

ily fatal, or even in itself very dangerous.—Dr. MATTHEWS DUNCAN remarked on the importance in such and similar cases of inquiring into an anatomical explanation of the occurrence of protrusion, and stated that he believed a real scientific inquiry into the causes of hernia was still to be made.—Mr. ANNANDALE remarked on thigh-pain as a diagnostic symptom of obturator hernia.—The PRESIDENT advocated strongly Dr. Bell's suggestion as to operation in doubtful cases; and alluded to cases which he had met with where *post mortem* examinations showed that the operation would have been easy and successful, one especially, in which he had asked a distinguished surgeon to operate, and he had refused.—Dr. CHIENE and Dr. GRAINGER STEWART agreed in the above.

Dr. GRAINGER STEWART showed a well marked case of the Pseudo-hypertrophic Paralysis of Duchenne de Boulogne. The loss of muscular power coexisted with greatly increased thickness of the limbs, depending on development of cellular tissue, along with atrophy of the true muscular fibres. He also showed a case of Aneurism of the Aorta in a living patient, which was interesting from its pressure-effects.

Dr. ARGYLL ROBERTSON read a paper on Albuminuric Retinitis, in which he drew the distinction between it and Uræmic Retinitis. He recorded five cases, four of which had died.—Dr. MATTHEWS DUNCAN and Dr. GRAINGER STEWART made remarks on the importance of the Ophthalmoscope as an agent of diagnosis. The eye-affections often gave the earliest indications of commencing kidney-disease.—The PRESIDENT spoke of the great want of exact observations as to the microscopic changes in the retina itself in these and similar cases.

MEDICAL SOCIETY OF THE COLLEGE OF PHYSICIANS, IRELAND.

WEDNESDAY, NOVEMBER 16TH, 1870.

J. T. BANKS, M.D., President of the College, in the chair.

THE PRESIDENT read a paper on some cases of Muscular Atrophy. In the first case, that of a man aged 34, whose parents and family generally were healthy, the earliest symptom was the occurrence of pains in the right arm. These afterwards became general, and a weakness in the right thumb was established. The left arm next lost power, the head began to fall forward, and the posterior portion of the right deltoid muscle, together with the latissimus dorsi and serratus magnus on the same side, became much atrophied. A noticeable point was the coincident disappearance of the pains with the establishment of the atrophy. The patient was treated by the local application of electro-magnetism, and by the internal administration of the phosphates of iron, quinine, and strychnia. The disease has now lasted about twelve years, and the patient is apparently dying from the supervention of a pneumonic attack. A second case occurred in a lady, aged 25, and commenced three years and a-half ago, the left hand and arm being first affected. Up to the present the disease has made fearful ravages, the power of deglutition being much impaired, and the voice being almost lost. Slight hyperæsthesia has occurred at times. In a third case some connection seems to have existed between the muscular atrophy and the occurrence of intermittent fever. This patient has perfectly recovered. Dr. Banks then spoke of some cases which had been placed on record by Dr. MacDowel, Dr. W. D. Moore, etc.

Dr. STOKES read a paper on Some Requirements in Medical Teaching in Dublin. The discussion was postponed until the next meeting, on December 16th.

ASSOCIATION INTELLIGENCE.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: ORDINARY MEETING.

THE second meeting of this Branch for the session 1870-71 was held in the Midland Institute, Birmingham, on Thursday, November 10th; Present: THOMAS UNDERHILL, Esq., President, in the Chair, and sixty-eight members and visitors, including Mr. A. Haviland of London and Surgeon-Major Manifold.

New Members.—Dr. Greenway of Coseley and Mr. Standish of Cradley Heath were elected members of the Branch.

Communications.—1. *Mitral and Tricuspid Stenosis.*—Dr. BALTHAZAR FOSTER showed a Heart in which both the right and left auriculo-ventricular orifices were narrowed by endocardial inflammation. The patient from whom the specimen was taken had been admitted into the General Hospital with well marked signs of mitral obstructive disease. The murmur at the apex was purely presystolic. A few days before

death, a murmur preceding the first sound was detected at the right edge of the sternum, and the tricuspid stenosis was diagnosed. The autopsy revealed a funnel-shaped mitral valve, with an orifice only admitting a goose-quill. The tricuspid orifice only allowed the top of the middle finger to pass; the segments of the valve were agglutinated, and the edges of the orifice studded with recent vegetations. The dyspnoea and other urgent symptoms had been remarkably relieved for a long time by the hypodermic use of morphia.

2. Mr. SOLOMON demonstrated to the members a Cysticercus in the Anterior Chamber of the Eye. The patient was under his care at the Birmingham Eye Hospital.

3. Mr. FURNEAUX JORDAN read a paper on the Effects of Congenitally Small Urinary Meatus in the Male. He said that cystitis is one of the most frequent of surgical diseases. At the same time, it is perhaps invariably the result of some preceding pathological condition. The commonest causes are those which tend to impede the urinary flow. Such an impediment, which is commonly overlooked, although it occurs not infrequently, is a congenitally small meatus. The lower part of the meatus is closed. Over the closed part there is sometimes, but not always, a line of depression. The opening which is left is often not a third or a fifth of the size of the normal meatus. This small aperture is alone a sufficient cause of cystitis; but, added to gleet, or acid urine, or vesical atony, or perhaps slight paralysis from spinal disease, or enlarged prostate, it very frequently gives rise to cystitis, which otherwise would not occur. In such cases, cutting the meatus with a director or bistoury removes the bladder-symptoms. Mr. Jordan then referred to certain other ill effects, especially simulated stone in the bladder in children with congenitally small meatus. After alluding to Mr. Paget's views on "stammering of the bladder", the paper closed with this question: In certain cases of slight but persistent and obscure cystitis, may there not be a congenital narrowing of the vesical orifice of the urethra?

4. Mr. ALFRED HAVILAND demonstrated to the members his Maps of the Geographical Distribution of Disease, especially of heart-disease, cancer, and phthisis. A cordial vote of thanks was passed to Mr. Haviland for his interesting communication, and for his kindness in coming from London to explain his views to the Branch.

5. Mr. VINCENT JACKSON exhibited a large Fatty Tumour, removed that morning in the Wolverhampton Hospital from a girl aged 13. It was suspended from the left gluteal region, and measured circumferentially nineteen inches, and across twelve inches. The weight after removal was one pound and ten ounces. It had been noticed twelve years.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: PATHOLOGICAL AND CLINICAL SECTION.

THE annual meeting of the section was held on October 28th. Present: FURNEAUX JORDAN, Esq., in the chair, and thirty-one members and visitors.

The Report of the Secretaries, as published in the JOURNAL of July 2nd, was read and adopted.

The Treasurer's Report, which showed a balance of £7:6:9 in favour of the section, was adopted and ordered to be entered on the minutes.

Officers.—On the motion of Dr. WADE, seconded by Mr. C. A. NEWNHAM, it was resolved, unanimously,—That Mr. Alfred Baker be elected Chairman for the ensuing year. Mr. Furneaux Jordan was re-elected Treasurer; and Dr. Foster and Mr. Vincent Jackson (Wolverhampton) were re-elected Secretaries for the ensuing year.

Vote of Thanks.—It was moved by Mr. C. A. NEWNHAM, seconded by Mr. S. A. BINDLEY, and carried by acclamation:—"That the most hearty thanks of this section are hereby given to Dr. Heslop for the earnest and able manner in which he discharged the duties of first Chairman of the Pathological and Clinical Section."

Mr. A. BAKER then took the chair.

Communications.—Dr. HILLIARD exhibited a specimen of Hypertrophy of the Tongue, due to nevous growth, which was removed from an infant aged fourteen months, who died of diarrhoea. The disease dated from birth. Microscopical sections showed plainly the large lacunæ filled with corpuscles; blood-pigment in different stages of degeneration; and the papillæ much hypertrophied.

Mr. SOLOMON exhibited a healthy girl, aged 16, with a Cysticercus in the Anterior Chamber of the Right Eye. It lay at the bottom of the chamber; its body, which was apparently of the size of a large hemp-seed, being placed in a line with the vertical meridian of the eye-ball. The patient's attention was first attracted to her eye six months ago while using a looking-glass, when she saw something like a little grub

of the size of the head of a pin moving about in the organ. She had suffered two or three attacks of irido-choroidal irritation. This was the only case of cysticercus within the eye-ball which had been seen in Birmingham.

Mr. BARTLEET showed a Cyst partly Ossified, which was discharged in the secundines of a mare. It appeared to have lain close against the dorsal vertebrae of the foal, where there was a hollow to receive it, the hollow being formed by a lateral curvature of the spine, or by partial absorption of its bones. The cyst, which well showed the process of ossification in membrane, contained a little sero-sanguineous fluid, and presented no trace of vascular connection with either foetal or maternal structures, or yet of any appearance that would suggest its being an abortive foetus. Microscopic sections of the bony wall of the cyst were also shown, which proved the tissue to be true bone.

Mr. FREDERICK TURTON (Wolverhampton) showed a specimen of Hypertrophy and Dilatation of the Stomach removed from a chlorotic-looking girl, aged 19, who had been subject to occasional attacks of dyspepsia, but had in other respects appeared well until June 16th. On that day, after retiring to rest, she was seized with flatulent pains and rapid distension of the abdomen. At 3 A.M. she was sitting upright in bed, apparently in great pain, with tympanitic abdomen, but no tenderness, nor any constitutional disturbance. The tympanitis continued to increase very rapidly, and the breathing became laboured from the pressure upon the thoracic organs; the pain became most intense; and at about 6 P.M., or sixteen hours from the commencement of the attack, she died. On making a *post mortem* examination, about eighteen hours after death, the trunk, from the upper part of the chest to the pubes, was found enormously distended. On opening the abdomen, the stomach presented itself, extending from the level of the nipples to midway between the umbilicus and pubes. On allowing the gaseous contents to escape, the organ was found to contain a mass of black, odourless, homogeneous matter, of about the consistence of putty, which was found, on removal, to weigh $7\frac{1}{2}$ pounds. There was no peritonitis, no adhesion anywhere, no obstruction to free passage along the whole of the intestinal canal. The stomach was of natural appearance as regarded its internal lining membrane; the walls were excessively thick; and the weight of the organ was $18\frac{1}{2}$ ounces. The stomach and contents were referred to the Microscopical Committee, with the addition of Mr. Turton.

Mr. BENNETT MAY exhibited a dissection of Congenital Flat Foot, from a man who had suffered amputation of the leg for compound fracture, showing the falling of the arch of the foot, with great tension and yielding of the internal lateral ligament, and of the tibialis posticus. The tendon of this muscle was elongated over the sustentaculum tali, and the muscular tissue had become atrophied and undergone fatty degeneration. The astragalus was considerably displaced in its relation to the other tarsal bones. The calcaneo-scapoid and cuboid ligaments were lengthened.

SOUTH EASTERN BRANCH: EAST KENT DISTRICT MEETING.

THE thirty-eighth meeting was held at the Fountain Hotel, Canterbury, on November 10th; E. GARRAWAY, Esq., in the chair.

The next meeting was appointed to be held at Folkestone in March, and Dr. Bowles was elected Chairman.

Papers.—I. Mr. GARRAWAY (Faversham) read a paper on a Case of Obstructed Colon. The patient was a lady aged 40. The seat of constriction was at the junction of the transverse with the descending colon. Pain and dragging had been experienced in this region ever since some violent muscular effort two years previously. The symptoms came on in a moment, and were at first supposed to be dependent upon the passage of calculi. A hot bath with opiates speedily removed the pain; but, the bowels refusing to act and the abdomen enlarging, the usual measures were had recourse to. Injections with O'Beirne's tube always brought away a little granular detritus, as if rubbed off a solid crust. It was twelve days before the obstruction was overcome and a natural motion obtained. During all this period the ascending and transverse colon could be felt in a distended state. After the first two or three days no medicine was given by the mouth, the bowels being solicited from below; the abdomen was also frequently kneaded, fomented, and rubbed with laudanum and atropine. Meanwhile, the patient's condition appeared well-nigh hopeless; the pulse was 130, the tongue glazed, and vomiting and hiccough were frequent. Diarrhoea now set in; incredible quantities of gelatinous pulpy material, mingled with bloody striae of a most foetid odour, coming away ten or twelve times in the day. This state continued about twelve days more, the treatment consisting of occasional doses of castor-oil and the injection every night of a drachm of laudanum into the rectum. There were still the quick pulse, the glazed

tongue, great emaciation, and large sloughs on the nates; fluid nutriment in every shape was taken and retained. Whenever the action of the bowels was restrained for a few hours by the opiate, the ascending and transverse colon became dull on percussion and doughy to the feel; when diarrhoea recurred, they became resonant. The patient ultimately recovered sufficiently to bear removal in the course of three months, but is still under medical supervision. With respect to the pathology of the case, Mr. Garraway considered that there was adhesion of the colon to the abdominal wall, with puckering up and diminution of its calibre, the result of subacute peritonitis. Enormous distension of the gut behind the stricture took place, and subsequently, when the viscus was emptied, enteric inflammation ensued, and afterward paralysis. Neither strychnine nor electricity appeared to be of any service. Although O'Beirne's tube had been introduced in this case to the extent of eighteen or twenty-four inches not fewer than twenty or thirty times, the writer believed he had never passed the sigmoid flexure, and questioned its possibility.—Dr. LOCHÉE thought such passage was rarely accomplished, but believed he had twice achieved it.

2. Dr. WILKS (Ashford) read a paper on the Administration of Sulphurous Acid in Typhoid Fever, which he was unanimously requested to offer for publication in the pages of this JOURNAL, and which will appear in next week.

The members present afterwards dined together.

SOUTH EASTERN BRANCH: EAST SUSSEX DISTRICT MEETING.

A MEETING of the East Sussex District of the South Eastern Branch was held on November 10th, at the Sussex County Hospital, Brighton. Present: Dr. ORMEROD in the chair, and nearly fifty members and friends.

It was made the occasion of inaugurating the new library and museum, recently constructed to the east of the hospital, after plans by Mr. Edmund Scott, a local architect. This building has an Italian elevation, and contains, besides the two commodious rooms devoted to the purposes of a library and museum, a dissecting-room, etc. Altogether, including the books and collection of physiological and pathological specimens, it forms not only a valuable feature of the hospital, but one of which the town and county may reasonably be proud. The existence of this large accumulation of books and specimens is the result, not only of the skill and attention of the medical staff, but of their also having liberally foregone their rights to the pupils' fees, and appropriated them to this use.

A good collection of microscopes was exhibited, under the superintendence of Drs. Kebbell and Hallifax, and Mr. Wonfor.

The medical officers conducted the members through the various departments of the hospital. This is well situated on open and rising ground, with a southern aspect, commanding a view of the sea; it is liberally conducted, and makes up about one hundred and forty beds. Some of its more striking features might be imitated by other hospitals. Its large and airy wards have a remarkably comfortable appearance, dependent, in some measure, on the bedsteads not being, as usual in hospitals, of the "stump" kind, but "half-testers," with a curtain on each side at the head; these, as also the coverlet, are of cotton print, and consequently are easily washed, and give an uniform and very tidy look to the whole. All the wards have bath-rooms, etc., adjoining them. Children's cribs are scattered here and there, amongst the adults' beds: not only in the general wards, but also in the fever wards. The wards of the fever-department accommodate patients of both sexes. The beds have an extra space allotted to them, compared with that in the general wards; and, as no wall is without either windows, door, or fire-place, the ventilation is most complete. This department is so distinct, having its own entrance, staircase, laundry, etc., as to be like a separate hospital.

There are also a laundry for the general wards, a commodious chapel, and a kitchen detached from the main building, with a skylight ventilator.

In the planning of the out-patients' department, great care has been bestowed. There are spacious and well-lighted consulting-rooms for physicians and surgeons, with doors for both the ingress and the egress of the patients; the waiting-rooms being arranged for the sexes separately, so that a current of one sex only passes through the consulting-room at a time. Adjoining each consulting-room is a retiring-room, with a couch and other clinical appliances for the more thorough examination of difficult cases. After having been seen and prescribed for, the patients, in applying for their medicines at the dispensary department, wait in compartments distinct for the two sexes. There are baths, etc., in this department.

The members and their friends, to the number of nearly forty, afterwards dined together at the Old Ship Hotel.

CORRESPONDENCE.

MONMOUTHSHIRE AND SOUTH WALES BRANCH OF THE BRITISH MEDICAL ASSOCIATION.

SIR,—It is the intention of some of the members of the Association resident in Monmouthshire and South Wales to make an effort to re-suscitate and reorganise the Branch which once flourished in that district. In furtherance of that intention, it is proposed to hold a meeting at either Cardiff or Swansea (the two largest and most convenient towns in the district) early in the month of December, at which it is hoped, and indeed expected, that there will be a large attendance and influential representation of the profession. The business of the day will be the discussion of the merits of the proposed effort; and, if these are established, to proceed at once to the election of the officers of the Branch.

In order to save time and trouble, and to ensure also that all members of the Association interested in the movement may have due notice, I take the liberty of making use of your columns, and of adding this request: that all who are already members of the Association resident in Monmouthshire and South Wales, and desirous of giving their help, and who have not already intimated to me their wishes, will kindly favour me with a line at their earliest convenience, expressing their preference for one of the towns proposed. I would suggest that the choice should thus be decided; and that the meeting, wherever held, should be fixed for such an hour as will allow most, if not all, the visitors to return home by train the same night.

I am, etc., ANDREW DAVIES.

Russell House, Swansea, November 19th, 1870.

MEDICAL NEWS.

PROVINCIAL STUDENTS.

THE annual return of the number of gentlemen pursuing their professional studies at the provincial schools has been made to Dr. Cursham, the Government Inspector, from which it appears that, although there is a *decrease* at some of the schools, there is an *increase* in the gross number over those of last year, as will be seen from the following:—

1. Manchester Royal School of Medicine and Surgery	...	98
2. Queen's College, Birmingham	...	76
3. Liverpool Infirmary School of Medicine and Anatomy	...	58
4. Leeds School of Medicine	...	46
5. Bristol Medical School	...	30
6. University of Durham College of Medicine, Newcastle-on-Tyne	...	35
7. Sheffield Medical Institution	...	14

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Showing an increase of 27 over the number of last year. It should be distinctly understood that there may be several gentlemen at the different provincial schools whose names have not been returned, in consequence of their being already members of the College of Surgeons, and preparing for the Fellowship of that institution. Others, again, may be attending the schools who, not having yet passed examinations in arts, etc., are not recognised as pursuing professional studies.

THE REGISTRAR-GENERAL now receives returns of population and mortality from Bombay, Vienna, and New York. The returns from Berlin and Paris have been discontinued in consequence of the war.

THE RICHMOND INFIRMARY, SURREY.—The collections in the churches and chapels of Richmond and the vicinity made on Sunday, the 13th instant, were devoted to the support of the Richmond Infirmary. The sums realised amounted to £140. Last year the total was £217; but, owing to the appeals for help for the sick and wounded in the war, and for the *Captain Relief Fund*, some of the collections have been postponed till the beginning of next year, and the collections have all been smaller than last year, owing to the same reason. It is to be feared that our home institutions will suffer for want of the funds which have been so liberally bestowed upon our foreign neighbours.

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 November 17th.

Branfoot, Arthur Mudge, Kennington Park Road (Guy's)
 Browne, Thomas Llewelyn, Bodvari, North Wales (University College)
 Coombe, George Augustus, Burnham, Essex (Guy's)
 Eager, Wilson, Guildford (Guy's)
 Griffith, Robert Poole, Port Madoc (Dublin School)
 Harris, Arthur George Rawson, Staines (St. Mary's)
 Hill, Thomas, Souldern, near Banbury (St. Bartholomew's)
 Huggins, Samuel Tillcott, Banbury (St. Bartholomew's)
 Jotliffe, John, Shepherd's Bush (Guy's)
 Paget, William Smith, Liverpool (Liverpool School)
 Parsons, Sidney, Wells, Somerset (University College)
 Rees, Howell, Maesteg, South Wales (University College)
 Rodwell, Thomas Harry Bate, Loddon, Norfolk (Guy's)
 Waller, Walter Augustus Ewen, Bedford (Guy's)
 Warner, Francis, Highbury Crescent (King's College)
 Wilder, the Rev. H. B., the Rectory, Sulham, near Reading (Westminster)

Admitted members on November 18th:—

Buchanan, Walter, Chatham (Guy's)
 Bunting, Janus, Tottenham (Guy's)
 Button, Horace Gooch, Bermondsey (Guy's)
 Cooke, Edliston Harvey, Jamaica (St. Bartholomew's)
 Crackle, Thomas Arthur, Nottingham (Guy's)
 Evans, Alfred Henry, Stanley, near Derby (Guy's)
 Hind, Henry, Stockton-on-Tees (St. Bartholomew's)
 Lacey, Thomas Warner, Loughborough, Leicester (Guy's)
 May, Thomas, Bicester, Oxon (Westminster)
 Palmer, Charles De Montmorency (Dublin School)
 Perrigo, James, Montreal, Canada (Dublin School)
 Turner, Henry Crockford, Lewes, Sussex (Guy's)
 White, Barrington Syer, Laverham, Suffolk (King's College)

Out of the 99 candidates examined, 16 were rejected in surgery and medicine, and 10 in medicine alone.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received their certificates to practise, on Thursday, November 17th, 1870.

Archer, George Ernest, Feltwell, Norfolk
 Kay, Thomas Valentine, Bakewell, Derbyshire
 Russell, Ebenezer Geer, Pool, Cornwall

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

Dunstan, Robert, Guy's Hospital
 Jackson, James, St. Thomas's Hospital
 Matcham, Alfred, Guy's Hospital
 Turnell, Alfred Pythias, University College
 Wallis, Edward Darby, University College

MEDICAL VACANCIES.

THE following vacancies are announced:—

BIRMINGHAM AND MIDLAND EYE HOSPITAL—Dispenser: applications, 30th.
 BRAMLEY UNION, Yorkshire—Medical Officer and Public Vaccinator for the Armley Township: 28th.
 CENTRAL LONDON DISTRICT SCHOOL, Hanwell—Surgeon.
 CRAIGNISH, Argyshire—Parochial Medical Officer.
 DONCASTER GENERAL INFIRMARY AND DISPENSARY—House-Surgeon: applications, Dec. 1st.
 EVESHAM UNION—Medical Officers and Public Vaccinators for District No. 3, and the Parish of Pebworth: applications, Dec. 12th; duties, 26th.
 FARRINGTON DISPENSARY, Bartlett's Buildings, Holborn—Resident Surgeon: applications, Dec. 3rd.
 GUISBOROUGH UNION, Yorkshire—Medical Officer for the Danby District: Dec. 13th.
 INFIRMARY FOR CONSUMPTION AND DISEASES OF THE CHEST, Margaret Street, Cavendish Square—Visiting Physician.
 KING'S COLLEGE, London—Demonstrator of Chemistry.
 LINCOLNSHIRE COUNTY LUNATIC ASYLUM, Bracebridge, Lincoln—Assistant Medical Officer: applications, Dec. 3rd; duties, 17th.
 LIVERPOOL SOUTHERN HOSPITAL—Physician: applications, 29th; election, 30th.
 MANCHESTER CLINICAL HOSPITAL AND DISPENSARY—House-Surgeon: applications, Dec. 3rd.
 MANCHESTER TOWNSHIP—Resident Medical Officer at the Workhouse Infirmary, New Bridge Street.
 POPLAR HOSPITAL—Surgeon to Out-patients: applications, 29th; election, Dec. 7th.
 POPLAR UNION—Medical Officer for the West District: applications, Dec. 1st; election, 2nd.
 REETH UNION, Yorkshire—Medical Officer and Public Vaccinator for Muker District: applications, Dec. 1st; election, 2nd.
 ROMSEY UNION—Medical Officer for Districts Nos. 2 and 5.
 ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, Charing Cross—Surgeon: Assistant-Surgeon: Dec. 1st.
 ST. BARTHOLOMEW'S HOSPITAL—Professor of Chemistry in the Medical College: applications, Dec. 9th.
 ST. MARYLEBONE, Parish of—Medical Officer for St. John District: applications, 26th.
 SOUTHELD, Argyshire—Parochial Medical Officer.
 STAFFORDSHIRE GENERAL INFIRMARY, Stafford—Surgeon.
 STOCKPORT INFIRMARY—Assistant House-Surgeon: applications, Dec. 1st.
 UNIVERSITY COLLEGE HOSPITAL—Assistant Special Professor of Clinical Medicine.

WESTERN GENERAL DISPENSARY, Marylebone Road—Physician: applications, 28th; election, Dec. 7th.
 WEST DERBY UNION, Lancashire—Assistant Medical Officer to the Workhouse at Walton: applications, 29th.
 WISBEACH UNION, Cambridgeshire—Medical Officer and Public Vaccinator for the No. 12 or Upwell and Outwell District, Norfolk: applications, 30th; election, Dec. 1st.
 YORK COUNTY HOSPITAL—Surgeon.

MEDICAL APPOINTMENTS.

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

*ANDERSON, William, Esq., late House-Surgeon to the Derbyshire Infirmary, appointed Surgical Registrar to St. Thomas's Hospital.
 PRIESTLEY, Henry, Esq., L.S.A., appointed Assistant House-Surgeon to the Sheffield General Infirmary.
 *WARING-CURRAN, J., Esq., appointed Medical Officer of the Mansfield Woodham District of the Mansfield Union, *vice* J. Macnamara, Esq., deceased.

BIRTHS.

MARTIN.—On November 18th, at Portsmouth, the wife of *J. H. Martin, M.D. of a son.
 MURRAY.—On November 18th, at Green Street, Grosvenor Square, the wife of G. C. P. Murray, M.D., of a daughter.

MARRIAGE.

BURCH, Sampson R., Esq., Surgeon, to Mary A., eldest daughter of R. H. ROBERTSON, M.D., of Birchanger, Essex, on November 16th.

DEATHS.

BRABANT.—On November 19th, at Bath, aged 88, Elizabeth, widow of R. H. Brabant, M.D.
 *DOW, John, Esq., Surgeon, of Newgate Street, at Keith, on November 21st.
 FRANKS, Moses, Esq., Surgeon, at Caversham Road, aged 68, on November 16th.
 *GRIFFITH, Wm., M.D., late of Belgrave Road, at Brighton, on November 15th.
 HANKINS, Thomas, Esq., Surgeon, at Clapham, aged 56, on November 17th.
 LIVINGSTONE, Charles H., Esq., Surgeon, at Buckhurst Hill, Essex, aged 33, on November 19th.
 MORISON.—On November 17th, at Johnsburn, Balerno, N.B., Margaret, eldest daughter of the late Sir Alexander Morison, M.D.
 PICKEN.—On November 19th, at Sheerness, aged 9 months, Algernon Hoyland, son of R. Picken, M.D., R.N.
 ROBERTS.—On November 19th, Elizabeth Anne, wife of *D. W. Roberts, M.D., of Manchester Street.
 ROBERTS, William Lloyd, Esq., Surgeon, of Festiniog, aged 26, on November 9th.

VACCINATION.—Mark Fooks, a newspaper editor, was summoned to the Darlington Police Court on Monday for non-compliance with the Vaccination Acts. The defendant said he was not an ultra-opponent of vaccination; but having seen, as he believed, ill effects, and even death, result from it, he had determined to await the result of the Government Commission of Inquiry, when, if the evidence should be sufficiently convincing as to the benefits and safety of vaccination, he would comply with the Act. He was, however, fined five shillings and costs.

BEQUESTS, ETC.—“G. H.” has given £1000 to the East London Hospital for Children.—Mr. C. T. Holcombe of Ilford, Essex, has bequeathed £1100 to the London Hospital (£1000 for a convalescent establishment and £100 for general purposes) and £100 to each of the following institutions:—St. Mary's Hospital, Royal Free Hospital, King's College Hospital, and the Hospital for Diseases of the Chest, Victoria Park, and the Essex Hall Asylum for Idiots.—The last-named institution has also received £500 under the will of Mrs. H. R. Wright.—Mrs. Lavinia Schneider, of Bryanstone Street, Portman Square, has bequeathed £250 to St. George's Hospital.—Miss Amelia Alston of Leamington has bequeathed £100 to the Birmingham General Hospital, and £100 to the Birmingham General Dispensary.—The Royal London Ophthalmic Hospital has received £58 : 17 : 9 per A. L. Mumford, Esq., being the proceeds of a concert and ball held on the premises of the London and North Western Railway at Wolverton.

TESTIMONIAL.—Dr. Jolly has been presented with a gilt timepiece bearing the following inscription. “Presented to Robert Jolly, M.D., F.R.C.S.E., M.R.C.S.L., by the officers and men of the Edgbaston Division of Police as a mark of their esteem on his retiring from the office of House-Surgeon to the Queen's Hospital, Birmingham. November 18th, 1870.”

BOOKS, ETC., RECEIVED.

St. Thomas's Hospital Reports. Vol. 1. London: 1870.
 A Report on the Microscopic Objects found in Cholera Evacuations, etc. By T. R. Lewis, M.B. Calcutta: 1870.
 The Wasting Diseases of Infants and Children. Second Edition. By Eustace Smith, M.D. London: 1870.
 Lecture on Protection from Contagion, delivered at Penrith, by Professor Gamgee. Liverpool Medical and Surgical Reports, October 1870.
 The Medical Works of Villalobos. By G. Gaskoin. London: 1870.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's, 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. Casual Communications; Mr. Spencer Watson, “On Squint, with an Analysis of 119 Cases.”
 THURSDAY.—Harveian Society of London, 8 P.M.—Linnæan Society.—Chemical Society.—Royal Society.
 FRIDAY.—Western Medical and Surgical Society of London, 8 P.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.

To the recently published List of Members of the British Medical Association should be added:—

Blanchard, Thomas Collyer, Linares, Andalusia, Spain.
 Cuddeford, Thomas, Port of Spain, Trinidad, West Indies.

THE following papers read at the Annual Meeting were received at this office on Nov. 18. “On the Health and Meteorology of Newcastle and Gateshead during the years 1868 and 1869.” Dr. G. H. Philipson.—“A Chapter of Difficulties in applying Sanitary Laws.” Mr. L. Armstrong.—“A Note on Entire Wheat Flour.” Dr. Tilbury Fox.—“On Intemperance in its Medical and Social Aspects.” Dr. Eastwood.—“On certain Circumstances which contribute to Impede the Progress of Scientific Surgery and Medicine.” Dr. D. Campbell Black.—“Objections to the Contagious Diseases Act, 1866-69.” Dr. Drysdale.—“On the Transmission of the Infective Germs of Fevers by means of Fluids.” Dr. M. W. Taylor.

AN ASSOCIATE.—The plan of collecting together in one part of the JOURNAL the special correspondence, is artificial and objectionable. The letters of our Liverpool correspondents, and of our special correspondents in Dublin and Edinburgh, were included last week in the leading columns under the head of “week”. The communications of our special correspondents from Berlin, as to the state of the Prussian armies, and from Paris, were published under “Notes of the War”, to which they related. We think this a preferable method. We shall be pleased to receive our correspondent's letters, but shall prefer to place them under the heading best indicated by their contents.

PROFESSIONAL REMUNERATION.

C. J. H., referring again to this question, says: “I beg to submit that, whenever it is deemed necessary to urge any fresh duties, however small, on the members of the medical profession for the good of the public at large, the duty of the public and the Government towards the profession should be always urged and pointed out. We want vigilance and boldness on the part of those who profess to represent our rights, and we ought not to sign a certificate for the good of the country without the country paying us liberally for the information required, just as they pay lawyers and others for any and everything they do.”

These are opinions which will receive general concurrence. At any rate, they have our hearty assent. It is not wise, however, to put too much upon leaders. Our Association is a general council framed with a broadly democratic constitution, and privates in the ranks may, upon occasions and upon such subjects, do great service by supporting their official leaders, and by calling timely attention to particular instances or facts, which afford opportunities for putting these doctrines into action. Opportunity is a great element in success in such matters, and each man knows where and when the shoe pinches him. He cannot do better than cry out in the columns of this JOURNAL, which are always open to such utterances, and where he will find a large, powerful, and sympathetic audience. C. J. H. cannot devote himself to a more useful subject.

POSTAGE OF THE JOURNAL.—In consequence of the alterations in the rates of postage and conditions of transmission of newspapers, the postage of the *BRITISH MEDICAL JOURNAL* will be one halfpenny; which must be paid each time the *JOURNAL* is retransmitted by post. In order to retain the privileges of a newspaper, the *JOURNAL* must not be stitched.

NAVAL MEDICAL SERVICE.—The following questions were submitted to the candidates at the recent examination for Assistant-Surgeons in the Royal Navy.

Anatomy and Physiology. (Mr. Busk.) Monday, November 7th.—1. Enumerate the muscles and describe their respective actions, by which the deformity witnessed in the following fractures is probably caused: *a.* Intracapsular fracture of the neck of the femur; *b.* Fracture at the lower end of the femur immediately above the condyles; *c.* Colles' fracture of the radius; *d.* Fracture through the surgical neck of the humerus. 2. What spinal nerves enter into the formation of the cervical and sacral plexuses? Describe the general arrangement of the nerves in each plexus. State also what muscles, and what extent of surface are supplied by the branches of each plexus. 3. Mention the various excretions, and point out the principal constituents of each, and the sources whence each of these constituents is derived. 4. Give a full account of the anatomical and physiological relations of the pneumogastric nerves. 5. Describe the membranous portions of the urethra and the muscles and other parts in immediate relation with it.

Surgery. (Mr. Pollock.) Monday, November 7th, 2 to 5 P.M.—1. Describe the symptoms of fracture of the neck of the thigh-bone within the capsule, the treatment to be adopted in such a case, and the probable result of the injury. 2. A patient accidentally pushed his arm through a pane of glass, and lacerated his wrist and hand in several places; from one of the wounds there was arterial hæmorrhage: what treatment should be adopted in such a case? 3. A man received a kick from a horse in the left lumbar region, and it was diagnosed that the kidney had been ruptured; state the symptoms which would be present under such circumstances, the prognosis, and the treatment. 4. Describe the symptoms of gonorrhoeal ophthalmia, and the treatment to be pursued. 5. By what symptoms would hydrocele of the tunica vaginalis be distinguished from hæmatocele: and what should be the treatment in the latter condition? 6. Describe the symptoms of rupia, the usual cause of the eruption, and the treatment for its relief.

Medicine. (Dr. Parkes.) Tuesday, November 8th, 10 A.M. to 1 P.M.—1. Contrast the symptoms of intermittent, relapsing, and enteric fevers, and give minutely the morbid anatomy of the last-named disease. 2. What do you mean by locomotor ataxia, and progressive muscular atrophy, or wasting palsy? Describe the symptoms and pathology in each case. 3. Describe a typical case of pulmonary emphysema, giving the symptoms, causes, and effects. Describe the treatment of a case complicated with acute general bronchitis. 4. What are the chief causes of ascites? Enumerate the diseases which may be confounded with it, and describe the operation of paracentesis. 5. In the case of a pregnant woman, near her full time, what symptoms would lead you to diagnose the death of the child? How would you treat the case; and supposing there was much decomposition and fetid discharge, mention the dangers you would apprehend and the precautions you would take? 6. What are the chief medicines supposed to act as diuretics? What are the reasons for supposing them so to act, and in what diseases are they given?

Natural History, etc. (Dr. Thomson.) Tuesday, November 8th, 2 to 5 P.M.—*a. Zoology.* 1. Give the distinctive characters of the five classes of vertebrata. 2. Describe the principal modifications of the respiratory apparatus in the invertebrata. 3. Give a sketch of the geographical distribution of mammals.—*b. Botany.* 1. Describe the structure of the stem of an exogen and of an endogen. 2. Describe the development of a moss from the spore. 3. Give the essential characters of the order *Compositæ*. 4. Define *exosmase* and *endosmase*, and explain the circulation of fluids in plants.—*c. Physics, etc.* 1. What is the composition of the atmosphere, and its physical characters? 2. Explain the structure of the common pump. Why is there a limit to the height to which it will raise water? 3. What is a glacier? How is it formed, and how does it move? 4. Give an account of the area occupied by the chalk-formation in Great Britain; and state the mode in which it has been formed.

The title of Dr. Sankey's paper on the Pathology of General Paresis was accidentally omitted from the table of contents last week.

THE SOUND OF THE LETTER "I".

SIR,—Might I ask you to act as arbiter in the following questions. Is the penultimate of "phthisis" to be pronounced as phthi or phthe? and is the *i* in the corresponding syllable of words terminating in "itis" to be pronounced as *i* or *e*? I should feel extremely obliged if you would give us a decision in this matter in your issue of next Saturday; and, trusting you will excuse my troubling you.

Dublin, November 19th, 1870.

I am, etc., Y. RETSROF.

*** It is strictly correct to pronounce the *i* as the English *e* in the words to which our correspondent refers. In those localities—such as England—where it is the custom to give the diphthongal sound to the *i*, it would perhaps be pedantic to say phthisis and pleuritis; but where national custom as to the pronunciation of *i* as *e* obviates the possibility of any charge of pedantry, the *e* sound should be used without hesitation.

TREATMENT OF CONSTIPATION, ETC.

SIR,—The to me deplorable experience, that very few have suffered so much as I have from hæmorrhoidal disease and its concomitants, makes the letters of Dr. Spender and the Rev. Dr. Bell interesting to me; and I feel it a duty to give my experience.

My first attack of piles suddenly surprised me, in an otherwise fair state of health, twenty-five years ago, when in a state of great anxiety and business difficulty, with irregularity of the bowels. I laid the strangled pile open, took medicines according to my lights, and got well again; and, notwithstanding constant horse-exercise, both in work and sport, suffered for six or seven years from dyspepsia and irregularity of the bowels. I thought I had found a sovereign remedy in an alkaline decoction of aloes, with myrrh and ammonia and citrate of iron, and preached my doctrine to my medical friends, who all, when they tried it, were fully satisfied as to the efficacy of the treatment on the liver and other viscera. But man is born to trouble; and trouble came on me again very strong, and that brought the piles; and altogether my sufferings were frightful. I was compelled to lay myself up, and was confined some time and operated on again, and, after weeks of suffering, crawled about again with the most agonising little ulcers, re-

quiring a magnifying-glass to be seen. I recovered again in a fashion, and kept going for a year or two, when further anxiety laid me low again, and the amount of protrusion was so great that I was compelled to go through a more serious operation, and after that struggled up again, never knowing an hour's ease. I could neither walk nor sit at ease, having a troublesome fissure, and the bowels always a trouble. I found, at last, that the only suitable medicine was a pill very like seven grains of compound rhubarb pill, with three of Castile soap, daily before dinner. The exact prescription is as follows for a mass.

R. Powdered rhubarb ʒiv; aloes ʒiij; myrrh ʒij; Castile soap ʒiiss; cajuput oil ʒj. Five or ten grains to be taken as a dose before meals.

Whether it was the soap, or the oil, or more particularly the taking before dinner or food, I cannot say; but certain it is that nothing gave me permanent relief till I fortunately dropped on this remedy. I had an ample stool always the following day, and by the help of a pessary the fissure healed. Ever since, now fourteen years, I have been free from my old enemy, although still having more than a fair share of anxiety and trouble. My experience of the efficacy of the medicine has been very large among literary and business men and delicate women. I solemnly say, this simple treatment has never failed; and I have known a small dose of ten, eight, or even five grains, to sufficiently regulate the bowels, and never fail, for ten years together, in patients previously accustomed to take peristaltic persuaders in doses of aloes, etc., of three or four times larger quantities. The same has cured hundreds of delicate women. But I have often found that with them a dose, or two, or three, of castor-oil is required, or they have colicky pains, from the fact of their often having large accumulations of hardened feces in the bowel, which are antagonistic to the persuaders.

Anyone using this practice, should carefully attend to the preparation. Chemists' work is very different from ours; at least, I find it so. The rhubarb and aloes should be rubbed together first; then the myrrh; then the oil. All should be well rubbed and mixed, and then the soap added, which should be real Castile soap—not the trumpy New Pharmacopoeia stuff. The mass should be kept in well stoppered bottles. For use, only a very small proportion of rectified spirit is required to make a splendid pill-mass. It may seem surplusage to write this; but I know by experience that any divergence from the directions alters the efficacy of the remedy. It is comparatively useless to use it at any other time than before a meal; and that meal may be the one that leads to the most convenient hour for having the bowels moved next day, experience showing how many hours after taking are required.

I am, etc.,

F.R.C.S.

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

THE portraits of the late Professors Syme and Simpson, Sir James Clark, etc., published in the *BRITISH MEDICAL JOURNAL*, together with their obituary notices, seem to have found considerable favour. We find them reproduced in the *Canada Medical Journal* and in the *New York Medical Journal*.

WE are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The *Indian Medical Gazette*, Oct. 24th; The *New York Medical Gazette*, Nov. 5th; The *New York Medical Record*, Nov. 10th; The *Boston Medical and Surgical Journal*, Nov. 10th; The *Madras Mail*, Sept. 12th; The *Shield*, Nov. 19th; The *Bedford Times*, Nov. 15th; etc.

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

Dr. Charlton, Newcastle-upon-Tyne; Dr. Sansom, London; Dr. A. Marshall, Preston; Dr. C. Muirhead, Edinburgh; Mr. F. Waterhouse, Pontypridd, Glamorgan; Dr. Syson, Manchester; Dr. Chambers, London; Mr. Southam, Manchester; Dr. Woodman, London; Dr. W. D. Williams, London; Dr. Matthews Duncan, Edinburgh; Mr. W. Fairlie Clarke, London; Mr. Steele, Bristol; Dr. R. A. Warwick, Richmond; Mr. J. P. Purvis, Greenwich; Dr. A. Crespi, Oxford; Mr. C. J. Denny, Malvern Wells; An Occasional Correspondent, Dublin; Dr. Wilks, Ashford; Mr. Garraway, Faversham; Mr. Johnston, London; Mr. A. B. Steele, Liverpool; Dr. Rutherford, London; Mr. Pittcock, London; Dr. Taylor, Penrith; Mr. G. C. Coles, London; Mr. C. Hazard, London; Mr. W. M. Baker, London; C. H. J., London; Dr. W. H. O. Sankey, Cheltenham; Dr. D. Thomas, Ystalyfera; Mr. W. Anderson, Derby; Dr. Heslop, Birmingham; Mr. Bewley, London; Mr. W. Stokes, Dublin; Dr. Sieveking, London; Dr. H. Thompson, London; Dr. A. P. Stewart, London; Mr. Wheelhouse, Leeds; Messrs. Cowan and Sons, Mr. B. J. Vernon, London; Dr. John Roberts, Chester; Mr. J. B. Curgiven, London; Dr. Stanley Haynes, Edinburgh; etc.

LETTERS, ETC. (with enclosures) from:—

Mr. W. D. Husband, York; Our Dublin Correspondent; Mr. J. M. Bryan, jun., Northampton; An Occasional Correspondent, Cambridge; Dr. Protheroe Smith, London; Dr. W. Mac Cormac, Belfast; Mr. A. Haviland, London; Dr. T. Clifford Allbutt, Leeds; Mr. J. C. Wilkinson, London; Dr. Whitmore, London; The Honorary Secretary of the Croydon General Hospital; Dr. W. C. Arnison, Newcastle-upon-Tyne; The Honorary Secretaries of the Association of Medical Officers of Health; Mr. T. E. Jones, Tyn Twll, near Conway; Mr. T. Leary, Castlederg; 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; Mr. Waring-Curran, Mansfield; Dr. A. Ransome, Manchester; Dr. Dyce Duckworth, London; Mr. R. H. Meade, Bradford; Dr. Embleton, Newcastle-upon-Tyne; Dr. George Johnson, London; R. M. P.; A London Man; Mr. A. Davies, Swansea; Dr. Whythead, Hastings; Dr. Drury, Sunderland; Dr. J. Bell, Edinburgh; Dr. A. Meadows, London; Mr. Bolton, Newcastle-upon-Tyne; F.R.C.S.; Dr. Tilt, London; The Secretary of the Pathological Society; Dr. Waters, Chester; Dr. E. Symes Thompson, London; Our Edinburgh Correspondent; The Secretary of the Clinical Society; Mr. T. W. Williams, Birmingham; Dr. White, Southport; Dr. Wolfe, Glasgow; Dr. Balthazar Foster, Birmingham; Mr. S. Rossell Henson, Hull; Mr. H. A. Adamson, North Shields; etc.