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Clogg, Stephen, Esq. East Looe

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Gaved, Arthur, Esq. St. Mabyn, Bodmin

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Hutchinson, Thomas, Esq. Camborne

Kerswill, George, Esq. Looe

Kerswill, Robert W. P. Esq. St. Germains

King, D. H. Esq. Stratton

King, Francis, Esq. Truro

Leverton, Henry S. L.R.C.P.Ed. Surgeon to the Royal Cornwall Infirmary, Truro

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Montgomery, J. Barclay, M.D. Physician to the Dispensary, Penzance

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Thompson, David, Esq. Launceston

Vigurs, C. C. Esq. Newlyn East

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Wilson, George, Esq. Launceston

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Banks, Richard, Esq. House-Surgeon to the Infirmary, Whitehaven (dead)

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Barnes, Thomas, M.D. F.R.S.E. Physician to the Fever Hospital, Carlisle

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Brown, Robert, Esq. Surgeon to the Cumberland Infirmary, Carlisle

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Cloudon, Thomas S. M.D. Superintendent of the Cumberland and Westmorland

Asylum, Carlisle

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Dickson, Joseph, M.D. Surgeon to the Infirmary, Whitehaven

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 Budd, Richard, M.D. Physician to the North Devon Infirmary, Barnstaple
 Budd, Samuel, M.D. Physician to the Devon and Exeter Hospital, Exeter
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 Swain, William Paul, Esq. Surgeon to the Royal Albert Hospital and Eye Infirmary, Kestreet, Devonport
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 Woodman, John, Esq. Surgeon to the Dispensary, Exeter

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 Brady, Henry, Esq. Gateshead
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 Davis, John, Esq. Monkwearmouth
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 Denham, Jacob S. M.D. Surgeon to the Dispensary, South Shields
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 Douglas, M. Esq. Surgeon to the Hospital for Children, Sunderland
 Douglass, George, M.D. Medical Officer to the Dispensary, Gateshead
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 Jobson, John, Esq. Bishop Auckland
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 Maling, Edwin A. Esq. Surgeon to the Sunderland Infirmary, Bishopwearmouth
 Manson, R. T. Esq. Howden, near Crook
 Mitchell, John, M.D. Barnard Castle
 Modlin, Robert, Esq. Sunderland

Moore, George, M.D. Physician to the Hospital Hartlepool
 Morgan, George B. Esq. Surgeon to the Sunderland Infirmary, Bishopwearmouth
 Morris, William H. L.R.C.P.Ed. Darlington
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 Natrass, Charles, M.D. Sunderland
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 Oldham, Riton, Esq. West Hartlepool
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 Reid, Alex. Esq. Tow Law, Darlington
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 Renton, George, Esq. Shotley Bridge
 Renton, John, Esq. Shotley Bridge (dead)
 Renton, William M. M.D. Shotley Bridge
 Richardson, William, Esq. Surgeon to the Dispensary, Stockton-on-Tees
 Robinson, William, M.D. Medical Officer to the Dispensary, Gateshead
 Robson, James, Esq. South Shields
 Robson, Robert N. Esq. Durham
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 Saville, John J. Esq. Sunderland
 Scott, James, Esq. Gateshead
 Shaw, George, Esq. Senior Surgeon to the Durham County Hospital, Durham (dead)
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 Smallman, Richard S. M.B. House-Surgeon to the Hospital, Hartlepool
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 Smith, Robert, M.D. Superintendent of the Durham County Asylum, Ferry Hill
 Smith, Robert A. Esq. Sunderland
 Smith, W. H. Esq. Houghton-le-Spring
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 Stoker, William, Esq. Surgeon to the Durham County Hospital, Durham
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 Weller, George, Esq. Wanstead
 F. F. Esq. Surgeon to the Hospital, Saffron Walden
 Wheeler, Daniel, Esq. Chelmsford
 Williams, Edward, M.D. Consulting-Physician to the Essex and Colchester Hospital, Colchester
 Wyman, W. S. M.D. Hatfield Broad Oak

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Number of Members..144.

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 Averill, Alfred, Esq. Tetbury
 Bartley, Robert T. H. M.D. Surgeon to the Bristol Eye Hospital, Clifton
 Batten, R. W. M.D. Physician to the Infirmary, Gloucester
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 Bernard, R. M. Esq. Senior Surgeon to the Bristol Royal Infirmary, Clifton
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Druce, William, Esq. Oxford

Freeborn, W. F. M. D. Oxford

Giles, Richard, M.D. Oxford

Gray, Edward B. M.D. Physician to the Radcliffe Infirmary, Oxford

Hyde, W. W. Esq. Bloxham, Banbury

Jeston, Thos. W. Esq. Henley-on-Thames

Knight, Charles F. Esq. Sibford Ferris, Banbury

Lee, Herbert G. M.D. Thame

Owen, Edward R. Esq. Oxford

Parry, H. H. Esq. Kidlington

Pemberton, Clarence J. H. Esq. Banbury

Rollston, George, M.D. F.R.S. Linacre Professor of Anatomy, Oxford

Sankey, R. H. H. Esq. Asylum, Littlemore

Smith, Walter, Esq. Islip

Spencer, Henry B. M.D. Oxford

Thompson, William A. Esq. Oxford

Tuckwell, Henry M. M.D. Physician to the Radcliffe Infirmary, Oxford

White, J. Gregory, M.D. Woodstock

Winkfield, Alfred, Esq. Oxford

RUTLAND.

Number of Members.. 4.

Branch.. Midland.

Ashforth, George M. M.D. Market Overton (dead)

Brown, Frederick W. Esq. Uppingham
Row, William, Esq. Market Overton
Seaton, Daniel, Esq. Surgeon to the Rutland Dispensary, Oakham

SHROPSHIRE.

Number of Members.. 81.

Branches { Shropshire Ethical.
Shropshire Scientific.

Andrew, Edwyn, M.D. Surgeon to the Eye and Ear Hospital, Shrewsbury

Benson, R. B. Esq. Pulverbach

Blaikie, Robert, Esq. Medical Officer to the Dispensary, Oswestry

Bratton, James, Esq. Shrewsbury

Bromfield, John, Esq. Whitchurch

Brookes, A. G. Esq. Shrewsbury

Brookes, W. P. Esq. Much Wenlock

Broughton, R. Esq. Ruyton-of-the-Eleven-Towns

Brown, John, Esq. Whitchurch

Buck, Henry J. Esq. Surgeon to the Ironbridge Dispensary, Cressage

Burd, Edward, M.D. Physician to the Salop Infirmary, Shrewsbury

Chene, Henry C. Esq. Much Wenlock (dead)

Clement, Wm. Jas. Esq. M.P. Shrewsbury (dead)

Clendinnen, W. E. Esq. Cheshire

Davies, John S. Esq. Medical Officer to the Dispensary, Oswestry

Davis, Edward, Esq. Ditton Priors

Downes, Thomas R. C. Esq. Munslow

Eddowes, William, Esq. Pontesbury

Eddowes, William, jun. Esq. Shrewsbury

Edwards, H. Nelson, Esq. Surgeon to the Dispensary, Shrewsbury

Eley, Joseph F. Esq. Llanymynech

Fentou, Henry, Esq. Shrewsbury

Fuller, William, M.B. Medical Officer to the Dispensary, Oswestry

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Glover, J. Esq. Dorrington, Shrewsbury

Greene, John, Esq. St. George's, Wellington

Groom, Thomas, Esq. Whitchurch

Gwynn, Samuel B. Esq. Wen

Gwynn, Samuel T. M.D. Whitchurch

Hartries, J. D. Esq. Surgeon to the Salop Infirmary, Shrewsbury

Hartshorne, F. H. L.R.C.P.Ed. Surgeon to the Ironbridge Dispensary, Broseley

Haslehurst, T. W. Esq. Surgeon to the Bridgnorth Dispensary, Claverley, Bridgnorth

Hickman, Joseph Esq. Brocton, Worthen

Hickman, R. M. Esq. Newport

Hodges, Geo. Esq. Haymore, Bridgnorth

Humphreys, J. R. Esq. Surgeon to the Salop Infirmary, Shrewsbury

Johnson, Charles H. Esq. Shiffnal

Johnson, H. M.D. Consulting Physician to the Salop Infirmary, Shrewsbury

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Jones, W. Weaver, Esq. Cleobury Mortimer

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McLinton, J. R. M.I. Church Stretton

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Morris, James M. Esq. Market Drayton

Oakley, Charles J. L.R.C.P.Ed. Physician to the Salop Infirmary, Shrewsbury

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Styrap, Jukes, L.K.Q.C.P.I. Consulting Physician to the Salop Infirmary, Shrewsbury
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Withers, R. Walter O. Esq. House-Surgeon to the Infirmary, Shrewsbury
Wood, Samuel, Esq. Senior Surgeon to the Salop Infirmary, Shrewsbury

SOMERSET.

Number of Members..124.

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Bush, William, Esq. Senior Surgeon to the Eye and Ear Infirmary, Bath
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Davis, Theodore, jun. M.D. Clevedon
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Fox, Charles Joseph, M.D. Brislington

Fox, Francis K. M.D. Brislington
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Stockwell, Thomas G. Esq. Surgeon to the Mineral Water Hospital and Royal United Hospital, Bath
Stone, Robert Nathaniel, L.R.C.P.Ed. Bath
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Terry, John, Esq. Bailbrook, Bath
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Walker, William C. Esq. Shepton Mallett
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Wine, H. C. Esq. Bedminster
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Woodforde, Francis Henry, M.D. Taunton

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Number of Members..84.
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Belcher, Robert Shirley, Esq. Surgeon to the Dispensary, Burton-on-Trent
Birt, Joseph, B. M.D. County Asylum, Burntwood, Lichfield
Browne, William, M.D. Lichfield
Chapman, George, Esq. Brierley Hill
Clark, James, M.D. Chasetown, Walsall
Coleman, E. Hayling, Esq. Consulting-Surgeon to the South Staffordshire Hospital, Wolverhampton
Collins, John M. M.D. Wolverhampton
Cooke, Henry, M.D. Wolverhampton
Cooke, John, M.B. Tettenhall
Cooke, William H. M.D. Aldridge
Cooper, Richard, Esq. Leek
Cotterell, Peter A. M.D. West Bromwich
Davies, William, Esq. Smethwick
Davis, Robert A. M.D. Medical Superintendent of the Stafford County Asylum, Burntwood, Lichfield
Davies, William J. Esq. Longton
Day, Henry, M.D. Physician to the General Infirmary, Stafford
Downes, W. Esq. Handsworth
Dreury, G. O. M.D. Walsall
Duncalf, Henry, Esq. West Bromwich
Dunn, Frederick, Esq. Wolverhampton
Evans, Alfred P. Esq. West Bromwich
Fernie, Edward, M.D. Stone
Folker, W. H. Esq. Surgeon to the North Staffordshire Infirmary, Hanley
Fraser, John, M.D. Wolverhampton
Garman, John C. Esq. Wednesbury
Garman, William, C. Esq. Wednesbury
Handy, J. Esq. Darlaston
Harrison, A. J. M.B. Walsall
Hayes, John, L.R.C.P.Ed. Beech Cliff, Newcastle
Hitchens, J. S. Esq. Lichfield
Hicks, Charles, Esq. Smethwick
Holyake, T. Esq. Kinver, Stourbridge
Hopkins, E. C. Esq. Wednesbury
Hopkins, George H. Esq. Stone
Hopkins, Wm. L.R.C.P.Ed. Handsworth
Jackson, James F. Esq. Smethwick
Jackson, Thomas V. Esq. Surgeon to the South Staffordshire Hospital, Wolverhampton
Jackson, W. F. M. Esq. Smethwick
Kelt, P. M. L.R.C.P.Ed. Walsall
Kite, W. J. Esq. West Bromwich
Latham, Alfred, Esq. Darlaston
Lomax, H. T. Esq. Stafford
Lowe, George, Esq. Burton-on-Trent
Macaulay, J. Campbell, Esq. Cannock
Malim, G. W. Esq. Bilston
Mawby, F. E. Esq. Wolverhampton
Mawley, John, Esq. Surgeon to the Infirmary, West Bromwich
Martin, E. N. L.K.Q.C.P. Burton-on-Trent
Miller, Richard M. M.D. Physician to the South Staffordshire Hospital, Wolverhampton
Milington, Wm. M.D. Physician to the South Staffordshire Hospital, Wolverhampton
Monckton, D. Henry, M.D. Rugeley
Moore, Richard B. Esq. Wolverhampton
Moore, Robert W. Esq. Wednesbury
Morgan, Herbert M. Esq. Lichfield
Morgan, M. Butler, Esq. Lichfield
Newham, Christopher A. Esq. Surgeon to the South Staffordshire Hospital, Wolverhampton
Norris, W. L. Esq. Brierley Hill
Orton, Charles, Esq. Medical Officer to the North Staffordshire Infirmary, Newcastle-under-Lyme
Partridge, S. Esq. Darlaston, near Wednesbury
Pearse, Edward S. Esq. Brierley Hill
Phillips, D. Wild, Esq. Rowley Regis
Pope, W. H. Esq. Wolverhampton
Ritchie, John J. Esq. Leek
Rowland, H. M. Esq. Wolverhampton
Sansome, T. Esq. Hill Top, West Bromwich
Smith, Richard W. Esq. Harborne
Soper, R. W. Esq. Wolverhampton
Somerville, James H. Esq. Bloxwich
Summers, Llewellyn J. Esq. Wolverhampton (dead)
Sutcliffe, Henry, Esq. West Bromwich
Sutton, William, Esq. Smethwick
Taylor, Moses, Esq. Cannock

Thomson, J. L.R.C.P.Ed. Kingswinford
Turton, Frederick, Esq. Wolverhampton
Tyleote, E. T. M.D. Great Haywood
Tyleote, J. H. M.D. Saudon, Stone
Underhill, Francis W. Esq. Tipton
Underhill, Thomas, Esq. Great Bridge, Tipton
Underhill, William L. Esq. Tipton
Wades, John W. B. M.D. Hanley
Welchman, C. E. E. Esq. Lichfield
Weston, Edward F. Esq. Surgeon to the General Infirmary, Stafford

SUFFOLK.
Number of Members..68.
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Andrew, William W. W. M.B. Earl Soham
Barkway, F. T. Esq. Lavenham
Barkway, H. Esq. Davenham
Bartlett, A. H. M.D. Surgeon to the East Suffolk Hospital, Ipswich
Bartlett, John H. M.D. Surgeon to the East Suffolk Hospital, Ipswich
Beck, Henry, Esq. Needham Market
Blackett, Edward R. M.D. Physician and Surgeon to the Dispensary, Southwold
Bullen, George, Esq. Consulting Surgeon to the East Suffolk Hospital, Ipswich
Chevallier, Barrington, M.D. Physician to the East Suffolk Hospital, The Grove, Ipswich
Clarke, F. W. Esq. Bury St. Edmund's Clubbe, W. H. Esq. Medical Officer to the Dispensary and Infirmary, Lowestoft
Cooper, Charles, Esq. Needham Market
Cresy, T. G. Esq. Aldeburgh
Crowfoot, Wm. Edward, Esq. Consulting-Surgeon to the Dispensary, Beccles
Durrant, Christopher Mercer, M.D. Physician to the East Suffolk Hospital, Ipswich
Elliston, William A. M.D. Surgeon to the East Suffolk Hospital, Ipswich
Edben, W. H. Esq. Haughley
Edwards, George C. Esq. Ipswich
Elliston, George S. Esq. House-Surgeon to the East Suffolk Hospital, Ipswich
Elliston, William A. M.D. Surgeon to the East Suffolk Hospital, Ipswich
Faircloth, Richard, Esq. Newmarket
Farrington, A. C. Esq. Redgrave
Freeman, Spencer, Esq. Stowmarket
Fuller, Harry, Esq. House-Surgeon to the Suffolk General Hospital, Bury St. Edmund's
Fyson, Robert, Esq. Newmarket
Gissing, John Stearn, Esq. Surgeon to the Dispensary, Woodbridge
Goodwin, John W. M.D. Physician to the Suffolk General Hospital, Bury St. Edmund's
Gorham, Richard V. Esq. Yoxford
Grose, John L. Esq. Bilsted
Grose, Robert, Esq. Bilsted
Gull, Frederick, Esq. Ipswich
Hammond, Charles C. Esq. Consulting Surgeon to the East Suffolk Hospital, Ipswich
Hammond, Charles W. M.D. Ipswich
Harper, John W. Esq. Stowmarket
Harris, F. H. Esq. Mildenhall
Haward, Frederick, Esq. Halesworth
Hele, Nicholas F. Esq. Aldeburgh
Hinwell, G. J. Esq. Bury St. Edmund's
Image, W. Edmund, Esq. Surgeon to the Suffolk General Hospital, Bury St. Edmund's
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Jones, Robert Edwards, Esq. Long Melford, Sudbury
Kerry, Thomas, Esq. Lidge, Newmarket
Kirkman, John, M.D. Resident Physician to the Suffolk Lunatic Asylum, Melton Leech, Henry P. Esq. Woolpit
Ling, J. C. Esq. Saxmundham
Long, Charles, Esq. Resident Medical Officer, Bow Asylum, Ipswich
Mann, Charles P. Esq. Buxford
Marshall, Charles G. Esq. Surgeon to the Dispensary, Woodbridge
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Moore, H. G. Esq. Ipswich
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Pearson, T. Esq. Stowmarket
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Rendle, Charles B. Esq. Saxmundham
Sampson, George G. Esq. Surgeon to the East Suffolk Hospital, Ipswich

Simpson, Edwin, Esq. Long Melford, Sudbury
 Taylor, Henry, Esq. Ixworth
 Tench, E. B. Esq. Wickham Market
 Thompson, Robert, Esq. Brandon
 Vandenberg, Algernon S. Esq. Ipswich
 White, W. M. M. D. Lavenham
 Williams, John, M.D. Physician to St. Leonard's Hospital, Sudbury
 Worthington, F. S. Esq. Medical Officer to the Dispensary and Infirmary, Lowestoft

SURREY.

Number of Members..134.
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 { Metropolitan Counties.
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 Anderson, W. M.D. Medical Officer to the Dispensary, Richmond
 Armstrong, Henry, M.D. Peckham
 Bailey, Thomas, Esq. Godstone
 Balchin, Richard, Esq. Godalming (dead)
 Barton, Alfred B. M.D. Hampton Court
 Bateman, W. A. F. Esq. Medical Officer to the Infirmary, Richmond
 Berney, Edward, Esq. Croydon
 Brown, Alfred, Gardner, Esq. Trinity Square, Southwark
 Brown, John, M.D. Battersea
 Brushfield, T. N. M. D. Medical Superintendent of the County Asylum, Brookwood, Woking
 Bush, John, Esq. The Retreat, Clapham
 Butler, Thomas M. Esq. Assistant Medical Officer to the Surrey County Hospital, Guildford
 Campbell, John, M.D. Knaphill, Woking
 Carpenter, Alfred, M.D. Croydon
 Chaldecott, Charles William, Esq. Dorking
 Chaldecott, Horace, Esq. Dorking
 Chaldecott, Thomas A. M. D. Chertsey
 Chassell, William, M.D. Horley
 Clapton, Edward, M.D. Physician to and Lecturer on Materia Medica at St. Thomas's Hospital, St. Thomas's Street
 Clark, Frederick Le Gros, Esq. Surgeon to and Lecturer on Surgery at St. Thomas's Hospital, St. Thomas's Street
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 Clarke, E. G. Esq. Putney
 Cleaver, Henry A. Esq. Croydon
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 Evans, Thomas, Esq. Trinity Square
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 Gilton, John H. M.D. Anerley
 Gervis, Henry, M.D. Assistant Obstetric Physician to St. Thomas's Hospital, St. Thomas's Street
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 Hallows, Frederick B. Esq. Redhill
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 Roper, Alfred G. Esq. Surgeon to the Hospital, Croydon
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 Stedman, James R. M.D. Surgeon to the Royal Surrey County Hospital, Guildford
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 Yate, Frederick, Esq. Godalming

SUSSEX.

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Addison, W. F.R.C.P. F.R.S. Consulting Physician to the Hospital for Children and the Dispensary, Brighton
 Adey, Charles A. M.D. Physician to the East Sussex Infirmary, St. Leonard's-on-Sea
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Thurnam, John, M.D. Medical Superintendent of the Wilts County Asylum, Devizes
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Brodie, Sir Benjamin C. Bart., F.R.S. Professor of Chemistry in the University, Oxford
Brown-Séquard, Charles E. M.D. F.R.S. Paris
Carson, the Rev. Joseph, D.D. Senior Fellow and Bursar of Trinity College, Dublin
Carus, Professor Victor, Leipsic
Chadwick, Edwin, Esq., C.B. Richmond

Chapman, E.J. Esq. Frewen Hall, Oxford
Chase, Rev. D. P. M.A. Principal of St. Mary's Hall, Oxford
Clifton, Robert B. M.A. Professor of Experimental Philosophy, Oxford
Cookson, Rev. H. W. D.D. late Vice-Chancellor of the University, Cambridge
Cox, Christopher C. M.D. Baltimore, U.S.
Czermak, J. W. M.D. Pesth
De Pietra Santa, Prosper, M.D. Paris
Duchenne de Boulogne, Dr. Paris
Eckhart, — M.D. Giessen
Frerichs, F. T. M.D. Berlin
Galton, Capt. Douglas, C.B. R.E. London
Gatton, — M.D. London

George, T. W. Esq. Leeds
Gross, Samuel D. M.D. Professor in Jefferson Medical College, Philadelphia
Gurney, W. H. M.D. Nice
Hastings, George W. Esq. Barnard's Green, Malvern
Langenbeck, B. M.D. Berlin
Larrey, Baron Hippolyte, Paris
Leighton, Rev. F. K. D.D. Vice-Chancellor of the University, Oxford
Lloyd, Rev. Humphry, D.D. Provost of Trinity College, Dublin
Liddell, the Very Rev. Henry G. D.D. Dean of Christ Church, Oxford
Marey, M. Paris

Mitchell, S. Weir, M.D. Philadelphia
Moore, Rev. John Lewis, D.D. Vice-Provost of Trinity College, Dublin
Nélaton, M. Paris
Neumann, S. M.D. Berlin
Phillips, John, D.C.L. Professor of Geology, Oxford
Polli, Giovanni, M.D. Milan
Sedgwick, A. I.L.D. F.R.S. Woodwardian Professor of Geology, Cambridge
Sewell, Rev. James E. D.D. Warden of New College, Oxford
Stokes, G. G. M.A. F.R.S. Professor of Mathematics in the University, Cambridge
Virchow, Rudolph, M.D. Berlin

tone of voice which appeared to be natural to the speaker. He proceeded to say that great changes had occurred in that interval; and he proposed to give a very brief sketch of the advances made in his own special department. He thereupon began at once to explain the recent origin of the now prevalent views as to menstruation. As he proceeded, isolated phrases, such as "monthly flow," "menstrual period," and other technicalities, which were almost alone audible, seemed, from a variety of causes, to fall incongruously on the ears of his audience, and were received with shouts of laughter and uproar. After proceeding in this way for some time, subjected to a running commentary from numerous voices in the crowd, Dr. Simpson gave way to Principal Grant, who, after some delay, got a hearing, and appealed to the students to treat the professor with courtesy. Amidst continual interruptions, the lecturer got through a further instalment of his lecture, when the noise again culminated. This time, Professor Christison rose, and was greeted with loud applause. One voice, with a well-marked highland accent, inquired "Who are you?" to which the professor replied that he joined the University in 1811, and he surely did not require to explain who he was at this time of day. Since his first connection with the University, said Dr. Christison, he had never seen so uproarious an assemblage of students; whereat several voices replied something about there never having been so great provocation. "Why should not every man have a fair hearing?" inquired the professor energetically; and this sentiment, in the abstract, was cheered to the echo. On Dr. Simpson's resuming, however, the interruptions continued more or less. At one point, the whole audience rose to their feet to observe an altercation between two students in the centre of the crowd; and these two individuals engrossed the attention of everyone, from the Principal downwards, for the space of several minutes. The cry of "The Town Council" was raised now and again, some members of that body being understood to be present. Other sources of confusion were introduced, and Professor Simpson concluded his lecture short of the end. Speaking slowly and with great emphasis, he said there were some present not members of his class. He had still a few sentences to read, but he would reserve them for his class. The Principal and professors then retired, and the audience began to disperse. Meanwhile, several extempore orators among the crowd mounted on the desks, and communicated their opinions concerning the personages and events of the day. Such scenes have been seen before, and at other universities, but rarely if ever at this; and, for the credit of the school, it may be hoped they will not be repeated.

BIRMINGHAM.

THE following is from our Birmingham correspondent.

Medical as well as general politics are rarely quiet for long here. The present time is not exceptional. The commencement of the medical session always causes a little stir, after the lull of the vacation. This year, more *éclat* than usual was given to the event by the holding of a *conversazione* on the opening day. Over two hundred and fifty were present, including many old students and lecturers, and the professors and students of the present day. The scientific part of the *soirée* was made interesting by the usual microscopes and microscopic apparatus, and also by a demonstration by Mr. Wills of the process of formation of crystals by the aid of the oxyhydrogen microscope, and by Dr. Norris's experiments on the formation of rouleaux in the blood; these latter being of very great interest, and being demonstrated by Dr. Norris to successive visitors with unwearyed kindness. The success of this first *soirée* in connexion with the opening of the School will, it is to be hoped, render the entertainment annual. Not only does it engender friendly feeling between students and professors, but tends to the general harmony of the profession. Moreover, it cannot fail to induce a deep and wide-spread interest in the Queen's College among the profession in the district. The details of the *conversazione*, which must have been very arduous, were carried out by Dr. Foster, to whom the great success is mainly due.

Considerable changes have been and are being made in the staff of the two hospitals. At the General Hospital, an extra physician and an extra surgeon, each with care of out-patients, have been added to the honorary staff. For the surgical appointment two gentlemen are already in the field, either of whom will prove an additional source of strength to the clinical work of the hospital. At the same time, a resident stipendiary registrar will be appointed, who will assist directly in the teaching of the students, and, by relieving him of some of his duties, will permit the house-surgeon to devote more time to the instruction and superintendence of the dressers. Several other changes at the hospital were proposed; viz., a reduction of the staff of full surgeons, and an increase in the staff by the addition of assistant-surgeons;

and the addition of special ophthalmic, dental, and obstetric officers. A Committee, appointed at the annual meeting, carefully investigated the requirements of the hospital; and, in accordance with their report, these offices were not formed. Much as such appointments may advantage a London Hospital and School of Medicine, here they are of questionable advantage; the special institutions in the town attracting most of the special cases, and also the best men in the several specialities. The decision arrived at by the adjourned meeting is therefore quite agreed in both by the majority of the hospital staff and the profession in general. The Queen's Hospital has, however, decided to revive its midwifery department. Three local accoucheurs were in the field. One of these, and one, moreover, whose claims for the post and whose chances of success were thought very good, has just withdrawn his application—we hear, from the occurrence of symptoms of illness, which would render any addition to his present labours ill advised. The profession in the town will sympathise with him in being thus denied applying for a post, for which many years of hard work and original research had well fitted him.

The Queen's Hospital is losing its highly popular house-surgeon, who is one of the candidates for the honorary surgeoncy at the General Hospital. It is possible, even probable, therefore, that his surgical knowledge and undoubted aptitude for teaching will still be utilised to the benefit of the students.

The Branch held its first meeting at the commencement of the month, and a fortnight later the first meeting of its Pathological Section. Mr. Baker, Senior Surgeon to the General Hospital, was appointed Chairman of the Section, in the place of Dr. Heslop, its first Chairman. With the Section Dr. Heslop's name will be permanently associated, as the success which it has attained is in no small degree to be ascribed to the great interest he has shown in its work. The report of the meeting will appear in your columns. It was in every way most enjoyable and successful.

The entry of new students at the College is a small one—eighteen, I think—a falling off from the last year, when we were the fourth largest of the English schools. The falling off is, I suppose, accidental, as I hear that the school is in thorough good working order, and is popular. The attendance at the introductory lecture by Mr. Berry would lead one to think it so. A large number of old students assembled to welcome their old teacher, whose elegant and gentle address must have reminded much of the highly popular midwifery lectures of past days. Dr. Fleming gave a very able and instructive introductory address to the clinical work of the Queen's Hospital; it was heard by every one here, and has no doubt received, from its publication in your pages, a wide circle of interested readers.

ASSOCIATION INTELLIGENCE.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

THE next meeting is appointed for Tuesday, November 8th, at Maidstone; MATTHEW ADAMS, Esq., Chairman.

Order of events.—At 2.30 P.M. To attend a Clinique at the Ophthalmic Hospital.—At 3.30 P.M. To attend a Clinique at the General Hospital.—At 4.30 P.M. Chair to be taken, and meeting to be commenced.

Papers promised.—1. A Medical Subject. By Dr. Monckton.—2. A Surgical Subject. By Mr. Wm. Hoar.

At 5.30 P.M. Dinner at the Star Hotel.

FREDERICK JAMES BROWN, M.D., *Honorary Secretary.*
Rochester, October 25th, 1870.

SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT MEDICAL MEETINGS.

THE November meeting of the members of the above District will be held on Thursday, November 10th, at 2.30 P.M., at the Sussex County Hospital, Brighton: Dr. ORMEROD, Senior Physician to the Hospital, in the Chair.

Dinner will be provided punctually at 5.30, at the Old Ship Hotel. Charge, not including wine, 5s.

All members of the South Eastern Branch are entitled to attend, and to introduce friends.

Gentlemen who intend to join the dinner, are particularly requested to inform me on or before Tuesday, the 8th instant.

FREDK. CHAS. MUDD, *Honorary Secretary.*
Albion Villa, Uckfield, October 31st, 1870.

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 10th, 1870, at 3 P.M. The President of the Canterbury Book-Club in the Chair.

Dinner will be provided at 5 o'clock precisely. Charge, 5s., exclusive of wine.

All members of the South Eastern Branch are entitled to take part in these meetings, and to introduce friends.

Notices have been received of the following communications to be read at the Meeting:—Dr. Wilks, *The Exhibition of Sulphurous Acid in Typhoid Fever*; Mr. Osborn, *Case of Ruptured Uterus*; Mr. Garraway, *Case of Obstructed Colon*; Dr. Bowles, *Case of Post partum Hæmorrhage—Death*.

CHARLES PARSONS, M.D., *Honorary Secretary.*
2, St. James's Street, Dover, October 24th, 1870.

EAST YORK AND NORTH LINCOLN BRANCH: HALF-YEARLY MEETING.

THE half-yearly meeting was held at Brigg, on September 28th. Present, KELBURNE KING, M.D., President, in the Chair, and fourteen members and visitors.

Papers and Cases.—The following were read:—1. A Peculiar Form of Hare-lip, and its Treatment. By Kelburne King, M.D.—2. The Treatment of Infantile Diarrhoea. By G. F. Elliott, M.D.—3. Case of Hydrophobia treated by Hypodermic Injection. By T. B. Keetley, Esq.—4. Case of Operation for Relief of Contracted Cicatrices after Severe Burn. By J. B. Moxon, Esq.—5. Amputation of Arm. By W. J. Lunn, M.D.—6. Calculus passed per Rectum. By R. M. Craven, Esq.—7. Sulphurous Acid as a Lotion in Skin-Affections. By R. H. B. Nicholson, Esq.—8. Staff and Catheter in one. By D. Mackinder, M.D.

A Dinner was held afterwards.

SOUTH-EASTERN BRANCH: EAST SURREY DISTRICT SOCIETY.

A MEETING of this Society was held on Thursday, October 20th, at the White Hart Inn, Reigate. Dr. HOLMAN presided; and eighteen members and three visitors were present.

Papers, etc.—1. Dr. CARPENTER read a paper on the Causation of Convulsions in Infants.

2. Dr. G. C. P. MURRAY read a paper advocating the early application of the Forceps, especially in Primipara.

3. Dr. LANCHESTER read the notes of a case in which he had induced Premature Labour by the method advocated by Dr. Barnes.—Dr. HOLMAN narrated a somewhat similar case, in which the dilating bags had successfully overcome the resistance of old cicatrical tissue of the cervix.

4. Dr. HOLMAN gave the history of a case of Abscess of the Liver, which was tapped after attaining an enormous size. The patient subsequently died of exhaustion.

The Next Meeting was arranged to be held in Croydon, early in December.

The Dinner took place at 7 P.M., and was attended by twenty of those present at the meeting.

CUMBERLAND AND WESTMORLAND BRANCH: AUTUMNAL MEETING.

THE autumnal meeting of the above Branch was held at the Keswick Hotel, Keswick, on Wednesday, October 19th, at 1 P.M. Present, THOMAS L'ANSON, M.D., President, in the Chair, and about twenty members and visitors.

The minutes of the preceding meeting were read and agreed to.

Papers.—1. *On the Preparations of Conium and their Doses.* By HENRY DODGSON, M.D., Cockermouth.—Dr. Dodgson commenced by stating that his attention had been called to the subject on reading the notes of the Gulstonian Lectures, by Dr. John Harley, on Conium, Belladonna, and Hyoscamus; and by a subsequent paper in the *Practitioner*, by the same author, on the Treatment of Chorea by the Succus Conii. He was surprised to find that Dr. Harley stated that all the preparations of conium were worthless except the succus; and that even doses of from three drachms to an ounce of this preparation were

administered and considered not only safe, but absolutely necessary to produce any physiological effect. He had repeated some of Dr. Harley's experiments both on himself and others, and could fully confirm the accuracy of that gentleman's observations as to the largeness of the dose required. He had even found it necessary to administer larger doses, and had himself taken as much as an ounce and a half of the succus, procured from various London and provincial makers. He also commented upon the worthlessness of both the extract and tincture, having taken thirty grains of the former and an ounce of the latter at once, without any marked result. After briefly describing the physiological effects of a full dose of conium, and stating that it acted upon the motor centres of the brain and motor columns of the spinal cord, and that it did not appear to possess narcotic properties, although it caused disordered vision and staggering gait, Dr. Dodgson gave a short history of four cases of chorea which he had treated with the succus conii in doses of from six drachms to an ounce. In one of these the remedy was not persevered with; the remaining three improved rapidly under the treatment, and ultimately recovered, although two of them were intractable cases that had previously resisted the ordinary plan of treatment. He said that these cases tended to confirm Dr. Harley's opinion as to the value of conium in similar affections; but they were too few to be of much value, taken by themselves. They served, however, to show how large a dose of the succus conii was required, and also to point out the discrepancy between the dose recommended in text-books of *materia medica*, and even in the *British Pharmacopœia* itself (from thirty minims to a drachm), and that required in practice. This might in part be owing to faulty preparation, or to gathering the leaves of the plant at improper seasons. He believed that the so-called "succus" was sometimes prepared from dried leaves, which would doubtless explain its want of activity. Owing to the largeness of the dose of the succus, he had been led to try the active principle of the plant-coneine. He had found it necessary to take half a minim of it to produce the full physiological effects, although he had been led to infer that a much smaller dose would suffice: possibly, the sample with which he experimented was not pure. As this alkaloid was soluble both in water and in alcohol, he recommended it to be used in preference to the officinal preparations by any one wishing to test the therapeutic value of conium.

Dr. ELLIOT thanked Dr. Dodgson for his paper. He had not had much experience of conium *per se*, but had used it in conjunction with other drugs. The experiments related by Dr. Dodgson would induce him to give a further trial to conium in larger doses.—Dr. DICK had long given up the use of all preparations of conium on account of their uncertainty of strength.—Dr. EASTWOOD had had some experience of conium in the treatment of mental and nervous disorders; and he agreed with Dr. Dodgson as to the largeness of the dose required.—The PRESIDENT and Dr. DICKSON also joined in the discussion; and Dr. DODGSON briefly replied.

2. *On Nitrous Oxide Gas and its Use as an Anæsthetic.* By R. MACLAREN, M.D., Carlisle.—The paper briefly sketched the history of the gas, from its discovery in 1776 by Dr. Priestley, to its successful introduction as an anæsthetic in this country in 1868. Next were described the modes of manufacture and administration of the gas, including two ingenious additions to the apparatus, the inventions of Mr. Warwick Hele of Carlisle. One of them, by a bell sounding, indicated the quantity breathed; the other automatically showed the time required to produce anæsthesia. The chemical characters of the gas were related, and its action on the human subject when administered pure. The author then gave his own experience of it, and a slight *résumé* of the cases in which the gas had been given by Mr. Warwick Hele or himself since the time-indicator had been in use. Of these, 9 were anæsthetised in one minute; 17 in one minute and 20 seconds; 5 in 1 minute and 40 seconds; 5 in 2 minutes; and 1 in 2 minutes and 20 seconds. The various theories of the action of the gas were stated; the author giving it as his impression that facts were not yet sufficient to enable us to decide on what the physiological action of the agent depends. Its advantages and disadvantages as an anæsthetic were then touched on; the writer stating it as his belief that, so soon as the apparatus and gas became cheaper, it would come into general use in all short operations, and that it would be constantly given in many cases where surgeons are not now in the habit of employing anæsthesia, as in applying the potential cautery, opening small abscesses, etc.; but that it did not seem likely to supersede chloroform in long operations. Its safety was the great inducement to its use. Lastly, the cases in which it seemed to be unsafe were alluded to. In this category were placed phthisis, chronic bronchitis, emphysema, etc., or any disease causing serious impairment to the breathing. Heart-disease was not considered to be absolutely a contra-indication; brain-diseases (including many cases of insanity) were. But, in any of the above-mentioned cases, the author

believed that, if an operation were absolutely necessary, and if though short in duration it seemed likely to be very hurtful to the patient's condition if performed without an anaesthetic, the administrator, being thoroughly aware that he was running some risk, and on the watch for the first symptom of danger, could give the gas more safely than chloroform.

Immediately after the reading of the paper, the gas was administered by the author to a patient of Mr. Tweddle's, suffering from lumbar abscess, and the abscess was opened under its influence. Dr. Henry Barnes then subjected himself to its action; and, on discussion being commenced, gave a description of his feelings while inhaling the gas, comparing them favourably with those which he had experienced after taking chloroform, especially as to the absence of disagreeable after-effects. On commencing the inhalation, he did not feel any choking sensation, the gas being as readily respired as air; but, after taking it for about twenty seconds, his breathing became more frequent, and he then rapidly lost consciousness. On regaining consciousness, the only probable after ill effect was a slight headache, which lasted about an hour.—Dr. ELLIOT drew attention to the fact that nitrous oxide was employed long before other anaesthetics now commonly in use, and that surgeons were now returning to the oldest anaesthetic. It was not and should not be placed in competition with chloroform, but had special uses and advantages of its own. He believed that its action was due to its being an asphyxiating agent.—Dr. DICK asked how long a patient had been kept under its influence, and if any fatal cases had occurred from its administration.—The PRESIDENT inquired if any serious surgical operation had been performed under its influence?—Dr. MACLAREN, in reply, stated that Dr. Barnes had inhaled the gas for one minute, and that he exhibited its influence completely and fully. He did not agree with Dr. Elliot in thinking that its action was due to simple asphyxia, as, when inhaled in quantity insufficient to produce insensibility, it was exhilarating, and in this matter contrasted its effect with nitrogen. In reply to Dr. Dick and the President, he stated that patients had been kept under its influence for twenty minutes by alternating it with air; and that amputation of the breast had been performed. Two fatal cases are on record: in one, the cork used as a mouth-plug was found in the pharynx; and in the other, the lungs "were riddled with tubercles".

3. Dr. ELLIOT of Carlisle made some remarks on the use of the Stomach-Pump in Certain Cases of Poisoning. Two cases had made a strong impression on him. One was a case of opium-poisoning, where nearly four ounces of laudanum had been taken; the other was a case of alcoholic poisoning, where the patient had been drinking for some time, and had last taken a ginger-beer bottle full of whiskey at once. Both were apparently moribund, and could not be roused from their condition of utter insensibility. The stomach-pump was used, and very little came away from the stomach. Dr. Elliot then pumped warm water in and out of the stomach for four hours. He then left the patients, expecting that they would die, and was surprised at his visit next day to find them both quite recovered. He found himself unable to explain the *rationale* of the success of the treatment; but he firmly believed, from the symptoms presented, that both would have died if they had been left alone.—A lively discussion ensued, in which Dr. Dick, Dr. Dickson, and Dr. Crerar, took part.

4. Dr. DICKSON mentioned the particulars of a Pit Accident which had lately come under his notice. Through the breaking of a rope, a cage with four men was precipitated to the bottom of the pit, and they sustained fracture above the ankle-joint in each case. Two of the men had both legs broken; and one of them were reported to have walked one hundred yards in that lamentable condition.—Some remarks on the cases were made by Drs. Dick, Elliot, and Tweddle.

This terminated the ordinary part of the business. A series of novel and interesting surgical instruments and scientific apparatus had kindly been sent for exhibition by Messrs. Wood of Manchester. The local Committee had made arrangements for visiting Derwentwater Lake and other objects of interest in the neighbourhood; and some of the members availed themselves of the opportunity, although, owing to the unfavourable state of the weather, they were unable to go through the whole programme.

Dinner.—At half-past four, the members reassembled for dinner, under the Presidency of Dr. I'Anson; Dr. Elliot occupying the Vice-chair. The meeting was regarded as one of the most successful and agreeable ever held by the Branch.

RADCLIFFE INFIRMARY, OXFORD.—By an alteration of the Rules at the last quarterly Court of Governors, the House-Surgeon, Apothecary, and other officers, are in future to be appointed by the Committee of Management, instead of by the Court of Governors, from two names selected by the Committee.

REPORTS OF SOCIETIES.

MANCHESTER MEDICAL SOCIETY.

WEDNESDAY, OCTOBER 5TH, 1870.

J. O. FLETCHER, M.D., President, in the Chair.

Recovery from Chloroform-Asphyxia.—Dr. HARDIE related the particulars of two cases of recovery from this accident by means of faradisation of the phrenic nerves, as proposed by Duchenne de Boulogne in 1855, and first adopted by Ziemmsen in 1858. The first case was that of a boy from whom Dr. Hardie was removing a tumour over the right scapula. Dr. Gumpert administered the anaesthetic. The tumour was diagnosed to be fatty, but proved to be a cyst with curdy contents, and Dr. Gumpert's attention was momentarily directed from the condition of the patient by the unexpected escape of fluid. On again looking at the boy's face, he observed that respiration had ceased, and the pulse could not be felt. The face was livid, and this soon passed into pallor. Cold affusion, drawing forward the tongue, artificial elevation of the ribs, and the application of galvanism over the chest and other parts, were tried without avail. In this way, it was estimated that nearly three minutes passed; and the condition of the patient appeared perfectly hopeless. Dr. Gumpert, in accordance with Ziemmsen's injunctions, applied both poles of the battery to the root of the neck, one over each phrenic nerve, pressing deeply towards it. This was immediately followed by a spasmotic gasp. The walls of the chest were then compressed, and the battery again applied; and so on, alternately, till the patient was satisfactorily restored. The other case was that of a woman aged 42. Dr. Hardie was dissecting a cancerous gland from the axilla, chloroform being administered by Dr. Armistead. In this case, also, respiration and pulsation had quite ceased, the former some appreciable time before the latter. Cold affusion, etc., was had recourse to without effect, and no time was therefore lost in applying galvanism in the same manner as in the former case. There was not an immediate response to the stimulus, but after a time a short gasp came, and the patient was soon out of danger. It was supposed that here the patient was in an apparently lifeless state for at least sixty seconds. Dr. Hardie adverted to the importance of having a clear understanding of the mode of death in chloroform inhalation, and of the means to be adopted to avert the calamity. The discussion which ensued was adjourned till the next meeting.

Transplantation of Skin.—Dr. BARLOW showed a boy with a large ulcer on the dorsum of the foot, caused by a burn, in which he had transplanted, at different times, small pieces of skin, after the method of Reverdin. All of them had adhered most satisfactorily, and were seen to have grown to different sizes according to the time which had elapsed since they were inserted.

Ovarian Cyst.—Dr. THORBURN exhibited an ovarian cyst which he had lately removed. The patient recovered well. He also mentioned a case which he had recently had the misfortune to lose on the operating table.

Electrolysis in Bronchocele and other Tumours.—Dr. WAHLTUCH read a paper on a case of bronchocele successfully treated by electrolysis and the subcutaneous injection of iodine. The patient was a lady aged 27. The tumour was of the size of a hen's egg, and had existed four years. Various means had been tried to reduce it without effect. The electrolytic treatment was begun in July 1869. At first, eight Daniell's elements were used, and one needle inserted. These were gradually increased to sixteen elements and four needles. The operation was performed first twice, then once a week, till January 5th, 1870; in all, twenty-eight times. The mode of application was to insert into the tumour a needle connected with the negative pole of Althaus's permanent battery, and to close the circuit with a sponge on the skin from the positive pole. The current was kept up for ten minutes, at first, gradually increasing to sixty minutes. After the twenty-fourth application, the tumour was reduced to the size of a hazel-nut, and then remained stationary. The treatment was therefore suspended for a time, and then iodine was injected, the quantity and strength being gradually increased. From February to July, Dr. Wahltuch operated sixteen times; and at the latter date, the tumour had disappeared. In September there was no recurrence of it. Dr. Wahltuch explained the details to be attended to, and said that no pain or inconvenience was complained of. He then described the mode of action of electrolysis, and afterwards reported several other cases in which he had used it with success, such as warts and cystic tumours.

CORRESPONDENCE.

FUNCTIONAL HEMIPLEGIA IN CHILD-BEARING WOMEN.

SIR.—As the extremely interesting paper on "Functional Hemiplegia in Child-bearing Women", by Dr. Clifford Allbutt, of this town, has not elicited any comment, I feel it almost incumbent on me to make some remarks on it.

While admitting that these cases have occurred in child-bearing women chiefly, Dr. Allbutt states that the hemiplegia also occurs in connexion with leucorrhœal discharge. An interesting instance of this is under my care in the out-patient department of this institution at present.

G. W., aged 23, a domestic servant, had been in good health, but not strong. She was always very pale. The family is strong and healthy. On Monday, August 21st, she felt headache. Previously to this, she had felt her legs ache much after any exertion, such as walking up steps. Within a day or two of this date, she first noticed a leucorrhœal discharge. On Thursday, August 24th, she was in the water-closet, when she suddenly felt a pricking sensation in the left side, and became so hemiplegic (left) as not to be able to walk out of the closet; neither could she hold anything in her left hand. On August 30th, I first saw her, and found her in bed, pallid, with an anaemic *bruit*. She had very little power over her left side, but could feel distinctly. Being unfortunately unable to hear Dr. Allbutt's paper read at Newcastle, and not being acquainted with his special views on left hemiplegia with female troubles, I was considerably puzzled with the difference between the perfect sensibility and the imperfect motor power. In the absence of any cramps, I felt inclined to regard it as spinal anaemia, gave a favourable prognosis, and prescribed five grains of carbonate of ammonia, fifteen minimis of tincture of belladonna, fifteen minimis of tincture of nux vomica, and half an ounce of infusion of cinchona, to be taken three times a day. On September 19th, the patient was sitting up. The power over the left side was improving. I prescribed five grains of citrate of iron and quinine in infusion of calumba three times a day. On the 21st, she continued improving. The mixture was continued. An injection of five grains of sulphate of zinc to an ounce of water was ordered. On the 30th, improvement was progressing; the discharge was much better. When she walked quietly, no difference between the sides was perceptible; but she felt the difference in doing anything. On October 17th, she is very nearly well. She does not yet quite feel both sides "a pair."

There is one interesting point about this case—viz., no mention of any local treatment till September 26th: and for this reason, I had inquired after the uterine function, and received an answer of all being well. When talking the subject over with Dr. Allbutt, I mentioned to him this apparent exception to the rule. He told me to inquire carefully. I did so, and again was told that all was well. On my next visit, a neighbour was deputed to confide to me the foregoing information on that portion of the case. It thus corroborates in a striking manner the position which Dr. Allbutt had taken up.

Another case, more like those Dr. Allbutt relates, is also now under care here, doing well under tonics, even in spite of pregnancy; but there is nothing sufficiently marked about the case to lead me to relate it.

In demonstrating that there is a class of hemiplegia which is amenable to treatment, and explaining its nature and pathology, all must feel obliged to Dr. Allbutt for the light he has thrown on an obscure disorder, and the hope which we can now hold out to one class at least of those who labour under that dreaded ailment, paralysis. There is, too, every reason to suppose that the lesion is mesocephalic, and connected with localised cerebral anaemia from vaso-motor spasm. Though forming the diagnosis of spinal anaemia in the above case, I felt the difficulty of unaffected sensation.

Dr. Allbutt has remarked on its occurrence in the left side. He will, I know, excuse my suggesting that its being so is connected with its mesocephalic origin, and thus it contrasts with right hemiplegia from embolism. The left cerebral artery is larger, and in a more direct line from the heart, and consequently more exposed to the risk of a clot being washed in; while, the right cerebral artery being less, and in a less direct line, its branches are more liable to be affected with vaso-motor spasm in anaemic conditions. This may be found an aid to diagnosis on the case being first seen, and is not without scientific interest. Of vaso-motor disturbance and spasm of the arterioles we know little, though Dr. Handfield Jones states that it may be sufficient to "obliterate the radial pulse" in the algide stage of ague. That this spasm is connected with debilitating causes is no more than we can expect, as, the more

imperfect the nutrition of a part, the more likely is its function to be disturbed; and therefore this result of vaso-motor spasm is intimately associated with one of the most debilitating class of agents—uterine and vaginal discharges in women.

The importance of recognising this class of cases is not only most important to the patient, as directing an appropriate treatment, so intimately associated with the result—and to Dr. Allbutt's directions as to treatment there is nothing to add—but also to the physician, as being a guide to him in his prognosis, which in this division of hemiplegic cases is hopeful, the lesion being amenable to treatment.

With the ground once broken in this direction, we may fairly hope to be soon placed in the position of having a large number of recorded observations from which we may still further generalise; and which, too, will aid us materially in clearing this obscure field of pathology.

I am, etc., J. MILNER FOTHERGILL, M.D.
Leeds Public Dispensary, Oct. 1870.

OBITUARY.

CHARLES WALKER, ESQ., WIRKSWORTH.

WE regret to have to announce the death of Mr. Charles Walker of Wirksworth, Derbyshire. The deceased was a member of a wealthy family who have been long connected with this district. After concluding his studies at Manchester and London, he proceeded to Paris, with a view of increasing his store of knowledge. He remained at Paris one year, and returned to England during the prevalence of the cholera at Manchester in 1848, and was appointed one of the staff of medical officers by the Committee of Health. In 1849, he succeeded to the practice of Mr. Shaw of Wirksworth. He was highly and deservedly esteemed by his numerous patients for his uniform kindness, and his loss will be felt by a very large circle besides his personal friends.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At the ordinary quarterly meeting, on October 27th, 1870, the following gentlemen, having passed the required examinations, were admitted as members.

Brunton, Thomas Lauder, M.D. Edin., Davies Street, Berkeley Square
Keene, James, London
King, Robert, M.B. Camb., the Middlesex Hospital
Murray, John, M.D. Aberd., Bryanston Street
Nicholls, John Frederick, M.D. St. And., Devizes
Williams, David William, M.D. St. And., Lynn

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received their certificates to practise, on Thursday, October 27th, 1870.

James, Cyrus, Highworth, Wilts
Salt, George, Dunmow, Essex
Weatherhead, John Frazer, City Prison, Holloway

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

Anderton, John Heyes, Middlesex Hospital
Stuart, Henry Ward, Guy's Hospital

MEDICAL VACANCIES.

THE following vacancies are announced:—

ALTRINCHAM HOSPITAL AND PROVIDENT DISPENSARY—Resident Dispenser: applications, 7th.

BRISTOL ROYAL INFIRMARY—Assistant House-Surgeon: applications, 12th.

CLINICAL HOSPITAL AND DISPENSARY FOR CHILDREN, Manchester—House-Surgeon: applications, 12th.

CUMBERLAND CONSTABULARY—Surgeon.

DENTAL HOSPITAL OF LONDON—Dental Surgeon: applications, 8th.

Dental House-Surgeon: applications, 12th. Secretary: applications, 12th.

DERBYSHIRE GENERAL INFIRMARY, Derby—House-Surgeon: applications, 5th.

DINGLE UNION, co. Kerry—Apothecary for the Workhouse and the Dingle Dispensary District: 10th.

DONEGAL UNION—Medical Officer for the Workhouse and Fever Hospital and the Donegal Dispensary District: 19th.

EASTERN DISPENSARY, Leman Street, Whitechapel—Resident Medical Officer: applications, 7th; election, 8th.

EASTRY UNION, Kent—Medical Officer for the Ash District.

ENNISTYMON UNION, co. Clare—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Milton-Malbay Dispensary District: 9th.

GENERAL HOSPITAL, Birmingham—Physician: applications, 17th; appointment, 25th. Surgeon: applications, 17th; appointment, 25th. Medical Registrar and Pathologist.

HOMERTON FEVER HOSPITAL—Resident Medical Officer: applications, 16th.

HOMERTON SMALL-POX HOSPITAL—Resident Medical Officer: applications, 16th.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton—Resident Clinical Assistant: applications, 5th; Medical Committee, 7th.

LIVERPOOL ROYAL INFIRMARY SCHOOL OF MEDICINE—Lecturer on Comparative Anatomy and Zoology. Curator of the Museum: applications, 5th.

LIVERPOOL SOUTHERN HOSPITAL—Senior House-Surgeon: applications, 10th.

MANSFIELD UNION—Medical Officer and Public Vaccinator for District No. 2.

MANSFIELD WOODHOUSE VILLAGE INFIRMARY—Surgeon.

MIDDLESEX HOSPITAL—Assistant-Physician: applications, 15th; election, 24th.

MITFORD AND LAUNDITCH UNION, Norfolk—Medical Officer for the Hardingham District.

MORPETH DISPENSARY—House-Surgeon: applications, 25th; election, Dec. 9th.

PADDINGTON—Medical Officer for the Eastern District: 9th.

ST. GEORGE DISPENSARY, Mount Street, Grosvenor Square—Physician-Accoucheur.

ST. MARYLEBONE—Medical Officer for St. John's District.

UNIVERSITY OF LONDON—Examiner in Chemistry: applications, 15th.

WESTERN GENERAL DISPENSARY, Marylebone Road—Physician; Physician-(or Surgeon-) Accoucheur; Surgeon-in-Ordinary: applications, 7th; election, 9th.

WESTHAMPNETT UNION, Sussex—Medical Officer and Public Vaccinator for the Rumboldswhyke District: applications, 11th; election, 14th.

WEST SUSSEX AND CHICHESTER INFIRMARY AND DISPENSARY—Surgeon: 17th.

WHITEHAVEN AND WEST CUMBERLAND INFIRMARY—Surgeon.

WHITEHAVEN COLLIERIES—Surgeon to the Howgill Division of.

WORKSOP UNION, Notts—Medical Officer for the Cuckney District.

MEDICAL APPOINTMENTS.

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

ROBERTS, John Ll., M.B., appointed Physician's Assistant in the Royal Infirmary, Manchester.

*WRIGHT, Charles J., Esq., appointed Lecturer on Physiology in the Leeds School of Medicine.

BIRTHS.

HARMER.—On November 1st, at Hawkhurst, the wife of *W. Milsted Harmer, M.R.C.P., of a son.

SOPER.—On October 23rd, at Clapham Road, the wife of *William Soper, Esq., Surgeon, of a daughter.

MARRIAGE.

*SMITH, Walter, Esq., Surgeon, of William Street, Regent's Park, to Susan, youngest daughter of the late Alexander G. Ross, Esq., of Bradford, Yorkshire, at St. Giles's, Camberwell, on October 31st.

DEATHS.

*CHILCOTE, Walter Edwin, Esq., Surgeon, of Bridgetown, Totnes, at Brixham, aged 53, on October 20th.

LOE, Charles, Esq., at Leeds, on October 15th.

LOE.—On October 28th, at Leeds, Louisa, the wife; and on October 30th, Louisa Neville, the infant daughter; of *James S. Loe, Esq., Surgeon.

THE NORFOLK AND NORWICH HOSPITAL will, next year, have been formed one hundred years, and it is proposed to commemorate the event by a considerable enlargement of the building.

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

Mr. Gardner, Box; Dr. Sawyer, Birmingham; Mr. P. H. Holland, London; E. T. T.; Mr. W. Taylor, Cardiff; Dr. Henry Barnes, Carlisle; Dr. Drysdale, London; Mr. A. Sarjeant, Sandy; Mr. H. H. Barker, Blackburn; Messrs. Weiss and Son, London; Mr. J. Godfrey, Northampton; Mr. John Fox, Bath; Mr. Haward, London; Mrs. Heckford, London; Dr. Phillips, London; The Secretary of the Ethnological Society; An Old Associate; Mr. R. W. Watkins, Worcester; Etudiant avancé; Mr. C. J. Wright, Leeds; Dr. Parsons, Dover; Messrs. W. H. Smith and Son, London; Dr. Taylor, Penrith; Dr. Ransome, Bowden; Mr. W. Stokes, Dublin; Dr. Nicolson, Portland; Dr. Walter Dickson, London; etc.

LETTERS, ETC. (with enclosures) from:—

Dr. C. Theodore Williams, London; Dr. D. Embleton, Newcastle-upon-Tyne; Dr. Mapother, Dublin; Dr. Blandford, London; Mr. W. Tresidder, London; Dr. E. Symes Thompson, London; Dr. Maudsley, London; Our Birmingham Correspondent; Mr. A. F. McGill, Leeds; Dr. J. Ford Anderson, London; Mr. T. E. Jones, Tyn Twll; Mr. T. Watkin Williams, Birmingham; Mr. A. Fleischmann, Cheltenham; Mr. T. Q. Couch, Bodmin; M.D.; Mr. W. B. Fegen, Weymouth; 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. W. Boyd Mushet, London; Mr. Arkwright, Bowden; The Secretary of the Royal Medical and Chirurgical Society; Dr. Lanchester, Croydon; The Secretary of the Clinical Society; The Secretary of the Royal College of Surgeons, Edinburgh; Dr. Broadbent, London; Mr. J. F. Grove, Birmingham; Messrs. Calvert and Co., Manchester; Mr. T. Churton, Erith; Mr. Ward, Newcastle Emlyn; Messrs. Harvey and Reynolds, Leeds; Mr. W. A. I'Anson, Newcastle-upon-Tyne; Mr. G. C. Coles, London; Mr. J. F. Furniss, Castle Eden; Our Dublin Correspondent; 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, 1.30 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—St. Thomas's, 1 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, 1 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.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8 P.M. Mr. J. D. Hill, "Primary Excision of the Knee-joint", and "Aneurism by Anastomosis"; Dr. Sansom, "On Putrefaction, Fermentation, and Morbid Infection".—Epidemiological Society.—Entomological Society.

TUESDAY.—Ethnological Society of London, 8 P.M. Mr. Hector McLean, "On the Kimmerian and Atlantean Races"; Mr. C. R. Markham, "Note on the name Aymard"; Mr. David Forbes, F.R.S., "Reply to this Note".—Royal Medical and Chirurgical Society, 8.30 P.M. Dr. Hilton Fagge and Mr. Durham, "On the Electrolytic Treatment of Hydatid Tumours of the Liver": succeeded by Second Special General Meeting, to confirm Proceedings of that of October 25th.

WEDNESDAY.—Hunterian Society, 7.30 P.M., Meeting of Council. 8 P.M., Open Meeting for Exhibition of Pathological Specimens, and Discussion of Miscellaneous Cases. Dr. Peacock, "On the Leper Hospital at Lisbon"

FRIDAY.—Clinical Society, 8.30 P.M. Mr. Durham, "A remarkable Case of Spontaneous Fracture of the Femur"; Dr. Wilshire, "On Paroxysmal Haematuria"; Mr. T. Smith, "On the Nature of the so-called Congenital Tumour of the Sterno-mastoid"; Dr. Handfield Jones, "A query as to the safety of Subcutaneous Injections"; Mr. Pollock, "Report of Cases of Skin-grafting and Skin-transplanting".—Royal Astronomical Society.

EXPECTED OPERATIONS AT THE HOSPITALS.

GREAT NORTHERN HOSPITAL, Wednesday, November 6th, 2 P.M. Amputation at the Thigh, for Abscess of Tibia, by Mr. T. Carr Jackson.

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.

DENTAL SURGERY IN GENERAL HOSPITALS.

WE extract the following from the third annual report of the Croydon Hospital, finding it to be a more detailed and useful report of departmental work in a general hospital than is often met with, and considering it to be not only interesting and creditable in itself, but capable of affording useful suggestions for other institutions. The Croydon General Hospital contains eighteen beds. Its dental surgeons are Mr. S. L. Rymer, L.D.S., and Mr. J. Steele, L.D.S. Their report included in the general report of the institution for 1870, is as follows:—"The number of patients received in the course of the last twelve months has been 260; of operations, etc., performed, 334. The classification is as follows:—Extractions under nitrous oxide gas, 148; under electricity, 20; ordinary, 40; stoppings, 73; miscellaneous, including scaling and regulation cases, 53; total operations, 334. The introduction (in September last) of the use of the nitrous oxide gas has proved a great boon, as the extraction cases which present themselves at the hospital are generally severe in character. By aid of the gas, the most troublesome of these operations have been performed without pain, and with safety. The gratitude of the patients has been evinced by their readily contributing small amounts, according to their means, towards the expenses attendant upon the administration of the gas. In the twenty cases of extraction in which electro-galvanism was employed, a decided mitigation of pain was observed; and this agent may, therefore, be regarded as an useful auxiliary in certain instances. The dental surgeons would again call the attention of all who can influence their poorer neighbours, to the importance of daily cleansing their teeth, and of having the faulty ones attended to in time. The proportion of extractions to other operations recorded would then be much smaller, and many teeth, not being in too advanced a stage of disease, could be rendered permanently useful."

NOTICE.—It is requested that all Letters, etc., intended for the Editor or the Publisher of the BRITISH MEDICAL JOURNAL be addressed solely to the Office, 37, Great Queen Street, London, W.C.

E. S. P. is thanked. The document which he forwards from "Mr. Talbot Bridgewater, M.D., and Mr. Clarendon, M.D., M.R.C.S., etc., etc., with their compliments," is professionally absurd and scandalous. The persons named are not Members of the London College of Surgeons. In fact, their names do not appear in the *Register*.

AN OLD ASSOCIATE.—The Licence of the Royal College of Physicians does not give the title of M.D.—The fee is fifteen guineas.

UTILISATION OF SEWAGE.—The system of applying sewage to the cultivation of land has been for some time under experiment at Lodge Farm, Barking, under the superintendence of Mr. Henry J. Morgan; and a report on the subject for the year ending August, 1870, has been just issued. It appears that, under circumstances of exceptional difficulty, the result has been favourable; as from 184 acres 23 perches of rather porous land cultivated with sewage, a return of £5,423 9s. 9d. has been obtained—500,871 tons having been applied to 112 acres 3 roods 23 perches; while the balance in favour of the farm is £1,232 1s. 5d., from which a deduction of £612 17s. 4d. is made—the amount of loss by the death of dairy-cows.

ACCORDING to the *Standard*, 50,000 illegitimate children are annually born in this country; and while the highest mortality among legitimate children reaches 30 per cent., the mortality amongst illegitimate children reaches 90 per cent.

DR. H. BARNES (Carlisle).—Omitted by accident: safely received.

REGISTRATION OF DISEASE, AND THE POOR-LAW MEDICAL SERVICE.

SIR.—In the remarks made by several members of the deputation which waited on Mr. Göschen on the 17th instant, it was urged that no system of registration of disease could be satisfactory until the whole Poor-law medical system had been recast, several speakers intimating that the direction of the change should be towards the Irish system. Whilst admitting to the fullest extent the need for reform in the Poor-law medical system, I am at a loss to understand how any one conversant with the working of the Poor-law in this country could find any difficulty in at once grafting upon it a system of disease-registration. No change that I can conceive could make it a more efficient instrument for this purpose than it is at present.

Every Poor-law medical officer is already required to register every case of sickness which he is called upon to treat. The only thing required to make this available for public purposes, would be to append to each weekly return a statistical portion, in which should be printed, in the left hand column, the names of diseases, and, in horizontal lines, the age, in decennial or any other periods. The insertion of a figure opposite the name of the disease, and under the proper heading for age, would, as only new cases would be entered, suffice, with a very little expenditure of time, to make a perfect registration of the diseases treated within any given medical district. If cases of zymotic diseases were returned weekly, and other cases only monthly or quarterly, it would still further reduce the work. Forms so filled in should be returned to the Clerk to the Guardians for each Union, who should be directed without delay to forward them to some district authority, whose duty it should be to collate the information so used, according to some definite form, and transmit the same to the statistical department of the Poor-law Board, which would find no difficulty in embodying them in an annual report.

Poor-law medical officers would require, and ought to have, some definite remuneration for this service, but need not be much. The machinery for this purpose is ready to hand, and of the very best description, and the whole might be in active operation in a short time. The diseases treated by the Poor-law Service would form a fair index of the sanitary condition of a locality, and the knowledge of them a valuable assistance to the sanitary supervision of the country.

The only addition to the present organisation required would be that in each district (the area of which would have to be determined upon, and which might be raised to those at present assigned to a Poor-law Inspector) there should be an officer, with medical knowledge, whose business it should be to collate the returns as they were issued, and transmit them to the Poor-law Board. He would, at the same time, be able, as occasion required, to direct, by letter, the attention of Boards of Guardians, or any other sanitary authorities, to any unusual prevalence of disease in any fever district indicated by the returns.

By this means, the local authorities would be kept alive to the conditions requiring their attention. Such an officer might, in addition, perform the duties of a Medical Inspector of the Poor-law arrangements within his district, and from time to time, by personal supervision, see how the work was done, note shortcomings in local authorities, and keep the Board informed on all the more salient points in the sanitary condition of his district. Of course, special localities and special circumstances might and would require extraordinary interference, as they do at present. Under the system proposed, these special circumstances would be noticed earlier, and thus interference might be more prompt and efficient. Moreover, this constant supervision would engender a more active spirit in local authorities.

That there is need for a reform of our Poor-law medical organisation, no one can for a moment deny. All I contend for is, that it rests on other grounds, and is fettered by other conditions, than those which apply to the registration of disease. The common sense of the public demands medical inspection of the vast areas of disease under the control of the Poor-law Board, and there is no reason whatever why this inspection should not be combined with an efficient registration of disease. Medical inspectors, with sufficient clerical assistance, might readily collate the returns from large areas in a form suitable for the purposes of public health, and return them to the Poor-law Board.

Whatever may be the hereafter of our sanitary legislation, I do not think that it will be either wise or in the interests of the public, to amalgamate the care and inspection of sick paupers with any system hereafter to be adopted of public health. The Poor-law work ought to be in conformity with the system of public health, and ought to be so organised as to render material assistance in our future sanitary organisation, but it must be distinct. Unless the principles on which Poor-law relief is at present administered are to be swept away, which would be a huge social mistake, it would never be wise to separate the medical relief of paupers or its inspection from the control of the Poor-law Board. Such, at all events, are the views of one who has spent a great portion of his life in the practical work of the Poor-law.

Castle Gate, York.

I am, etc., S. W. NORTH.

P.S.—The suggestions in this letter affect only principles, and make no pretence to a detailed system.

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.

HYDRATE OF CHLORAL.

SIR.—Will you kindly inform me how hydrate of chloral ought to be kept, as some I have in a bottle with a cork-stopper is undergoing, I suppose, some chemical change, as the salt is blackening at the edges? Does the change affect the therapeutic use of the drug?

October 29th, 1870.

I am, etc.,

E. T. T.

TREATMENT OF ITCH.

SIR.—As Surgeon of a County Gaol, may I ask those of your readers who hold similar appointments what is the cheapest, most certain and expeditious way of treating the itch, with the least interruption to the labour imposed on the prisoner?

I am, etc.,

THOMAS Q. COUCH.

MICROSCOPES.—M.A. (Cantab) asks: Which is the best, the cheapest, the handiest, and the simplest microscope, suiting every want a medical man can possibly have? So many and such complex articles are in the market that one is quite confused.

** To give a dogmatic answer as to the excellence of this or that microscope, would be to do an act of injustice to many of the optical instrument makers. Our correspondent will, however, find a trustworthy guide in the Report on Microscopes by Professor Michael Foster, published three years ago in this JOURNAL, and reprinted in the form of a pamphlet, which may be had at the office of the JOURNAL.

CHEMICAL METHOD OF TREATING THE EXCRETA OF TOWNS.

SIR.—In your notice of Mr. Stanford's paper on a Chemical Method of treating the Excreta of Towns, at page 465 of the JOURNAL, you appear to endorse his extraordinary statements. It is quite fair to quote them as his, as probably you intended to do, but the impression conveyed is that you accept them as correct, which is not creditable to the JOURNAL. It is not true that the only or one chief objection to the dry system is the large quantity of inert material, or the difficulty of obtaining the necessary supply of earth. There is no such difficulty; it is only a question of cost. The real difficulty is in getting any troublesome business regularly done. Piggies may be kept so clean as to be no nuisance; but the difficulty practically of making everybody keep a pigsty clean is so great, that it is the general conviction that pigs should not be kept in towns; that the profit of so keeping them is not equal to the risk—the practical certainty—of many of them being nuisances. It is just the same with dry closets. No doubt they may, like piggies, be kept without being offensive; but if they are allowed, everyone will be rendered dependent for his safety upon his neighbours' carefulness. That is the chief difficulty. Why should the risk be incurred? Is it worth while for every one of us to become a maker of manure, for the sake of saving, at the most, say £1 a year per family, two-thirds of a penny a day? As I have before said, I have no fatal objection to the business *per se*, but I decidedly object to it at so low a salary.

I am, etc., P. H. HOLLAND.

Burial Acts Office, 8, Richmond Terrace, Whitehall, S.W., October 29th, 1870.

THE *New York Medical Gazette* has the following concerning the recent statement of Dr. Drysdale in medical periodicals that he hears from Mr. Conway, a distinguished American literary man in London, that, since the establishment of facility of divorce in Indiana, U.S., there has been hardly any prostitution in that State, and that comparatively few persons avail themselves of the six months notice for incompatibility granted by the laws. "Whence Mr. Conway derived the above remarkable statistical information" (says our American contemporary), "we cannot guess; but anything more at variance with the commonly received impression on this side of the Atlantic, it would be difficult to conceive. The actual extent of prostitution in the towns of Indiana, we have no means of ascertaining accurately, though, from what we can learn, it would seem to be certainly no less than in other communities; while in the matter of applications for divorce, either the law-reporters of the local press or Dr. Drysdale's informant must be sadly in error. Perhaps, however, Mr. Conway spoke in a vein of unappreciated irony; or, noting his listener's unsophistication, yielded to the American proclivity for hoaxing. Under any circumstances, we would advise Dr. Drysdale not to rest his sociological theory on such a foundation without further investigation of statistical facts."

MID-KENT.—A man holding the qualifications of L.R.C.P. Lond. and L.F.P.S. Glasgow, is not of right entitled to call himself Doctor; but he may designate himself as "Physician and Surgeon".

MR. W. TAYLOR (Cardiff) is thanked for his enclosure: his letter has been attended to.

ERRATUM.—The fibrous tumour of the uterus, reported at the recent meeting of the South Midland Branch (see last week's JOURNAL), was 26 inches in the longer circumference, and 21 inches in the shorter circumference. Its weight was 13 lbs. 6 oz. The induction of premature labour had been proposed to, but declined by, the patient.

MR. ARKWRIGHT (Bowden).—Impossible to publish the case, except as a communication from yourself, and in the usual manner.

We are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Indian Medical Gazette, Oct. 3rd; The New York Medical Gazette, Oct. 15th; The New York Medical Record, Oct. 20th; The Boston Medical and Surgical Journal, Oct. 20th; The Madras Mail, August 22nd; The Shield, Oct. 29th; The Birmingham Daily Post, Oct. 29th; The Darlington and Stockton Times, Oct. 22nd; The York Star, Oct. 1st; etc.

BOOKS, ETC., RECEIVED.

Statistical Report of the Health of the Navy for the year 1868. Introductory Address delivered at the opening of the Session 1870-71, of the Liverpool Medical Society. By R. Hamilton, Esq. Liverpool: 1870. An Introduction to the Osteology of the Mammalia. By W. H. Flower, F.R.S., etc. London: 1870. Laws, List of Officers, etc., of the Poor-Law Medical Officer's Association.