disposal in certain directions. The illustrations are excellent, and photography is used without being abused—that is to say, it is used chiefly for the presentation of appearances which are capable of examination by low magnifying powers. Up to the present time, microphotography with objectives of high powers has been little more than a serious plaything. It may one day develop into practical usefulness, and we owe thanks to those who will continue to work at it in that view; but, up to the present, rarely, if ever, have any photographs been presented from pathological objects, magnified more than sixty or seventy times, which were worth the paper on which they were printed.

SELECTIONS FROM JOURNALS.

PATHOLOGY.

TUBERCULOSIS OF THE HEART.—M. Sänger (*Archiv der Heilkunde*, Band xix, Heft 5 and 6), from data yielded by the anatomical examination of twenty-two cases of tuberculosis of the heart collected in his work, endeavours to establish the following forms of this affection: 1. Extrapericardial tuberculosis, having by direct propagation reached the pericardium and the myocardium; 2. Perimyocardial tuberculosis; 3. A myocardic tuberculosis properly so called; 4. Endocardial tuberculosis. The first form of tuberculosis of the heart generally proceeds from a tuberculous bronchial gland. It is doubtful if its originating focus can be constituted by a pleural tuberculous exudation. With reference to the nature of the tuberculous lesions which may affect the heart, Sänger distinguishes—1, circumscribed tuberculosis, characterised by the presence of large or small nodosities; 2, a diffuse tuberculosis; 3, chronic myocarditis with tuberculosis. 4. In cases of circumscribed tuberculosis, the cardiac muscle is the seat of an uniform alteration, leading to a homogeneous caseous transformation of the epicardium and the myocardium. It is under the form of tuberculosis that the cardiac muscle is habitually the seat of foci of softening of the centre. Finally, the third variety comprehends the cases in which a chronic caseous or fibrous myocarditis is only accidentally complicated with tuberculous lesions. Amongst the secondary changes brought on by tuberculosis of the heart, M. Sänger mentions one case of œdema of the valves of the left heart, two cases of hypertrophy and dilatation of the heart, one case of compression of the pulmonary vessels, one case of stricture of the right auricle, one case of dropsy of the pericardium. Tuberculosis of the heart supervenes at all ages; it has no special symptomatology. Thus, when it is characterised anatomically by the presence of true tubercles in the pericardium, it is only by accident that these latter are discovered on *post mortem* examination.

KERATOMYCOSIS ASPERGILLINA AS A CAUSE OF ABSCESS OF THE CORNEA.—Lieber (*Archiv für Ophthalmologie*, Band 25), says that it has been ascertained, by recent researches, that various kinds of minute fungi can grow in living cornea, and give rise by their growth to a severe suppurative inflammation. On the other hand, no observations have yet been made on a similar power of the mould fungi (*Schimmelpilze*). The opinion is rather generally held that the latter can only develope on the dead parts of animal and plant tissue, and not on living bodies. In a case of abscess, observed by Lieber, it now appears established that a mould-fungus (*aspergillus*) may develope itself in the living human cornea; and, from further researches carried on by him, it appears that the inoculation of the cornea with the aspergillus may give rise to a very active growth of the latter in the tissue of the cornea, and an intense suppurative inflammation, which is entirely similar to that excited by other fungi. The case in question was that of a countryman, twenty-four years of age, who had suffered an injury in working at a thrashing-machine, in consequence of a beard of oats which had struck the eye, and, without any complication of inflammation of the lacrymal sac, had given rise to a severe hypopyon of the cornea. What was remarkable about the case was the severe chemosis of the sclerotic, and a sort of white covering around the base of the swelling, which, on microscopic examination, proved to be the necrotic substance of the cornea, entirely penetrated and mixed up with threads of the fungus. Notwithstanding the opening of the abscess and antiseptic treatment, this process went on to complete destruction of the whole cornea and the formation of a total leucoma. For the purpose of a botanical determination of the fungus culture, experiments were made, with all necessary precautions, with small portions of the fungoid material taken from the living eye, of which those succeeded best which were carried on in fresh fruit juice, since the well-known fructification of aspergillus glaucus quickly developed in this solution. It must be assumed that the fungoid germ was introduced into the eye at the moment of injury. Probably the beard of the oat, which had for a long time been laid out in the open air, had this fungus attached to it; at least no other source easily suggests itself. It was further probable that the keratitis was chiefly due to the growth of this aspergillus, although the coincident effect of a spalt fungus cannot be entirely excluded. Further researches on guinea-pigs support also this view, since, in this aspergillus, when quite pure and raised by the fractional culture of spores suspended in weak solution of salt, and injected with a fine needle cannula into the cornea, quickly gave rise to a considerable development of the fungoid threads. Without regard to histological structure, they penetrate the cornea in all directions, through and through, and quickly establish themselves in its whole thickness and on a great part of its surface. At the same time, a suppurative inflammation of the border of the cornea sets up, and hypopyon occurs just as is observed after inoculation with micrococcus. Keratomycosis aspergillina is related closely to the mycosis of the same nature of the tympanum, where also aspergillus especially, according to the observations of Wraden, gives rise in the living tissue by its growth to active inflammatory processes.

MEDICINE.

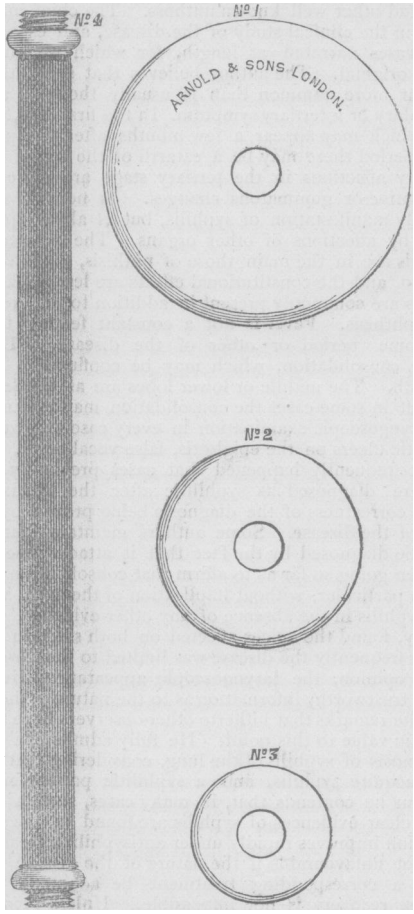
SYPHILIS OF THE LUNG AND ITS RELATION TO PULMONARY CONSUMPTION. — The important question of pulmonary syphilis has been recently discussed by Professor Schnitzler of Vienna in an interesting paper published in the *Wiener Medicinische Presse* (October 1879). The author's experience, which is confined to the acquired form of the disease, shows that syphilis of the lung can not only be recognised *post mortem*, but also may be diagnosed during life. The account which he gives of the pathological anatomy of pulmonary syphilis is mainly derived from the descriptions of Virchow, Wagner, Lancereaux, and other well known authors. The chief interest of the paper centres in the clinical study of the disease, and especially in the five striking cases narrated at length, for which we must refer the reader to the original. The author believes that syphilitic disease of the lung is far more common than is usually thought, and may be either a secondary or a tertiary symptom. In the first case, the affection is a catarrh, which may appear a few months after the primary sore, just as at the period there may be a catarrh of the larynx or pharynx. The pulmonary affections in the tertiary stage are more severe, and lead to indurative or gummatous changes. Is no case is the lung-disease the only manifestation of syphilis, but is always preceded and accompanied by affections of other organs. The symptoms of pulmonary syphilis are in the main those of phthisis, though hæmoptysis is less common, and the constitutional effects are less marked. Laryngeal symptoms are commonly present in addition to the ordinary chest-symptoms of phthisis. Fever is not a constant feature, though often present at some period or other of the disease. The physical signs indicate consolidation, which may be confined to one lung or may attack both. The middle or lower lobes are as a rule the seat of the disease, but in some cases the consolidation may be limited to the apices. A laryngoscopic examination in every case discovered characteristic syphilitic ulcers on the epiglottis, false vocal cords, or arytenoid cartilages. It frequently happened that cases previously regarded as phthisical, were diagnosed as syphilitic after the larynx had been examined, the correctness of the diagnosis being proved by the subsequent course of the disease. Some authors maintain that syphilis of the lung can be diagnosed by the fact that it attacks one lung only, Grandidier even going so far as to affirm that consolidation of the right middle lobe in particular, without implication of the apex, warrants the diagnosis of syphilis in the absence of any other evidence. Schnitzler, on the contrary, found the apices affected on both sides in some cases, although more frequently the disease was limited to the lower or middle lobe. In his opinion, the laryngoscopic appearances give the most important and trustworthy information as to the nature of the pulmonary affection, and he remarks that hitherto other observers have not attached much diagnostic value to this point. He fully admits the difficulty of making a diagnosis of syphilis of the lung, considering that a phthisical patient may acquire syphilis, and a syphilitic patient may become phthisical. But he contends that, in many cases, such a diagnosis is possible when clear evidences of syphilis are found in the larynx, and the lung-affection improves rapidly under antisyphilitic treatment. The prognosis is not unfavourable if the nature of the disease be early recognised, and a corresponding treatment be adopted; even in far advanced cases recovery is not impossible. Unless recognised and properly treated, pulmonary syphilis leads to consumption of the lungs. The treatment recommended is iodine in large doses, whether as iodide of potassium or of sodium, or in combination with iron if much anæmia be present. If this remedy do not produce the desired effect, it should be combined with a systematic mercurial inunction. Such

treatment always effected an improvement, and in many instances was followed by complete absorption of marked consolidations of the lung.

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

THE MEDICAL OFFICER'S STETHOSCOPE.

SIR,—A great authority on auscultation has remarked, that a new stethoscope requires to be tried on as carefully as a new hat. The reason for this is clear. Some men hear best with a concave ear-piece; others prefer a flat or slightly convex one; but all seem agreed that the ear-piece, whatever may be its form, is the most important part of a stethoscope. Still, the shape and size of the chest-end are not without importance; for, although medical men generally use the same instrument for all cases, pulmonary as well as cardiac, and for all patients, whether lean or stout, it is nevertheless a fact that, for the localisation of pulmonary sounds, especially in emaciated patients, a small-ended stethoscope is desirable; whilst, for collecting faint, distant, or deep-seated pulmonary sounds, a stethoscope with a large chest-end is to be preferred. It would be inconvenient, however, to carry two stethoscopes about with us. Even one stethoscope of the usual form is an awkward



instrument to carry, and many are the devices that have been adopted to overcome the difficulty. In my early days, the stethoscope used frequently to be carried crosswise inside the hat; and many Edinburgh graduates of five-and-twenty years ago will remember the circumstance of a medical student having been accused of being armed with a life-preserver, owing to his stethoscope having rolled out when his hat was knocked off in a snowballing encounter.

A perfect stethoscope should have the following qualities: it should be portable under all circumstances; it should be a good conductor of sound; its ear-piece should be of a shape to fit any ear; its chest-end should be capable of being adapted to any surface, and it should be suitable for any case. The instrument which I have devised will, I believe, meet nearly all these requirements. It consists of four parts—viz., a stem, an ear-piece, and two chest-pieces. The stem is a wooden cylinder, six inches and a half long, having an uniform diameter of half an inch, with a short entering-screw at each end. The ear-piece, of boxwood, ivory, or ebony, is slightly convex on one side, and slightly concave on the other, rather less than the eighth of an inch thick, and about two inches in diameter, with a receiving-screw in the centre. No. 1 chest-piece exactly resembles the ear-piece, except in having a diameter of only one inch and a half; No. 2 chest-piece is exactly like No. 1, except that it has a diameter of only one inch. The screws of the ear-piece and chest-pieces are all alike, and are made to fit either end of the stem. They are also reversible, so that the surface applied to the ear or to the chest may be either concave or convex, as required; either chest-piece may be used, according to the nature of the case. For cardiac cases and for very emaciated patients, I use the smaller one; but for pulmonary sounds, in persons ordinarily well nourished, I prefer the larger chest-piece. When the stethoscope is not required for use, the ear- and chest-pieces can be unscrewed and carried in the waistcoat-pocket, occupying about the same space as a crown, a half-crown, and a shilling; whilst the stem can be carried as easily as a pencil-case. Thus, by substituting a couple of nearly flat chest-pieces for the ordinary trumpet-shaped extremity, an elegant and universally applicable instrument is obtained, for which even military officers, whose pockets have been reduced to the vanishing-point, will be able to find room. Country doctors also, to whom the ordinary stethoscope is a burden when riding, whether carried in the hat or pocket, would find this instrument particularly useful.

Stethoscopes of this description are now made by Messrs. Arnold and Sons of West Smithfield, E.C., to whom I am indebted for much intelligent aid in executing my design.—I remain, sir, your obedient servant,

H. VEALE, M.D.

Royal Victoria Hospital, Netley, October 30th, 1879.

A NEW BED-URINAL.

MESSRS. EDWARDS and BRADLEY, 7, Devonshire Place, Vauxhall, have produced a new convenience for the use of invalids suffering from incontinence of urine. There has hitherto been no efficient apparatus to relieve the discomfort produced by this distressing malady; and we are inclined to think that the present invention—the result, it is stated, of nearly two years' experimenting—will prove to be very useful and acceptable to many.

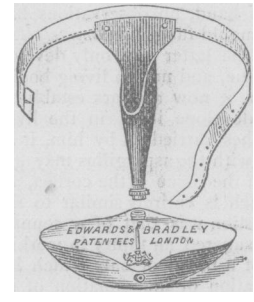


Fig. 1.—Male.

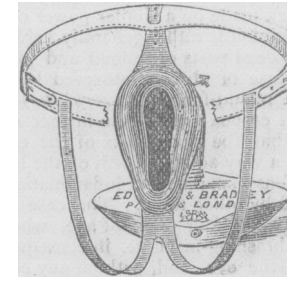


Fig. 2.—Female.

It consists of two parts, one acting as a reservoir, and the other adapted to the patient's body; the parts united together by screw-mounts. The reservoir is of plated metal, and is ingeniously formed so as to completely bury itself in the bed or couch under the thighs of the patient. The upper part is of India-rubber, and differs somewhat, according to the sex for which it is designed. For men (Figure 1), it consists of an India-rubber sheath attached to the body by means of a soft band round the hips. For women (Figure 2), it is shaped like a narrow curved basin, the edges of which can be inflated with air; and it is fastened to the body by means of two perineal straps and a front strap attached by buckles to a band passing round the hips. The contrivance allows of no regurgitation of urine and no leakage, and is easy to keep clean.

cerned at the dairy-farm; that, while probably on one or two previous days the milk had been contaminated in a less degree, on one special occasion it was especially contaminated; that the contents of the milk-can from which the northern group of customers were supplied were on that occasion contaminated in a higher degree than the contents of the other can from which the southern group were served, and that thus there was more general spread of fever among the former than among the latter; that this special contamination probably took place at the morning milking on Saturday, August 2nd; and that the period of incubation in the majority of cases was about forty-eight hours.

ASSOCIATION INTELLIGENCE.

GLOUCESTERSHIRE BRANCH.

THE next meeting will be held in the Board Room of the General Infirmary, Gloucester, on Tuesday, January 20th, at 7.30 P.M., under the presidency of T. S. ELLIS, Esq., of Gloucester.

The following papers are promised.

1. Sequel of a Case of Skin-Dlsease shewn last year: Mr. Ellis.
2. Cancer of the Liver: Dr. Payne.
3. A Costless Water-Supply: Dr. Bond.
4. Hospital Medical Cases: Dr. Batten.

RAYNER W. BATTEN, *Honorary Secretary.*

Gloucester, January 13th, 1880.

METROPOLITAN COUNTIES BRANCH: SOUTH LONDON DISTRICT.

THE next meeting of this district will be held at Bethlem Hospital, St. George's Road, S.E., on Wednesday, January 21st, at 8 P.M.: JOHN WOOD, Esq., F.R.S., President of the Branch, in the Chair.

A discussion on Private Lunatic Asylums will be opened by Dr. John C. Bucknill, F.R.S.; and a resolution regretting the retirement of Dr. William Farr will be proposed for adoption.

H. NELSON HARDY, *Honorary Secretary.*

The Grove, Dulwich, S.E., January 14th, 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, E. C. BOARD, } *Honorary Secretaries.*

Bath, January 1st, 1880.

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.

MEDICAL MAGISTRATE.—Mr. James Charlesworth, M.R.C.S.Eng., has been placed on the Commission of the Peace for the Borough of Hanley, Staffordshire.

THE CORONER'S COURT.—The adjourned meeting of medical men to consider their relations with the coroner's court was held in the Court Room, King's Road, St. Pancras, on Tuesday last, under the presidency of Dr. Hardwicke. Several fresh resolutions were moved, discussed, and carried; and suggestions made for necessary alterations in the Registration Act. It was also moved and carried that a report of the proceedings of the last two meetings which have been held should be prepared and presented for consideration to the medical profession, in view of impending legislation on the subject during the ensuing Parliamentary session. Dr. Thomas, the Deputy Coroner, with the assistance of Dr. Stevenson, was requested to draw up the report. The meeting ended with a cordial vote of thanks to Dr. Hardwicke for his kindness in presiding and allowing the subject to be discussed before him.

CORRESPONDENCE.

THE RELATIONS OF COW-POX AND HUMAN SMALL-POX.

SIR,—In the leading article of the last issue of the BRITISH MEDICAL JOURNAL, the question of "the identity of cow-pox and human small-pox" is mentioned, but not discussed. Believing that much error is afloat in respect of that question, I am desirous of making some remarks upon it.

That the vaccine—or rather the equine—disease owed its virtue and efficacy in vaccination to the fact that it was really small-pox in another form, was an opinion which I had inconsiderately adopted. I have since done what I could to make known my reasons for abandoning that belief, which I fancy is no uncommon belief. A little consideration will suffice to show that the vaccine disease is *sui generis*. In no sense does it owe its origin to small-pox. There is no such relation between the two as that of parent and offspring. The true attitude of cow-pox towards small-pox is an attitude of antagonism. Cow-pox is a *preventive cause* against, not an *effect* of, pre-existing small-pox. All this is equally true of all the disorders properly called *zymotic*, including small-pox itself.

It follows that the attempts made forty years ago to procure fresh lymph for vaccination purposes, by inoculating the cow with the virus of human small-pox, were a mistake. The cow so treated underwent no fever or constitutional affection, and presented no local phenomena beyond some pimples containing no fluid around the incised spot. The ensuing so-called vaccination was, therefore, performed by taking matter from the original incision on the cow and inserting it into the vaccinated person, who, in fact, was not *vaccinated* at all, but *inoculated with small-pox:* the very process which, in years gone by, was voluntarily submitted to by thousands of unprotected persons, of whom I was myself one, whereby we obtained great individual advantage and safety, while the community at large was seriously injured in consequence of the introduction of the poison of small-pox into multitudes of places to which otherwise it might never have come.

There must have been—there probably still is—a vast amount of mitigated small-pox thus spread about; and hence some of the strange apparent anomalies of our vaccination statistics.—I am, sir, your faithful servant,

THOMAS WATSON.

16, Henrietta Street, Cavendish Square, January 14th, 1880.

*** The main reasons alleged for believing that cow-pox is in fact small-pox inoculated in the cow, and not a special and different disease, are, as we understand them: 1. That it is always "cow-pox", and never "bull-pox"; and that analogies fail of zymotic or infective diseases proper to a race or species which affect only the male; 2. That, whereas what was described as "cow-pox" was a very common disease when small-pox was prevalent among milkers, and abounded in Jenner's time, it is now so rare that large rewards, offered for a considerable space of time, fail to produce examples; 3. That cow-pox is a disease of the udder, which is the part handled by the milkers; 4. That the matter taken from the vesicles of a cow successfully inoculated with small-pox matter (and then infected with human small-pox) produces, when vaccinated into the human subject, pustules on the arm (and there only) indistinguishable in character, course, and effect, from those of ordinary Jennerian vaccination. We are not aware whether Sir Thomas Watson traverses these propositions, or how he deals with them. It would be a matter of great interest if he would restate his argument in respect to them.—ED. B. M. J.

THE NAVAL MEDICAL SERVICE.

SIR,—I have read your excellent and truthful article in the last issue of the BRITISH MEDICAL JOURNAL, on the Disabilities of the Naval Medical Department; and, as you allude therein to the rumour of a new warrant being under consideration at the Admiralty for the amelioration of medical officers, I think it right to acquaint you at once, for the information of intending candidates at the examination advertised in February next, that the Admiralty have abandoned all idea of bringing

the University and Colleges on the teaching of and examining in *natural science and medicine*. The result shown is the graduation of about twenty-five men annually in natural science, and a varying small number, probably included in the above, who take a degree in medicine. We may add, in justice to those who take the opposite view, that many Oxford-trained students holding important scientific posts elsewhere may be regarded as partly the outcome of the above quoted expenditure; but we must still complain that the result is not commensurate with the cost, and that the money might be redistributed with advantage to science, to medicine, and to the University.—I am, sir, yours, etc.,

H. DONKIN.

Upper Berkeley Street, January 1880.

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF LONDON.

THE House of Convocation of this University held a meeting on January 13th. The Convocation took into consideration a question referred to the annual committee, whether the Preliminary Scientific and First M.B. Examinations might not with advantage be held more frequently than once a year. Drs. G. V. Poore and J. Curnow moved the following resclution:

"That the Senate be requested to consider whether it would not be desirable that, in future, the Preliminary Scientific and First M.B. Examinations should be held twice annually."

The reasons urged on behalf of the resolution were the following. 1. There was a gradual increase of late years in the number of candidates at both these examinations. 2. As proved by statistics, a large percentage of the rejected candidates failed in only one or two subjects, and it seemed neither expedient nor just to make such candidates wait a whole year for a second chance. 3. There was every reason to believe that the long interval between the examinations in question kept many good students from beginning, and others from continuing, the course of medical study required by the London University. Apart from the question of time, there was that of expense. It was obvious that preparation for these examinations involved attendance in colleges or schools where the student could have access to laboratories and dissecting-rooms. 4. The University of London was the only University or medical examining body (save Oxford) which held examinations of the kind but once a year. 5. The published statistics of the University of London showed that a large percentage of candidates for the medical degrees stopped short from no obvious cause, and it was but reasonable to suppose the length of the curriculum (a length which became excessive in case of failure at any examination) to be the sole deterring cause with many. 6. If held more frequently, students would most likely be better prepared for these examinations. 7. It was most desirable that as many students as possible should be induced to enter for the medical degrees in this University; and this should be done by offering every reasonable facility, but without in any way changing the character of the examinations. Under this head, Dr. Poore denounced very emphatically the clamour for easy graduation, which, he said, the British Medical Association had humoured far too much. He could not for a moment admit that preparation for the London medical degrees too heavily taxed the brain, still less that they favoured "cramming". The high positions in the professions and in public life filled by London University men could not have been taken by forced scholars. On the eighth and last argument in the report, in answer to the suggestion that it might be sufficient, at least for a time, if the Preliminary Scientific Examination alone were held once a year, the mover of the resolution did not deem it necessary to remark further. Members of Convocation would see this was of comparatively little advantage, since candidates who might pass that examination in the winter would still be unable to pass the First M.B. Examination until eighteen months later. No debate arose on the resolution, and it was carried *nem. con.* The report of the scrutineers gave 535 as the number of votes for Mr. Shaen, 177 for Mr. Herschell, and 115 for Dr. Weymouth for the vacant seat on the Senate.

BRIGADE SURGEONS.—A military correspondent calls our attention to the fact of no brigade surgeons having been yet appointed according to the terms of the new Army Medical Warrant. It is probable that the delay in making these appointments is due to the want of the necessary funds for meeting the expenditure which would be incurred by them, and that none will be made until the estimates for the purpose have received the sanction of the House of Commons in the forthcoming session.

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 January 7th; and, when eligible, will be admitted to the pass-examination.

Messrs. Samuel Crawshaw, Henry Mitchell, John W. A. Wood, and Clement B. Voisey, students of the Manchester School; Frank E. Musgrave and Francis O. Hodson, of the Cambridge School; Thomas R. Mulroney, of the Bombay School; Charles A. Wolrige, of the Bristol School; John H. Wilson, of the Aberdeen School; Richard Brown, of the Newcastle School; Wm. O. Maher, of the Dublin School; George Fox, of the Leeds School; and Osborne H. Hudson, of the Sheffield School.

Eleven candidates were rejected.

The following passed on January 9th.

Messrs. Arthur T. Wills, Thomas W. Buckley, and Ralph G. Heathcote, students of the Manchester School; Charles B. Parker and Edward H. Squire, of the London Hospital; Charles W. E. Toller and Edward S. Webber, of St. Bartholomew's Hospital; Edward F. Greenhill and George Serjeant, of University College; William Groom, of the Cambridge School; Austin C. Bissill, of St. George's Hospital; William J. Stephens, of King's College.

Twelve candidates were rejected.

APOTHECARIES' HALL.—The following gentleman passed his examination in the science and practice of medicine, and received a certificate to practise, on Thursday, January 1st, 1880.

Hart, Robert Alfred Hillings, Stones' End House, Southwark

The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, January 8th, 1880.

Sanjana, Kavasji Cursetji, Gower Place, Euston Square
Sawtelle, Frederick Appleton, Chatham Place, Brighton

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

Conolly, Paul Bennett, Charing Cross Hospital
Cooper, Richard Gilpin, St. Bartholomew's Hospital
Stevenson, Henry Wickham, St. Bartholomew's Hospital

ROYAL COLLEGE OF SURGEONS IN IRELAND.—At the examinations held on Monday, December 8th, 1879, and following days, the undernamed gentlemen passed their final examination for the Letters Testimonials of the College, and having made and subscribed the declaration, were admitted Licentiates.

Robert Allman, Richard John Baker, Charles James Barry, James Henry Beattie, Robert Ettingsall Beattie, Charles Matthew Brady, Hubert Watson Brownrigg, Charles Hayden Cox, James Davison, Matthew Digan, George Digby, George Philip Elliott, Hubert Flanagan, John Gray, Arthur Greene, Arthur Robert Harper, Thomas Higgins, John Anderson Irwin, L'Estrange Isdell, James Kernan, Anthony Kidd, Patrick Joseph Lenihan, John Stephen M'Ardle, John M'Cullagh, John M'Loughlin, George Alexander Montgomery, Charles George Drummond Moss, John Murphy, Thomas Joseph O'Donnell, James Joseph O'Dwyer, John Pollock, William James Swanson, John Whittaker Tate, William Augustus West, Edward De Lacy Wickham, and John Wilson.

UNIVERSITY OF DUBLIN.—At the recent Michaelmas Term Examinations for the Degrees of Bachelor of Medicine and Bachelor of Surgery, the following candidates were successful.

For the Degree of M.B.—John P. Barry, Wallace Beatty, Malcolm H. Moore, and Richard H. Sawyer.

For the Degree of B.Ch.—Wallace Beatty, Joseph D. Pratt, Robert H. Johnston, and John A. De Courcy Williams.

MEDICAL VACANCIES.

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

THE following vacancies are announced:—

BIRMINGHAM GENERAL HOSPITAL—Resident Registrar and Pathologist. Salary, £130 per annum, with board and residence. Applications on or before the 26th instant.

BRIGHTON AND HOVE DISPENSARY—Resident House-Surgeon. Salary, £140 per annum, with apartments, gas, etc. Applications on or before February 2nd.

BRISTOL ROYAL INFIRMARY—House-Physician. Salary, £100 per annum, with furnished apartments, board, and washing. Applications on or before February 2nd.

*CITY OF DUBLIN HOSPITAL—House-Surgeon. Salary, £100 per annum, with apartments, light, fuel, and attendance. Applications on or before the 26th instant.

*EVELINA HOSPITAL FOR SICK CHILDREN.—Registrar and Chloroformist. Salary, £30 per annum. Applications not later than February 5th.

GLAMORGANSHIRE AND MONMOUTHSHIRE INFIRMARY AND DISPENSARY—Dispenser and Assistant to House-Surgeon. Salary, £50 per annum, with board, lodgings, attendance, gas, etc. Application to the Secretary.

*HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST—Assistant Physician. Applications and testimonials to be sent on or before the 21st instant.

IRVINESTOWN UNION—Medical Officer for Workhouse, at a salary of £70 per annum. Election on the 21st instant.

IRVINESTOWN UNION—Medical Officer for Irvinestown No. 1 Dispensary District. Salary, £100 per annum, with £15 yearly as Medical Officer of Health. Registration and Vaccination Fees. Election on the 21st instant.

KENT COUNTY ASYLUM, Barning Heath—Senior and Junior Assistant Medical Officer. Salary, £220 and £150 per annum, with furnished apartments, washing, gas, etc. Applications, with testimonials, on or before January 20th.

*LONDON FEVER HOSPITAL—Physician and Assistant-Physician. Applications, with testimonials, to the Secretary, not later than February 7th.

MANCHESTER ROYAL INFIRMARY—Resident Surgical Officer. Salary, £150 per annum, with board and residence. Applications, with testimonials, to the Chairman of the Board on or before January 17th.

NORTH-WEST LONDON HOSPITAL FOR WOMEN AND CHILDREN—Physician. Applications to the Secretary on or before the 20th instant.

OUGHTERARD UNION—Medical Officer for Lettermore Dispensary District. Salary, £100 per annum, with £10 a year as Medical Officer of Health. Registration and Vaccination Fees. Election on the 24th instant.

ROSCREA UNION—Medical Officer for Roscrea No. 1 Dispensary District, at a salary of £100 per annum, £10 as Medical Officer of Health, with Registration and Vaccination Fees. Election on February 2nd.

ROSCREA UNION—Medical Officer for Workhouse, at a salary of £80 per annum. Election on February 5th.

ROYAL PORTSMOUTH, PORTSEA, and GOSPORT HOSPITAL—House-Surgeon. Salary, £100 per annum, with board and residence. Applications on or before the 22nd instant.

WEST KENT GENERAL HOSPITAL, Maidstone—House-Surgeon. Salary, £120 per annum, with lodgings, attendance, etc. Applications on or before the 31st instant.

MEDICAL APPOINTMENTS.

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

*CHANING-PEARCE, J., M.D., appointed Honorary Medical Referee to the British Home for Incurables, Clapham Rise.

*HOBSON, J. M., M.B., appointed House-Surgeon to the North Eastern Hospital for Children, Hackney Road, E.

*MACFIE, Johnstone, M.D., appointed Aural Surgeon to the Glasgow Royal Infirmary, and Lecturer on Aural Surgery in the Medical School, *vice* J. Patterson Cassells, M.D., resigned.

*MACNAB, James, L.R.C.S.Ed., appointed Certifying Factory Surgeon for Stirling District, *vice* Andrew Beath, L.R.C.S.Ed., deceased.

*PYLE, Thomas T., M.D., appointed at Quarter Sessions of the County of Durham Visiting Physician to the Dinsdale Park Lunatic Asylum.

RIGDEN, Brian, M.R.C.S., L.S.A., appointed Assistant-Surgeon to the Canterbury Dispensary.

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.

FLEMING.—At 155, Bath Street, Glasgow, on the 9th instant, the wife of William James Fleming, M.B., of a son.

DEATHS.

BEECROFT.—On the 12th instant, aged 59 years, Samuel Beecroft, F.R.C.S., of Hyde, Cheshire. Friends will please accept this intimation.

FOSTER.—On the 7th instant, at Huntingdon, Michael Foster, F.R.C.S., aged 69.

THE LATE MR. HANCOCK.—At the last meeting of the Council of the Royal College of Surgeons, it was resolved unanimously: "That the sincere condolence of the Council be and is hereby offered to Mrs. Hancock and her family in the irreparable loss which they have sustained by the decease of Mr. Henry Hancock. That the Council feel that by the death of Mr. Hancock they have lost not only a valued and esteemed personal friend, but a colleague who, throughout the whole of his long official career, has taken the keenest interest in the welfare of the College, and has worked with incessant energy for the good of the profession which he adorned."

REGIMENTALISM AND UNIFICATION.—We have received a letter from Surgeon-General J. Mcuat, of the Army Medical Department (retired), in which that officer very fully discusses the relative merits of the unification and regimental systems of army medical administration, and also of a mixed system combining the two modes of administration, with particular reference to the medical results obtained during the late war in South Africa. We feel, however, that it would answer no good purpose to open our columns to a fresh discussion of these questions after the recent publication of a new warrant, the very decided and explicit declarations made by two successive Secretaries of State for War, that under no circumstances would a return to the regimental system of army medical administration be sanctioned.

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 Orthopædic, 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 Orthopædic, 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., 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; Orthopædic, 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; Orthopædic, 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 II.

TUESDAY.—Pathological Society of London, 8.30 P.M. Dr. Coupland: Late Hereditary Syphilis: organs affected by Visceral Syphilis. Dr. Lees: Malformation of Heart, with transposition of Aorta and Pulmonary Artery. Mr. Godlee: Dislocation of External Semilunar Cartilage of Knee-joint. Mr. Eve: 1. Dislocation and Fracture of Clavicle; 2. Dislocation forwards of first Phalanx of Thumb. Dr. R. Smith: Œsophagus and Stomach from a case of Carbolic Acid Poisoning. Dr. W. Ewart: Congenital Malformation of the Left Kidney; Double Ureter on both sides of the body. Mr. Hulke: Drawings of Cancer. Dr. Pye-Smith: Membranous Inflammation of the Air-Passages. Mr. Morgan: Specimen of Diseased Bone. Dr. Goodhart: Congenital Occlusion of the Duodenum; Gangrene of the Colon. Dr. Norman Moore: Ulcer of Stomach; Perforating Ulcer of Duodenum. Dr. Gilbart Smith: Epithelioma of Pharynx. Dr. Buzzard: Cases of Locomotor Ataxia, with Osseous and Articular Lesions (living specimens).

FRIDAY.—Clinical Society of London, 8.30 P.M.—Mr. Pick: A Case of Subastragaloid Dislocation. Dr. Hewan (for Mr. Adam): A Case of Bullet-Wound of the Lung. Dr. Habershon and Mr. Davies-Colley: Pyelitis; Discharge of Pus; Incision in the Loins; Recovery. Dr. Habershon: Chylous Urine after Ague in India; Albuminuria; Cessation of Chylous Urine with the development of Glycosuria and Polyuria. Dr. Pavy will exhibit a modified form of the Copper-Test for Sugar, especially adapted for clinical use. Dr. Sturge will show Two Cases of Trade-Neurosis.

It is interesting to note respecting the cases that have been lately recorded in the JOURNAL, that in eleven cases in which the age of the patient was stated, the age on the average was 72, and also that eight of the cases were males, and only in four were there symptoms of syncope. W. J. TYSON, M.B., F.R.C.S.

Folkestone, December 30th, 1879.

AN EXPLANATION.

IT is with no desire to hurt Dr. Allison's feelings that we publish the subjoined letter as written. In form and substance, taken in connection with the communication to the provincial paper which we copied and criticised, it is worthy of a place, unaltered, as a document to serve for historical use, since it shows what may be written in the year of grace 1879 by an university graduate.

"Sir,—Your caustic remarks appended to my article upon '*lightning in cancer*', transferred from the *Yorkshire Post*, admitts, I hope, of reasonable explanation. In the first place, I agree with you in objecting to the publication of scientific matter in provincial newspapers; To meet your charge on this head, I may state, that I sent the report in question to the '*Lancet*', which was not inserted, in proof of which, see that periodical of 22d of November last. In the next place you seem to discredit my statement, to the effect, viz.: that I heard the late Dr. Goldin Bird, assert his belief in the curative effects of electrical sparks drawn from cancerous structurs. In a medical society in Red Lion Court, Fleet street; I was present and heard the Dr. express his views on the subject of cancer. Indeed I labour no misapprehension, as you seem to think, on this part of your critisism. You profess to think that this statement is absurd, and not in accordance with the doctors good sense. I hold myself in no way responsible for the gentlemans theory of cancer; and only repeat the fact, that my patient, seemed to be cured of a diseased lip, soon after he received the lightning strokes as reported in your spirited journal of the 27th ult. My late patients widow is still alive at Langtoft, and his daughter, Mary, resides at Moot Hill, Driffield; both of whom can support the statement which I have advanced; and Dr. Eames, of Driffield, can testify to the extirpation of a malignant tumour from laryx of Ruben Stephensons granddaughter.

"I neglected to state that after old Stephenson was struck down by the lightning, he enjoyed complete freedom from the cancerous lip for many years. The disease, however, eventually reappeared, and proved fatal. When medical editors neglect to publish authenticated articles of scientific interest, the provincial press must be invoked to meet the wants of scribbling aspirants.—I am, sir, yours respectfully,

"Dec. 28th, 1879. "A. ALLISON, M.D."

AN EMPTY COVER.—There has been delivered at the office, addressed to the editor, a cover of which the contents have been lost in the post. It bears postal date "Belfast, Jan. 9."

CONTRACTED COLON.

X. U. (member of the British Medical Association) will be glad to receive suggestions, through the medium of the JOURNAL, as to the best means of keeping the fæces soft in a case of contracted colon. The patient is a gentleman aged between 50 and 60.

MR. COCKING writes to us to say that the specimens of poroplastic jackets, of which Dr. Sayre spoke at University College Hospital, turn out to have been piracies made of spurious material, and he recommends that the poroplastic material should only be purchased of his accredited agents.

FINSBURY SQUARE HOSPITAL FOR WOMEN.

SIR,—I have noticed on the roofs of the North Metropolitan tram-cars an immense placard, about twenty-four inches in length, proclaiming the advantages of this hospital, and announcing the fact that the consultation fee is the moderate sum of 3s. 6d. Do you think such advertisements strictly professional?—Yours, M.D.

VIVISECTION.

MR. L. MACKENZIE (Tiverton).—The following is the list of papers on the vivisection controversy which would probably be most useful: some at least would be supplied to any one who applied to the Secretary of the Physiological Society, Professor G. F. Yeo, 15, Albemarle Street. Memorandum on the Act (Vict. 39-40), by Teachers of Physiology (Mr. Yeo); The Vivisection Question popularly discussed, by Professor Hermann (Williams and Norgate); What has Experimental Physiology done for the Advancement of Surgery? by Dr. McDonnell (Fannin, Dublin); Man and the Lower Animals: a Sermon, by the Rev. Dr. Coghlan (Cooper, Long Acre); Address to the Section of Anatomy and Physiology of the British Association for the Advancement of Science, by Dr. Pye-Smith (in Annual Report, and in *Nature* for August 1879); the Blue-Book of the Royal Commission, especially the evidence of Dr. Sharpey, Sir William Gull, and Dr. McKendrick.

DR. DE COURCY MORRIS.—Duly received, and marked for early insertion.

THE TREATMENT OF VARICOCELE BY ACUPRESSURE OF THE SPERMATIC VEINS.

SIR,—I beg to offer my congratulations to Mr. Osborn for his success in treating three cases of varicocele by the above named method, which, I believe, was first suggested by myself in the BRITISH MEDICAL JOURNAL for March 16th, 1878.

Manchester, January 12th, 1880. S. MESSENGER BRADLEY.

COSTER'S PASTE.

SIR,—In answer to your correspondent's inquiry as to the formula of Coster's paste, the usual formula, I believe, used is:

℞ Iodine pigment ʒii; huile de cade or oil of juniper tar ʒi. Misce. Fiat embrocatio.

I find the following formula most effectual:

℞ Pigmenti iodi ʒiii, vel ʒiv; creasoti puri ℥ss; huile de cade ℥ss. M.

In cases of early ringworm, it is an effectual remedy if well brushed into the roots of the hair. The addition of a quantity of iodine makes the preparation more valuable.—I am, yours faithfully, JAMES STARTIN.

RESPECTABLE CHEMISTS.

SIR,—The enclosed recommendation of counter-prescribing I extract from *The Boy's Own Paper* of a recent issue. I think it is strange that it should have been inserted, seeing the editor affixes "M.D." to his name. I enclose my card, and remain, yours truly, QUI FACIT PER ALIUM FACIT PER SE.

"I. O. F.—Your swollen finger-joints probably arise from rheumatism. In that case, you should *consult* a medical man or *respectable chemist*, as a remedy which suits one person will not suit another."

MEDICAL ADVERTISING.

WE are very sorry to see in the *Teignmouth Gazette*, under the heading "Advertising Trade List and Directory for Teignmouth": "Physicians.—Canny, D. J., 3, Victoria Terrace; Lake, W. C., 2, West Cliff Terrace; Magrath, J., 7, Crescent, Den."

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.

UNDECIDED.—The diploma of the Faculty of Physicians and Surgeons of Glasgow is a qualification in surgery. A qualification in medicine is required in addition for the medical services of the army and navy.

THE letters of Mr. McEwen, Dr. Cameron, Mr. Holmes, Dr. Dick, Mr. Strugnell, and other correspondents, are deferred this week through pressure on space.

WE are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Western Morning News; The Glasgow Herald; The Manchester Guardian; The Yorkshire Post; The Leeds Mercury; The Cork Constitution; The Coventry Herald; The British Guiana Royal Gazette; The Ceylon Observer; The Wigan Observer; The Peterborough and Huntingdonshire Standard; The Sussex Daily News; The Liverpool Mercury; The Banffshire Journal; The Newport and Market Drayton Advertiser; The North Wales Guardian; The Sheffield Daily Telegraph; The Wexford Independent; etc.

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

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

Dr. Alfred Carpenter, Croydon; Dr. Burney Yeo, London; Dr. Finny, Dublin; Dr. Cameron, Glasgow; Mr. Vincent Jackson, Wolverhampton; Mr. J. Spence, Edinburgh; Mr. G. Field, London; Mr. B. Rigden, Canterbury; Mr. G. B. Baker, London; Mr. F. W. Strugnell, Highgate Hill; Dr. A. Grant, London; Dr. J. Milner Fothergill, London; Messrs. Sampson Low and Co., London; Mr. L. Mackenzie, Tiverton; Dr. Joseph Petit, Letterkenny; Mr. W. Fowler, London; Mr. T. M. Ward, Exmouth; Mr. John E. Neale, London; The Secretary of Apothecaries' Hall; Dr. P. Miller, Dundee; Mr. H. Gramshaw, Lowestoft; Mr. W. Braumüller, Vienna; The Secretary of the Medical Society of London: Mr. Thomas Smith, London; Dr. Mahomed, London; The Registrar-General of England; Mr. John S. Nairne, Glasgow; Dr. Campbell, Liverpool; Our Glasgow Correspondent; Dr. G. Bantock, London; Dr. A. Hughes Bennett, London; The Registrar-General of Ireland; M.D.; Dr. Dowse, London; Dr. Spender, Bath; Dr. Landolt, Paris; Mr. Thurlow, Swansea; Mr. Lewis Mackenzie, Tiverton; Dr. W. C. Wicks, Newcastle-upon-Tyne; Dr. A. Morrison, Melbourne, Australia; Mr. J. Whitlock, Linton; Dr. E. Haughton, Norwood; Mr. Burman, Bamburgh; Dr. C. Hilton Fagge, London; Dr. Prosscrow, St. Petersburg; Mr. John M. Hobson, London; Dr. R. Bruce Low, Helmsley; Dr. John Bassett, Birmingham; Dr. Louis Henry, Melbourne; Dr. Wilks, London; Dr. Chaning Pearce, London; Mr. R. Ceely, Aylesbury; Dr. R. de Courcy Morris, Birkenhead; Dr. T. Starkey Smith, Warrington; Mr. J. B. Sincock, Bridgwater; Mr. McEwen, Glasgow; Mr. Harold Lewis, Bath; Mr. M. A. Markham, London; Mr. C. Vipan, Brighton; Dr. G. H. MacSwinney, London; Mr. C. H. Roberts, London; Dr. R. Midgley Cash, Torquay; Mr. M. Foster, Shelford; Our Edinburgh Correspondent; Mr. G. Eastes, London; The Secretary of the Pathological Society; Dr. Norman Kerr, London; Dr. Joseph Rogers, London; Mr. Jackson Gawirth, London; Dr. H. C. Cameron, Glasgow; Mr. S. Murphy, London; Mr. S. Chatwood, London; Dr. A. Wise, London; Mr. S. Benton, London; Mr. J. W. Teale, Scarborough; The Secretary of the Clinical Society; Our Dublin Correspondent; Mr. W. D. Hemming, Bournemouth; Mr. S. Arnold, Leicester; Mr. E. Robinson, Dukinfield; Dr. W. T. Robertson, Brighton; Mr. Nelson Hardy, London; Mr. W. H. Day, Norwich; Mr. J. E. Neale, London; Mr. Flower, Broad Chalk, Salisbury; Mr. J. M. Ryan, Sheffield; Mr. J. F. West, Birmingham; Mr. J. Charlesworth, Hanley; Dr. G. Hoggan, London; Dr. A. Skipton, Hereford; Dr. Gairdner, Glasgow; Mr. F. Arnold Lees, Wetherby; Mr. Arthur Kempe, Exeter; Dr. Semple, London; Mr. J. Farrant Fry, Swansea; Mr. R. N. Craven, Southport; Mr. S. S. Alford, London; Mr. E. Thompson, Omagh; Dr. J. H. Gray, Wandsworth; Mr. J. Knowles, London; J. D. F.; Undecided; etc.

BOOKS, ETC., RECEIVED.

Photographic Illustrations of Skin-Diseases. By G. H. Fox, A.M., M.D. Parts 1 to 48. New York: E. B. Treat. 179.

Clinical Researches on the Therapeutic Action of Chloride of Ammonium. By Wm. Stewart, M.D. London: Smith, Elder, and Co. 1879.

A Manual of the Practice of Surgery. By W. Fairlie Clarke, M.D.Lond. Second Edition. London: Henry Renshaw. 1880.

Transactions of the Pathological Society of London. Vol. xiii. London: J. E. Adlard. 1879.

The Last Plague of Egypt; and other Poems. By the Rev. Joseph B. McCaul. London: Longmans, Green, and Co. 1880.

On Loss of Weight, Blood-Spitting, and Lung-Disease. By Horace Dobell, M.D. Second Edition. London: J. and A. Churchill. 1880.

The Medical and Surgical History of the War of the Rebellion. Part II, vol. i. Washington Printing Office. 1879.

Year-Book of Pharmacy. London: J. and A. Churchill. 1879.

Youth: its Care and Culture. By J. Mortimer Granville, London: D. Bogue. 1880.

The Regional Temperature of the Head. By J. S. Lombard, M.D. London: H. K. Lewis. 1879.