

facts concerning the Hereditary Transmission of disease; now, here, practical knowledge was of little or no service, as the answer must be sought for chiefly in the blue books and statistics, and not at the bedside of the patient. The Scholarship in Medicine should be the reward for earnest and hard work in the wards, as well as book work, and it will fail in its purpose, if it make men spend their time in preparing for it in the studio or library.

THE GENERAL ELECTION: MEDICAL MEMBERS.

So far, the election returns show a slight increase to the very small number of members of the medical profession who have found seats in a Parliament likely to be largely occupied with sanitary and social legislation. Mr. Clement is returned for Shrewsbury; and Dr. Brewer, the Chairman of the Metropolitan Asylums' Board, has found a seat for Colchester. He has a long and practical acquaintance with the question of Poor-law relief; but has hitherto been disposed to play the part which Colonel Hogg filled in the last Parliament. Mr. Vanderbyl is again returned for Bridgwater. Mr. Lowe is likely to show an active interest in many subjects of medical and educational legislation, in which he has always taken an enlightened interest. Mr. Watkin Williams, who passed through a medical training in early life, and who is for the first time seated in Parliament, has always retained some valuable associations with the medical profession; and is, we think, to be counted on for a clear appreciation of the value of arguments dealing with sanitary and medico-political subjects. Sir Dominic Corrigan has not been successful at Dublin; nor has Mr. Smee at Rochester. Dr. Brady's seat is, we believe, secure.

ASSOCIATION INTELLIGENCE.

NORTHERN BRANCH.

A SPECIAL MEETING of the members of the above Branch will be held in the Library of the Newcastle Infirmary, on Wednesday, November 25th, at 2 P.M., to consider an address from the Committee of Council of the Association respecting the Direct Representation of the Profession in the General Medical Council.

G. H. PHILIPSON, M.D., *Honorary Secretary*.
Newcastle-upon-Tyne, November 14th, 1868.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

THE next meeting of the above Branch will be held at the Fountain Hotel, Canterbury, on Thursday, November 26th, at 3 P.M.—Dinner at 5 P.M.

November 1868.

ROBERT L. BOWLES, *Hon. Secretary*.

METROPOLITAN COUNTIES BRANCH: SPECIAL MEETING.

A SPECIAL GENERAL MEETING of the Metropolitan Counties Branch will be held at 37, Soho Square, on Tuesday, December 8th, at 4 P.M., to take into consideration the subject of the Direct Representation of the Profession in the Medical Council. (See BRITISH MEDICAL JOURNAL, November 7, page 506.)

A. P. STEWART, M.D. } *Honorary Secretaries*.
ALEXANDER HENRY, M.D. }
London, November 17th, 1868.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETING.

THE second meeting took place on November 10th, at Maidstone; HENRY W. JOY, Esq., in the chair.

The Next Meeting was appointed for March 5th, 1869, at Gravesend, and Charles J. Pinching, Esq., was chosen chairman.

New Members.—The following were elected members of the Association, subject to the rules respecting confirmation at the annual Branch

meeting. 1. Henry Cecil Smith, Esq., Maidstone; 2. Hutchins Williams, Esq., Aylesford; 3. John Sutton Sams, Esq., Eltham Road, Lee, Kent.

Medico-Ethical Committee.—Dr. GRAMSHAW brought forward a proposition, which was carried by the casting vote of the chairman, as follows. "That a Permanent Medico-Ethical Committee be appointed, constituted of four members of the district from different localities. Should the Committee deem it desirable, they shall be at liberty to refer any case to the Council of the Branch."

Communications.—The following communications were read.

1. Rupture of the Liver and Stomach by a Fall. By W. Hoar, Esq.
2. Herpes Frontalis. By M. A. Adams, Esq. Mr. Adams also exhibited to the meeting two cases of Arrested Lens.
3. Death three days after Forceps-Delivery, attributed to Embolism. By G. H. Furber, Esq.
4. Section of the Ciliary Nerve in Sympathetic Ophthalmia. By J. Z. Laurence, Esq.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

THE twenty-ninth meeting was held at the Ship Hotel, Farnham, on September 10th. After the ordinary business of the meeting, the following papers were read.

Mr. GARRAWAY.—A case in which Premature Labour was induced under peculiar difficulties by the Injection of Water into the Uterus.

Dr. BOWES related some cases of Sunstroke, and gave the details of a *post mortem* examination of a fatal case.

Mr. BARTON related a case of Tetanus successfully treated by Calabar Bean.

Mr. SPONG exhibited several specimens of the true Oyster-Spat, and made some remarks thereon.

BATH AND BRISTOL BRANCH: ORDINARY MEETING.

THE first ordinary meeting of this Branch was held at the Royal Hotel, Bristol, on October 29th; R. N. STONE, Esq., President, in the Chair. Total attendance, sixty.

New Members.—Edward Martin, Esq., of Weston-super-Mare, proposed by Mr. Prichard, and seconded by Mr. Steele; and T. O. Mayor, Esq., of Redland, proposed by Mr. Prichard, and seconded by Dr. Swayne,—were elected members of the Association and of this Branch.

Papers.—Dr. SWAYNE read the second of a series of papers on the Use of Obstetric Instruments, dwelling principally on the value of the vectis and the forceps. Considerable discussion followed, relative to the early application of the forceps in protracted labour, in which Messrs. H. Grace, F. P. Lansdown, Collins, Hinton, Prichard, Atchley, Tibbits, Mason, and D. Davies, took part.—Mr. GRACE had attended 3,500 cases of midwifery. Though in early practice greatly prejudiced against the forceps by a case in which they were used closing very badly, he had lately learned to set a very high value on their timely use.—Mr. COLLINS was favourable to their use, but felt that, when they were applied early, flooding was apt to ensue.—Mr. HINTON thought the early use of forceps very desirable, and spoke of the importunities of patients for their application when labour is tedious. Flooding might be avoided by delivering the head slowly, and allowing the uterus to contract on the body.—Dr. BRABAZON dwelt on the necessity of providing against rupture of the perineum; there being fear of this occurring in ordinary natural labour, but much greater fear when the forceps were used.—Mr. PRICHARD mentioned two bad cases of ruptured perineum on which he had operated, both having occurred with the use of forceps.—Mr. ATCHLEY spoke of the wisdom of combining the administration of ergot with the application of the forceps.—Mr. TIBBITS mentioned two cases of ruptured perineum which had lately come under his notice, both occurring with the use of forceps.—Mr. MASON felt that forceps should be used when nature could not finish the case. The operator should use traction when pains occur, and wait for the head to pass the perineum.—Dr. SWAYNE, in reply, stated that he had, during the last ten years, taken up the more frequent use of forceps. As a general rule, he waited two hours to see if the head was moveable, provided the woman was in a favourable condition. The use of the forceps was not so safe to the child as an ordinary not very tedious labour. When the cord was round the neck, the forceps were likely to squeeze it against the neck. He did not like to compress much, from fear of injuring the eyeball, disfiguring the head, or leaving marks. He felt that danger to the perineum of the mothers ought not to exist. The accoucheur should work with pains when there were any; and when the patient was exhausted, work without pains, leaving the case to nature.

when the head was on the perinæum, and even removing the forceps if the part were tense. Laceration of the perineum was more frequent after the use of the forceps than in unaided labour. Dr. Swayne had never met with a bad case of ruptured perinæum, or of bad hæmorrhage after using forceps. He recommended that Ergot should never be given in first labours if possible.

Mr. STEELE exhibited two Monsters, whose births he had attended this year. The first was an instance of enormous aqueous distension of the whole areolar tissue of the body, also of the abdominal cavity and bladder. The kidneys were greatly hypertrophied, and a spot of tubercle on the peritoneum showed the strumous origin of the malady depending on hereditary transmission from the father, who had suffered from chronic phthisis for several years. The second monster was a very well marked case of sessile encephalocele of very large size which protruded through an opening of the size of half-a-crown, occupying the place of the occipital protuberance. The cavity of the skull was very small, the forehead running horizontally from the eyebrows. The encephalocele exactly similar to an enormous chignon; its anterior half was covered with hair, the posterior by their membranous tissue on the point of sloughing at its apex; and the cavity was filled with softened brain mingled with blood. The child lived twelve hours.—Dr. Swayne, Mr. Davies, Mr. Board, and others made remarks upon the specimens.

Mr. HINTON read a case of Dangerous Syncope which had occurred in his practice. Mr. Collins, Mr. Bartrum, Dr. Swayne, Mr. Atchley, Dr. Brabazon, and Dr. Davy took part in a discussion which followed.

Medical Courts of Appeal.—The Report of the Special Committee on the subject of Medical Courts of Appeal was read. Discussion commenced upon it, but as it consisted of several clauses, arrived at with much trouble on the part of the Committee, it was suggested by Dr. Falconer, and resolved, that, in order to afford a full opportunity of considering the Report of the Committee, that the Report be printed and circulated with the notices of the next ordinary meeting of the branch.

REPORTS OF SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, NOVEMBER 4TH, 1868.

JOHN HALL DAVIS, M.D., President, in the Chair.

MR. HECKFORD exhibited the Generative Organs of a Child aged ten months, in which the Vagina was enormously Dilated and occupied by Villous Growths of a medullary character. The rectum, bladder, and urethra were normal. The os uteri opened into the upper wall of the vaginal sac. The disease had lasted for about four months, and the child died shortly after its admission into the East London Children's Hospital.

Dr. MEADOWS exhibited some Medicated Pessaries which he believed to be more efficacious than those made with the cocoa-butter. The uncertainty in the action of the pessaries in ordinary use he believed to depend mainly on the fact, that the vagina did not absorb fats, and that the medicinal ingredients in the pessaries being coated passed away from the vagina without being absorbed. At his suggestion, Messrs. Bell and Co. had made some pessaries in which the basis was soft soap made into a mass either with powdered althæa, or with starch, or with bees-wax. In either of these forms, the ingredients were easily absorbed by the vagina; and the strength of the pessary could be much diminished.

The PRESIDENT exhibited an Intrauterine Fibroid Tumour which he had recently removed from a maiden lady, aged fifty. Symptoms of uterine disorder had existed for upwards of seven years. The abdominal tumour reached nearly to the navel, was uniform and symmetrical. It was adherent to the uterus anteriorly and laterally, and it was strongly and widely attached to the fundus posteriorly. After due preliminary measures, the lower third of the growth was amputated by the single wire *écraseur*. The remainder was then cut into, and portions excised with curved scissors. On the fourth day the devitalised remnant was thrown off entire, leaving the uterus quite empty. The entire tumour weighed eighteen ounces. The patient had done well.

Dr. GRAILY HEWITT exhibited a series of Uterine Pessaries which he had for some time employed. First, a series of oval rings, a modification of Hodge's Pessary, of various sizes, for the treatment of retroflexion and prolapsus. Secondly, a series of pessaries of various sizes, and of novel construction, for the treatment of anteversion and flexion. These were made from a ring bent into a peculiar form, and were termed by the inventor "cradle" pessaries. For two years he had made use of these with very satisfactory results. Thirdly, a series of stem-pessaries,

also of novel construction. The stem, of ebonite, an inch and a half long, was supported in its place by an oval shaped basis of gutta percha. These he had used in the more obstinate cases of anteversion and for dysmenorrhœa, or sterility therewith associated, and also in certain cases of retroflexion. The various instruments exhibited were constructed on the principle of using the vagina as the basis of support.

The discussion on the Papers of Dr. TILT and Dr. MEADOWS, adjourned from the October meeting, was then resumed by

Dr. ROUTH, who said that, if he understood Dr. Tilt's paper accurately, it went to prove that the disease called irritable uterus by Gooch was very infrequent. Abnormal complications existed in many of these cases, but the amount of complication often bore no relation to the amount of pain endured. As to the etiology of displacement, there were three varieties:—1, produced by inflammatory or other complications of surrounding parts; 2, the congenital; 3, the acquired. Anteversion he believed to be more common than generally supposed, but fortunately often quiescent. The normal position of a child's uterus, and also in early puberty, was one of anteversion; and in later life, a fat omentum, heavy and loaded intestines, etc., might readily induce this flexion, quite apart from inflammatory disorder of the uterus itself. In a healthy pelvis and healthy ligaments retroflexion was impossible; the round ligaments, and the ligaments of Douglas were both especially relaxed; the lateral less so; so that the organ was disposed to fall. Until congestion or inflammation was subdued by treatment, no permanent good could result from the use of instruments.

Dr. SAVAGE said, that this antagonism between practitioners so eminent as Dr. Hewitt and Dr. Meadows plainly showed that opinion about uterine displacements was unsettled. He thought that a reconsideration of the normal relations of the female pelvic organs with the pelvis might do something towards a more creditable uniformity of opinion. The utero-pelvic areolar tissue, which enclosed the pelvic organs, had properties eminently fibro-elastic (muscular also in many parts of it). If, in the dead body, the cervix was drawn forward with a vulsellum, the strain began with the utero-sacral portion where it divides to give passage to the rectum; then it passed on to the broad ligaments. If these were cut through, the uterus came down about an inch; it was necessary to divide the pelvic areolar tissue before a notable displacement could be effected. If a weight was attached to the vulsellum, the body in the sitting position, the weight must be heavy and the time long before the uterus would appear at the vulva. On cutting through the broad ligaments close to the womb, the organ fell helplessly in all directions. He believed there was always some prolapsus with retroversion. Owing to the presence of the rectum and bladder the cellular attachments of the vagina were limited to its sides, and this was why the vagina contracted not as a cylinder but as a flat tube; the upper half being fixed, dilatation and contraction for the most part affected the lower half only, which must fall or rise in their to-and-fro relation with the former. No pessary, one excepted, could do much more than keep the womb out of the vagina. Pessaries eased the strain on the areolar tissue, which began forthwith to regain its healthy tone. Aggravated cases of prolapsus of long standing were again and again held up, permanently reduced after the perineal operation; but should this tissue have lost its elasticity, the best artificial perinæum would be sure to give way. Hodge's was the best pessary, because in shape it corresponded with that of the contracted vagina.

Dr. BRAXTON HICKS suggested that, between the two extreme views propounded, a large amount of intermediate truth existed. He considered that, for practical purposes, cases of retroflexion were to be divided into four classes. In the first class were cases of congenital retroflexion where no pain had existed previously; and those in which, the flexion having occurred a long time before, all pain had completely gone off. In the second class, the retroflexion was *in transitu*, the supporting tissues were not yet fully stretched, so that, when any straining or quick action of the body ensued, the parts were put on the stretch, and pain produced. In the third class were those cases where, to the retroflexion, a state of congestion, hypertrophy, and tenderness, more or less severe, were added. If these cases were handled roughly *per vaginam*, or with the sound, no doubt much mischief might ensue; but if the uterus could be replaced by the postural mode, or even by the sound gently used, then the uterus, being free from concussion against the sacrum, and the tension being taken off the ligaments, great relief would be obtained. The organ could be kept in position by Hodge's pessary. In the fourth class were all those cases where the uterus was reflected, and either tied down by adhesions, weighed or pushed down by heavy tumours, or with a very tender ovary, etc., where the use of mechanical support would generally produce distress rather than relief.

Dr. BARNES believed that simple retroflexion was a cause of real and serious distress in many cases. Congenital retroflexion was more frequent than it was supposed to be by Drs. Routh and Hicks. Cases of

MEDICAL NEWS.

RESULTS OF METEOROLOGICAL OBSERVATIONS

for the week from Nov. 11th to 17th (both inclusive).

Taken at Kew, by Dr. TREUTLER, Fellow of the Meteorological Societies of England and Scotland.

Mean height of barometer corrected and reduced to 32° F. and mean sea-level	30.345
Highest reading of do. (corrected and reduced), on 13th, 10 A.M.	30.659
Lowest ditto	30.192
Lowest ditto	on 11th, 10 A.M.
Range of pressure during the week	00.467
Mean temperature of the air in the shade	42.9
Mean temperature of evaporation	41.0
Mean temperature of dew-point	40.8
Mean degree of humidity (saturation=100)	85.0
Mean maximum temperature of the week	45.3
Mean minimum temperature of the week	39.1
Calculated mean temperature of the week	42.2
Maximum temperature of air in shade, on 12th	47.0
Minimum temperature (protected), on 16th	28.8
Minimum temperature (exposed on grass), on 16th	22.8
Range of temperature during week	24.2
Highest reading of black bulb, solar radiation, thermometer in vacuo, on 15th	62.5
Lowest ditto	47.2
Lowest ditto	on 17th
Mean amount of clouds (0-10)	9.0
Total rainfall (which fell on 17th)	0.22 inch
Mean amount of ozone (0-10)	1.1

WIND.											Mean Force
	N	NE	E	SE	S	SW	W	NW	W	Calms.	(0-12)
10 A.M.	1	4	1	0	0	0	0	0	0	0	2.0
2 P.M.	2	4	1	0	0	0	0	0	0	0	2.3
10 P.M.	1	3	1	0	0	0	0	0	0	0	1.1
Mean force of wind (0-12)											1.5

The weather of the week has been for the most part dull and gloomy. Atmospheric pressure increased to an unusual extent during the week, attaining its maximum on the 13th—30.659. Since then it has been fluctuating, but within very moderate limits. The mean height of the barometer has been nearly half an inch (.429) above that of the week before. Temperature has again increased slightly, and has been more uniform. Winds have been light, and have ranged altogether between the north and east. The sky has been almost constantly and completely obscured by clouds. The general health is good.

Kew, November 18th, 1868.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on Nov. 17th:—

Baines, Albert Henry, Leicester (Guy's)
 Barkas, William James, Newcastle-upon-Tyne (Newcastle School)
 Bell, John Albert, L.S.A., Rochester (St. Thomas's)
 Buckley, Samuel, Royton, Lancashire (Manchester School)
 Carr, John, L.S.A., Scarborough (Guy's)
 Giles, John, L.S.A., Beaconsfield (St. Bartholomew's)
 Goodhart, James Frederick, L.R.C.P. Lond., Brighton (Guy's)
 Hill, John de Vere, Liverpool (Liverpool School)
 Jones, John Thomas, L.S.A., Llanfyllin, Montgomeryshire (Guy's)
 Lawson, Archibald, M.D. New York, Halifax, Nova Scotia (King's College and New York Schools)
 Moseley, Litchfield Jones, New Kent Road (Guy's)
 Nettleship, Edward, L.S.A., Kettering (King's College)
 Norton, John Alexander (Bristol School)
 Ravenhill, Thomas Holmes, Stonehouse, Gloucestershire (Birmingham School)
 Rigg, Charles Frederic, Wigan (Manchester School)
 Skinner, S., M.B. Aberd., Upper Bedford Place (Aberdeen and Bristol Schools)
 Southern, John Binns, Manchester (Manchester School)
 Vialls, Edmund, Peckham, Surrey (London)
 Wintle, Henry, Bristol (Bristol School)
 Woods, George Arthur, L.S.A., Southport (Liverpool and St. Bartholomew's)

It is stated that three candidates, having failed to acquit themselves to the satisfaction of the Court of Examiners, were referred to their hospital studies for six months.

Admitted members on Nov. 18th:—

Evans, Thomas Walter, L.S.A., Llanymawddwy, Merionethshire (Guy's)
 Field, Albert F., L.R.C.P. Edin. & L.S.A., Canterbury (St. Bartholomew's)
 Fox, James Thorniley, L.S.A., Manchester (Manchester School)
 Glencross, Frederick John, L.S.A., Devonport (St. Bartholomew's)
 Hall, Francis de Haviland, Tottenham (St. Bartholomew's)
 Hurlstone, Adam Payton, Cheltenham (University College)
 Lewis, William Bevan, L.S.A., Cardigan (Guy's)

Lyttleton, William Margrave, M.D. Coll. of Phys. and Surgs. of New York, Dublin (King's College)

McGill, Arthur Fergusson, Featherstone Buildings (King's College)
 Minter, Edward Withers, L.S.A., Southsea, Hants (University College)
 Pilkington, Henry Oldfield, Preston (Manchester School)
 Rugg, Baron Alfred, Grove Road, St. John's Wood (University College)
 Smith, Thomas, L.S.A., Crawley, Sussex (St. Bartholomew's)
 Walsh, Patrick Charles, Boyle, co. Roscommon (Dublin School)

On this occasion, six candidates failed to acquit themselves to the satisfaction of the Court of Examiners, and were consequently referred to their hospital studies for the usual period of six months.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, November 12th, 1868.

Boyd, Herbert, St. Mary's Hospital
 Marsh, Francis Baines, 4, High Street, Bloomsbury
 Moudelet, William Henry, St. Thomas's Hospital
 Pedler, George Henry, King's College Hospital
 Sedgwick, Henry, 79, New North Road, N.

At the same Court, the following passed the first examination.

Collins, Edward Lorton, Guy's Hospital
 Griffin, Innis, University College
 Morrish, Richard Alfred, St. Mary's Hospital

As an Assistant in compounding and dispensing medicines.
 Fain, William, High Street, Guildford

MEDICAL VACANCIES.

The following vacancies are declared:—

ARDEE UNION, co. Louth—Medical Officer for the Collon Dispensary District.
 AUCKLAND UNION, Durham—Medical Officer for the Whitworth (a new) District.

BIRMINGHAM AND MIDLAND FREE HOSPITAL FOR SICK CHILDREN—Surgeon.

BRAMLEY UNION, Yorkshire—Medical Officer for the Bramley District.

CITY DISPENSARY, Watling Street—Physician.

COVENTRY AND WARWICKSHIRE HOSPITAL—Physician.

EASINGWOLD UNION, Yorkshire—Medical Officer for the Easingwold District.

ENNISCORTHY UNION, co. Wexford—Medical Officer for the Newtownbarry Dispensary District, and for the Fever Hospital.

FARRINGTON GENERAL DISPENSARY AND LYING-IN CHARITY, Bartlett's Buildings, Holborn—Surgeon.

GLASGOW EYE INFIRMARY—Surgeon.

HAMBLEDON UNION—District Medical Officer.

HILL TOP AND DISTRICT FRIENDLY SOCIETIES—Surgeon.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street—Physician.

LIVERPOOL SOUTHERN HOSPITAL—Junior House-Surgeon.

LOUTH DISPENSARY, Lincolnshire—Consulting-Surgeon.

MACCLESFIELD UNION—Medical Officer for the Townships of Whaley, Taxal, and Kettleshulme.

NEWPORT UNION, co. Mayo—Medical Officer for the Achill Dispensary District.

OPHTHALMIC HOSPITAL, St. George's Circus—Surgeon.

QUEEN'S HOSPITAL, Birmingham—Physician.

ROCHESTER, CHATHAM, AND STROOD DISPENSARY—Dispenser.

ROYAL INSTITUTION OF GREAT BRITAIN—Fullerian Professor of Physiology.

ROYAL KENT DISPENSARY—House-Surgeon; Surgeon for the Deptford District; Resident Medical Officer.

ST. GEORGE DISPENSARY, Mount Street, Grosvenor Square—Surgeon.

ST. JOHN'S WOOD AND PORTLAND TOWN PROVIDENT DISPENSARY—Surgeon.

ST. PANCRAS—Medical Officer of Health.

STOKE NEWINGTON DISPENSARY—Assistant to Resident Medical Officer.

TRINITY COLLEGE, Dublin—Professor of Botany.

UNIVERSITY COLLEGE HOSPITAL—Physician to the Skin Infirmary.

WESTMINSTER GENERAL DISPENSARY—Physician.

WESTMINSTER HOSPITAL—Resident House-Surgeon.

WEST WARD UNION, Westmorland—Medical Officer for the Eamont Bridge District.

RICHMOND INFIRMARY.—On Sunday last, the 15th, sermons were preached, and collections made in many of the churches and chapels of the town in aid of the funds of the Richmond Infirmary, Surrey, and the following amounts have kindly been forwarded to the treasurers, Parish Church, Richmond, £37:18:8; St. Matthias, £48:4:7; per the Vicar of Richmond. The Roman Catholic Chapel, £18:10; the Wesleyan College Chapel, £6:10:4; the Parish Church, Twickenham, £8:1:4. The Vicars of Kew, Petersham, and Ham, have also promised similar aid towards the end of the year.

TO DERMATOLOGISTS.—Next Wednesday, at the Hunterian Society, a paper is announced by Mr. Hutchinson on Some Points in reference to Skin Diseases. We are informed that it will consist mainly of attempts to give concise clinical definitions of some of the terms in use, in the hope that, by public discussion, some of the deplorable confusion and vagueness which prevail as to dermatological nomenclature may be removed. The Society meets in the rooms of the London Institution, Finsbury Circus at 8 o'clock, and we have no doubt that any non-member desirous to assist in the discussion would easily obtain admission.

OPERATION DAYS AT THE HOSPITALS.

MONDAYMetropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
 TUESDAY.....Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—National Orthopaedic Hospital, 2 P.M.
 WEDNESDAY...St. Mary's, 1.15 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Great Northern, 2 P.M.
 THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.
 FRIDAYWestminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
 SATURDAYSt. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 1.30 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8 P.M. Mr. Francis Mason, "A Successful Operation for Cleft Palate in Child, aged 5"; Mr. Maunders, "On Primary Excision of the Joint, with Exhibition of Cases"; Dr. Kelburne King, of Hull, "On Carbolic Acid and the Antiseptic Treatment in Surgery."
 TUESDAY.—Royal Medical and Chirurgical Society, 8.30 P.M. Dr. Althaus, "On the Physiology and Pathology of the Fifth Pair of Cerebral Nerves"; a paper by the late Dr. Hillier, "On Congenital Hydronephrosis."
 WEDNESDAY.—Hunterian Society, 8 P.M. Mr. Hutchinson, "On Certain Forms of Skin-Diseases"—Society of Arts, 8 P.M. Mr. Davenport, "On a Glance at the Past and Present of the Society of Arts, with some Suggestions as to the Future."
 THURSDAY.—Royal Society.
 FRIDAY.—Clinical Society, 8 P.M. Dr. Powell, Cases of Fibroid Phthisis. Mr. Bruce, Tracheotomy for Acute Laryngitis. Dr. Crouch, Primary Amputation for Gunshot-wound. Dr. Beigel, Cases of Epilepsy.

NOTICES TO CORRESPONDENTS.

All Letters and Communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen Street, Lincoln's Inn Fields, W.C.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

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

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

AUTHORS of PAPERS, desirous of having extra copies printed for their own use, are requested to communicate with the printer, Mr. Richards, 37, Great Queen Street.

CASES for Binding the Volumes of the JOURNAL may be had on application to Mr. Richards, 37, Great Queen Street. Price 1s. 6d. each.

PRESTON'S ESSENCE OF ALMONDS.

A CHEMICAL examination, which we have had made, of Preston's Essence of Almonds, has shown that it is free from prussic acid, to the presence of which much of the oil of bitter almonds commonly to be met with owes the major portion of its poisonous qualities. It is, therefore, comparatively innocuous, and admirably suited for culinary use. The entire class of substances to which hydride of benzoyl belongs are, however, to a certain extent, toxic in their effects, and it must not be used in excessive quantities. No such substance can be absolutely innocuous.

THE GENERATION OF SULPHUROUS ACID.

SIR,—I wish to learn, through the medium of your JOURNAL, the best means of generating sulphurous acid for inhalation and fumigation; also, the best way of applying it for either purpose. I am, etc., AN ASSOCIATE.

DISLOCATION OF FEMUR IN EARLY LIFE.

SIR,—Allow me to add the following to the cases related by Mr. Birkett on page 364. On August 8th, I was called to Alfred Buddle, a pauper patient, aged 10, at the village of Westow, Hunts. He had been thrown from a cart. Signs of dislocation of the right femur were well marked; and movement of the head of the bone on the dorsum illi was distinctly perceptible. Being three miles from home, and without chloroform, I resorted to manipulation. As a result of the processes of flexion, abduction, and rotation, the bone returned with a distinct report to the acetabulum. I am, etc., D. M. SERGEANT, M.D.

THE LATE MR. JUMP.

THE following additional subscriptions received by the Rev. G. W. Winter, Litcham. Rev. W. H. W. Keppel, £10; per T. M. Kendall, Esq., £5; T. Palmer, Esq., £5; Miss Morse, £5; Dr. Mills, Norwich, £1; Mr. Chamberlin, £2:2; Mr. J. V. Chamberlin, £1:1; Mrs. R. Thompson, £2:2; Mrs. Boyce, Ashill, £10; Rev. C. Campbell, £3; Mr. Cook, £2; Rev. J. Arthy, £1; Mrs. Arthy, £1; Mrs. Jary, £1; anonymous, 9s.; Miss S. Jex-Blake, £1; Mr. Chubb, Torpoint, 4s. 6d.; T. S. Guppy, M.D., Falmouth, £1; F. G. Johnson, Esq., Norwich, £5; by ditto, £3; Rev. V. Raven, £1; Mr. Carter, Litcham, £1; Mr. Wiffin, Tittleshall, £1; Mr. Betts, Tittleshall, £1; Mr. John Rix, Tittleshall, £1; Mr. F. Bird (E. Lexham), 10s.; Mrs. James Sutton, £1; "To the Fatherless and Widow", £5; P. Lynn, £1; J. B., Edinburgh, £1; M. B. D., £1; Dr. Eade, Norwich, £2:2; Q. E. D., £1:1.

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

ORGANIC MATTER AND SODA-WATER.

SIR,—In your Report on the Mineral Waters of Commerce, reference is made to the disagreeable smell of "dead" soda-water, which is, no doubt justly, attributed to the organic matter originally present in the water used for the manufacture. That this is really the cause has been long known to the manufacturers of these waters; and it is equally well known to them, that a simple remedy is at hand for the removal of it; namely, the filtration of all the water required for their manufactures. This may be accomplished to any extent by means of the main service filter; and we can only attribute the disinclination of manufacturers to adopt this, to a mistaken parsimoniousness. Yours, etc., THE SILICATED CARBON FILTER CO. London, S.W., November 1868.

TREATMENT OF SYPHILIS.

SIR,—I should feel obliged to Dr. Drysdale, if he would inform me on the following points. What are his real views with regard to the treatment of syphilis? Why has he abandoned the treatment by chloride of potash, which for some years he has loudly proclaimed to be eminently successful? And what has caused him to change his opinion with respect to the use of iodide of potassium? Formerly, Dr. Drysdale held that this latter drug was useful only as an antidote, where mercury had been employed; now he tells us, that he has "scarcely ever as yet been so unfortunate as to see a case of syphilis in adults, where that detestable drug (mercury) had not been used, whose after symptoms were not easily amenable to the effects of large doses of iodide of potassium."

During the last six years, as Physician to the Dispensary, I have seen a great deal of syphilis; and I can state most positively that, valuable as the iodide of potassium is, there are cases innumerable which are unaffected by any drug but mercury. For the good effects of this drug, it is unnecessary to touch the gums. Maids Hill, Nov. 1868. I am, etc., R. S. Sisson, M.D.

WE are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Wiltshire County Mirror, Nov. 18th; The Sussex Advertiser, Nov. 10th; The Aberdeen Journal, Nov. 11th; The Aberdeen Free Press, Nov. 13th; The Aberdeen Herald, Nov. 14th; The Edinburgh Evening Courant, Nov. 18th.

COMMUNICATIONS, LETTERS, &c., have been received from:—

Mr. W. W. Inglis, London; Dr. Reith, Aberdeen; Dr. Embleton, Newcastle-upon-Tyne; Mr. C. Roberts, Northampton; Mr. J. Waring-Curran, Spalding; Dr. Heslop, Birmingham; Mr. T. Davison, Dublin; Messrs. Fannin and Co., Dublin; Dr. J. Lowe, Lynn; Dr. Wolfe, Glasgow; Dr. Ellis, London; Mr. T. Watkin Williams, Birmingham; Dr. Bagshawe, Menton; Dr. H. Behrend, London; Mr. G. Weller, Wanstead; Mr. J. Heelis, Skipton; The Secretary of the Faculty of Physicians and Surgeons, Glasgow; Mr. W. Watson, London; Mr. Newton, Cranbrook; Dr. Warwick, Richmond; Dr. A. P. Stewart; Dr. Beale, London; Dr. T. K. Chambers, London; Dr. Leared, London; Dr. Rumsey, Cheltenham; Dr. Mapother, Dublin; and Dr. Belcher, Dublin.

LETTERS, &c. (with enclosures) from:—

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BOOKS, &c., RECEIVED.

Health and Meteorology of Newcastle and Gateshead. Fourth Report of 1868. By G. H. Philipson, M.A., M.D. 1868.
 A Manual of Elementary Chemistry, Theoretical and Practical. By George Fownes, F.R.S. Tenth Edition, Revised and Corrected. London: 1868.
 The Hydropathic Record and Journal of Water-Cure. Malvern, London, and Glasgow: 1868.
 The Elements of Heat and of Non-Metallic Chemistry. By Frederick Guthrie. London: 1868.
 A Manual of the Diseases of the Eye. By C. Macnamara. London: 1868.
 Report on the Proper Principle of Drainage to be adopted in the Towns of Oxford, Eton, Windsor, and Abingdon. 1868.
 An Appeal to the Electors of Great Britain and Ireland, by the "Times" of India. Bombay: 1868.
 Report on the Sanitary Condition of the Whitechapel District for the Quarter ending 26th September, 1868. By John Liddle. London: 1868.
 Syphilis and Local Contagious Disorders. By Berkeley Hill, M.B. Lond., F.R.C.S. London: 1868.

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(Continued from page 540 of last number.)

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Chaldecott, Thomas A. M.D. Chertsey
Chapman, George, Esq. Lingfield
Chessall, William, M.D. Horley

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 Wood, —, M.D. Queen's Hospital, Birmingham
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 Jefferson, Richard, Esq. Market Weighton
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WALES.

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 Howell, Edward, M.D. Consulting Physician to the Infirmary, Swansea (dead)
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Godfray, A. Esq. St. Heliers
De Lisle, De Beauvoir, M.D. Guernsey (dead)
Kivison, T. R. S. M.D. St. Heliers

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Greig, A. F. Esq. Sunny Side, Fyvie
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Mackie, George, M.B. Insch
Ogston, Alexander, M.D. Ophthalmic Surgeon to the Royal Infirmary, Aberdeen
Ogston, Francis, M.D. Professor of Medical Jurisprudence in the University, Aberdeen
Pirie, William, M.D. F.R.S.E. Surgeon to the Royal Infirmary, and Professor of Surgery in the University, Aberdeen
Reith, Archibald, M.D. Physician to the Infirmary, Aberdeen
Smith, James W. F. M.D. Physician to the Infirmary, Aberdeen

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Ingles, A. M.D. Edinburgh
Laycock, Thomas, M.D. Professor of the Practice of Physic in the University of Edinburgh, Rutland Street, Edinburgh
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MacLagan, A. Douglas, M.D. F.R.S.E. Professor of Medical Jurisprudence in the University, Edinburgh
Miller, Alexander, M.D. Edinburgh
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Muirhead, Claud, M.D. Edinburgh
Rutherford, William, M.D. Edinburgh
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Stewart, T. Grainger, M.D. Pathologist to the Royal Infirmary, Edinburgh
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Thomson, David, M.D. R.N. Edinburgh

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Low, Andrew, Esq. Ferryport-on-Craig
Lyle, John, M.D. Newburgh
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Dewar, William, M.D. Dundee (dead)
Gibson, W. Lockhart, M.D. Consulting Physician to the Royal Infirmary, Dundee

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Anderson, McCall, M.D. Lecturer on Medicine in Anderson's University, Glasgow
Buchanan, George, M.D. Surgeon to the Royal Infirmary, Glasgow
Dunbar, Henry, M.D. Glasgow
Fergus, Andrew, M.D. Glasgow
Gairdner, William T. M.D. Professor of Medicine in the University, and Medical Officer of Health to the City, Glasgow
Kelly, Adam L. M.D. Glasgow
Lister, Joseph, M.B. F.R.S. Professor of Surgery in the University, Glasgow
Mackintosh, Alexander, M.D. Superintendent of the Lunatic Asylum, Gartnavel, Glasgow
Macleod, G. H. B. M.B. Lecturer on Surgery in Anderson's University, and Surgeon to the Royal Infirmary, Glasgow
Pritchard, William, M.D. Patrick, Glasgow
Simpson, Alexander R. M.D. Glasgow
Thomson, Hugh, M.D. Glasgow
Wilson, James G. M.D. Lecturer on Midwifery in Anderson's University, Glasgow
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Hill, James M.D. Belfast
Holden, J. S. M.D. Glenarm
Johnston, H. M. Esq. Belfast
Kidd, Abraham, M.D. Ballymena

MacCormac, William, M.D. Surgeon to the Hospital, Belfast
Orr, Gowan, M.D. Ballyleeson, Lisburn
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Pirie, J. M. M.B. M.D. Consulting Physician to the General Hospital, Belfast
Reade, Thomas, A.B. M.B. Belfast
Reid, J. Seaton, M.D. Professor of Materia Medica in Queen's College, Belfast
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Stephenson, Robert, M.R.C.P. Lond. Consulting Physician to the General Hospital, Belfast
Taylor, William, Esq. Ballymoney
Wheeler, Thomas K. M.D. Belfast

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McKinstry, Robert, M.D. Resident Physician to the District Lunatic Asylum, Armagh
Alexander, M.B. Tandragee
Pratt, Joseph, L.K.Q.C.P. Markethill
Savage, Marc A. L.R.C.P. Ed. Armagh

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Morrison, John, M.D. Physician to the Fever Hospital, Newry
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