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voice, and attitudes and movements of man; and of reproduction. There are also chapters on animal heat and on death. More than half the work is devoted to the consideration of the first two of these subjects, namely, nutrition and innervation, both of which are very well described. The former contains an account of digestion, absorption, the blood, respiration, assimilation, secretion, excretion, and exchange of materials; while, in the latter, the functions of the peripheral nerves and of the great nerve-centres, the terminal organs, and the senses are discussed. The chapter on the mechanism of the body in locomotion is very interesting and instructive. We think the chapters on reproduction would have been much improved, and more easily understood, had some diagrams been introduced to illustrate the descriptions. At the end of the book, there are five short appendices, which will prove to be valuable adjuncts. They contain matter which it was not advisable to introduce into the text-book in regular course, such as the curvatures of the cornea and lens, focal distance, etc.

The work contains two hundred and eight diagrams, the majority of which are of instruments or tracings obtained by the graphic method of registration. We are glad to observe that the decimal system has been partially used throughout the work. We trust that, in the next edition, it will be entirely adopted, and so aid the movement which is now being made to introduce the system universally into medicine. Finally, we have much pleasure in confidently recommending this work to students of medicine and others, as being the one, of all others of recent date, best suited for their requirements.

NOTES ON BOOKS.

Handy Medical Visiting-List. By ALFRED SHEEN, M.D., Surgeon to the Cardiff Infirmary. (Second Edition. Cardiff: William Lewis.) The Visiting-Lists or Medical Diaries most in use appear to Dr. Sheen to have the following faults. 1. The practitioner is obliged to carry a twelve months' list, in addition to other matter, about with him. 2. He is confined to a page for a week, or, if he want an extension, must have a book of double substance. 3. A good deal of room is taken up with obstetric and vaccination engagements, which many practitioners do not want, at least in their pockets. The Visiting-List here introduced is intended to remedy these defects. It is simple, small in compass, can easily be carried in an ordinary pocket-book, or by itself, and has no specified space for a week, but can be used equally well whether the patients number twenty or a hundred. Pages for midwifery are purposely left out. The dates and the month are to be written in. There are four leaves in each book without perpendicular columns, for noting down various memoranda at the time. Not only visits to patients, but all engagements, for the current week at least, may be entered in a Visiting-List (thus doing away with the necessity for an accompanying journal). The lists are of very small size, taking up little room in the pocket, and of very moderate price.

The Weather and Climatic Changes. By OBSERVATOR. (F. E. Longley, Warwick Lane.) *The Meteorology of Croydon.* By M. G. CORDEN. (J. Ward, Croydon.) These books are essentially different; the former being a small pamphlet written in a popular style without tables, and the other consisting, as might be expected, chiefly of very elaborate tables and their discussion. "Observer", after noting the importance of meteorological forecasts to the farmer, physicians, and others, refers to an alleged change of climate as shown by "severe frosts and drifting snows having perceptibly given place to greatly increased rains and disastrous floods", and he attributes this to the enormous quantity of coal burnt in this country, amounting to about 120,000,000 tons *per annum*, and the consequent evolution of 1,440,000,000,000 cubic feet of gas and watery vapour. That the combustion of coal in large cities does affect the amount of sunshine and the night temperature has long been admitted, but that it affects the climate of the whole country has yet to be proved. He treats his subjects under the following headings: "Climatic changes", "Spots on the Sun", "Meteorology and Weather Forecasts", "Prognostics and Popular Sayings", and "Eclipses Past and Future". Under the heading "Spots on the Sun", he refers to their influence on temperature, and arrives at the conclusion that we cannot, by variation in their number, account for the low temperature and cloudy atmosphere which have lately prevailed in summer. This is a wise deduction as regards the influence of sun-spots, for anyone who has examined Schwabe's MSS. (on which the theory of their influence is chiefly based) can only come to the conclusion that the whole matter requires complete reinvestigation. Prognostics and popular sayings occupy a large proportion of the little book, and cannot be summarised, so that anyone desirous of obtaining a fair epitome of this branch of meteorology had better buy the book; but we are bound to

admit that the forecasts printed therein have not proved very successful.

Mr. Corden's essay was read before the Croydon Microscopical and Natural History Club, and gives very full tables of the meteorological observations taken by him between 1867 and 1877, and by Dr. Westall from 1848 to 1867. It is, however, to be regretted that the instruments were not well placed, at any rate in 1868, and were undoubtedly shifted during the period, so that the observations are not absolutely strictly comparable. The extremely hot summer of 1868, when a temperature of 96.6° was recorded at Greenwich and 94.0° at Croydon, is included in the tables. The highest mean temperature of the year occurred at Croydon in 1857, when it was 51.99°; and the lowest in 1860, when it was 47.29°. The mean temperature for the ten years 1848-57 was 49.44°; for 1858-67, 49.64°; and for 1868-77, 50.52°, or about one degree in excess of 1848-57. The mean winter temperature for 1867-77 was 39.9°, the coldest being 37.1° in 1870-71; and the warmest 42.3° in 1871-2. The mean summer temperature was 62.5°; the highest having occurred in 1868, when it was 65.3°, and the lowest in 1869, when it was only 60.8°. The lowest night temperature recorded was zero or 32° below freezing-point, which occurred on January 4th, 1867. The dew-point temperatures, the direction of the wind, barometer readings, and rainfall records are also published in this essay.

SELECTIONS FROM JOURNALS.

MEDICINE.

HÆMORRHAGES IN WHOOPING-COUGH.—At a recent meeting of the Paris Académie de Médecine (*La France Médicale*), M. Henri Roger read a paper on this subject. He treated successively of epistaxis which is produced in a direct way by the convulsive efforts of coughing, and only becomes dangerous occasionally by its abundance and repetition when it is connected with blood-poisoning; of subconjunctival and palpebral ecchymoses, equally dependent on the fits of coughing, which are a good indication of pyrexia, and sometimes serve to distinguish the cough of whooping-cough from common bronchitis; of otorrhagia, purpura, and certain visceral hæmorrhages. Hæmoptysis as well as hæmatemesis was afterwards studied in detail; and M. Roger demonstrated by numerous cases that these hæmorrhages are exceptional in children. In nearly all cases of whooping-cough, there is pseudo-hæmoptysis, the blood being furnished by the nasal fossæ, the pharynx, the mouth and gums, and never by the pulmonary organs. After epistaxis, the most ordinary hæmorrhage is that from the mouth at the moment of the fits of coughing. The gums are congested, become fungous, and bleed; the tongue, violently projected during the paroxysms, becomes eroded by the friction of its lower surface against the teeth, frequently producing ulcers of the frænum; sometimes it is even bitten. The lips are dry, and the little invalid often pulls off the epidermis; and every erosion or ulceration, however small, bleeds when the cough comes on. The starting-point of the buccal hæmorrhages is sometimes in the gums, and sometimes in a lesion of the mucous membrane or tongue. The blood may also come from the pharynx, and especially from the nasal fossæ; and, in the latter case, the buccal hæmorrhage is accompanied and led off by epistaxis. Sometimes the blood ejected from the mouth has a complex origin, and proceeds both from the nasal mucous membrane and from the buccal cavity. It is only at the end of the paroxysm of coughing that the child throws up bloody froth, arising from the intimate mixture of the blood with the bronchial mucous matter broken up and aerated. This expulsion of blood is of very little moment; and yet few symptoms produce greater alarm in the relatives, and even in the medical attendant of the patient, simply because this bloody ptialism is taken for an hæmoptysis. Children suffering from prolonged attacks of whooping-cough might have been suspected to be affected by tuberculosis. Examination of the mouth, however, would have been sufficient to indicate the source of the blood. M. Roger has shown that it is only after their tenth year that young subjects are liable to spitting of blood; and that this symptom, which nearly always marks the commencement of phthisis in adults, is exceptional. Early childhood, which is ruthlessly ravaged by tuberculosis, may be pronounced exempt from hæmoptysis; pulmonary hæmorrhage rarely, if ever, being at that age the initial symptom of phthisis. M. Roger does not hold that true hæmoptysis is impossible; but he affirms that it is rare, and on this point differs from Trousseau, who asserts it to be rather general. In the same way as there is pseudo-hæmoptysis in whooping-cough, there is also pseudo-hæmatemesis. When a child suffering with whooping-cough seems to vomit blood, the nasal fossæ should be carefully examined; and it is soon seen that the blood has flowed by the posterior nares, and often in-

sensibly into the stomach, where it may accumulate in considerable quantity. If it be expelled almost immediately, the flux by the nostrils is still visible; if it be tardily evacuated, when the epistaxis has ceased, some drops or clots on the nose may point out whence it comes. Hæmatemesis is, like hæmoptysis, quite exceptional in extreme youth, and only very rarely met with in sparse cases of purpura hæmorrhagica. To resume: there are two kinds of hæmorrhages—hæmatemesis and hæmoptysis—which the physician should erase from the list of the complications of whooping-cough.

PYONEPHROSIS, AND EXCRETION OF LIQUID FAT AND HÆMATOIDIN-CRYSTALS THROUGH THE URINE.—Professor Ebstein publishes in the *Deutsche Arch. für Klin. Med.*, Band xxiii, the following case, which had come under his notice. A woman aged 34 had been suddenly taken ill with high fever and gastric disturbance. When received into the hospital seven days later, the temperature had become normal; but on the left side of the abdomen was a swelling of the size of a child's head, which evidently belonged to the left kidney. The secretion of urine was scanty, though normal. Twelve days after she entered the hospital, she began to complain of pain resembling a sharp attack of colic, in the region of the bladder and the left ureter. The urine which was passed at that time was strongly tinged with blood, and contained a great quantity of clots of blood, but no casts. During the following days, the renal tumour decreased in size; but the urine continued to be bloody for the next eight days. The quantity of urine excreted had considerably increased. Six days after hæmaturia had first been observed, it was noticed that the urine, after standing, became covered with a layer of numerous drops of fat, giving it the appearance of very rich *bouillon*. This secretion of fat through the urine continued for the next four weeks, when the patient left the hospital. If examined immediately after the urine had been passed, the drops of fat were of a fine yellow colour, clear and transparent; but, on having been allowed to stand, they presented a greyish colouring, and coagulated into whitish scaly masses. When examined under the microscope, the latter were seen to consist of bundles of fine and slightly curved acicular crystals and hæmatoidin-crystals, and of amorphous pigment. The sediment of the urine contained red blood-corpuscles, pus-cells, pavement-epithelium, occasional fat-drops which contained needle-shaped crystalline bodies, and yellowish shreds and patches resembling blood clots in a state of degeneration, and containing large numbers of the fat-drops described above. Renal epithelium or casts were never observed. Ebstein supposes that the case was one of pyonephrosis of the left kidney, or rather a case of "pyo-hæmatoliponephrosis"; and that the excretion of fat and hæmatoidin was caused by the degeneration of the blood-clots.

PATHOLOGY.

ANDROGYNIA: MALIGNANT CYSTOMA OF RIGHT OVARY: BILATERAL VAGINAL HYDROCELE.—The case in which these conditions were found is described by Drs. Litten and Virchow in Virchow's *Archiv*, Band lxxv. The subject was sixteen years of age, and of feminine habit. At the age of fourteen and a half, a pseudo-menstrual discharge from the sinus uro-genitalis commenced, and recurred, with much pain, at regular intervals of four weeks. Later on, the menses ceased, and returned irregularly several months afterwards; they were accompanied with distinct swelling of the mammary glands. When the hæmorrhagic discharges ceased, a swelling of the body became perceptible and gradually increased. At the same time, the urine became greater in quantity, and its passage was attended with pain. The continued development of an abdominal tumour and the loss of strength ended in death. At the necropsy, the head was found covered with rich brown long hair; there was no trace of hair on the cheeks or on the upper lip. The breasts were distinctly developed; the nipples were depressed, but tolerably developed. The hypogastrium was much distended, and the navel obliterated. The mons Veneris was flat, of the male rather than of the female type, and was covered with scanty straight hairs. From the symphysis there sprang a penis-like body (erectile during life) measuring in length about two inches and one-fifth in front and nearly an inch behind; it was curved backwards, and was furnished with a prepuce strongly drawn back over the glans. On the posterior surface of the glans was a rather deep urethral furrow. Between the superficial folds of skin corresponding to the nymphæ, the sinus uro-genitalis commenced; this was only four-fifths of an inch in length and very narrow; at its end was the vagina, two inches and three-quarters long, and not penetrable by the finger. The cavity of the cervix uteri was little more than two inches long; that of the body of the uterus was nearly two inches and a half. There was no prostate, nor vesiculæ seminales. In both inguinal regions, especially the right,

round bodies of the size of plums could be felt during life; some regarded them as testes, others as ovaries. They were found to consist of thickened portions, in a state of cystic degeneration, in the course of the processus vaginalis, and no doubt arose from partial obliteration of this. Virchow had already, during the patient's life, decided that they could not be testes, as palpation of the body in the right inguinal canal, which could be easily felt through the skin, did not detect any indications of an epididymis. The left ovary was present, but did not present any trace of irritation. The right ovary was converted into a large multilocular cystic tumour. The contents of this, in different portions, were partly watery, partly hæmorrhagic, partly an atheromatous pulp; the structure of its stroma was partly fibrous, partly sarcomatous, partly cartilaginous. Tumours of this kind are very rare in the ovary, but are more frequently met with in the testes. An unusual feature in this case was the development of metastatic cystosarcoma in the liver. The cause of death was hydronephrosis, purulent pyelonephritis, and ulcerative tubercle of the kidney. There were also narrowing and insufficiency of the aorta, an anomalous formation of the lobes of the right lung, and persistence of the thymus gland.

UTERO-INGUINAL HERNIA: EXTIRPATION OF UTERUS AND LEFT OVARY.—G. Leopold relates in the *Archiv für Gynécologie*, vol. xiv, a case of which the following abstract is given in the *Centrallblatt für die Med. Wissenschaften* for October 11th. The subject, a well-developed woman aged 28, had experienced menstrual molimina since the age of fourteen; there was no discharge of blood, but she had for several days severe pain in the left groin. In this situation, an irregular tumour of the size of a plum swelled up considerably at each catamenial period, and was again diminished in the intervals. As her general health was much impaired, and eight years of married life had remained unfruitful, Dr. Leopold was consulted. He found in the left external inguinal fossa a tumour as large as half a hen's egg; this he took to be an abnormally placed ovary, from the median pole of which a strong cord could be traced as far as the left labium majus. On the right side, behind the horizontal ramus of the os pubis, a small cylindrical body could be felt. The vagina was a small *cul-de-sac* 1.2 inches deep; nothing could be felt in it but the bladder and rectum. At the next menstrual period, the face was noted to be bloated and of a dark brown red colour; there were also epistaxis, convulsions, and rigors; and the tumour in the inguinal canal enlarged. Dr. Leopold now removed the tumour. It was found to be the upper section of a small uterus, traces of which disappeared in the form of a scarcely perceptible cord. The ovary, the Fallopian tube, and the small uterus were removed; the pedicle was securely ligatured and returned; and the wound closed. The patient made a good recovery, and had no return of the menstrual molimen. In the removed uterus was a cavity as large as a pea, filled with mucus, and having a smooth mucous membrane and a delicate vascular network. Blood had apparently not been effused into the cavity. Dr. Leopold regards the case as one of imperfect development of the Müllerian ducts, the left one of which was drawn into the inguinal canal. The ovary that was removed showed signs of active formation of follicles; the uterine horn always swelled considerably; and nevertheless there was no discharge into the uterine cavity.

OBSTETRICS.

IMMEDIATE PLACENTAL DELIVERY IN NATURAL LABOUR.—Dr. S. Elder of Indianapolis puts forth, in the *Transactions of the Indiana Medical Society*, U.S.A., the theory that delivery of the placenta should be as nearly coincident with the delivery of the child as may be; and this result he works for by kneading the fundus of the uterus through the abdominal walls as the child passes the outlet, endeavouring thereby to induce the expulsion of the secundines by the same pains that effect the delivery of the child. If this measure be not sufficient, he immediately, before any attention to the new-born, gives manual assistance *per vaginam*, insisting that, where such manipulation is called for, it should be done before the maternal organs have recovered from the shock caused by the passage of the child, for the dual reason that it is less perturbing to the mother and more facile for the accoucheur. Illustrating his theory by the detail of seven cases, Dr. Elder says that his process affords security against *post partum* hæmorrhage, against hour-glass contraction, against uterine inertia, against adherent and retained placenta, against frequent severe protracted after-pains, and against septicæmia and prolonged lochial discharge; that it saves valuable time, and saves suffering and anxiety on the part of the mother; that it is better for the child, as the cord is not tied until the placenta is delivered; and that it is in accordance with the natural indications, and carries out the physiological indications of the process of complete parturition.

SPECIAL CORRESPONDENCE.

ROME.

[FROM OUR OWN CORRESPONDENT.]

The Cold in Italy.—Pellagra.

THE cold of the early part of December, which was so severe all over Northern Europe, did not spare Italy. There has been skating on the Arno at Florence; many of the canals, and even parts of the lagunes at Venice, have been frozen over, and the Po, too, was covered with ice. Between Naples and Foggia, the railway was blocked with snow to the depth of a *metre* and a half, and even here the fountains were covered for days with heavy pendent icicles. Several deaths from the cold even are reported; a sentry having been frozen to death at Florence, and a cabman at Genoa. Probably, most of the inhabitants of our islands have very little idea how severe the cold can sometimes be in Italy. The wards of the hospitals are filled with cases of acute pulmonary complaints, cold weather here having quite as much, if not more, effect than in England in raising the death-rate from inflammatory affections of the lungs. The poorer classes have no protection in their houses against cold, no fires to warm themselves at, and not enough warm clothing or good food to prevent loss of vital heat. Hence every winter about this time the returns of deaths from pneumonia, pleurisy, and bronchitis are very heavy. The lowest readings of the thermometer have been reported from Rovigo and Modena, where they were 15.5° and 15° respectively below zero centigrade. The only important places where it did not freeze were Reggio in Calabria, Palermo, and Syracuse. The highest readings at Palermo and Reggio were 22° and 23° above zero centigrade. In the first ten days of the month, the lowest reading at Rome was -3°, the highest +16° (C.); at Naples, -2.2° and +15.8° (C.); at Florence, -6.3° and +14° (C.); at Pisa, -8° and +16° (C.); at Turin, -13.8° and +6.2° (C.); at Milan, -12° and +2.4° (C.); and at Genoa, -4.8° and +13° (C.). Such figures are an eloquent proof of the severity of the cold.

The results of an inquiry into pellagra in Italy, instituted by the Ministry of Trade and Agriculture, are at present in the hands of the printers. The report will be a very important one, as it is almost exhaustive of the subject. As a preliminary, it is stated that there are 97,179 persons affected with this very fatal disease in Italy, thus distributed: Piedmont, 1,692; Lombardy, 40,716; Venetia, 29,296; Liguria, 148; Emilia, 18,741; The Marches and Umbria, 2,127; Tuscany, 4,383; Latium, 76. South of Rome, there are no cases.

ASSOCIATION INTELLIGENCE.

COMMITTEE OF COUNCIL:
NOTICE OF MEETING.

A MEETING of the Committee of Council will be held at the offices of the Association, 161A, Strand, London, on Wednesday, the 14th day of January next, at 2 o'clock in the afternoon.

FRANCIS FOWKE, *General Secretary*.

161A, Strand, London, December 19th, 1879.

DUBLIN BRANCH.

THE third annual general meeting of this Branch will be held in the Hall of the King and Queen's College of Physicians in Ireland, Kildare Street, on Thursday, January 29th, 1880, at 4 P.M.: Dr. GORDON, President of the Branch, will deliver an address; and the Officers and Council for the ensuing year be elected.

By the kind permission also of the President and Fellows, the annual dinner will be at the College of Physicians at 7 P.M. on the day of the meeting; the incoming President of the Branch, Dr. ROBERT McDONNELL, F.R.S., in the Chair.

GEORGE F. DUFFEY, M.D., *Honorary Secretary*.

30, Fitzwilliam Place, Dublin, January 2nd, 1880.

BATH AND BRISTOL BRANCH.

THE third ordinary meeting of the session will be held at the Grand Pump Room Hotel, Bath, on Thursday evening, January 22nd, at 7.15 P.M.; J. BEDDOE, M.D., President, in the Chair.

R. S. FOWLER, } *Honorary Secretaries*.
E. C. BOARD, }

Bath, January 1st, 1880.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

THE fourth meeting of the Session will be held in the Examination Hall of the Queen's College on Thursday, the 8th instant. The Chair will be taken by the President, Dr. JOHNSTON, at three o'clock P.M.

The following papers are promised.

1. Mr. LAWSON TAIT: A second series of Fifty Cases of Ovariectomy. A series of Fifty Cases of Abdominal Section for various purposes.

2. Dr. WARDEN: Case of Contraction of Hands and Fingers: operation and after-treatment by a new apparatus.

Members are invited to exhibit Patients, Pathological Specimens, New Drugs, Instruments or Appliances, at the commencement of the meeting.

E. MALINS, M.D., } *Honorary Secretaries*.
E. RICKARDS, M.B., }

January 1st, 1879.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH:
ORDINARY MEETING.

THE second meeting of the present session was held on November 13th at Owens College. The chair was taken by the President, Dr. JAMES JOHNSTON; and there were present forty-three members.

New Members.—The following were elected members of the Branch: Mr. S. B. Fairley, Dr. B. C. Powell, Dr. R. M. Simon.

Council of Branch.—Mr. H. R. Ker and Dr. J. Holmes Joy were nominated to fill the vacancy in the county list of members of the council.

Papers.—The following papers were read.

1. Mr. GAMGEE presented a woman aged 61, from the left side of whose Neck he had removed a large Lipoma last September. The apex of the lung, the brachial plexus, the subclavian and carotid arteries, were exposed during the operation. Under unfrequent and absorbent dressings, perfect rest, and equable pressure, recovery had been unchecked by a single unkind symptom. At the end of a week, the patient left her bed, with a normal temperature. The solid cicatrix measured seven and a half inches in length.

2. Mr. TAIT showed a specimen of Hydatids taken from the Peritoneal Cavity, upon which Dr. SAUNDBY made some remarks.

3. Dr. J. W. HUNT read a paper on the Causes of Sudden Death. He described them as occurring either from asthenia or from anæmia. Under asthenia, came the different forms of degeneration of the cardiac walls, dilatation, valvular disease, etc.; while under anæmia were cases of death from loss of blood in its various forms. Sudden death might commence at the lungs—apnoea—when the air was prevented from entering the air-cells, as in certain cases of hæmoptysis, entrance of foreign bodies into the trachea, or spasm of the glottis; or, on the other hand, when the supply of blood to the lungs was cut off by thrombosis or embolism of the pulmonary artery. Diseases of the brain which caused sudden death did so by producing one of the preceding conditions, by interfering either with the circulation or with the respiration. Hæmorrhage was almost the only cause of really sudden death coming under this division, and even that was rare.

4. Mr. BARTLEET read a paper on a case of Femoral Aneurism, in which the common femoral was ligatured, and subsequently the external iliac for secondary hæmorrhage.

SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT
MEETINGS.

A MEETING of the above District was held at the Bear Hotel, Lewes, on Friday, November 19th, 1879; R. TURNER, Esq., in the Chair. Seventeen members and visitors were present.

Communications.—1. Dr. ROBERTS of Eastbourne related a case of Consolidation of the Lung, which quite cleared up after eight or nine years' duration.

2. Dr. TREUTLER of Fletching gave the history of a recent outbreak of Scarlatina in that village, many cases of which presented very anomalous symptoms and more nearly resembled German measles. One case was followed by acute jaundice.

3. Dr. MACKEY related a case of Rodent Cancer of the Os Uteri. Amputation of the cervix and injection of bromine failed to arrest the disease. Much benefit was gained by the application of liquor ferri perchloridi in glycerine, and by iron injections and the use of ergotin hypodermically.

The Next Meeting will be held at Brighton, in March; Mr. J. Jardine Murray to be invited to take the chair.

The Dinner took place at the hotel, nineteen being present. Mr. R. Turner presided.

His reputation as a teacher and a surgeon was deservedly high; but he was respected, admired, and beloved for his character and personal qualities—these stand out pre-eminent in all his life. All who came to know him learned early to recognise his sterling worth of character, his hearty good-nature and wide sympathy. He was the very type of the true and large-hearted English gentleman. Mr. Leonard lived and died a bachelor. He has left to the Infirmary a sum of £300, the interest of which is to be awarded annually as a prize in surgery to advanced students.

ERNEST CARR JACKSON, M.R.C.S.

WE have to record with great pain the sudden and premature death of this promising young surgeon, at the age of twenty-six. Mr. Carr Jackson, whose father was well known in the profession for many years as the able surgeon of the Great Northern Hospital, was educated at University College School, and at the Lyceum, Hanover. On his return from Hanover, he was apprenticed to Mr. Le Gros Clark, then Senior Surgeon to St. Thomas's Hospital. He pursued his medical studies at St. Thomas's Hospital and in Paris, and was subsequently appointed Resident Assistant at the Great Northern Hospital, and later filled the office of House-Surgeon at St. Mark's Hospital. Shortly after entering practice, he became Surgeon to the 40th Middlesex Rifle Volunteers, and Medical Officer to the British Equitable Insurance Company. Like his father, Mr. Ernest Carr Jackson had studied carefully the subject of orthopaedic surgery, and early received an appointment to the National Orthopaedic Hospital. He was a young surgeon for whom his friends, who were many and influential, had every reason to hope a career of success in scientific work. Handsome in person, agreeable in manner, and surrounded by friends of his own age who thought well of him and would have been glad to aid his future success, as well as guided by seniors well capable of advising him and advancing his professional interests, Mr. Carr Jackson was just entering on a career in which everything promised fairly. His recent reports on the literature of orthopaedic surgery in the *London Medical Record* had attracted attention to his studies in that direction, and there is little doubt that, had he survived, he would have taken a prominent position in that department of surgery. He had been for some months flagging in health. About two months ago, he consulted Dr. Ord for anaemia, and had been strongly urged to take a long holiday to recruit; but he stuck to his work, taking only a week with some friends near Manchester, coming home only a few days before the end. He, however, performed an operation on December 23rd. A severe attack of diarrhoea with hæmorrhage from the bowel came on, and he died on the 26th. Mr. Carr Jackson was buried at Highgate Cemetery, on Wednesday, December 31st.

FREDERICK COLLINS, M.D., WANSTEAD.

It is with much regret that we announce the death of Dr. Collins of Wanstead, at the comparatively early age of fifty-three, which took place at his residence on November 9th. He prosecuted his professional studies at Guy's Hospital; took the membership of the Royal College of Surgeons in 1845, and afterwards became House-Surgeon. He passed the Apothecaries' Hall in 1846, and finally took his degree of M.D., King's College, Aberdeen, in 1851, and F.R.C.P. Edin., in 1856. He was a Fellow of the Royal Medical and Chirurgical Society and a zealous supporter of the British Medical Association.

RICHARD FRANCIS GEORGE, M.R.C.S.ENG.

MR. R. F. GEORGE died at Weston-super-Mare, on December 4th, at the age of 81. He was the son of Mr. Thomas George, a former resident of Bath. In that city he lived for many years and practised as a surgeon, but during the latter years of his life he resided at Weston-super-Mare. During his residence in Bath, Mr. George was identified with, and took an active interest in, various local institutions. He was elected one of the surgeons to the Bath General or Mineral Water Hospital in May 1827, in succession to Mr. W. Terry, resigned; and in the following year he was made a governor of that institution. He resigned the office of surgeon in 1860, being succeeded by Mr. T. G. Stockwell. Mr. George was chosen a member of the old Common Council of the city in 1833, and in April of the same year he served the office of chief constable. In November 1852, he was appointed a trustee of King Edward's Grammar School, of which he was a former pupil; and in the same year he took part in the tercentenary commemoration of the foundation of the school. He resigned his seat on the Board of Trustees on leaving Bath. Mr. George joined the Board of Directors of the late West of England Bank in its early days, and for many years was a regular attendant at the weekly meetings, till obliged to retire from failing health.

Mr. George for many years had a select and remunerative practice in Bath, where he was most highly respected. He was one of the founders of the Bath Branch of the British Medical Association, and was on the Council from its commencement in 1836 till his retirement from Bath in 1866. He held the office of President of the Branch in 1844.

MEDICAL NEWS.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.—Up to and including December 12th, 1879, the following Licentiates in Medicine of the College have been admitted to membership, in accordance with the provisions of the Supplemental Charter.

John Claude Cormack, Liverpool; William James Eames, Devonport; Balthazar Walter Foster, Birmingham; Thomas Partridge, Stroud; George P. M. Woodward, London; Conolly Norman, Monaghan; Daniel McClure Ross, Monaghan; Robert Lynn Heard, Bray, co. Wicklow; Thomas More Madden, Dublin; William Scott, Augmacloy; Edward Peele, Dublin; Alexander Patton, Finglas, co. Dublin; Isaac Ashe, Dundrum, co. Dublin; Abraham Kidd, Ballymena; John Francis McVeagh, Dublin; Henry Peter Browne, Delgany, co. Wicklow; John H. Chapman, Dublin; Sidney Murdoch, Dublin; Joseph Henry Hatchell, Maryborough; Frank Thorp Porter, Dublin; Frederick William Warren, Dublin; Joseph Fuller, Bristol; Alfred Crespi, Lundy Island; Jukes de Styrar, Shrewsbury; Ralph R. Scott, A.M.D., Southampton; James Thompson, Leamington; Henry T. Cox, Portland; John Walsh, Blackburn; Richard M. Craig, A.M.D., Cyprus; Frederick H. Worswick, Manchester; Andrew Charles Johnston, Aberlady, N.B.; William Thomas, Sheffield; Thomas Williams, R.N., Dartmouth; Martin Gay Black Oxley, Liverpool; John Thomas Jones, London; William Keays, A.M.D., Cyprus; and James Nicholas Dick, R.N., London.

MEDICAL VACANCIES.

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

THE following vacancies are announced:—

- BEDFORD GENERAL INFIRMARY—Resident Surgeon. Salary, £100 per annum, with board and lodging. Applications on or before the 8th instant.
- *BRISTOL ROYAL INFIRMARY—House-Physician. Salary, £100 per annum, with furnished apartments, board, and washing. Applications on or before February 2nd.
- *BROMPTON PROVIDENT DISPENSARY—Medical Officer. Applications, with testimonials, to the Secretary, on or before the 3rd instant.
- *CHARING CROSS HOSPITAL—Surgical Registrar. Applications on or before the 3rd instant.
- DROGHEDA UNION—Medical Officer for Stamullen Dispensary District, at a salary of £110 per annum, with £20 per annum as Medical Officer of Health, and the usual Registration and Vaccination Fees. Election on the 12th instant.
- MIDDLESEX HOSPITAL—Assistant to the Ophthalmic Surgeon. Applications, with testimonials, on or before the 3rd instant.
- *ST. BARTHOLOMEW'S HOSPITAL—Assistant-Surgeon. Applications not later than the 8th instant.
- SEAMEN'S HOSPITAL SOCIETY—Visiting Physician. Applications on or before the 7th instant.
- THURLES UNION—Medical Officer for Templemore Dispensary District, at a salary of £100 per annum, with £10 per annum as Medical Officer of Health, Registration and Vaccination Fees. Election on the 14th instant.
- *UNIVERSITY COLLEGE, London—Professorship of Medical Jurisprudence. Applications on or before the 7th instant.
- *WORCESTER GENERAL INFIRMARY—Third Physician. Applications, with testimonials, not later than the 14th instant.

MEDICAL APPOINTMENTS.

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

- *CRANNY, John J., A.B., M.D., appointed Surgeon to Jervis Street Hospital Dublin, *vice* E. W. Collins, M.D., resigned.
- *SLOAN, Samuel, M.D., elected Physician to the Glasgow Maternity Hospital, *vice* R. Tannahill, M.D., resigned.
- *SPURGIN, H. B., M.R.C.S., Surgeon-Major Militia Medical Department, appointed to the Medical Charge of the 29th Brigade Depot at Northampton, under the provisions of Articles 49 and 51 of the recent Army Medical Warrant.
- SPURWAY, Charles, M.R.C.S.Eng., appointed Surgeon to the Cheltenham Dispensary.
- *TUNSTALL, A. C., M.B., C.M., appointed Medical Officer to the French Protestant Hospital, Victoria Park Road, and to the Children's Home, Bonner Road, E., *vice* John Dixon, M.B., C.M., resigned.

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.

DEATHS.

- JACKSON, Ernest Carr, M.R.C.S., at 15, Harley Street, aged 26, on December 26th, 1879.
- KEHOE.—At Arcachon, France, on December 23rd, 1879, Charlotte, wife of Thomas Bennett Kehoe, L.R.C.P. & S.E., Kilcumney House, Kildare.
- NORTON.—On December 25th, 1879, at 8, Redcliffe Hill, Bristol, "Alick" R. A. J. Norton, eldest son of *John A. Norton, M.D.

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, 9 A.M.—Cancer Hospital, Brompton, 3 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.—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.—East London Hospital for Children, 2 P.M.

SATURDAY.....St. Bartholomew's, 1.30 P.M.—King's College, 1 P.M.—Royal London Ophthalmic, 11 A.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., 1.30; 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. Lettsomian Lectures, by W. F. Teevan, B.A., F.R.C.S. Lecture 1: "The Treatment of Stricture of the Urethra".

TUESDAY.—Pathological Society of London, 8.30 P.M. Annual Meeting for Election of Officers. Dr. Ord: 1. Large Gallstone passed *per anum*, with remarks on the structure and formation of Biliary Calculi; 2. Some Urinary and Intestinal Calculi. Mr. F. Eve: Syphilitic Disease of Bone in a Fetus of six months. Dr. Coupland: Specimens of late Hereditary Syphilis. Dr. Lees: Malformation of the Heart, with transposition of Aorta and Pulmonary Artery. Mr. Godlee: Dislocation of the External Semilunar Cartilage.—Card Specimens. Dr. Coupland: Organs affected by Visceral Syphilis. Mr. Eve: Dislocation and Fracture of Clavicle; Dislocation forwards of first Phalanx of Thumb. Dr. R. Smith: Oesophagus and Stomach from a case of Carbolic Acid Poisoning. And other Specimens.

WEDNESDAY.—Epidemiological Society of London, 8 P.M. Dr. Norman Chevers, "Notes on the Relapsing Fever of India"; Surgeon-General Ross, C.I.E., "Remarks on Epidemic Diseases, Men and Animals, in the Colony of Natal".

THURSDAY.—Harveian Society of London, 8.30 P.M. Election of Officers; President's Address; and Conversazione.

FRIDAY.—Clinical Society of London, 8.30 P.M.—Annual Meeting. Election of Officers. Report of the Committee appointed to inquire into the deleterious effects which follow the prolonged and continuous use of chloral in ordinary doses. Dr. Goodhart, "On a Case of Rheumatic Fever treated with Salicylate of Soda, and terminating fatally"; Mr. Pick, "A Case of Substernal Dislocation"; Dr. Stewart (for Mr. Adam), "A Case of Bullet-Wound of the Lung. Mr. Brodhurst will show a Case of Genu Valgum (shown also last session). Mr. T. Smith will show (1) a Case of Spontaneous Gangrene, (2) two Cases of Cystic Hygroma, (3) and a large Nævus.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS respecting editorial matters should be addressed to the Editor, 161, Strand, W.C., London; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the General Manager, at the Office, 161, Strand, W.C., London.

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

PUBLIC HEALTH DEPARTMENT.—We shall be much obliged to Medical Officers of Health if they will, on forwarding their Annual and other Reports, favour us with Duplicate Copies.

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.

THE Index to the second volume of the JOURNAL for 1879 will be published with next week's number.

CHANGE OF VISION IN OLD AGE.

SIR,—Allow me to cap "Optic's" case by recording a similar one of six years' standing. I cannot say for how many years my patient (an old woman of eighty-six years) used spectacles previously to the return of her sight, but certainly more than ten years. For six years past, she has taken in charge the mending of all the household linen, knitting of socks, and the like, threading her needles without artificial or friendly help. I have heard of other cases; and I should think that at least one similar case might be found in any large town as large as this of 100,000 inhabitants.—Yours, etc.,

OCULUS.

SIR,—The patient of your correspondent "Optic" (see JOURNAL, December 6th, page 921) has doubtless lost his distant vision at the same time that he has acquired the power of reading his newspaper: thus he has not acquired any accommodative power, but has simply become myopic. This myopia may be due either to a sclerorchoroiditis posterior, which would be indicated by the ophthalmoscopic appearances in the fundus, and probably also by subjective symptoms, such as flashes of light, etc. But there have been cases which could not be accounted for in this way; and to explain these it has been assumed that senile changes in the lens, resulting in an increase of its density, have begun in its nucleus instead of, as is usual, at its cortical part, thus increasing its refractive power. The subject has been ably discussed by my friend Dr. Swan M. Burnett in the *American Journal of Medical Sciences* of April 1877.—I am, sir, your obedient servant, W. A. BRAILEY.

Royal London Ophthalmic Hospital Museum, Bloomfield Street, Moorfields, E.C., December 8th, 1879.

CONDENSED MILK.

SIR,—The analysis by your correspondent Mr. Hehner, however reliable, cannot outweigh the evidence which could be brought to confirm what I have stated with regard to the value of condensed milk. My views may be considered of such a character as may entitle them to be classed with those entertained by an "ignorant public," yet I adhere to them. Having had under my observation cases—and not a few in number—in which no other milk diet could possibly have been procured but the Anglo-Swiss for the uninterrupted period of six months, upon which infants have been most successfully reared, and under adverse circumstances, and having also witnessed its results in general practice since its introduction without disappointment, I confidently recommend its use as the best representative of human milk in a condensed form that can be procured.

Although I cannot give myself credit for the possession of any special intelligence, I cannot say that I have ever found myself in any "dilemma" when ordering the use of condensed milk. I use it as it is prescribed; and as concerns its intense sweetness being raised as an objection to it, I can simply reply that when children, I presume, we liked childish things, and I have yet to learn that sweets are obnoxious either to the tastes or to the digestions of childhood and infancy. As regards its indigestibility, your correspondent will be surprised to learn that in its undiluted form I have found it a valuable agent in arresting the persistent vomiting of infancy upon occasions when no liquid food has been able to be retained. A teaspoonful sucked slowly by the infant at stated periods, depriving it of all other food for four and twenty hours, has in my hands proved most successful. I admit to having seen infants fairly starved upon it, and others surfeited, by reason of its being mixed in improper proportions; but that can be no reason for its condemnation. "An ignorant public," thanks to the advancement of education, can at least read a plain label, as issued by the Anglo-Swiss Company on their tins; and if those instructions are adhered to, in the ordinary way, neither dilemma, rickets, skin-affections, nor any other evils ought, in my humble opinion, to threaten the existence of infants fed upon the Anglo-Swiss milk made abroad.—I remain, yours faithfully, December 1879. GEO. WORTHINGTON.

DISEASE OF THE NOSTRIL.

SIR,—Referring to "Ozzena's" communication in your issue of December 6th, I would recommend the daily application to the affected nostril of an ointment composed of iodoform, 5i; balsam of Peru, 3ii; vaseline to 3i. This should be applied with a soft brush. It is a mistake to suppose that the balsam destroys the disagreeable odour of the iodoform, but this may be effected by the addition of about fifteen to twenty drops of an essential oil. I have found the oil of verbenum most suited for this purpose, as, in addition to its other qualities, it does not irritate.—I am, sir, yours obediently, G. HUNTER MACKENZIE, M.D.

Edinburgh, December 8th, 1879.

FEES FOR MEDICAL WITNESSES.

SIR,—My registered assistant is subpoenaed to attend and give professional evidence in a divorce case at Westminster. He receives with the subpoena one guinea; he is detained two days. To what fee is he by law entitled? An answer in your next issue will oblige.—Yours,

THOS. WHEELER.

* * We much fear that our correspondent's assistant will find that he can only now get that which the parties who subpoenaed him choose to pay. At the time he was subpoenaed, he should have told the solicitor "I will attend the trial, but I shall not give any evidence unless you pay me £2 2s. or £3 3s. daily, with travelling expenses." He could refuse to be sworn unless a reasonable and just remuneration had been offered him, and the judge would support such refusal.