

SPECIAL CORRESPONDENCE.

BIRMINGHAM.

[FROM OUR OWN CORRESPONDENT.]

Explosion at Witton.

THE pressure upon the hospital staff and the hospital space is gradually lessening by the death of the sufferers from the explosion at Witton. Since their admission into the hospital on Friday week, December 10, thirty have died, twenty-one still remaining in the wards. Of these it is probable that at least half will die.

The deaths have been occasioned by pulmonary complications. In every case, there has been found either extreme congestion of the lungs, or effusion into the pleural cavity, or both conditions combined. As a rule, these conditions have not been preceded by active symptoms of chest-disorder, though in a few cases slight cough has been noticed. The general state of the patients, and the extreme pain caused by moving them, have prevented the making frequent examinations, and recording the changing conditions during life.

The sudden admission of over fifty patients into the General Hospital, of course, prevented their reception into the ordinary burn-wards, which were already nearly full of patients from the three former explosions. The cases had, therefore, to be distributed throughout the ordinary wards, and so great was the urgency, that females had to be placed in the male accident wards; as beds became vacant in the female ward, the patients were transferred to them, and now only one woman remains in the male ward, her case, amputation of the thigh, with burns, not justifying her removal.

It was feared that the presence of so many suppurating wounds throughout the hospital would infect the wards, and lower the healthiness of the hospital, which has for many years been exceptional; cases of pyæmia are almost unknown, and spreading sores and erysipelas not very common, and when they recur are quite as frequently admitted from the out-patients as developed in the hospital. To prevent this healthy condition of the hospital from being interfered with, and also in anticipation of future contingencies of a kind similar to the explosion at Witton, the House Committee of the hospital decided upon erecting a ward in the grounds at the back of the institution for cases of burns. This has been so energetically carried into effect, that, in six days, a handsome and commodious ward, built of brick and stone, and having nurses' room and other offices, has been completed, and will be ready for use on December 22nd. The ward is sixty feet long by twenty-five feet wide, has seven windows on each side, and will contain 1300 cubic feet for each of the sixteen patients it is arranged to accommodate. In addition to the cross ventilation through the windows, there are five improved ventilators in the roof, one being an Archimedian screw ventilator, kept in action by the wind. The walls have been built of dry bricks, so as to permit its occupation with safety at as early a period as possible.

ASSOCIATION INTELLIGENCE.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: PATHOLOGICAL AND CLINICAL SECTION.

THE next meeting of the Section will be held at the Midland Institute, Birmingham, on Friday, December 30th, at 3 P.M.

BALTHAZAR W. FOSTER, M.D., } *Honorary Secretaries.*
T. VINCENT JACKSON, }

Birmingham, December 20th, 1870.

CAMBRIDGE AND HUNTINGDON BRANCH.

A MEETING of the above Branch will be held at Huntingdon in the month of April next, at which Michael Foster, Esq., has been requested to preside. This is to meet the wishes of those members who cannot conveniently attend the combined meeting with the East Anglian Branch, to be held at Norwich in the summer.

Dr. P. W. Latham has retired from the office of Honorary Secretary, the duties of which are now undertaken by Dr. Bradbury, Cambridge.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: ORDINARY MEETING.

THE third meeting of this Branch during the present session was held at Birmingham, on December 8th.* Present: C. A. NEWNHAM, Esq., in the chair, and forty-five members and visitors.

New Members.—The following gentlemen were elected members of the Branch: Mr. James Darke, Malvern; Mr. P. A. Lafargue, Fillongley; Mr. Walter Tyrrell, Great Malvern; Mr. Henry Bowen, Kington; Mr. H. T. Lomax, Stafford; Mr. E. F. Weston, Stafford; Mr. G. B. Dartnell, Inspector General of Hospitals, Henley-in-Arden; Dr. Thomas Jackson, Leamington.

Communications.—1. Dr. BALTHAZAR FOSTER exhibited a specimen of Ruptured Aortic Valve from Muscular Exertion.

2. Mr. LAWSON TAIT showed a Cast of a case, for which he was indebted to the generosity of his friend, Dr. Burton of Walsall. The subject had fallen from a height on his feet, and the appearance of the cast, together with the history of the case, occurring in a lad of sixteen, left no doubt that the tibia had been cleft longitudinally upwards, but not broken.

3. Mr. BENNETT MAY exhibited the Duodenum of a Boy, aged 14 years, who died from Burns of General Surface on the fifth day. There was a perforating ulcer, about four inches from the pylorus, about the size of a shilling; the edges were clean cut, and the surrounding mucous membrane was congested and softened. The burns involved the face, arms, and back, in all about one-sixth of the entire surface of the body. The contents were extravasated into the abdominal cavity. He also showed several other Duodena in different stages of Congestion and Softening, from patients who had died, at periods of from six to fourteen days, after severe superficial burns, showing apparently little connection between the extent of surface and the condition of the duodenum.

4. Mr. WHITCOMBE showed a portion of the Dura Mater and Arachnoid of a patient who had died in the Borough Asylum, from Meningitis. The patient had a fall in the street in August last, and a few days afterwards was admitted into the Asylum. She had symptoms of general paralysis, and in November had an apoplectic attack, from which she died. After death, the arachnoid was found much thickened and opaque, and a false membrane intervened between it and the dura mater. A linear fracture was found across the mastoid process of the temporal bone about an inch and a half in length.

5. Mr. BARTLETT showed a Foreign Body which he had removed from the Bladder of a female a few days previously. It was a part of the handle of a parasol, and consisted of a bone ferule three and a quarter inches in length. Mr. Bartlett, having slightly dilated the urethra, passed his finger into the bladder, where he found the foreign body lying transversely. Having rectified the position with his finger, the bone was easily seized and extracted by forceps. It had been only five days in the bladder, but was coated with phosphates.

6. Mr. LAWSON TAIT read a paper on Primary and Progressive Fibrous Cancer of the Skin. The subject of the paper was a woman, aged 37, who suffered from a tumour on the outer side of the left nipple, in the skin, and moveable over the subjacent textures. The disease finally spread until the thorax was begirt with a belt of brawny induration, resembling the *squarhe en cuirasse* of Velpeau, both scapulae were fixed, the left arm oedematous, and the right mamma involved. As the disease slowly spread, Mr. Tait noticed that the margin of the scleriosis was always slightly moveable in the subjacent textures. When first seen by Mr. Tait, the left mamma had become quite fixed, so that interference was hopeless. Death occurred ultimately from hydrothorax. At the *post mortem* examination, it was found that the liver and kidneys were occupied by numbers of nodules, afterwards shown to be medullary cancer. The disease of the skin corresponded in microscopic appearances precisely to the fibrous cancer of Paget, and differed entirely from the case of cancer of the skin recorded by Rasmussen.

7. Dr. WILLIAM HINDS gave details of a case in which a Fistulous Communication was spontaneously produced between the small Intestine and the exterior of the Abdomen just below the umbilicus. Emma N., aged 39, married six years, and having two children, the last being three years old, and being previously in good health, began, in May 1865, to feel weak and low. She had cough, with subsequent emaciation and purulent expectoration. Physical examination detected a presumed cavity under the left clavicle. In twelve months, she began to

* Received December 20th.

improve, and after a while resumed her ordinary duties. In March 1867, she was attacked with peritonitis. Mercury was used, and she recovered in two months, and again resumed her duties; but by this time she had begun to feel a little soreness and a smarting sensation in and near a spot about midway between the umbilicus and pubes. In the course of two or three weeks, some tumefaction had supervened, flattish, and some five inches in diameter, and apparently close beneath the integument. A small centre was very elastic, elevated, thin, and vesicular. A sharp-pointed bistoury was used to puncture this, and gas only escaped at first. In a short time, some yeast-like fluid escaped, which had a most intolerably offensive odour. No faecal matter proper appeared at this stage to pass out. The bowels had generally been quite regular, and thus no obstruction could be assumed. There was no vomiting, and no severe prostration. After a few days, a yellowish liquid replaced the first discharge, and this latter was not offensive. Ultimately, the discharge became more or less faeculent. The patient lingered for months, when, on December 19, 1868, violent and intense pain of the abdomen supervened suddenly, and death occurred after twenty-four hours of unendurable agony, in spite of remedies. A *post mortem* examination, a few hours after death, showed the peritoneal surface of the abdomen red and angry, and the intestines were much glued to the surface by old adhesions. Yellow faecal matter appeared on the surface of the intestines, and an opening was found to lead from the small intestine to the old opening on the exterior, which, it may be mentioned, had closed for two or three weeks before death. In such cases, the etiology is not particularly clear. Several questions of interest occur as to what relation the peritonitis bore to the after symptoms, or what relation the presumed tubercular deposit might have to the peritonitis. There was no obstruction of the bowels at any time; and the true reason why the patient should not recover is not particularly clear. Measures for the cure of such a case seem also somewhat difficult to devise. The case is one of, no doubt, considerable rarity.

8. Mr. HARMAN read a paper on Operation Mortality in large Hospitals.

The discussion on Mr. Harman's paper was adjourned to the next meeting, on the motion of Mr. LAWSON TAIT, seconded by Mr. OAKES; and Mr. Harman was requested to give a *resumé* of his paper at the commencement of the meeting.

New Members of the Association.—After the meeting, a Council Meeting was held, at which the following gentlemen were elected members of the Association: Dr. Greenway, General Hospital; Mr. Standish, Cradley; Mr. E. G. Smith, Queen's Hospital; Mr. Hogg; Mr. Rickards, General Hospital; Mr. H. Brown, jun., West Bromwich; Dr. Thomas Jackson, Leamington; and Dr. Thompson, Leamington.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: PATHOLOGICAL AND CLINICAL SECTION.

The second ordinary meeting of the session was held on November 25th, 1870. * Present: ALFRED BAKER, Esq., in the Chair, and thirty-four members and visitors.

Mr. GAMGEE exhibited a case of extensive Contusion of the Leg with Swelling, to prove the nature of uniform Compression in such cases by pasteboard-splints and circular bandaging. In forty-eight hours, the swollen limb so treated had decreased an inch and a half in circumference.

Dr. SAWYER showed the Heart of a boy, aged 10, who had suffered from Cyanosis during the whole of his life. The foramen ovale was persistent, but partly covered by a valve-like process of the endocardium; the orifice of the pulmonary artery was considerably narrowed; the tricuspid orifice only admitted the tip of the finger; the walls of the right ventricle were three-fourths of an inch in thickness, while the cavity was much diminished in size; at the orifice of the aorta there were only two sigmoid valves, one of them showing traces of rudimentary division.

Mr. LAWSON TAIT showed a photograph of a case of Ichthyosis; and in his remarks objected to Mr. Erasmus Wilson's attempts at a new nomenclature for the disease. He expressed his concurrence that the ichthyosis brune of Devergie was not a sebaceous disease; and he concurred with Dr. Hilton Fagge, that it was due simply to the retention of effete epithelium on the skin. The anatomical distribution and the chemical and microscopic examination of the scales gave no support to the views of Wilson and Warburton Begbie, but confirmed those of Fagge. He proposed to retain the term "ichthyosis", and to name two varieties ichthyosis uvida and ichthyosis sicca. The case which he showed illustrated the latter variety. He remarked it as somewhat

peculiar that this disease was always most marked in winter, and in some cases disappeared altogether in summer. He also showed a transverse section of true human horn, composed of laminated epithelium scales, very much resembling in arrangement the structure of true horn, and differing widely from the seborrhoea sicca which generally went by the name of human horn; and a well-marked instance of the "ichthyosis cornea" of Alibert and Warren, from the end of a finger. In the patient from whom it was removed, three other fingers were somewhat similarly affected.

Mr. HICKINBOTHAM showed a specimen of Abscess occurring in a Moveable Kidney. The woman from whose body the specimen was taken had repeatedly suffered from great pain in the region of the bladder, with difficult and painful micturition; the urine being loaded with pus. She had never had any pain in the kidney itself until about fourteen days before death, when acute inflammatory symptoms came on, and, in spite of treatment, she sank and died on the 17th September. The *post mortem* examination showed general inflammation of the whole peritoneum; and the right kidney, which lay midway between the umbilicus and the anterior superior spine of the ilium, was completely riddled by abscesses. The ureter was dilated and thickened. The bladder, except near the opening of the right ureter, where there were traces of inflammation, was healthy.—The specimen was referred to the Microscopical Committee, with the addition of Dr. Hilliard and Dr. Hickinbotham.

Mr. C. J. BRACEY related the history and exhibited drawings of a case of Hydrocephalus treated by Paracentesis.

REPORTS OF SOCIETIES.

ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.

SATURDAY, DEC. 17.

R. DRUITT, Esq., M.D., President, in the Chair.

AFTER the minutes of the preceding monthly meeting had been read and confirmed, Dr. Gibbon asked leave for Dr. Elizabeth Blackwell to be present; but the permission was not granted, on the ground that the subject of the presence of ladies at the meetings had been already discussed at the General Purposes Committee, and unanimously refused.

The Small-pox Epidemic.—Mr. LIDDLE spoke of the necessity of having power to Remove Dead Bodies from houses, and to order the people to go out, that the houses might be properly disinfected.—Dr. ALDIS said that small-pox was extending very fast into his district, and urged the necessity of accommodation being provided for the patients.—Dr. TRIPE said he had obtained two orders for removal that day. In parishes where there was no mortuary, it was still possible to obtain an order from a magistrate for immediate burial; the expense could be recovered from the family.—Dr. VINEN concurred in this view.—Mr. LIDDLE said that at the London Hospital separate sheds had been erected for the isolation of small-pox patients, with great advantage.—Dr. GIBBON approved of Mr. Liddle's suggestion, and thought that every hospital ought to be provided with separate buildings of the kind.

Chloralum.—Dr. STEVENSON read his report on Chloralum as an Antiseptic and Disinfectant. The substance, aluminic chloride, was not new to chemists. It seemed to have no action on sulphuretted hydrogen. It would deodorise some compounds perhaps, because it fixed ammonias and organic ammonias. In its antiseptic properties, it seemed to be like many other mineral salts. It stopped putrefactive change to a great extent, but seemed inferior to carbolic acid. It was difficult to determine whether it had disinfectant powers; probably it had. Dr. Stevenson thought that in any case its expensiveness, as compared with carbolic acid and other disinfectants now in use, would weigh against it. It might be of advantage in the case of dead bodies, where the preservation of colour was of importance.—Mr. JOHN GAMGEE had been assured by Dr. Angus Smith and others, that this was almost an untouched subject. He claimed for chloralum a superiority over carbolic acid, on account of its inoffensiveness and harmlessness; and because the strength could be moderated at pleasure. It was applicable to ten times as many purposes as carbolic acid, and could eventually be manufactured at one-third the price.

Scarlet Fever.—Dr. ALDIS read a paper on Scarlet Fever for ten years in the Parish of St. George, Hanover Square. After some introductory remarks, Dr. Aldis said he would first call attention to (1) the population of St. George's; (2) its elevation and area; (3) its geology. Referring to the propagation of scarlet fever, he said in 1865 it was contracted by two boys while in St. George's Hospital for the cure of other complaints. Cases of scarlet and other fevers were still

* Received December 20th.

CORRESPONDENCE.

SKIN-GRAFTING.

SIR,—On reading Dr. Page's article "On the True Nature of Skin-Grafting", and the remarks lately made on several successful cases, I cannot find that those advocating the operation do so under the hope that such complicated physiological changes shall take place as would change an ordinary cicatrix into so much normal skin.

I think Dr. Page's case shows us how much we may hope for in the process of skin-grafting. The ulcer, after appropriate treatment, aided by the inherent power of the surrounding tissues to contract and thus help cicatrization—but also by the power of contraction residing in the granulations of the ulcer—is nearly healed. But a time comes when it becomes no smaller; the surrounding tissues have contracted to their utmost; the granulations produce, or act as, pabulum for the formation of pus-cells; and the ulcer, to all intents and purposes, is incurable: and many must confess that they have often in such cases unwillingly been forced to the same conclusion. But the pieces of skin transplanted are placed where there is a large blood-supply, and are thus placed in the most favourable circumstances for taking root, which is soon exemplified by the action that springs up around them. This seems to be the process of simple cell-formation going on from each as a centre for a limited distance around; hence the benefit of having several of these centres, so as by increasing the points of healing the ulcer is speedily coated over. This, I think, is all the good we can expect from this method of treatment; and experience teaches us that cicatrices, even under the most favourable circumstances, never acquire the complete functions of true skin; and I doubt if those who have been loudest in its praise even dared to hope that from each of the minute grafts should spring a covering of tissues having all the complicated structure of the skin itself, of the subjacent structures, and of the glands and appendages present in the minutest portion of skin, and on which its functions depend. Indeed, we have only to consider that we are dealing with a new product, which is of the simplest formation of low vitality, to feel pleased at the results arising from it, instead of longing after what I am afraid will never come. If skin-grafting be no great stride in surgery, it is just one of those small helps that give fresh courage and hope to the anxious but baffled practitioner. It will help us to treat successfully many cases occurring in patients who often have, though very unable to afford it, been early laid aside from work; viz., among our labouring population.

I hope yet to hear that Mr. Steele has successfully transplanted a piece sufficiently large that may not only considerably forward the healing process, but also, by retaining its elasticity, give a greater chance to the cure being permanent.

I am, etc.

J. MITCHELL WILSON, M.B.

Chatteris, Cambridgeshire, 20th December.

INVENTIONS, &c.,

IN

MEDICINE, SURGERY, DIETETICS, AND
THE ALLIED SCIENCES.

CHALYBEATE BISCUITS.

WE have received a specimen of these biscuits from Messrs. Spiking and Co., the manufacturers. They are said to possess all the invigorating and alterative properties of the most celebrated mineral waters. Certainly, the idea of administering in this form a medicine that is far from agreeable, must be regarded as having the merit of novelty, and to be taking a chalybeate when supposing one is eating gingerbread-nuts, may be described as a triumph of pharmaceutical art. In this case the illusion is complete, and the astringent taste of the iron preparation is very effectually masked. Our analyst reports that one biscuit contains about five grains of iron.

A meeting of the medical officers of the North and South Dublin Unions will be held in the small room, Rotundo, Dublin, on Saturday, December 24th, at 4 P.M., for the purpose of presenting Dr. Maunsell with a testimonial, in appreciation of his services in the cause of the Poor-law medical officers of Ireland.

THE POOR-LAW MEDICAL SERVICE
OF
GREAT BRITAIN AND IRELAND.

THE COST OF POOR-RELIEF.

SIR,—A severe epidemic of scarlet fever having recently appeared in one of the districts of the Taunton Union, and several children being affected with it, at the Board meeting, a fortnight ago, a letter was read from the medical officer, applying for an ounce of quinine. It was refused, only two of the guardians besides the Chairman supporting the application; the majority holding that, if granted, it would establish a *bad precedent*. Accidentally hearing of this proceeding, I turned to the Annual Reports of the Poor-law Board, and found that in 1852 the acreage of this Union was 7,194, and the population 35,126. Medical relief at that date is put at £544:10; gross relief, £12,466:5, or 7s. 1d. per head of population. In 1869, population had increased to 35,601, or 475 more; medical relief is put at £737, whilst gross relief had expanded to £15,597:8:9, or 8s. 9d. per head; the average for England and Wales being 7s. 0½d.

These figures, standing alone, would perhaps prove little as to the ultimate relation between imperfectly cared for sickness and the growth of pauperism. I have, therefore, extracted the statistics of the Kilkenny Union for the year 1869 from the Irish Commissioners' Report, and with this result. The acreage is 110,943, or 40,000 more; the population, 35,499, or nearly the same; the cost of medical relief, £1,238:12:3, or £501 more. From this amount must be subtracted £226:14:7 expended in drugs alone, against nothing for this purpose in Taunton Union; whilst gross relief, inclusive of medical relief, cost £8,371:19:9, or 4s. 5d. per head. Now, although the expenditure on the poor in the Kilkenny Union is considerably in excess of the average 2s. 11½d. of the whole of Ireland, I think I am justified in stating that it contrasts most favourably with the Taunton Union, and that it fully bears out the view expressed by one of the most enlightened of our Poor-law reformers, that the dispensary system, conjoined with liberal medical arrangements and sanitary observances, is the best corrective for the growing pauperism of the country. It is not improbable that the excessive area of this Irish Union might explain its comparatively lower poor-relief expenditure. Whether such be the case or not, it is well to note that in England and Wales we have 664 districts with either a similar or vastly larger amount of acreage.

In conclusion, allow me to state that there are eight medical officers only in the Taunton, and ten in the Kilkenny Union; so that the disparity in acreage is not so great after all.

I am, etc., JOSEPH ROGERS.

Dean Street, December 18th, 1870.

ST. PANCRAS.

THE guardians of St. Pancras have made a redistribution of the medical districts of the parish, increasing the number from six to eight, and have appointed the following medical officers: 1, Mr. Reuben Warn, Highgate Road; 2, Dr. Andrew Browne, Bartholomew Road, N.W.; 3, Mr. Robert A. W. Westley, Camden Road; 4, Dr. J. Thompson, Oakley Square, N.W.; 5, Mr. W. Turnbull, Hampstead Road; 6, Mr. Walter Smith, William Street, Regent's Park; 7, Mr. J. W. Barnes, Gower Street; 8, Mr. T. W. Harding, Gray's Inn Road. Of the present medical officers, four were elected, one withdrew, and one (Mr. Harley) lost his election. There were twenty-nine candidates for the appointments.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At an extraordinary meeting of the College, on Monday, December 19th, the following gentlemen, having conformed to the bye-laws and regulations, and passed the required examinations, were granted Licences to practise physics, including therein the practice of medicine, surgery, and midwifery.

Air, Alexander Cummings, M.R.C.S. 33, Lorrimer Square
Evans, Ernest Richard, M.R.C.S., St. Bartholomew's Hospital
Evans, Samuel, M.R.C.S., 23, Manchester Street
Hughes, John Howe, M.R.C.S., Gosforth, Carnforth
Kipling, William, M.R.C.S., Ronaldkirk, Darlington
Pittcock, Francis William, M.R.C.S., Trentham Villas, "The Elms", Ramsgate
Risdon, Alfred, M.R.C.S., 67, Warwick Street
Saunders, William Egerton, M.R.C.S., Guy's Hospital
Vasey, Charles Lyon, M.R.C.S., 5, Cavendish Place

APOTHECARIES' HALL.—The following gentleman passed his examination in the science and practice of medicine, and received a certificate to practise, on Thursday, December 15th, 1870.

Wade, George Herbert, Plymouth

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

Duke, Maurice S., Guy's Hospital
Graham, George William, Guy's Hospital
Hacon, Walter Edward, Guy's Hospital
Hirst, Albert, Manchester Hospital
Skaife, Frederic, St. Bartholomew's Hospital
Whitmarsh, John Lloyd, London Hospital

As Assistants in compounding and dispensing medicines.

Fegan, John, Torquay, Devon
Parker, John Samuel, Peterborough

MEDICAL VACANCIES.

THE following vacancies are announced:—

ALDERBURY UNION, Wiltshire—Medical Officer and Public Vaccinator for District No. 3: applications, Jan. 5th; election, 6th.
AUCKLAND UNION, Durham—Medical Officer for the Crook District.
BIRMINGHAM GENERAL DISPENSARY—Resident-Surgeon: applications, 28th.
BOWDEN CLOSE, BEECHBURN, WOODFIELD, COLD KNOTT, WHITE LEE, PEASIS WEST, WATER HOUSES, and ESH COLLIERIES, co. Durham—Surgeon.
CHARING CROSS HOSPITAL—Assistant-Physician; Assistant-Surgeon: applications, Jan. 10th.
CHELSEA PARISH—Dispenser: applications, 27th; election, 28th.
CLAYTON HOSPITAL and WAKEFIELD GENERAL DISPENSARY—House-Surgeon: applications, 30th.
CLONMEL DISTRICT LUNATIC ASYLUM—Assistant Resident Physician: applications, Jan. 25th; election, Feb. 2nd.
COOTEHILL UNION, co. Cavan—Medical Officer, Public Vaccinator, and Registrar of Births, etc.: for the Tullyvin Dispensary District: Jan. 3rd.
COUNTY DOWN INFIRMARY, Downpatrick—Resident Surgeon's Assistant and Registrar: election, Jan. 10th.
FEVER HOSPITAL and HOUSE OF RECOVERY, Cork Street, Dublin—Temporary Physician: applications, Jan. 4th.
GLASGOW TOWNS HOSPITAL—Assistant Medical Officer.
GREAT NORTHERN HOSPITAL, Caledonian Road—Ophthalmic Surgeon.
KERRY DISTRICT LUNATIC ASYLUM, Killarney—Resident Medical Superintendent.
KING'S COLLEGE, London—Demonstrator of Chemistry.
LARNE UNION, co. Antrim—Medical Officer, Public Vaccinator, and Registrar of Births, etc.: for the Glenarm Dispensary District: 27th.
LIVERPOOL DISPENSARIES—Assistant Resident House-Surgeon: applications 27th; Medical Board, 28th.
MIDDLESEX HOSPITAL—Medical Registrar and Superintendent of Post Mortem Examinations: applications, 31st.
MONMOUTH HOSPITAL and DISPENSARY—Surgeon.
MONMOUTHSHIRE GAOL—Surgeon.
NEWCASTLE-UPON-TYNE BOROUGH LUNATIC ASYLUM—Resident Medical Superintendent: applications, 24th.
NORTH EASTERN RAILWAY—Surgeon for the Crook District.
PRESTON AND COUNTY OF LANCASTER ROYAL INFIRMARY—House-Surgeon: applications, Jan. 2nd; duties, Feb. 7th.
QUEEN CHARLOTTE'S LYING-IN HOSPITAL—Medical Officer: Jan. 2nd; election, 9th.
ROYAL SOUTH LONDON DISPENSARY, St. George's Cross—Honorary District Surgeon.
STAMFORD AND RUTLAND GENERAL INFIRMARY—Apothecary and Secretary: applications, 31st; election, Jan. 31st.
TRANENT, Haddingtonshire—Parochial Medical Officer: applications, 28th.
UNIVERSITY OF DURHAM, College of Medicine, Newcastle-upon-Tyne—Medical Tutor: duties after Christmas.
WEST KENT GENERAL HOSPITAL, Maidstone—Resident House-Surgeon: election, Jan. 3rd; duties, 28th.
WIGAN DISPENSARY—Surgeon.

BIRTHS.

BROWNE.—On December 17th, at Camberwell Green, the wife of Charles Browne, Esq., Surgeon, of a son.
CLARK.—On December 18th, at Cavendish Square, the wife of *Andrew Clark, M.D., of a son.
COPE.—On December 19th, at Croydon, the wife of *Walter H. Cope, Esq., Surgeon, of a son.
CROSSMAN.—On December 8th, at White's Hill, Hambrook, the wife of *Edward Crossman, L.R.C.P., of a son.
EASTES.—On December 16th, at Albion Place, Hyde Park Square, the wife of George Eastes, M.B., of a son.
MACTIER.—On December 9th, at Blairgowrie, Perthshire, the wife of W. F. Mactier, M.D., late Bengal Service, of a daughter.

MARRIAGES.

BELLAMY, Edward, Esq., Surgeon, to Emily Sarah, youngest daughter of George LEGG, Esq., of Westbourne Place, Eaton Square, on December 15th.
CARR, J. King, M.D., Surgeon-Major Royal Artillery, to Frances Rebecca, third daughter of Major BENT, Exeter, on December 15th.
DALTON, Henry, M.B., to Grace Spright, daughter of the late Thomas JENNINGS, Esq., of Leeds, at Georgetown, Demerara, on November 9th.
FAIRLAND, Edwin, M.D., Assistant-Surgeon 21st Hussars, to Emma Maggie, only surviving daughter of the late Major-General W. B. THOMPSON, C.B., Bengal Army, at Lucknow, on November 3rd.

DEATHS.

ALDERSON.—On December 14th, at Hammersmith, Albert Edward, infant son of Frederick H. Alderson, Esq., Surgeon.
JENKINS, Griffith R., M.D., of Her Majesty's Legation, Japan, at Cardigan, aged 36, on December 13th.
LAURANCE, Richard Moore, M.D., at South Street, Thurlow Square, aged 46, on December 14th.
MILLER, Charles, Esq., Surgeon, at Stamford Villas, Fulham, on December 16th.
NEVILL.—On November 18th, at Dungeness, Mary, wife of Wm. Nevill, M.B.
TESSIER.—At Tynemouth, on December 11th, aged 6, M. B. Maud, daughter of *W. H. Cecil Tessier, M.D.
WINDER, William, M.D., at Greenwich, aged 80, on December 7th.

THE DENTAL HOSPITAL OF LONDON.—The Grocers' Company have sent a donation of twenty guineas to the funds of this institution.

THE amount realised by simultaneous collections at Manchester on Sunday for the local medical charities was £1,742 15s. 9d.

STAFF-SURGEON WILLIAM H. SLOGGETT has been authorised to assume the honorary rank of Deputy Inspector-General of Hospitals and Fleets in Her Majesty's Fleet, whilst administering duties in connexion with the Contagious Diseases Act.

HOSPITAL FOR DISEASES OF THE THROAT.—Dr. Patrick Fraser has resigned the post of senior physician, and has been succeeded by Dr. Morell Mackenzie. Dr. R. H. Semple has been appointed second physician; and Dr. Prosser James third physician.

THE Chelsea Vestry have decided to have cards printed with the information that there is in the parish a disinfecting apparatus to which infected clothes, etc., may be sent, and that in cases where clothes were destroyed compensation would be given. It was also decided to instruct the Inspector of Nuisances to distribute these cards where necessary.

EPSOM SALTS.—In reply to a query propounded by the American Pharmaceutical Association, as to the best method of disguising the taste of Epsom Salt, Mr. J. W. Smith of Nashville suggests the following:— $\frac{1}{2}$ Liquorice root (deprived of the outer bark), 4 oz.; boiling water, 2 pints, or a sufficiency. Mix and allow to strain, with occasional stirring until cold; express through muslin, adding more water, if necessary, until the residue in the strainer is tasteless; then filter, and to the filtrate add four ounces of sulphate of magnesia. Finally, evaporate to dryness over a water-bath. Each ounce of the compound represents about one ounce of the crystallised salt.—*Pharmaceutical Journal*.

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

Dr. J. Pollock, London; Mr. E. C. Board, Bristol; Dr. Procter, York; Mr. W. G. Davis, Heytesbury; Dr. Duke, Dover; Mr. M. A. Fenton, Coventry; Mr. G. Ward, Coventry; Mr. R. Baker, Sunderland; Mr. W. B. Whitmore, London; Dr. Barclay, London; Dr. Southey, London; Mr. J. Hinton, London; Dr. J. W. F. Smith, Aberdeen; Dr. Simpson, Manchester; Mr. De Berdt Hovell, London; Mr. Liddle, London; Mr. Eugene J. Jackson, New York; Dr. George Johnson, London; An Old Member; Dr. A. P. Stewart, London; Mr. Thomas Flower, Guildford; Mr. Spencer Watson, London; Dr. J. Langmore, Algiers; Dr. Fuller, London; Dr. Fincham, London; Dr. Sieveking, London; Mr. E. C. Hulme, Guildford; Dr. H. C. Bastian, London; Mr. Arthur Sargeant, Sandy; Dr. Morley Rooke, Cheltenham; Dr. Holden, Lorne; Mr. Haward, London; Dr. Littleton, Plymouth; Dr. James Gardner, Box, near Chippenham; Mr. Arkwright, Bowden; Dr. Robert Liveing, London; Dr. Dyce Duckworth, London; Dr. Russell Reynolds, London; Dr. Reginald Southey, London; etc.

LETTERS, etc. (with enclosures) from:—

Dr. Hyde Salter, London; Mr. Wm. Adams, London; Dr. Tessier, Tynemouth; Dr. A. Wiltshire, London; Mr. J. Edwards, Sparkbrook; Messrs. Bird and Co., London; Mr. W. Squire, London; Mr. P. Miall, Bradford; Mr. Vincent Jackson, Wolverhampton; Dr. Michael Taylor, Penrith; Mr. James Lane, London; Mr. Fitch, Riverhead; Dr. Chevallier, Ipswich; Mr. Reginald Harrison, Liverpool; Dr. H. Barnes, Carlisle; Dr. Rumsey, Cheltenham; Dr. Kelly, London; Dr. A. W. Edis, London; Dr. Broadbent, London; Dr. Black, London; Dr. Ramskill, London; Dr. Habershon, London; Mr. A. Haviland, London; M.R.C.S. Eng.; 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; Our Dublin Correspondent; Dr. A. Ernest Sansom, London; Our Glasgow Correspondent; Dr. Macnaught, Liverpool; Mr. W. Mac Cormac, London; Messrs. Calvert and Co., Manchester; Mr. F. H. Gervis, London; Mr. S. A. Harrison, Alton; Dr. Morell-Mackenzie, London; The Secretary of the Royal College of Physicians; Dr. H. T. Lanchester, Croydon; Dr. Walker, Greenwich; Dr. J. Lang, Southport; Dr. Joseph Rogers, London; Messrs. Condy and Co., London; Our Manchester Correspondent; Messrs. A. and C. Black, Edinburgh; Dr. Bryan, Northampton; Mr. H. Wintle, Wootton Bassett; Mr. G. C. Coles, London; Mr. H. Verbeke, Edinburgh; Mr. Jessop, Leeds; Dr. Roberts, London; Dr. Nash, Brooklyn Hall, near Bristol; Dr. Styrap, Shrewsbury; Mr. Hardie, Manchester; Dr. Bradbury, Cambridge; etc.

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.
WEDNESDAY.—Hunterian Society.
THURSDAY.—Royal Society.

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.

DR. HOLDEN will find some particulars of an Asylum for Inebriates in our advertising columns of December 3rd.

TRAUMATIC TETANUS.

SIR.—In your account of the discussion on my case of traumatic tetanus at the Royal Medical and Chirurgical Society, I am reported to have "questioned whether recovery would have taken place if the patient had been left without medicine." This does not quite accurately represent what I said, and it tends somewhat to obscure the chief practical point which the case was intended to illustrate. Tetanus had followed a wound inflicted in the upper part of the thigh by a sharp piece of wood, which had pierced the boy's trousers. The wound had healed, but the cicatrix was hard and very tender.

DR. TAYLOR, in his book on poisons, relates two cases of fatal traumatic tetanus. In both cases the wound had healed, but in one case there was found beneath the cicatrix, *after death*, a piece of iron, and, in another, a piece of wood. Remembering these two cases, I suspected that there might be some foreign body beneath the skin of my patient, and accordingly I had the cicatrix incised; when a piece of woollen stuff, a fragment of the boy's trousers, was discovered and removed by the House Surgeon, Mr. Whitmore.

I believe that, if the foreign body had not been removed, the patient would not have recovered. I also believe that the soothing and soporific influence of the chloral assisted the recovery; which, however, might probably have occurred without the aid of the medicine. I am, etc., **GEORGE JOHNSON.**

Saveile Row, December 12th.

AN OLD MEMBER.—We assume that you want an elementary work on Chemistry, which shall not be too superficial, and at the same time not give more than should be known by a beginner. For this purpose, we would recommend Gill's *Chemistry for Schools* (published by Walton, Gower Street), or the late Professor Miller's *Introduction to the Study of Inorganic Chemistry* (just published by Longmans and Co.). Both these books are sold at a very cheap price. The latest edition of Fownes's well known *Manual of Chemistry* is also an excellent book, and may with advantage follow either of the others which we have named.

THE ANTI-VACCINATION LEAGUE.

THE proceedings of the Anti-Vaccination League are very shocking and painful by their persistent perversion of plain facts, and the mischief they do to the credulous and ignorant, to whose prejudices they appeal. We find "Dr. Pearce" and Mr. Gibbs, figuring at these meetings, but they do not appear on the Medical Register as holding legalised medical titles and qualifications in this country. Northampton, which they have lately visited, is fearfully unprotected by the neglect of vaccination; and in case of an epidemic, the population would suffer terribly for the neglect, for which the guardians are responsible. The complete efficacy and harmlessness of vaccination properly carried out is proved by so overwhelming a mass of evidence, that the Northampton guardians incur a terrible responsibility in failing to carry out the law. As to the best means of counteracting the mischievous representations of this league, we shall have something to say soon; and we intend to prepare a brief memorandum in reply to their stock misrepresentations, which we shall keep permanently at the service of medical men who wish to enlighten the intellects of those whom these agitators endeavour to beguile.

NEPTUNE's paper shall receive attention.

WE have to thank Mr. Harrison, Liverpool, Dr. Lang, Southport, and a correspondent at Merthyr, for the useful information contained in their letters.

MR. E. C. HULME's (Guildford) request shall be attended to.

DR. C. H. T. asks what is the most convenient vehicle for administering and covering the flavour of the hydrate of chloral?

THE GREAT BRITAIN MEDICAL AID ASSOCIATION.

SIR.—The Secretary of a Society styling itself the Great Britain Medical Aid Association having sent me a circular requesting to know if I should like to be its Agent for the locality in which I reside, and, as I did not consider it necessary to take any notice of the application, having sent a second written request that I would inform the Committee "as to my decision," I have thought it better to forward the following reply.

"Sir, I did not reply to the circular of the Society which you represent; because, in the first place, I did not suppose that it was seriously addressed to me individually any more than to many other medical men in my locality; and, in the second place, because I entirely disapprove of the whole thing, as calculated to inflict a wanton injury on the medical profession, and as being sure to prove in the end no less injurious to the public, who may be led to suppose that they are going to receive medical services for next to nothing, but who will in the end find out to their cost that such services, when really worth having, like everything else in the same category, cannot be had without due payment."

I am, etc.,

T. MORLEY ROOKE.

Montague Lodge, Cambray, Cheltenham, December 20th, 1870.

PROPAGATION OF DISEASE BY MILK.—Mr. Condy informs us that the addition of Condy's Fluid, in the proportion of a wine-glassful in a pail, to the water in which dairy utensils are washed, has the effect of immediately rendering them perfectly sweet. The mixture is also of great use for washing butter. It rapidly removes bad flavours without communicating any of its own. A tea-spoonful of Condy's Fluid added to a gallon of milk effectually prevents its turning and improves its appearance and flavour.

A COMMUNICATION on "Obstinate Constipation" has been sent, without the author's name attached. We have no means of identifying it, and will be obliged if he will forward the required information.

MR. T. P. DANIEL (Beamster).—The error shall be rectified.

THE INCREASE OF SMALL-POX.

SIR.—Considering the great increase of small-pox at the present time, it would surely be well that the Privy Council should increase instead of diminish the facilities for vaccination. Since the passing of the last Vaccination Act, however, the tendency has been in the latter direction. Take, for instance, one metropolitan parish—Islington. Formerly, each of the eight district medical officers was vaccinator for his district. He had, therefore, peculiar facilities for, and an interest in, seeing that the children of the poor were vaccinated; and, as he vaccinated at his own residence, there was a station within easy reach of all. What is the case now? There are four vaccination districts, and thus each vaccinator serves two medical districts. Two of these vaccinators are appointed to districts with which they have nothing whatever to do as district medical officers; and one at least of the stations is two miles from the farthest extremity of the district. In another very large metropolitan parish, there are but one vaccinator and two stations.

The poor are sufficiently prejudiced against vaccination; and if such difficulties are thrown in their way as having to walk four miles for an operation in which they have little faith, and to which they have much aversion, they will certainly shirk it if they can. Before the passing of the late Act, I vaccinated many children at their own homes, whose parents would have been very unwilling, perhaps unable, to bring them to a station; but now, if I were vaccinator for my district, I could not charge the fee for any such vaccination. This appears to me to be another drawback to the present system. I am, etc., **AN EX-VACCINATOR.**

. There are many complaints on this subject, and the Poor-law medical officers suffer by the change. The scientific grounds on which it has been urged by the Privy Council are explained with great care and force in Dr. Seaton's commentary on the Vaccination Act in his *Handbook*. We should like our correspondents to turn their attention to these arguments, and give us an "all-round" view of the case.

AN ANXIOUS TUTOR.—The result of the Arts examination for the diplomas of Fellowship and Membership of the College of Surgeons, which only terminated on Thursday last, cannot be known for several weeks. There were about 350 candidates.

DR. H. M.—The case will be found recorded in the JOURNAL for 1867.

WE are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Western Morning News, Dec. 17th; The New York Medical Gazette, Dec. 3rd; The New York Medical Record, Dec. 8th; The Boston Medical and Surgical Journal, Dec. 8th; The Madras Mail, Oct. 10th; The Shield, Dec. 17th; The Brighton Examiner, Fashionable Directory, etc., Dec. 13th; The Merthyr Telegraph, Dec. 17th; The Birmingham Daily Post and Journal, Dec. 17th; etc.

BOOKS, ETC., RECEIVED.

Diseases of Children. By Fleetwood Churchill, M.D. Dublin: 1870.
 On Phthisis and Supposed Influence of Climate. By W. Thomson, L.R.C.S. Edin. Melb. urne: 1870.
 Some Remarks on the Mode of Admission to our Medical Charities. By J. Thorburn, M.D. Manchester: 1870.
 The Fourth Annual Report of the Fife and Kinross District Board of Lunacy, September 1870.
 Transactions of the Pathological Society. Vol. xxi. London: 1870.
 Pathology and Treatment of Venereal Diseases. By F. J. Bumstead, M.D. Philade. phia: 1870.
 Lessons in Elementary Physics. By Balfour Stewart, LL.D., F.R.S., etc. London: 1870.
 The Harvest Oration. By W. Gull, M.D., F.R.S. London: 1870.