Leeds; John Adolphus Burton, Madras; Arthur George Eyre Naylor, Calcutta; Henry John Birkett, Whitehaven; Joseph Charles Blythe, Newtown; Robert Gravener Strong, Adelaide; James Camac Smyth, county Antrim; Arthur Croster Dixey, London; Evan Griffiths, Cardiganshire; Harry Callander Oakley, Hornsey.

The following gentlemen passed their final examination, and were admitted L.R.C.P. Edin., and L.R.C.S. Edin.

George Holt, Hull; Charles Williamson, Leith; Thomas Robert Horton, Melbourne; Thomas Ormsby Wiley, Dublin; Sydney Gilbert, Wincanton; James Barr, Manchester; Henry Wylie, Kincardine-on-Forth; James Thompson Hague, Lancashire; Thomas Richard Allinson, Hulme, Manchester; Nicholas Williamson, New York; Henry James Rice, Mountmellick; John Peter Elliot, Bellingham; Jan Adolph Aris, Holland; Joseph Stenson Hooker, Bedfordshire; Oswald Samuel Wraith, Lancashire; Arthur James Brodie, London; Andrew Murray Gibson, Perth, Canada; Charles Alfred Stewart, Hobart Town; Edward Inskip Read, Stoke, Devonport; Owen Williams, Anglesey; Perceval Crawford Boyd, Hobart Town; John Frederick Arlidge, London; William John Notley, Shipdham; Edward Last Smith, Tipperary; Henry Joseph Clements, Dingle; Peter Mulvany, county Meath; George Smith Ward, Radstone, Brackley; John George Hardy, Durham; George William Ellis, Shropshire; Thomas Frederick MacNeice, county Tyrone; James Stewart Wray, county Tyrone; Arthur William Oakes, New South Wales; Frederick Herbert Daly, Dublin; Benjamin William Horsford, Cork; Allan Grant MacKenzie, Strathspey; Jules Versanges Monty, Mauritius; James Crofts Harris, Cork; Robert Wilson, Buckie; Harry Sydenham Lyons, Australia.

**ROYAL COLLEGE OF SURGEONS OF EDINBURGH.**—The following gentleman has passed his first professional examination.

John Griffiths, Wales.

The following gentlemen passed their final examination at the April sittings, and were admitted Licentiates of the College.

Henry Martyn Brachin, Pennsylvania; Henry Richard Powell, South Sea Islands; Edward William Fleming Stiven, Moorabadab, Bengal; Thomas Edgar Underhill, Staffordshire; Herbert Francis Montague Pope, West Malling, Kent; Arthur William Scatiff, London; Edward Williams, Mold.

The following gentlemen passed the necessary examinations, and obtained the diploma in Dental Surgery conferred by the College.

Joseph Holland, Norwich; Andrew Wilson, Edinburgh; George Wilkie Watson, Glasgow; Edwin John Ladmore, Hereford; James Taylor, Dewsbury; William Bowman Macleod, Edinburgh; Malcolm MacGregor, New Scone; Charles Matthew, Glasgow.

## MEDICAL VACANCIES.

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

THE following vacancies are announced:—

\***BIRMINGHAM GENERAL DISPENSARY.**—Resident Surgeon at the Aston Branch. Salary, £170 per annum, with furnished rooms, coals, gas, etc. Applications on or before May 21st.

\***CARMARTHEN INFIRMARY.**—House-Surgeon. Salary, £125 per annum, with apartments, etc. Applications to the Secretary.

\***ESSEX LUNATIC ASYLUM.** Brentwood—Second Assistant Medical Officer. Salary, £100 per annum, with furnished apartments, board, washing, and attendance. Applications to Dr. Campbell, Medical Superintendent.

\***DENTAL HOSPITAL OF LONDON.** Leicester Square—Dental House-Surgeon. Salary, £40 per annum. Applications on or before May 21st.

\***KENSINGTON DISPENSARY.**—Resident Medical Officer. Salary, £125 per annum, with furnished apartments, coals, gas, and attendance. Applications to the Honorary Secretary.

\***KENT AND CANTERBURY HOSPITAL.**—Assistant House-Surgeon and Dispenser. Salary, £50 per annum, with board, lodging, and washing. Applications before Friday, May 23rd.

\***LIVERPOOL DISPENSARIES.**—Assistant House-Surgeon. Salary to commence at £108 per annum, with apartments, coals, gas, and attendance. Election on June 5th.

\***LONDON SCHOOL OF MEDICINE FOR WOMEN.**—Lecturer on *Materia Medica*. Applications on or before June 12th.

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

**OLDCASTLE UNION.**—Medical Officer for Ballyjamesduff Dispensary District. Salary, £120 per annum, with £15 per annum as Sanitary Officer, and the usual registration and vaccination fees. Election on the 23rd instant.

**PORTSMOUTH LUNATIC ASYLUM.**—Superintendent. Salary to commence at £450 per annum.—Also an Assistant Medical Officer. Salary, £120 per annum, with apartments, board, and washing. Applications on or before May 28th.

\***RADCLIFFE INFIRMARY, OXFORD.**—Physician. Election on June 20th. Testimonials to be sent to the Secretary before June 6th.

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

\***ROYAL FREE HOSPITAL.**—Junior Resident Medical Officer. Applications on or before May 21st.

\***ST. MARY'S HOSPITAL MEDICAL SCHOOL.**—Demonstrator of Anatomy. Salary, £100 per annum. Applications on or before June 7th.

\***TOWNSHIP OF MANCHESTER.**—Resident Assistant Medical Officer at the Workhouse at Crumpsall. Salary, £140 per annum, with furnished apartments, washing, and attendance. Applications not later than May 22nd.

**TULLAMORE UNION.**—Medical Officer for Clara Dispensary District. Salary, £100 per annum, £20 per annum as Sanitary Officer, exclusive of registration and vaccination fees. Election on the 30th instant.

\***UNIVERSITY OF LONDON.**—Examiner in Medicine. Salary, £150. Applications to be sent to the Registrar on or before May 31st.

**WATERFORD UNION.**—Medical Officer for Ullid Dispensary District. Salary, £120 per annum, with £20 yearly as Sanitary Officer, and the usual registration and vaccination fees. Election on the 22nd instant.

\***WESTMINSTER GENERAL DISPENSARY.**—Honorary Physician. Applications on or before May 24th.

\***WESTMINSTER HOSPITAL.**—Resident Obstetric Assistant. Applications not later than May 24th.

\***WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.**—House-Physician and House-Surgeon. Salary, £100 per annum each, with board, washing, and furnished rooms. Applications not later than June 2nd.

## MÉDICAL APPOINTMENTS.

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

\***CRITCHETT.** G. Anderson, M.A., M.R.C.S.Eng., appointed Ophthalmic Surgeon to the Royal Free Hospital.

**HAYES.** T. C., B.A., M.D., appointed Physician for the Diseases of Women at the Royal Free 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.

\***CASH.**—On May 12th, at Penton Villa, Torquay, the wife of A. Midgley Cash, M.D., of a daughter.

### DEATHS.

**CLARKE.** Patrick, L.R.C.S.I., Surgeon-Major Royal Army, at Singapore, on May 8th. **CUMMING.** James, M.D., F.R.C.P.E., at 18, Ainslie Place, Edinburgh, aged 32, on May 9th.

**HEMING.**—On May 1st, at Glenalmond, Bournemouth, the residence of her youngest son, \*W. Douglas Hemming, M.R.C.S., Mary Stace, wife of \*W. B. Hemming, M.R.C.S., L.S.A., of 26, Notting Hill Terrace, W.

**UNIVERSITY COLLEGE.**—The Council on May 3rd made the following awards: Atchison Scholarship (£55 per annum for two years), J. E. Hine; Bruce Medal, Bilton Pollard; Cluff Prize, S. H. C. Martin; Fellowes Medals, J. E. Hine, L. C. Ponsford, A. E. Buckell, H. M. Murray; Sharpey Scholarship (£70 per annum), W. North.

## THE LATE MR. WILLIAM CASE OF FAREHAM.

At a recent meeting of the Southern Branch of the Association, Dr. John Manley made the following remarks with reference to this esteemed member of the medical profession, lately deceased. "I ask you to bear with me whilst I venture to offer a tribute of respect and affection to the memory of one who is now no more, and over whom the grave will shortly close. A half-century ago, our friend William Case (one of the first members and a past President of our district of this Branch of the Association) entered our profession, in which he laboured faithfully and conscientiously until an utter prostration of strength laid him low. I personally know nothing of its toils and trials; but I do know that, though the fatigue and exposure in a large country practice must depress even a strong constitution, our good friend, though advanced in years, never hesitated to obey duty's call, but was always ready to do its bidding under any circumstances. Our profession is a noble one; and he who, disregarding self, slaves as he did to alleviate suffering, to befriend the sick, and help the necessitous, deserves well of his country. There are few here who knew him so long or so well as I did; but I am sure you will go with me in your sympathy. As a medical attendant, he won the confidence of his patients; his cheery manner endeared him to them, and created hope, where hope was hardly to be expected. He was their friend, and they felt it. He had always his profession at heart; but, apart from it, his views were large and extended, and whatever he did, he did from an unselfish motive, and with a view of promoting truth and the general benefit of his fellow-creatures. As a friend, you all knew him. None was more sincere or more ready with help. As a man, he was upright, and fearlessly expressed his honestly formed opinions, which, though at times differing from others, were never put forward in an ostentatious or offensive manner. As a townsmen, he took a leading part in forwarding every work likely to advance the moral improvement of the working class, and in promoting the little amenities which tend to bring them into harmony with themselves and others. How he was appreciated by his fellow-townsmen was clearly obvious by the respect they paid him and the sympathy they manifested during his last illness. On his death-bed, I told him how every one had inquired for him and spoken kindly of him. He was calm, collected, and resigned, and said: 'It is pleasant to know, after living so long amongst them, that I do not leave life with ill-will from them.' And so he passed away, himself bearing ill-will to no one."

**THE TEMPERANCE HOSPITAL.**—Sir Wilfrid Lawson laid last week the foundation-stone of a new building for the Temperance Hospital. Mr. T. Cash read an address to Sir Wilfrid Lawson on behalf of himself and colleagues, which, after thanking him for having by his presence shown his approval of the principles on which the hospital had hitherto and would continue to be conducted—viz., "the treatment of disease, whether surgical or medical, without the ordinary use of alcohol"—stated that from October 1873 to April 1879 the number of patients admitted as indoor cases had been 725, among whom had been 34 deaths; the number of outdoor patients had been 6,655, making a total of 7,380. The cases treated had comprised several of a very serious nature, fully equal to the average experience of other hospitals; and the medical staff had recorded their conviction that the absence of alcohol in the treatment had not been attended with any disadvantage, but, on the contrary, had conduced to the recovery of the patients. The use of alcohol even as a pharmaceutical agent had been superseded by the use of glycerinated solutions.

**LAPAROTOMY.**—At the annual meeting of the New York State Medical Society (*Boston Medical and Surgical Journal*, February 27th, 1879), Dr. J. P. Creveling read a paper on laparotomy for intestinal obstruction, in which he presented the merits of the operation as determined by statistics, and the chances of relief which it afforded. In calculating the value of any operative procedure, he said, it is not merely necessary to collect the whole number of cases in which it has been performed, with the result of each, but also to consider the conditions under which each operation was undertaken. He had collected a more or less complete history of eighty-three operations. The author made two general divisions of the cases of intestinal obstruction tabulated: first, those due to intussusception; and, second, those originating from all other causes. The conclusions at which he arrived were as follows: 1. Abdominal section for intestinal obstruction is not only justifiable, but eminently proper. 2. In cases of intussusception, as soon as milder means of disengagement of the bowel fail, the operation should be promptly performed, provided the conditions are at all favourable. 3. In obstructions other than those caused by intussusception, the operation should be immediately done. 4. There is not as great an amount of danger in the operation as has been alleged by many.

## 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.; 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.

|             |   |
|-------------|---|
| TUESDAY.—   | Pathological Society of London, 8.30 P.M. Report by Morbid Growth Committee on Mr. Lister's specimen of Encephaloid Cancer of the Scalp. Report of Committee on the nature, causes, and prevention of the infective diseases known as Pyæmia, Septicæmia, and Purulent Infection. Dr. Thin: Specimens from the Horse; 1. Discrete sebaceous tumour; 2. Erythema circumscriptum; 3. Eczema. Mr. Butlin: 1. Growth in the Left Ventricle, with Embolism of Brachial and other Arteries; 2. Mollities ossium with Myeloid Tumours. Mr. Barker: Caries of Spine affecting Hip-Joint and Aorta. Mr. Mason: Foot with nine Toes. Dr. Moore: Rupture of Aorta. Dr. Morison: Rectovesical Fistula. Mr. Lyell: Sections from cases of Cancer of the Breast. Dr. Leared: 1. Large Salivary Calculus; 2. Perforating Ulcer of the Stomach. Living specimens by the President: 1. Molluscum Fibrosus; 2. True Leprosy with Enlargement of Nerves. Mr. M. Baker: Scrophulo-derma; and other specimens.—Microscopic specimens illustrating the Report of the Committee on Pyæmia, etc., will be on view at 8 o'clock. |
| WEDNESDAY.— | Association of Surgeons practising Dental Surgery, 8.30 P.M. Paper by Mr. Hunt (Yeovil). Council, 8 P.M.  |
| FRIDAY.—    | Clinical Society of London, 8.30 P.M. Dr. Coupland and Mr. Hulke: "A Case of Intussusception associated with Polypoid Tumour; Laparotomy; Death". Dr. Skerritt (Bristol): "On the Simulation of Ascites in cases of Intestinal Obstruction". Dr. Stephen Mackenzie: "Cases illustrating the Communicability and some other points connected with Molluscum Contagiosum". Dr. Lees: "Two Cases of Paralysis of the Serratus Magnus as a part of Infantile Paralysis". Mr. Brodhurst: "A Case of Genu Valgum, with some Remarks on Subcutaneous Osteotomy". Mr. George Brown: "Gas in the Peritoneal Cavity in Typhoid Fever; relieved by Puncture". Mr. Marrant Baker: "A Case of Amussat's Operation for Artificial Anus". Mr. George Brown will exhibit a child in whom an operation for congenital hypertrophy of the tongue has been performed.—Quenquet Microscopical Club, at 8 P.M. Mr. C. S. Rolfe, "On some Improvements in Microscopical Turn-tables"; Mr. J. W. Groves, "On Stained Sections of Animal Tissues, and How to Prepare Them".   |

NOTICES of Births, Marriages, Deaths, and Appointments, intended for insertion in the BRITISH MEDICAL JOURNAL, should arrive at the Office not later than 10 A.M. on Thursday.

## MEDICAL ETIQUETTE.

SIR.—Having failed to obtain Dr. Burd's assent for a reference of our professional dispute to arbitration, in accordance with your editorial suggestion and my own personal request, I am reluctantly constrained to ask you, in the interest of myself and brother general practitioners in the country, to allow the enclosed correspondence to appear in the JOURNAL.—I am, dear sir, yours truly,

Bridgnorth, May 6th, 1879.

Subsequent Correspondence with Dr. Burd.

Bridgnorth, April 21st, 1879.

Dear Sir.—Having up to this date failed to evoke a reply to the (I trust courteously expressed) challenge which appeared in the BRITISH MEDICAL JOURNAL on the 2nd ultimo, I have no alternative but to address you personally; and now beg, in the interest of myself and brother general practitioners, to renew my request for a reference of our professional dispute to a "Court Medical", as suggested in my letter, or to the Council of the Shropshire and Mid-Wales Branch of the Association, as advised by the editor. Awaiting your reply, I am, dear sir, yours truly,

WILLIAM THURSFIELD.

Dr. Burd.

Newport House, Shrewsbury, April 24th, 1879.

Dear Sir.—I must remind you that, without asking my consent, you placed your complaint before an arbitrator of your own choice; that gentleman, having received my answer, pronounced his opinion. The matter, ought, therefore, to be at an end. We have no contention, no unsolved difficulty, and an attempt to force another discussion on the matter would have the appearance of a determination to be dissatisfied with any award that is not unfavourable to me. Under these circumstances, I beg to decline your proposal to reopen the discussion, and am, yours etc.,

EDWARD BURD.

Dr. Thrusfield.

Bridgnorth, April 28th, 1879.

Dear Sir.—Your note necessitates a reply; for to in any way assume that there is a "determination to be dissatisfied with any award that is not unfavourable to you" is an assumption contrary to fact, of which my letter in the BRITISH MEDICAL JOURNAL of March 22nd will, I think, convince any unprejudiced person.

Equally incorrect, I may venture to affirm, is the statement that the editor had "pronounced his opinion" on the case; for, in the JOURNAL of the 29th ultimo, p. 497, he thus replied to "Dr. Burd, Shrewsbury.—We have given no opinion in the way of a decision."

Since you decline to refer the matter either to a "Court-Medical" or to the Council of the Shropshire and Mid-Wales Branch of the Association, as suggested by the editor, I feel that I have no alternative but to submit our correspondence to him, and leave the case to the decision of the profession.—I am, etc.,

WILLIAM THURSFIELD.

We should recommend Mr. W. H. Maberly to bring the work in question under the notice of the college to which its author belongs, with a view to the exercise of their disciplinary powers.

## THE LUNACY LAWS.

SIR.—Correspondence and various letters on the Lunacy Laws induce me to venture some brief remarks and suggestions on this most important subject, and most interesting branch of our profession.

It has been asserted that "once a convict, always a convict"; such, in my opinion, never should be a phrase uttered in the English language. Once a lunatic, always a lunatic, is quite a different matter, and the phrase ought to be true and unimpeachable. We shall dispose of the first term—it is cruel, and is not of necessity true; there have been mistakes, these also in the first instance.

Regarding the term lunatic, it has got too much licence. It ought not to be applied unless the patient is in reality beyond the reach of cure—is dangerous in every and any sense of the word, and until then, the "*de lunatico inquirendo*" should be in full force. All other cases of impaired mind should be under constant supervision and treatment in a separate hospital, or hospitals for premonitory symptoms, and there retained by legislation for a prescribed term or terms (these may be divided into special case hospitals, I mean for the various phases of diseased intellect).

It is admitted amongst medical men that the constituents of the human body undergo changes very frequently; but suppose we abide by the old woman's theory about every seven years, for hence the recommendations for the repetition of vaccination are prescribed, may we not then give the same law to the actions of the brain to discharge from the system the causes of the impaired state?

It is a most difficult point to draw the line between eccentricity of manner and actual mania (not forgetting that the one may degenerate into the other); therefore, legislation ought to step in and secure the benefit of the doubt for the premonitory hospital, which establishment may be either private or public; but there should be no lunatic asylum, except that of the Government, in the country. Such are my views concisely, and, before leaving this subject, I beg to bring prominently before the authorities the very great need for legislation for the better supervision of a class called "idiots".

Almost in every village in East Britain, you will see an idiot going about. In my country (Scotland)—"Oh, it's just 'Daft Wully'; he's hairless, puir lad". Quite true, in the common acceptance of the term; but he is flesh and blood, and on the other side, the flesh, perhaps, is weak, and *vice versa*, with "Oor Mad Jimmy". Thereabouts, too, you will find great believers in homoeopathy, which, we know and allow, consists in the greatest possible effects from the minutest of globules; so we say in comparative anatomy, "like breeds like". Excuse another quotation—"But a little spark will kindle a large fire", and thus, by neglect, we may be feeding those premonitory hospitals I have just recommended, and eventually lunatic asylums.

These necessarily brief hints are given under correction, but may be worthy of further consideration.—Yours faithfully,

COSMO G. LOGIE, M.D.  
late Royal Horse Guards.

## ANIMAL VACCINE.

SIR.—I will feel much obliged if you or any of your members will kindly inform me where I can get a charge or two of animal vaccine. I know the information I want was given in the JOURNAL some time ago, but I cannot lay my hands on the number.—Yours truly,

V. STONE.

A CLINICAL TEACHER.—Such statements of a general character have been so often categorically denied and specifically challenged, that, without direct and specific allegation of individual facts, we cannot reiterate the vague charge.

NOTICE TO ADVERTISERS.—Advertisements for insertion in the BRITISH MEDICAL JOURNAL should be forwarded direct to the Publishing Office, 161, Strand, London, addressed to Mr. FOWKE, not later than Thursday, Twelve o'clock.

## FREQUENT MICTURITION.

Dr. J. C. FLOOD (Headport) recommends "A Member" to try cantharides, or cantharides and iron, in the case of frequent micturition. He was first induced to try cantharides in a case that occurred about three years ago, in consequence of reading in Dr. Ringer's work on therapeutics that, in cases of frequent micturition in women, "one or two drops of tincture of cantharides three or four times a day will, in many cases, afford relief, and sometimes cure with astonishing rapidity, even where symptoms have lasted months and years". The patient recovered in a short time. He has since had another case very like the first, but found that the cantharides did not act well. He commenced at minute doses, and increased to two minimis, until the minim doses of tincture of iron were added. He also found that, in several cases of incontinence of urine after tedious labour, especially where the head was delayed for a considerable time in the second stage, and labour had to be terminated by the forceps, the cantharides and iron cured the patients very quickly. They even did so in one case in which the head was resting on the perineum for nearly twenty-four hours, and where he at first feared vesico-vaginal fistula, until the specimen showed that such was not the case. In his cases, he ordered the doses morning, mid-day, and night.—I am, sir, yours etc.,

MR. W. B. HOLDERNESS (Windsor) suggests the following in incontinence of urine. B Acidi benzoici 3*ii*; horacis 3*ss*; syrapi auranti 3*ii*; aquæ ad 3*vii*; a sixth part three times a day. The third dose should be given when in bed, the bladder having been previously emptied. It cured a boy ten years of age, under Mr. Holderness's care last month, upon whom nothing had before had any effect.

"PETER" suggests bromide of potassium, as follows: Bromide of potassium 3*ii*; extract of belladonna grs. iv to vi; infusion of digitalis to 3*viii*. For an adult, half an ounce twice a day; for a child, a drachm three times. This has appeared to succeed in some very severe cases in old men, and in some annoying cases in children; but it has failed in that of a young woman who had been delivered with a full bladder. In this last, camphor in pills gave some relief.

"A MEMBER OF THE BRITISH MEDICAL ASSOCIATION" suggests a trial of chloral as very likely to relieve, or rather cure, incontinence of urine in children. It has always succeeded with the writer.

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

The Right Hon. Lyon Playfair, M.P., London; Dr. Robert Barnes, London; Dr. Mapother, Dublin; Dr. Northcote Vinen, London; Dr. C. Parsons, Dover; Dr. R. Burgess, Frampton-on-Severn; Veritas, Manchester; Dr. Tibbits, London; Mr. Sampson Gamgee, Birmingham; Dr. Bell, Bradford; Dr. A. Meadows, London; Mr. Sydney Jones, London; Mr. J. W. L. Russell, Sheffield; Dr. H. Dobell, London; Mr. Williamson, East Dulwich; Dr. Foulis, Glasgow; Mr. J. R. Salter, Taunton; Mr. Simeon Snell, Sheffield; Medicus, Yorkshire; An Associate; Dr. Warner, London; Dr. Markham Skerritt, Bristol; Dr. T. Savage, Birmingham; Mr. W. Rivington, London; Mr. J. Craven, Thurso; Dr. W. F. Clarke, Southborough; X.; Mr. E. Noble Smith, London; Alpha; Mr. W. T. Ramsden, Ravensthorpe; Dr. J. L. Notter, Netley; Dr. A. Robertson, Glasgow; Mr. F. Weiss, London; Mr. C. J. Trotter, Holmfirth; Mr. T. Scattergood, Leeds; Inquirer; Mr. J. Lewis, Birmingham; Mr. J. G. French, London; Mr. J. Gillingham, Chard; Mr. Joseph Allen, London; The Secretary of the Glasgow Medical Society; Mr. M. Morris, London; A Black Country Surgeon; Mr. W. H. Hatfield, Hambledon; K.; Medicus; Dr. W. H. Day, London; Mr. J. A. Diggle, Manchester; Mr. J. W. Gooch, Eton; A Police Surgeon; Mr. St. Vincent Mercier, London; Mr. G. Budd, Kingston; N. B.; Mr. G. Street, London; Dr. A. De Watteville, London; Dr. J. G. Parsons, Bristol; Dr. Norman Kerr, London; Dr. William Dale, King's Lynn; Mr. Harrison, Liverpool; Dr. Simon, Manchester; Dr. G. Buchanan, Glasgow; Graduate, 1879; Mr. J. P. Salt, Birmingham; Mr. D. J. Thomson, Derby; Mr. J. J. Pickles, Leeds; Dr. Leech, Manchester; Mr. H. E. Trestrail, Aldershot; A Poor Country Doctor; Dr. Fox, London; Our Dublin Correspondent; Dr. G. Griffith, London; Mr. Griffiths, Fenton; Mr. E. H. Clements, York; Mr. J. Garner, Birmingham; Dr. C. M. Tidy, London; Dr. Oscar T. Woods, Killarney; Our Edinburgh Correspondent; Dr. J. E. Neild, Melbourne, Victoria; Dr. Philipson, Newcastle-on-Tyne; Dr. Morton, Kilburn; Mr. S. H. Steel, Abergavenny; Our Dublin Correspondent; Mr. J. G. Blackman, Landport; Dr. C. Parsons, Dover; Dr. C. Godson, London; Our Glasgow Correspondent; Dr. T. M. Greenhow, Chapel Allerton; Dr. C. Harrison, Lincoln; Mr. E. Owen, London; Dr. T. Stevenson, London; Mr. Ernest Morgan, London; Dr. R. Thorne Thorne, London; Mr. W. J. Smith, Greenwich; Mr. J. E. Ingpen, Putney; Inquirer; Mr. L. E. Holmes, Bath; Mr. H. N. Hardy, Dulwich; Dr. A. Grant, London; Dr. W. Whalley, Bradford; Dr. Thomas, Glasgow; Dr. Nason, Stratford-on-Avon; Ultima Thule; Mr. N. C. Dobson, Bristol; M. R.; Mr. A. G. Bartley, Halifax; F.R.C.S.; Mr. T. W. Barron, Durham; Mr. H. L. Browne, West Bromwich; Mr. G. E. Rundle, Lachlan River, New South Wales; Mr. A. E. Fradelle, London; Dr. W. A. Elliston, Ipswich; M.R.C.S.; Mr. T. W. Trend, Southampton; Mr. Holderness, Windsor; Our Edinburgh Correspondent; Dr. Bacon, Cambridge; Mr. J. Marshall, Dover; Dr. A. M. Cash, Torquay; Dr. W. B. Mushet, New Brighton; Mr. J. H. Craigie, London; N. W. R., etc.

## BOOKS, ETC., RECEIVED.

The Notation Case-Book. Designed by H. Veale, M.D. London; Smith, Elder, and Co. 1879.

A Manual of Midwifery for Midwives. By F. Barnes, M.D., M.R.C.P. London: Smith, Elder, and Co. 1879.