

cal science, and a firm upholder of the just rights and claims of the profession; and whose long roll of members, increasing year by year, comprises the most eminent of our brethren in this extensive empire."

The Treasurer's Report, which has already appeared in the JOURNAL, was also presented.

SPECIAL CORRESPONDENCE.

PARIS.

[FROM OUR OWN CORRESPONDENT.]

Paris, August 9th, 1870.

1. *The Siege of Paris: the War and the Wounded.*—2. *Foreign Medical Volunteers.*—3. *Small-pox.*

THE SIEGE OF PARIS: THE WAR AND THE WOUNDED.—Writing on July 25th (p. 121), I said: "The fortifications of Paris are now being put in a state of defensive completeness: this unpleasantly tells us that we may see much bloody surgery without going to the Rhine or the Moselle." Since that date, or rather let me say within the last four days, the march of events has been appallingly rapid and disastrous. On Saturday, Paris was jubilant; flags floated from every balcony and window. France had gained a decisive victory; the French were marching on Berlin! Soon it transpired that no battle had been won. The Government assured the public, at eleven o'clock at night, that they were without any important news. On Sunday morning, the false joy of the preceding day was transformed into stupefied consternation. Dismay was depicted in every countenance on the streets; and every friend we spoke to expressed anguish and alarm. The Government had told the terrible truth—mildly, perhaps, but still pretty nearly the truth—that on the previous day, at the very time that Paris was wild with its *fausse joie*, the Prussians had routed two French *corps d'armée*; that now the question was, not the invasion of Prussia, but the defence of Paris. A more fearful revulsion of emotion was never perhaps before simultaneously felt by millions. The proclamation announcing the disasters and appealing to the patriotism of the people, dated at 6 A.M. on Sunday morning, signed by the Empress Regent and all the Ministers, convoked the Houses of Parliament for Thursday, the 11th, declared Paris in a state of siege, and concluded with these words: "Pas de défaillances! Pas de divisions! Nos ressources sont immenses. Luttons avec fermeté, et la patrie sera sauvée. Paris, le 7 août 1870, 6 heures du matin." The pressure on the Government was such, that a second proclamation convened the Senate and the Chamber of Deputies for this day, at one o'clock. They are at this moment in session, surrounded by anxious multitudes, and strongly guarded by troops. *Thirty-three thousand men* are toiling with pick and spade, and all the appliances of engineering science, in completing the works comprised in the nineteen miles of fortifications which encircle this capital. Within three days, 2,600 guns are to be in position. We are looking every moment for news of a battle before Metz, which has been imminent for the last two days. That battle will probably decide the question as to whether the Prussians will or will not be permitted to advance on Paris. The momentous political question will also assuredly have been settled ere these lines are printed.

Hitherto, the war-surgery seen in Paris is limited to the slightly wounded. About two hundred and fifty arrived during the evening of Sunday, from Saturday's battles. Two hundred of that number are at the Val de Grace; and the remaining fifty, being Prussians, are elsewhere. Next week, more serious military surgery may be before our eyes in Paris.

The session at the Ecole de Médecine was to have been formally closed on Thursday, the 11th, by the annual distribution of prizes, and an *éloge* on Velpeau by M. Broca. The disasters of Saturday have caused this day of ceremony to be dispensed with. By an error of the press, or a mistake in my hurriedly written manuscript, the word Strasbourg was omitted in my last letter. It was the closing of the Medical School at *Strasbourg*, and not at Paris, I meant to announce.

There is much to say about ambulances, the sick, and the wounded; but, when the terrible crisis of to-day is passed, these subjects will be more easily discussed.

FOREIGN MEDICAL VOLUNTEERS.—I cannot quite understand why some foreigners are, and why others are not, accepted as medical volunteers. Probably the rules have been changed, and changed again and again. Last night, Dr. Brigham, of Boston a very able American surgeon, who has been studying for the last six or eight months in the hospitals of Paris, called on me to say good bye, having in a few hours to start for the military hospital at Nancy, to do duty at which he has

just been appointed. Dr. Brigham has no domicile in France; nor does he hold any French medical title to practise his profession. His services have been accepted irrespective of any such qualifications.

SMALL-POX.—At last there is a decided abatement in the mortality of the epidemic. In the week ending Friday, August 5th, the deaths from small-pox were 151. The mortality for the week from all causes was 1,126. The enormous efflux of population now taking place from Paris must necessarily make the apparent mortality less than it really is. The people who are not in Paris cannot swell the mortuary returns of Paris; while nominally the population is still spoken of as 1,825,274, the number of the census of 1866. The small-pox returns for the last four weeks stand thus:—

Week end. July 15.	Week end. July 22.	Week end. July 29.	Week end. Aug. 5.
225	215	227	151

ASSOCIATION INTELLIGENCE.

METROPOLITAN COUNTIES BRANCH: ANNUAL MEETING.

THE Eighteenth Annual Meeting of the Metropolitan Counties Branch was held at the Castle Hotel, Richmond, on Friday, July 22nd. The chair was taken by the retiring President, Dr. GEORGE JOHNSON, who afterwards resigned it to T. HECKSTALL SMITH, Esq., President for 1870-71.

Report of Council.—Dr. HENRY, one of the Honorary Secretaries, read the following Report.

"The Metropolitan Counties Branch, at this its eighteenth annual meeting, contains 368 members. Since July 1869, there have been 9 deaths and 7 withdrawals; 15 new members have been added; so that the number of members is one less than at the Annual Meeting last year.

"The members of the Branch who have died during the year are: Mr. W. J. Allison, of Brighton; Mr. Joseph Chapman, of Hounslow; Dr. W. T. Coleman; Dr. Henry E. Eastlake; Dr. F. W. Gibson; Mr. Edward Headland; Mr. J. Zachariah Laurence; Mr. Charles H. Moore; and Mr. W. J. Stuart.

"Two ordinary meetings of the Branch, and one special meeting, have been held during the year.

"At the first ordinary meeting, held on March 30th, the President read a paper, accompanied by microscopic specimens and drawings, on Hypertrophy of the Arteries in Cases of Chronic Bright's Disease; and at the second meeting, on April 29th, Dr. Ford Anderson read a paper on Provident Dispensaries, their Object and Practical Working. Both these papers were followed by well sustained discussions.

"Your Council, believing that the Branch might profitably occupy itself at one of its ordinary meetings in the discussion of the present state of vaccination, and the best means of counteracting the popular prejudices against it, made a request through Dr. Stewart, one of your Secretaries, to Dr. Edward Seaton, that he would bring the subject before the Branch. Dr. Seaton, while signifying his willingness to comply with the desire of the Council, stated in reply that for the present his duties would prevent him from doing so. Your Council hope, however, that in the course of the next year the Branch may have the advantage of Dr. Seaton's extensive acquaintance with vaccination in its popular bearings. Dr. Lockhart Clarke was also invited by the Council, and had kindly consented, to bring before the Branch some of his able researches on the Physiology and Pathology of the Nervous System. He was, however, prevented by severe illness from reading his paper at the time fixed for the meeting; and the Branch is indebted to their President, Dr. Johnson, for supplying, with the very interesting paper already mentioned, the deficiency which would otherwise have existed.

"A special general meeting of this Branch was held on April 21st, to consider the present aspect of medical reform. The Branch took into consideration the Medical Acts Amendment Bill, which had been introduced into the House of Lords by the Lord President of the Privy Council; and resolutions were passed, which were published in the JOURNAL for April 30th. At the same meeting, a Committee, consisting of the Council of the Branch and such other members as they might think it advisable to add, was appointed for the purpose of examining and watching the progress of the Medical Acts Amendment Bill, and of other Parliamentary Bills affecting the medical profession. Two meetings of the Committee have been held. At the last of them, held on May 16th, a series of resolutions to the following effect was passed.

"1. That the Branch will offer its determined opposition to any

Bill which gives to the Privy Council more extended or other control over the medical profession than is given by the Medical Act (1858).

"2. That the Committee is of opinion that the government of the Medical Council should remain in its own hands; and that the Medical Council, when rightly constituted, is the only body which should be entrusted with the general control of the education, ethics, and registration of the profession.

"3. That this Committee is of opinion that no Bill will be satisfactory which does not provide for the direct representation of the profession in the Medical Council.

"4. That the Medical Council, when amended as above-mentioned, ought to have full power given to it for enforcing its decisions.

"5. That a copy of the foregoing resolutions be forwarded to the Committee of Council of the Association."

"Since this meeting, the Bill has passed the House of Lords, and has been sent down to the House of Commons, altered in some material points from its original condition. The late period at which it has been possible to obtain correct copies of the Bill has prevented the Secretaries from calling, as they had intended, a meeting of the Committee to examine and report on it in time for the present meeting.

"Your Council regret to observe the continued omission from the Bill of any provision for the direct Representation of the Profession in the General Medical Council. A resolution on this subject, and one on the omission of the clause which in the original copy of the Bill prohibited the medical authorities from granting diplomas or degrees to persons who had not passed the examinations of the central boards, will be laid before the meeting.

"Your Council are informed that the second reading of the Bill in the House of Commons is fixed for next Monday. They would therefore urge the members of the Branch to communicate with such members of Parliament as they may be acquainted with, to explain to them the wishes of the profession, and induce them to support the endeavour that will be made either to remedy the defects in the Bill or to reject it if these amendments be not made."

Mr. WILLIAM MARTIN proposed, Mr. J. W. BARNES seconded, and it was resolved—"That the Report of Council now read be received, adopted, and entered on the minutes."

The Treasurer's Report was presented. The following is a summary.

Receipts.—Balance on hand, July 1869, £13:15:6; subscriptions and arrears since paid, £31:12:6; total, £45:8.

Expenditure.—£25:5:9; leaving a balance in hand of £20:2:3.

Mr. ROGERS-HARRISON moved, Mr. HECKSTALL SMITH seconded, and it was resolved—"That the Treasurer's account be received, adopted, and entered on the minutes."

It was proposed by Dr. HENRY, seconded by Mr. W. MARTIN, and carried unanimously—"That the Treasurer be authorised to pay a donation of Five Guineas from the funds of the Branch to the British Medical Benevolent Fund; and a like sum to the Royal Medical Benevolent College."

Notice of Alteration of Laws.—Dr. WALLER LEWIS handed in the following motions, and gave notice of his intention to propose alterations in the Laws of the Branch in accordance therewith—"That the present system of appointing members in Council is not satisfactory, inasmuch as it has the effect of enabling such members as can spare time to attend every or nearly every meeting, to remain permanently on the Council. That, as this Branch numbers now nearly four hundred members, it is desirable to increase the number of the ordinary members of Council. That for this purpose the word 'twelve' in Law IV be changed to . . . That Law VIII be altered to the effect that all ordinary members of Council who shall have acted for . . . years consecutively as Councillors cease to be re-eligible for the space of one year."

Election of Officers and Council.—A ballot having been taken, the following Officers and Council were declared to be elected for 1870-71.

President: Thomas Heckstall Smith, Esq. *President-Elect*: J. Russell Reynolds, M.D., F.R.S. *Vice-Presidents*: John E. Erichsen, Esq.; George Johnson, M.D. *Treasurer*: Robert Dunn, Esq. *Secretaries*: A. P. Stewart, M.D.; Alexander Henry, M.D. *Ordinary Members of Council*: John Armstrong, M.D., William Bartlett, Esq., Samuel Day-Goss, M.D., Robert Druitt, M.R.C.P., C. H. Rogers-Harrison, Esq., Jonathan Hutchinson, Esq., George A. Ibbetson, Esq., Francis Mason, Esq., J. H. Paul, M.D., William F. Ramsay, M.D., Walter Rivington, Esq., Joseph Seaton, M.D.

Dr. GEORGE JOHNSON, after a few valedictory remarks, resigned the chair to his successor, T. HECKSTALL SMITH, Esq.

Mr. ROGERS-HARRISON moved, and Dr. DAY-GOSS seconded, the following resolution—

"That the cordial thanks of this Branch be given to Dr. George

Johnson, the retiring President, for his able and courteous conduct in the Chair on all occasions."

The motion, after a few words in its favour from the new President, was carried by acclamation; and the vote was acknowledged by Dr. Johnson.

President's Address.—Mr. HECKSTALL SMITH then delivered an Address, of which the following is an abstract.

He thanked the Metropolitan Counties Branch for the distinguished honour which they had conferred upon him. He might well hesitate, as he did, before accepting that honour. His utmost ambition, in connection with the British Medical Association, had been satisfied by the Presidency of the South Eastern Branch, "to which he still clung with the ardour of a first love", and by the position conferred upon him in the Executive Council; but he believed that the Branch intended to recognise the present *status* of the rural practitioners, and do honour to them; and that decided him to accept the offer of the Presidency. Mr. Smith then rapidly sketched the rise and progress of the Association, and dwelt especially on its earlier efforts as the "Provincial". He took as his theme one of the objects set forth at its origin—"The maintenance of the honour and respectability of the profession generally in the provinces, by promoting friendly intercourse and free communication of its members, and by establishing among them the harmony and good feeling which ought ever to characterise a liberal profession."

This showed the object, and the want of the provinces at the time. Men of the highest attainments were numerous; and we could now refer back with pride to the volumes of *Transactions*, and to a JOURNAL conducted for many years with energy and success; but, thanks to the licensing authorities, the land was sown broadcast with men of whose education no proper test was required, and whose social *status* took the level of their imperfect education. The Provincial Association slowly but surely did its appointed work. Its meetings brought men together; its influence penetrated everywhere; it insisted on a higher standard of education; it originated the movement in medical reform; and very early in its career it pronounced the words "one portal" as the basis of ultimate success. The time arrived for receiving the metropolis into its ranks; the edifice was complete; and it now can claim to be the one great exponent of the wishes and requirements of the profession. It is generally admitted, and partially carried out in practice, that a more practical test shall be required in the examinations for degrees. But it is useless to insist on this unless a system of clinical training be more thoroughly enforced; not mere oral teaching, but a training by which individual minds are enriched with bedside knowledge. Mr. Smith would not advocate a return to the old system of apprenticeship, with its years of mere drudgery; but he maintained that the most critical period of a youth's career should, after an educational test in languages and physics had been passed, be spent in the family of an intelligent working practitioner, where habits of industry would be acquired, powers of observation developed, a true tone of feeling established, and an important amount of elementary clinical knowledge acquired. The pupil would then start on his hospital career with great advantage, and on his moral career with a higher tone. But in a reform in hospital clinical training must be sought the means of meeting the requirements of the present time. The large hospitals—officered as they must be by men of the highest repute—are, from the numerical weakness of their staff, unable to afford this training to the mass of students. Small classes—each with its clinical trainer—should be "told off" for the clinical teaching of the profession. This is now effected in some hospitals; and, as the Association last met at Leeds, the Hospital of that town was selected as an illustration; and a very able letter from one of the staff (Mr. Wheelhouse), explaining the method pursued there, was read by Mr. Smith. Mr. Smith then referred to one or two points in medicine. He said the time is passing rapidly by when men who were engaged in clinical observation 45 years ago and upwards would be alive to state their opinion on the question of change of type in disease; and yet the fact could only be met by the testimony of such observers. He had the misfortune to be one of these. He had been occupied from the year 1823 to 1832 in close clinical observation, under various men of the highest attainments, amongst the poor of a provincial town, engaged in sedentary occupations, and poorly fed. He had then passed to London, and observed disease in the Borough, the lowest haunts of Westminster, and the heart of the City; and he had then gone to the lusty population of a rural district. In all, the type of disease was, as a rule, acute, and life could not be saved without resort to active measures, including blood-letting. Then, in 1832, came the outbreak of cholera; but still the general type of disease was unchanged. The extraordinary epidemic of influenza followed in 1833; and from that date, practising among the same rural population, and in nowise unwilling to use the lancet, he had had no case for years in which a pretext could be found

for its employment. There had been anxious periods since, during which time it required some hesitation about abstaining from its use; but the periods were of short duration, and never presented the diagnostic character of the older period. The conversion of Sir Thomas Watson from his published views was so startling that it might well occasion hesitation in others as to the correctness of an adverse opinion to his; but, after reviewing again and again the opinion which he had formed, Mr. Smith adhered deliberately to his own. The recently revived subject of the employment of water in the cure of disease, Mr. Smith commended to the careful study of the rising generation of practitioners. Trained in his earliest years where the views of Currie of Liverpool were held and practised, Mr. Smith has ever followed them; but their elaboration into a system, based on no scientific basis, seems of late years to have cast a shadow over Currie's views. It will be found that in the employment of water, aided by the clinical thermometer, we have a most valuable therapeutical agent. After alluding to one or two other points in clinical medicine, Mr. Smith concluded by referring to the mighty power raised by the Association, not for the benefit of the profession only, but also for the benefit of mankind. Our successful exertions for the medical officers of the public service—our efforts to ameliorate the condition of the Poor-law medical officers—the earnest exertions of the Association to effect sanitary improvements and lessen the sum of human suffering, in which a very distinguished member of the Branch, Dr. Stewart, has taken the labouring oar—and the persistent demands for medical reform and a just recognition of the rights of our profession—are each and all a means to one end, the public welfare.

Representatives in the General Council.—The following members were elected representatives in the General Council of the Association for the ensuing year: W. Bartlett, Esq.; S. Day-Goss, M.D.; R. Dunn, Esq.; W. Farr, M.D., F.R.S.; C. H. Rogers-Harrison, Esq.; A. Henry, M.D.; Graily Hewitt, M.D.; T. Holmes, Esq.; J. Hutchinson, Esq.; H. Lee, Esq.; W. Lewis, M.B.; W. Martin, Esq.; H. Maudsley, M.D.; W. F. H. Ramsay, M.D.; J. Seaton, M.D.; F. Sibson, M.D., F.R.S.; H. Walton, Esq.; G. Webster, M.D.

Auditors.—On the motion of Dr. J. SEATON, Mr. W. Martin and Dr. G. P. Rugg were appointed Auditors.

The Medical Bill.—Dr. HENRY explained briefly the present position of the Medical Acts Amendment Bill, and stated that Dr. Waters, Chairman of the Committee on Direct Representation, with some of his colleagues, had been for some days in London using their utmost endeavours to obtain, through intercourse with members of the House of Commons, the recognition of the principle of direct representation. The Committee deserved the hearty approval and thanks of the Branch for their labours. It was highly important that this Branch should at once express an opinion on the matter. He proposed,—"That the President be authorised to sign in the name of the Branch a petition in favour of the direct representation of the profession in the Medical Council, and of the reinsertion of the eighteenth clause."

The motion, having been seconded, was unanimously carried.

Dinner.—The members, with several visitors, among whom were the Rev. A. Welch, Major H. Marshall (9th Lancers), Dr. Gavin Milroy, Dr. James Alexander, Dr. Carr, Dr. Miller, Mr. Horace Smith, Dr. Tomkins, etc., dined together after the meeting; the President in the Chair.

THE ALLEGED MURDER AT BECCLES.—Bury St. Edmund's, Aug. 6th. Crown Court. (Before Mr. Baron Channell.)—This remarkable case (partly heard yesterday), in which a young man named Jacob Ling was charged with causing the death of Anna Maria Chenery, at Barsham, near Beccles, by an attempt to procure abortion, was resumed this morning. The medical gentlemen examined yesterday stated that the injuries from which she died were caused by the introduction of some foreign substance into the vulva for the purpose alleged, and that arteries were penetrated by this substance, causing her to bleed to death. This morning, two other medical gentlemen were examined, and stated positively that they had examined the parts of the deceased's body that were affected, and could see distinctly that she was suffering from a varicose vein, which had burst and caused her death, and that the bursting of that vein might have been caused by very slight pressure—even by a sudden movement of the body. Moreover, they expressed a confident opinion that the appearance of the stick, which was supposed to have been the instrument used, did not indicate that it had been applied to such a purpose, but seemed more as though it had been put in the ground at the spot where the pool of blood was; as had been stated by one of the witnesses to have been the case. His Lordship having summed up, the jury acquitted the prisoner. The trial occupied two whole days.

CORRESPONDENCE.

ACTION OF THE CHOLERA-POISON.

SIR,—Dr. Murray, in reply to my complaint that he had erroneously attributed to me the doctrine that "the primary action of the cholera-poison is to cause spasm of the pulmonary artery", now says that he merely expressed the views attributed to me by the profession in India.

If my theory of cholera is to be refuted, this can be done only by controverting my own statements, and not by discussing opinions attributed to me by those who probably have not taken the trouble to read what I have published. I have never stated that the primary action of the poison is upon the pulmonary artery; and, in the passages which Dr. Murray, in his letter published on July 23rd, quotes from my writings, that doctrine "is conspicuous by its absence."

The theory of the arrest of the circulation *during collapse* by the contraction of the minute branches of the pulmonary artery, is an inference from the undoubted facts of the disease—facts which it explains as no other theory does. Dr. Murray surely does not expect to have the arterial spasm demonstrated, either during life or after death. The hypertrophy of the minute systemic arteries in cases of chronic Bright's disease affords conclusive evidence of their long continued over-action; but it is impossible to obtain the like evidence of the transient spasm of the minute pulmonary arteries in cases of cholera collapse or acute apnoea.

Dr. Murray maintains that the heart is enfeebled during collapse. I admit the fact; but, as I have elsewhere explained, this appears to be a secondary result of the defective circulation, through the coronary as through other systemic arteries. The muscular walls of the heart are weakened in consequence of the defective blood-supply which results from the obstruction in the pulmonary artery. The failing circulation is the cause, and not the consequence, of the cardiac weakness, and cardiac weakness does not explain the fulness of the right cavities of the heart, with emptiness of the left.

Dr. Murray argues that arrest of the pulmonary circulation, and the consequent apnoea, are not the cause of the suppression of bile and urine, because a saline injection into the veins restores the circulation without restoring the secretions. Is this a valid objection? Is it not notorious that, in the majority of cases, the circulation is restored by the saline injections only for a very brief period, and that soon the arrest of the circulation is as complete as before the operation? When the circulation is permanently restored and life saved, as it sometimes has been, by the injection, the secretion of bile and urine returns, as in all cases of recovery from collapse. Dr. Murray says truly that there are cases in which the characteristic cholera secretions have been found in the alimentary canal of the foetus *in utero*, although in the foetus the blood does not pass through the lungs. But surely he does not suppose that this fact is opposed to my explanation of the suppression of bile and urine during collapse.

I have elsewhere (BRIT. MED. JOUR., Feb. 17th, 1866) referred to the interesting physiological correlation of the lung, liver, and kidney, as illustrated by their functional inactivity in the foetus, and their energetic co-operation immediately after birth when respiration is established. The meconium in the intestines of the foetus represents the scanty and modified bile-products which result from placental respiration. The secretion of bile and urine by the foetus is even more scanty than that of a patient in cholera collapse, while the abundant formation of those products by the new-born infant is analogous to the restoration of the biliary and renal secretions during the reaction from collapse. Bile, urine, and carbonic acid, are joint products of oxidation; and their suppression is a necessary result of arrested pulmonary circulation, and consequent apnoea. The secretion of bile by the liver without a free circulation of aerated blood is a physiological impossibility.

I am surprised to find that Dr. Murray, in his lecture, explains the absence of bile from the intestines during collapse by spasm of the gall-ducts. His credulity here more than counterbalances his scepticism as to arterial spasm.

Dr. Murray asserts that syncope is of common occurrence during collapse, and he refers to this as evidence of cardiac asthenia. I admit that sudden death not unfrequently occurs. Sudden death, too, is a common result of pulmonary embolism; but this form of sudden death is quite distinct from cardiac asthenia and syncope. The peculiarity of the collapse of cholera, as distinguished from ordinary exhaustion and syncope, consists in the fact of "patients being able to walk even after the circulation has been so much arrested that the pulse has not been discernible at the wrist." (See Scot's Report on Epidemic Cholera,

Dr. Hyde Salter is perfectly unaware that the relation of the pulse to the cardiac sounds varies in disease, and that one of the most marked variations is retardation in aortic regurgitant disease, as was first pointed out by Dr. Henderson of Edinburgh, about five and thirty years ago. This retardation in almost every case is enough to cause the radial pulse to beat just equidistant between two apex-beats, following the aortic second sound if any trace of that remain, or at all events following the pulmonic second sound, instead of preceding it as in health. Sometimes, as is pointed out by Dr. Walshe (*Disease of the Heart*, 3rd ed., p. 76, section 172), the retardation is so great that the arterial pulse produced by one cardiac systole is nearly or quite synchronous with the next. Dr. Walshe states, however, in regard to this extreme retardation, that the only fact he knows in support of this idea is "that in extreme cases of aortic regurgitation the pulse seems most disposed to stand in normal relationship of time to the heart's systole." This statement is important as showing how completely Dr. Walshe homologates Dr. Henderson's view as to the retardation of the pulse, but it is also defective in so far as it does not point out that the carotid pulse, or the aortic pulse, usually to be felt in such cases in the tracheal fossa, conclusively shews by the period of its recurrence, by its rhythmical relation to both impulses, to which cardiac systole each radial pulsation belongs.

I need hardly state that the view entertained by Dr. Salter is wholly inconsistent with all that we know of cardiac physiology, and is utterly untenable. But it is worth while to show briefly how accurately what he ignores explains his own well-enough reported case consistently with our present views of cardiac physiology, and without having recourse to any such notions as a diastole with a ventricular impulse, and a systole without one, or the existence of a pre-diastolic murmur. The case, evidently enough, has been one of imperfectly compensated aortic regurgitation with a double murmur, tending to death from a systole, from which the patient did die. The apex-beat, as is usual in such cases, was somewhat diffuse and forcible, and accompanied, as is also usual, by a somewhat loud and rough murmur, the apex-beat and its accompanying systolic murmur preceding the radial pulse by a period equivalent to the full half of a cardiac pulsation, the radial pulse being retarded just so much as was necessary to bring it to a period equidistant between two apex-beats, which, as I have just pointed out, is not more than the normal retardation of the radial pulse in cases of aortic regurgitant disease, and very much less than what often happens.

We have thus a heaving ventricular systole, accompanied by a loud rough systolic *bruit*, preceding the radial pulse by the full half of a cardiac pulsation, and followed by a soft and faint diastolic *bruit* into which it runs, precisely the phenomena most commonly observed in cases of aortic regurgitation, and requiring no very great clinical skill either to detect or accurately to describe.

Any one who will take the trouble to go over the case with Dr. Walshe's book in his hand, will recognise at once the accuracy with which the facts have been described, and the fallacy of the reasoning employed to interpret these facts, which has resulted in the production of a very absurd interpretation of a very simple case.

I am, etc., GEORGE W. BALFOUR.

21, Alva Street, Edinburgh, July 25th.

THE LONDON HOSPITAL MEDICAL COLLEGE.—The following are the names of the gentlemen who have obtained the prizes, etc., awarded during the session 1869-70. *Clinical Medicine*: £20 Scholarship given jointly by the House Committee and the Medical Council, to Mr. Geo. Ernest Herman and Mr. Tom Robinson, equal. *Clinical Surgery*: £20 Scholarship given jointly by the House Committee and the Medical Council, to Mr. Tom Robinson; honorary certificate, to Mr. C. W. Vickers. *Clinical Obstetrics*: £20 Scholarship given jointly by the House Committee and the Medical Council, to Mr. Tom Robinson; honorary certificate, to Mr. George Ernest Herman. *Dressers' Prizes for Zeal, Efficiency, and Knowledge of Minor Surgery*: Given by the House Committee, £15 prizes, to Alfred Keble, C. J. Stocker, Alfred Hill; £5 prizes, to Lewis Mackenzie, Albert Morton, Kelly White. *Buxton Scholarships*: Given this year by the Medical Council, for proficiency in the subjects required for the preliminary examinations, £30 Scholarship, to Mr. F. E. Pocock; £20 Scholarship, to Mr. C. J. Vallance. *Osteology*: £20 Scholarship given by the Medical Council, to Mr. C. W. Drew; honorary certificate, to Mr. H. T. Shapley. *Anatomy, Physiology, Chemistry*: £25 Scholarship given by the Medical Council, to Mr. John Blunsom; honorary certificate, to Mr. H. T. Shapley. *Special Certificates of Honour awarded to Medical Assistants*: For three months' service, to Mr. R. W. Parker, Mr. H. C. Fox, Mr. W. Ley, Mr. Philip Thornton; for four months' service, to Mr. H. W. Page; for six months' service, to Mr. G. E. Herman. *Botany*: Two books given by Mr. Baker, to Mr. Blunsom and Mr. Grogono.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At the quarterly meeting of the College, on Thursday, July 28th, 1870, the following gentlemen, having passed the required examinations, were admitted as members.

Fenwick, J. C. J., M.B. Cantab. Kelly, Charles, M.D. Lond.
Baxter, E. Buchanan, M.B. Lond. Roberts, Frederick T., M.B. Lond.

The following members were elected Fellows on July 28th.

Bastian, Henry Charlton, M.D. Lond., Queen Anne Street, W.
Bealey, Adam, M.D., Harrogate, Yorkshire
Cheadle, Walter B., M.D. Cantab., Hyde Park Place
Cholmeley, William, M.D. St. And., Russell Square
Church, William Selby, M.B. Oxon., Bryanston Street, W.
Clapton, Edward, M.D. Lond., St. Thomas's Street, S.E.
Duckworth, Dyce, M.D. Edin., Grafton Street, W.
Elam, Charles, M.D. Lond., Harley Street
Fagge, Charles Hilton, M.D. Lond., St. Thomas's Street, S.E.
Fenwick, Samuel, M.D. St. And., Harley Street
Fox, Edward Long, M.B. Oxon., Clifton
Gee, Samuel Jones, M.D. Lond., Harley Street, W.
Halford, George Britton, M.D. Lond., F.R.C.S. Eng., Melbourne, Australia
Martyn, Samuel, M.D. Cantab., Bristol
Playfair, William S., M.D. Edin., Curzon Street, Mayfair
Pollock, Arthur Julius, M.D. St. And., Montague Place, Russell Square
Pye-Smith, Philip Henry, M.D. Lond., Finsbury Square
Ringer, Sydney, M.D. Lond., Cavendish Place
Sturges, Octavius, M.B. Cantab., Wimpole Street
Sutton, Henry G., M.B. Lond., Finsbury Square
Tuckwell, Henry Matthews, M.D. Oxon., Broad Street, Oxford
Wadham, William, M.D. St. And., Park Lane, W.
Ward, Stephen Henry, M.D. Lond., Finsbury Circus, E.C.
Wilson, Edward Thomas, M.B. Oxon., Cheltenham

UNIVERSITY OF LONDON.—First M.B. Examination. Entire. Pass Examination. 1870.

First Division.

Barfoot, George Harry, University College
Benham, Henry James, University College
Birt, George, Sydenham College, Birmingham
Coupland, Sidney, University College
Greenfield, William Smith, University College
Nankivell, Charles Atkinson, University College
Otley, Walter, University College
Russell, Ebenezer Geer, Guy's Hospital

Second Division.

Barlow, Thomas, B.Sc., University and Owens Colleges
Bindley, Philip Henry, University College
Bird, Cuthbert Hilton Golding, B.A., Guy's Hospital
Bomford, Gerald, King's College
Breeze, Richard Goodwin, University College
Cane, Leonard, University College
Cockburn, John Alexander, King's College
Cornelius, Walter Bernard, University College
Dalton, Benjamin Neale, Guy's Hospital
Deakin, Charles Washington Shirley, University College
Duncan, Andrew, King's College
Eastes, Thomas, Guy's Hospital
Godlee, Rickman John, B.A., University College
McCann, Thomas Anthony Aloysius, University College
Percival, George Henry, Guy's Hospital
Philpot, Joseph Henry, King's College
Raiton, Thomas Carleton, Owens College and St. Bartholomew's Hospital
Ramsay, Ebenezer John, University College
Rose, William, King's College
Saunders, Arthur Rich, University College
Saunders, Henry William, St. Thomas's Hospital
Taylor, Herbert, St. Bartholomew's Hospital

Excluding Physiology.

Second Division.

Davies, David Arthur, University College
Williams, William, Guy's Hospital

Physiology only

Second Division.

Darby, John Thomas, University College
Eardley-Wilmot, Robert, King's College

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 July 28th.

Battersby, William E., M.B., Killarney (Dublin School)
Brown, Henry William L., West Bromwich (Birmingham School)
Clarke, Joseph Hirst, Sheffield (Sheffield School)
Dixon, Henry Edward, Watlington, Norfolk (Guy's)
Harding, Alfred William, Percy Street, W.C. (University College)
Hardman, William, Blackpool (University College)
Hibberd, Henry Jukes, Peckham (Guy's)
Hollinshead, Francis, Coventry (Birmingham School)
Hunt, Joseph, Hopwood Allchurch (Birmingham School)
Lloyd, Thomas L., Wrexham (Birmingham School)

Lovell, Francis Ottley, Kilburn (St. George's)
 Macan, Jameson John, Cheam, Surrey (St. Bartholomew's and Cambridge)
 Mitchell, Alexander, Birmingham (Birmingham School)
 Ravenhill, Edmund Burton, Arlingham (Birmingham School)
 Rigden, Walter, L.S.A., Canterbury (University College)
 Vickers, Charles William, L.S.A., Huddersfield (London)

At the same meeting—

Shaw, Bernard John, L.S.A., of Attercliffe, Yorkshire, who passed his examination in Surgery on May 3rd last, having since obtained a Licence in Medicine recognised by the College, was also admitted a member.

Admitted members on July 29th.

Bailey, Henry Bennett, L.S.A., Sutton St. Edmunds, Lincoln (Guy's)
 Clay, Charles, Dewsbury (King's College)
 Eagar, Robert T. S., Andenshaw, near Manchester (Manchester and Edinburgh Royal Infirmarys)
 Fenton, George, L.S.A., Great George Street, S.W. (Westminster)
 Hudson, Hubert E., L.S.A., Cranbrook, Kent (Guy's)
 Lovejoy, William Henry, M.D. New York, Portman Street, W.
 O'Farrell, George Plunkett, M.D. Dub., Boyle, co. Roscommon
 Plowright, Chas. B., L.R.C.P. Edin., North Wotton, Norfolk (Glasgow School)
 Smith, Arthur William, L.S.A., Halifax (Guy's)
 Smith, Charles Wait, Jamaica (St. Bartholomew's)
 Thorpe, George E. K., L.S.A., Sheffield (Guy's)
 Times, Lawrence Kingston, Manchester Street, W. (University College)
 Tothill, Thomas H. F., L.S.A., Topsham, Devon (St. Bartholomew's)
 Warburton, Edmund S., L.S.A., Betley, Crewe, Staffordshire (Liverpool and King's College)
 Wilson, George, L.S.A., Claverton Street, S.W. (University College)

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH: DOUBLE QUALIFICATION.—The following gentlemen passed their first professional examinations during the July sittings of the examiners.

Charles Quarry, Clonakilty; James Findlater, Newmilns; James Henry Lowe, Edinburgh; John F. Stafford, Wexford; Wm. Jackson; M. R. J. Behrendt, Prussia; Alexander Mackenzie, Kelso; Thomas Higham, Manchester; Edward Williams, Mold, North Wales; S. A. R. Monty, Mauritius.

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

Nicholas FitzHenry Fitzmaurice, Skibbereen; Edwin Schuster, Lancashire; William Thomas Wood, Edinburgh; Enoch Davies, Cardiganshire; Joseph Farrar, Yorkshire; John Ormsby, Dublin; Samuel Hawkes, Cork; William Birrell, Fife; Eugene Hayes Niall, County Clare; John Henry Reid, County Down; Thomas Marshall Wilkinson, Metheringham; Frederick Wallace Furnell, Limerick; Alexander Matthew, Cupar-Fife; John Husband, Cupar-Fife; Joseph Edward Kenny, Dublin; Horace Parr Yeld, Carlisle; Daniel Hanifin, Milltown; George Pearson, Coldstream; John Blake Adams, Cork; Henry William Drew, Cape of Good Hope; William Dewhurst, Lancashire; Charles Henry Swayne, Carrick-on-Shannon; Francis Barclay, Hawick; Henry Bell, Groomsport.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—The following gentlemen passed their final examinations, and were admitted Licentiates of the College, during the July sittings of the Examiners.

John Dobbin, County Armagh; John Frederick Stokes, County Dublin; Charles Macfie, Bute; Thomas Allan Wotherspoon, Edinburgh; Hermann Kunde, Coeslin, Prussia; Henry Priestley, Sheffield; Archibald Craig, Lanarkshire; James Alexander Menzies, Perthshire; John Thos. Leigh, Huntingdonshire.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received their certificates to practise, on Thursday, August 4th, 1870.

Burgess, William Frederick Richardson, Bethnal Green Road
 Tompsett, James, St. Leonard's-on-Sea
 Walker, Samuel, York

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

James, Arthur Culver, Guy's Hospital
 Odell, William, St. Bartholomew's Hospital
 Rendall, William, Guy's Hospital
 Watson, William George, University College

As an Assistant in compounding and dispensing medicines.
 Slater, Jonathan, Barnsley Road, N.

MEDICAL VACANCIES.

The following vacancies are announced:—

BRIGHTON AND HOVE DISPENSARY—Resident Medical Officer and Dispenser for the Western Branch: applications, Sept. 5th; election, Oct. 4th; duties, Nov. 1st.
BRISTOL GENERAL HOSPITAL—Assistant House-Surgeon: applications, August 23rd.
CAHERCIVEEN UNION, co. Kerry—Medical Officer for the Valencia Dispensary District: 17th.
CHESHIRE LUNATIC ASYLUM, Upton—Assistant Medical Officer.
COTON HILL LUNATIC ASYLUM, Stafford—Assistant Medical Officer.
DUDLEY DISPENSARY—Resident Medical Officer: applications, 23rd; election, September 7th.
GERMAN HOSPITAL, Dalston—Temporary Resident Medical Officers: applications, August 17th.
JERSEY GENERAL DISPENSARY—Resident Visiting and Dispensing Officer: duties, October 1st.
KENSINGTON DISPENSARY—Junior Resident Medical Officer and Dispenser: applications, 13th.
MIDDLESEX HOSPITAL—Lecturer on the Principles and Practice of Surgery; Surgeon; Assistant-Surgeon: 25th.

NEWRY UNION—Medical Officer for the Warrenpoint Dispensary District: applications, 15th; election, 17th.

QUEEN'S COLLEGE, Birmingham—Medical Tutor and Demonstrator of Anatomy: applications, 27th.

ROYAL FREE HOSPITAL, Gray's Inn Road—Junior House-Surgeon: applications, August 17th.

ROYAL UNITED HOSPITAL, Bath—Resident Medical Officer: applications, 13th; duties, Sept. 1st.

ST. GILES-IN-THE-FIELDS and **ST. GEORGE**, Bloomsbury—Assistant Medical Officer: applications, 22nd.

ST. THOMAS'S HOSPITAL—Two Assistant Physicians: applications, 16th; appointment, Sept. 8th.

STANLEY HOSPITAL, Liverpool—Physician: applications, 15th; election, 16th.

STOKE-UPON-TRENT UNION, Staffordshire—Medical Officer for the Hanley District.

STRONSAY, Orkney—Parochial Medical Officer and Public Vaccinator: applications, 24th.

WHITECHAPEL UNION—Medical Officer for the Aldgate District: applications, 15th; election, 16th.

YORK COUNTY HOSPITAL—House-Surgeon: applications, 27th.

BIRTHS.

DAWSON.—On August 5th, at Hunmanby, Yorkshire, the wife of C. W. Dawson, Esq., Surgeon, of a son.

GOODING.—On August 9th, at Heath Lodge, Blackheath, the wife of *Ralph Gooding, B.A., M.D. Lond., of a daughter.

PERKINS.—On August 5th, at Hendon, Middlesex, the wife of John Robert Perkins, L.R.C.S., etc., of a son.

MARRIAGE.

***JONES**, John Talfourd, M.B. Lond., to Mary Grundy, eldest daughter of Frederick Broughton, Esq., at Brecon, on August 3rd.

DEATH OF SIR JOHN THWAITES.—Sir John Thwaites, Chairman of the Metropolitan Board of Works, died on Monday morning, the 8th instant, at Putney, after an illness of a few days' duration. Sir John was in his fifty-sixth year, and had been chairman of the Metropolitan Board since its formation in 1856, previously to which time he was one of the Metropolitan Commissioners of Sewers.

LUNATICS IN ENGLAND AND WALES.—Mr. Newdegate has moved an address for return of the total number of insane persons of each sex confined in county asylums, workhouses, and licensed houses, who are known to have been inmates of conventual or monastic institutions; distinguishing the number maintained at their own expense in England and Wales, on the 1st day of January in each of the years 1865, 1866, 1867, 1868, 1869, and 1870. He had been informed there was no means of giving the required information, and if that were so, he should not then press his motion, but bring the subject forward early next session. It evidently showed that the Commissioners, and those who kept those asylums, had neglected their duty. Mr. Bruce, however, said he was sorry to say he could not comply with the hon. member's motion. He had applied to the Lunacy Commissioners, and they had informed him there was no means of giving the required information; and the motion was then withdrawn.

THE PUBLIC HEALTH.—The aggregate mortality of the week was in the ratio of 28 deaths annually to every 1000 of the present estimated population. The annual rates of mortality last week in the seventeen English cities and towns were as follows: Liverpool, 34 per 1000; Bradford, 33; Manchester, 28; Salford, 30; London, 28; Birmingham, 25; Newcastle-upon-Tyne, 24; Leeds, 33; Portsmouth, 18; Sheffield, 34; Hull, 25; Wolverhampton, 26; Bristol, 37; Nottingham, 32; Sunderland, 23; Leicester, 35; and Norwich, 29. In Paris, the deaths registered during the week ending last Saturday were at the annual rate of 33 per 1000 persons living. The reported deaths from small-pox were 227, against 215 in the previous week. Dr. Zuelzer writes with the last report for Berlin: "As I shall not be in Berlin, I cannot continue the weekly returns; I must go to the army. As soon as I shall have returned, I'll do it." War in Europe brings now with it the evils of civil war; science, health, all interests, all nations, suffer. From "simple cholera" and choleraic diarrhoea, 46 deaths were registered, and 371 from diarrhoea. Two deaths of children were registered from sunstroke. Four fatal accidents caused by horses or vehicles in the streets were returned last week.

We are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Indian Medical Gazette, July 11th; The New York Medical Gazette, July 23rd; The Parochial Critic, August 10th; The New York Medical Record, July 28th; The Boston Medical and Surgical Journal, July 28th; The Madras Mail, May 30th; The Gardeners' Chronicle, August 6th; The Poor-Law Chronicle, August 2nd; The Shield, August 8th; The Edinburgh Evening Courant, August 5th; The Scotsman, August 4th; The Aberdeen Free Press, August 9th; The Oxford Times, August 6th; The Glasgow Weekly Herald, August 6th; The Medical Mirror, August 1st; etc.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan 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.—National Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.
 WEDNESDAY...St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.15 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—St. Thomas's, 1.30 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Cancer Hospital, Brompton, 3 P.M.—King's College, 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.
 FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.
 SATURDAY....St. 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, 2 P.M.—East London Hospital for Children, 2 P.M.—Hospital for Women, 9.30 A.M.

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.

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

TO PURCHASERS.—To insure attention, it is requested that all orders sent to the Office for extra copies of the JOURNAL, be accompanied with stamps for the amount.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

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

MEDICAL VOLUNTEERS FOR THE GERMAN ARMY.

SIR,—As I have frequently been asked about the possibility of joining the German Army Medical Service for the time of the war, it may be of interest to your readers to learn that the North German Government is ready to admit British medical men as volunteers in their Army Hospitals, provided that they speak German, that they have Licence to practise Medicine and Surgery in the United Kingdom, that they place themselves unconditionally at the disposal of the North German Government, and that they have the permission of the English Government to serve as Medical Volunteers in Germany, and that of the North German Embassy or Consulate-General. The English Medical Volunteers will at first, at all events, not be employed on the field of action, but only in the Lazarettos in the rear of the armies; this, however, would probably not prevent their seeing and doing important surgical work.

The services of English Medical Volunteers will be regarded as probationary during at least a fortnight, and they will receive no payment during that period; and no reimbursements for the expense of their journey; but if their services prove satisfactory, they will probably be engaged, and receive payment at the rate of from six to nine shillings per day. I am, etc.,
 11, Grosvenor Street, August 9th, 1870. HERMANN WEBER.

PASSPORTS FOR MEDICAL MEN.

SIR,—Probably those of the profession who think of going on to the Continent about this time, will be careful to apply for passports before starting. Let us hope that they will meet with a better fate than fell to my share. To save myself trouble, I applied through an agent, and was informed that, in my professional capacity, I could write my own letter of recommendation. I did so. After a few days, I received a reply that a communication had been made to the Foreign Office; but my application had been refused, as my name did not appear in the *Directory*.

Three days afterwards, on calling at the office of the agents, I was told that application had again been made, with the same result. I then went to Downing Street myself, and there saw the head of the department, who gave me the same answer as the agent. I asked his authority; he produced, first, a *Post-Office Directory*, and then a *Medical Directory*, aged ten years, at which time I was not on the *Register*.

I left the office, drove at once to Soho Square, obtained a copy of the *Medical Register*, and stated my case, which was received with some astonishment, as it appeared that if the official at the Foreign Office had not a copy, it was his own fault, as he had only to ask for one. I returned to Downing Street, showed the *Register*, and was informed that it was "all right." Having received my passport, I judged it merely an act of patriotism, not to say philanthropy, to make the Foreign Office of Great Britain a present of so necessary a volume. I accordingly did so, rather to the discomfiture of the official.

It is satisfactory to know that, through my means, any other member of the profession of less than ten years' standing will now run less risk of scant courtesy from the Foreign Office; but, at the same time, is it not rather hard that I should have to suffer in time, temper, and pocket, for the carelessness of an official? I am, etc.,
 ALFRED WALKER, M.B., etc.

16, Keppel Street, Russell Square, W.C., July 25th, 1870.

CROTON OIL IN SCARLATINAL DROPSY.

SIR,—The perusal of the able paper on Blood-letting as remedy in Acute Scarlatinal Dropsy, by Dr. J. P. Bramwell, in your issue of July 9th, has prompted me to refer to the value of the internal administration of croton oil in such cases. For the last twenty years, in cases of dropsy occurring as a sequela of scarlet fever, I have invariably given croton oil in doses varying from one-eighth to a quarter of a drop, rubbed up with a little mucilage, syrup, and water. This dose is given every morning, and repeated every two hours, until free purgation is produced, and with results highly satisfactory, every case so treated having terminated in rapid and lasting recovery; and in some, after other treatment has failed. In fact, it is astonishing how quickly the dropsical symptoms subside, and the patients are not debilitated by the purgative. I am, etc.,
 Newcastle-upon-Tyne, July 13th, 1870. JOHN LIDDELL, M.R.C.S. Eng.

NOTICE TO ADVERTISERS.—Advertisements should be forwarded direct to the Printing-Office, 37, Great Queen Street, W.C., addressed to Mr. RICHARDS, not later than *Thursday*, twelve o'clock.

TREATMENT OF ENLARGED TONSILS.

SIR,—In answer to a Country Practitioner, as a local application in chronic cases, I know nothing equal to alum, either as a gargle; in powder, or as a dust of equal parts burnt alum and gum arabic; the former applied with a damp brush and the latter may be blown on the part with an India-rubber bottle. But these, in conjunction with other remedies, require steady persevering application. I, too, never saw any permanent good from excision. I am, etc.,
 Liverpool, August, 1870. B. B.

THE LATEST DEFENCE OF THE EDINBURGH CURATORS.

SIR,—If my language was tinged with incivility, as you say it was, I am afraid it was not unprovoked. It is not easy for a brother to sit quietly and, week after week, see his brother unjustly held up to the scorn and derision of the profession, without an arm being raised in his defence. Not that he requires it, but because my own feelings may thereby be relieved, and my own self-respect protected. As I shall strive for the future not to offend, I shall feel obliged by your inserting this communication in your next.

In your "Notices to Correspondents" in your last number, you have plainly misunderstood me. I never sent the extract from Dr. Matthews Duncan's testimonial in favour of Dr. Alexander Simpson in 1868, "in order to prove that Dr. Duncan then said what he did not believe"; much less did I send it "to prove that Dr. Alexander Simpson was the best man for the Edinburgh vacancy." My sole object in sending or quoting it at all was to show that Dr. Matthews Duncan himself, in 1868, was of the exact same opinion as the Municipal Curators in 1870, namely, that he, Dr. Alexander Simpson, was "well qualified to fill a Midwifery Chair", and judging by his "medical writings" he was possessed with the requisite "learning and intelligence." I meant nothing more or less than this.

It was my brother's opinion, and the opinion of the majority of the Curators, that there was not much to choose between the candidates. It may appear strange to very many of my professional brethren, but it is my solemn and conscientious conviction, from personal knowledge of all the candidates, that they were all of them very much of a muchness. A case of "How happy could I be with either." In plain truth, as compared with the late Sir James, there was not one of them anywhere, except it might be in the self-estimation of the candidates themselves. In such a strait, was it to be counted as nothing to be the nephew of such an uncle? or the son of such a father? I trow not! There is not one member of the profession who would not be proud of standing in such a relation to the illustrious deceased, and who would not do his best to make the most of it—otherwise he would be a fool. In my estimation, this was a most weighty, a most natural, and a most successful argument. What is more, it will continue to add lustre not only to the famous name of Simpson, but to the Chair of Midwifery of the University, as well as to the city of Edinburgh itself. Pray, who made Dr. Alexander Simpson what he is? Who made Dr. Matthews Duncan what he is? Who made your present correspondent what he is? The answer is simple—the late Sir James Young Simpson, Baronet. Is it nothing, then, to have been trained up entirely under the eye of such a genius, and to have the honour of being his nephew? God forbid! When doctors differ as to the fitness of rival candidates, what better court than a lay court? and it was a lay court which gave the preference on this occasion; and the same court gave the preference to Dr. James V. Simpson over Dr. Every Kennedy when they, the doctors, differed on a similar occasion.

I am, etc.,
 4, St. James Road, Liverpool, August 6th, 1870. THOMAS SKINNER, M.D.

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

Mr. David Evans, Brecon; Dr. W. Orange, Broadmoor; M.D.; Dr. Phillips, London; Dr. J. Ford Anderson, London; Dr. J. W. Watkins, Newton-le-Willows; Dr. H. Mitchell, Cockermouth; Mr. R. B. Benson, Pulverbach; Dr. C. Taylor, Nottingham; B. B.; Mr. H. Lawson, London; Dr. D. Leslie, London; etc.

LETTERS, ETC. (with enclosures) from:—

Dr. Charlton, Newcastle-upon-Tyne; Dr. Sibson, London; Dr. George Y. Heath, Newcastle-upon-Tyne; Dr. Tilt, London; Dr. Skinner, Liverpool; Dr. Eastwood, Darlington; Dr. Oliver, Redcar; Dr. Aveling, Rochester; Dr. Henry Bennet, London; Dr. Philipson, Newcastle-upon-Tyne; Mr. Dawson, Hunmanby; Dr. M. Fothergill, Leeds; Dr. Richardson, London; Dr. Graily Hewitt, London; Dr. George Johnson, London; Dr. Hyde Salter, London; Mr. Hulke, London; The Registrar-General of England; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; Mr. T. M. Stone, London; The Registrar of the Medical Society of London; Dr. Little, London; Dr. Tilbury Fox, London; Dr. De Berdt Hovell; Dr. J. Rodger, Aberdeen; Captain Burgess, London; Mr. R. H. B. Whickham, Edinburgh; Mr. J. Martin, Woodview, Portlaw; M.D. Lond.; Mr. J. Arnison, Newcastle-upon-Tyne; Dr. Ralph Gooding, Blackheath; Dr. Hermann Weber, London; Mr. J. R. Perkins, Hendon; Mr. H. Alder Smith, London; The Vice-Dean of the London Hospital Medical School; Mr. Furneaux Jordan, Birmingham; Mr. J. Pollard, London; etc.

BOOKS, ETC., RECEIVED.

The York Lunatic Asylum Annual Report for 1870.
 Fourth Annual Report of the Metropolitan Board of Health of the State of New York. 1869. New York: 1870.
 Hospitals and Medical Education: Address to the Birmingham and Midland Counties Branch. By Thomas Underhill, President. Birmingham: 1870.
 Relapsing Fever in Edinburgh. By Claud Muirhead, M.D. Edinburgh: 1870.
 York Lunatic Asylum Annual Report for 1870.
 A Resume of the History of Hygiene. By W. H. Corfield, M.A., M.B. Oxon., M.R.C.P. Lond. London: 1870.
 The Treatment of Croup. By Fordyce Barker, M.D. New York: 1870.
 Lay Sermons, Addresses, and Reviews. By Thomas Henry Huxley, LL.D., F.R.S. London: Macmillan and Co. 1870.
 The Physician and Pharmaceutist. New York: May 1870.