

over the trachea itself; but it was not loudness that produces pectoriloquy, but the character of the sound. Besides, the history of the case was different from that of consolidation.—Dr. THEODORE WILLIAMS, in reply to Dr. HABERSHON and Dr. MOXON, stated that the diagnosis of the existence of a cavity in these patients was confirmed by several examinations made by his colleagues and himself.

#### MEDICAL SOCIETY OF LONDON.

MONDAY, OCTOBER 23RD, 1871.

ANDREW CLARK, M.D., President, in the Chair.

MR. SPENCER WATSON showed a case of Traumatic Dislocation of the Crystalline Lens into the anterior chamber. The lens was extracted through an incision in the sclerotic, at the lower and outer side. The result was good, useful vision being retained four months after the operation. He also showed a case of Congenital Displacement of both Lenses in a child, aged 14. When the pupils were natural in size, the irides were tremulous; and when the eyeball was moved inwards, the pupils became oval, and the plane of the iris near the pupil was obliquely inclined on the inner side, as if from the lens pushing it forwards at that part. There was slight divergent squint, and the child's aspect was peculiar.

Mr. HENRY SMITH related an interesting case of Lithotripsy followed by Lithotomy. The patient was a healthy country gentleman, aged 70. The bladder was healthy and tolerant of the sound, the urethra capacious, and the stone of a size convenient for crushing. The stone was seized without trouble, and crushed in a few seconds. In forty-eight hours, violent inflammation came on, and his life was placed in peril. In ten days, he was free from danger. Lateral lithotomy was performed, and he speedily recovered.—Mr. BRYANT called attention to the extreme importance of a course of sounding. In stricture and stone in the bladder, especially in the latter, the passage of a sound might set up urethral fever. In a case of stone for which lithotripsy was proposed, he sounded several times. On the third occasion, the lithotrite failed to detect the stone, and the operation was postponed. Rigors and much constitutional fever set in, and the patient died on the fifth day. Disease of the kidneys was present.—Mr. SMITH, two years ago, had in King's College Hospital a strong, healthy, agricultural labourer, with a small stone in his bladder. The stone was taken up with a lithotrite, measured, and let fall again, no violence having been done. Severe inflammation ensued, followed by death in ten days.

Mr. SPENCER WATSON showed an apparatus for applying Dry Cold to the Eye. Ordinary India-rubber air-balls were filled with water and placed in a basin containing iced water, and applied to the eye, being changed at intervals.

Mr. JOHN GAY read an abstract of his paper on Hypovenoosity of the Lower Limbs. This has already appeared in the JOURNAL.—Mr. DE MÉRIC, Dr. ROUTH, Mr. BRYANT, and Mr. WEEDEN COOKE took part in the discussion.

MONDAY, OCTOBER 30TH, 1871.

ANDREW CLARK, M.D., President, in the Chair.

MR. DE MÉRIC related a case of supposed Fibroid Phthisis following an injury. The patient, a man aged 45, had had some of the lower ribs in the right side broken, near their angles. Some days after the accident (having up to this time apparently gone on well) he had hurried breathing, some pain in the left side of the chest, restlessness, anxiety of countenance, and abundant expectoration. On the eleventh day he was in a typhoid state; the whole left side of the chest was dull on percussion, and no breath-sound could be heard in it. At the end of two months the patient left his bed. About ten weeks after the accident gurgling began to be heard towards the apex of the left lung, and gradually assumed the character of the sound of air passing through a small vomica filled with fluid. The patient died on the ninetieth day after the accident. The right lung was found collapsed, filling about two-thirds of the cavity. It contained several circumscribed tubercular deposits of various sizes. The left lung formed a solid mass of tuberculous solid infiltration, without trace of vessels, air-tubes, or air-cells. There was no suppuration and no vomica. The heart was atrophied. There was no family history of phthisis; but it was difficult to conceive that the infiltration would be so extensive if some previous pathological change had not been present.—Dr. DOUGLAS POWELL could not understand why this was called a case of phthisis; he would consider it one of pneumonia in the grey stage.—The PRESIDENT said that if there were no cavity there was no phthisis. The specimen was an excellent example of the hard form of grey pneumonic consolidation.

Mr. JOHN PENNEFATHER read a paper on the Sense of Hearing.

Experiments with the air-pump had proved that a vacuum surrounding a body rendered it incapable of emitting sonorous vibrations; that sound was produced primarily by the vibration of a sonorous body; but that the composition of that body, and the atmosphere surrounding it, materially affected the radius to which the pulses of sound were transmitted. The pulses of sound were conveyed in undulating waves, which were fully illustrated by casting a substance into the water; the circular undulations gradually expanded until the inceptive force was expended. But, on coming into contact with an unyielding structure, the ripples leaped up and surrounded it, again uniting, but with increased force. Should there be a hollow space in the fixed object, the water rushed in with increased violence; so in the sonorous undulation of sound, as the pulses reached the side of the cranium, they surrounded and rushed into the entrance of the external ear with augmented power. Allusion was then made to the way in which the sonorous vibrations might be directed to a given point by reflectors. Mr. Pennefather traced the comparative anatomy of the organ of hearing, from its first rudimentary structure to its perfect development in the mammalian class, showing what was essential in the organic structure for the true reception of sound, and the perfect realisation of the sense. The manner in which the sonorous waves were transmitted to the internal ear was explained. The author contended that writers on this subject were in error, in supposing that the bones of the head or the air contained in the tympanum had any power of conduction, unless the sonorous body were in actual contact with the cranium. The structure of the internal ear with the rods of Corti was then explained and demonstrated, both by microscopical preparations and plates.—A discussion ensued, in which Dr. Routh, Dr. Symes Thompson, and Dr. Dalby took part.

Mr. TEEVAN then showed some instruments.

#### ASSOCIATION INTELLIGENCE.

##### METROPOLITAN COUNTIES BRANCH.

A SPECIAL General Meeting of this Branch will be held at 37, Soho Square, on Tuesday, November 14th, at 4.30 P.M., to take into consideration certain alterations in the Laws of the Branch, proposed by the Council.

A. P. STEWART, M.D. }  
ALEXANDER HENRY, M.D. } Honorary Secretaries.  
London, November 1st, 1871.

##### SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

THE next meeting of the members of the above District will be held at the Fountain Hotel, Canterbury, on Thursday, November 23rd, 1871, at 3 o'clock. The Chair will be taken by the President of the Canterbury Medical Society.

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

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

Gentlemen who wish to make communications to the meeting, are requested to inform me *at once*, in order that a notice thereof may be included in the circular convening the meeting.

CHARLES PARSONS, M.D., Honorary Secretary.  
2, St. James's Street, Dover, Nov. 7th, 1871.

##### SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT MEDICAL MEETINGS.

THE November meeting of the members of the above District will be held at the Old Ship Hotel, Brighton, on Friday, November 24th, at 3.30 P.M.; Dr. ALFRED HALL in the Chair.

Dinner will be provided at 5.15 P.M. precisely. Charge (not including wine), 5s.

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

Gentlemen who propose to stay to dinner, are requested to inform me the day previously.

Gentlemen desirous of making communications to the meeting, will oblige by giving me an early intimation, in order that notice thereof may be included in the circular convening the meeting.

THOMAS TROLLOPE, M.D. Cantab., Hon. District Secretary.  
35, Marina, St. Leonard's-on-Sea, November 8th, 1871.

## BATH AND BRISTOL BRANCH: ORDINARY MEETING.

THE first ordinary meeting of the session was held at the York House, Bath, on Thursday evening, October 26th; CROSBY LEONARD, Esq., President, in the Chair. There were also present thirty-eight members and three visitors.

*New Member.*—J. B. Fry, Esq., of Swindon, was unanimously elected a member of the Association and of the Branch.—Three other members were nominated, and will be balloted for at the next meeting.

*Papers.*—The following papers were read.

1. On the Use of Chloral in Puerperal Convulsions. By J. G. Swayne, M.D. Messrs. Prichard and Leonard made some observations.

2. Notes on Pneumothorax. By H. F. A. Goodridge, M.D. Dr. Budd offered a suggestion.

3. Intraocular Myotomy. By A. Prichard, Esq. This paper elicited much discussion, in which Messrs. Mason, Dobson, Smith, the President, and others, took part.

4. The Employment of Setons in Treatment of Strumous Diseases. By E. Crossman, Esq. Drs. E. L. Fox, Davey, and Spender, discussed this question.

The meeting closed with a vote of thanks to the gentlemen who had read the papers; and a special request that they would send them to the JOURNAL for publication.

## CORRESPONDENCE.

## OFFICERS OF HEALTH AND UNION MEDICAL OFFICERS.

SIR,—Some remarks recently made in a leading article of a medical contemporary, on “Officers of Health and Union Medical Officers,” are calculated, as far as the influence of that periodical extends, to promote an entire misconception of the reforms which Mr. Hastings and the “Joint Committee” recommend.

I prefer commenting on that article in the BRITISH MEDICAL JOURNAL, as having many more readers in the provinces, to which alone the plan of the Social Science and the British Medical Associations, and the counter project of the Royal Sanitary Commission, apply. I, therefore, beg the favour of sufficient space to place the question fairly before your numerous readers.

The evidence taken by the Royal Commissioners, as also their Report, are decidedly against the unwise suggestion of your contemporary—to *debar the Poor-law Medical Officer from private practice*. So are all the best authorities on the subject, from the time when this absurd and mischievous suggestion was first put forth by official people, more than thirty years ago. Fortunately, an opinion adverse to it has been pronounced by Mr. Lambert (*Evid. 4741*), whose appointment as Secretary to the Local Government Board is a matter for general congratulation. Mr. Ceely, of Aylesbury, also a high authority on such a question, said in 1844, before the Medical Poor Relief Committee (*Rep. p. 604*):—

“I think that the union of private with public practice is desirable; first, that it is more satisfactory to the poor; secondly, that it is beneficial to them to have the advantage of the long and varied experience of established practitioners; thirdly, that it is beneficial to the rate-payers on the same grounds; it is equally beneficial to the rate-payers also to have the advantage of medical experience gained from an attendance on the poor, more particularly during the prevalence of epidemics, which generally attack the poor early, and in large numbers; and the separation of the appointment from private practice is more expensive, particularly in rural districts, if the districts are of the proper size.”

No doubt the reproducer of this objectionable proposal found that the arguments brought forward by the Joint Committee, and adopted by Mr. Hastings, against the union of private practice with the duties of the superior Health Officer, were perfectly unanswerable. The only method of escaping from their conclusions, and at the same time of helping the Sanitary Commission to defeat their well-considered plan, would seem to be to impose Poor-law curative duties on the preventive functionary, and then to debar this compound officer from attendance on the remunerating classes of society.

This *tertium quid*, of course, involves the necessity of reducing the area to be committed to the Health Officer, while considerably extending the area of the medical relief district. Now, if there be one complaint against the present Poor-law Medical System better founded than another, it is that the medical relief districts, in many places, are already

too large for prompt attention to acute cases, and that the lives of the sick and hurt poor are often imperilled, if not sacrificed, owing to their difficulty in obtaining prompt assistance from a distant medical officer.

Ought, then, this serious peril to be largely augmented by a theoretical change, of a most expensive nature? That the cost of the plan would be enormous, is plain; for we may safely assume that no well-qualified medical man, debarred from other sources of professional income, and required to find the means of travelling over an extensive district, could live decently on a salary of less than £500 a-year. Now, if the medical attendants on the poor were reduced in number by one half, the cost of the 1600 who would then be employed in the double capacity would amount to no less than £800,000 *per annum*, in addition to the cost of drugs and dispensaries; for the introduction of the Irish system may now be considered inevitable. Can any one in his senses suppose that Parliament would sanction such a project?

On the other hand, for about half that sum, the plan of the Associations might be carried into effect, with liberal treatment of all the medical agents. The present 3200 district medical officers, performing certain sanitary functions, might receive each, on the average, nearly £100 a year—drugs being provided by the public; and every chief officer of health, debarred from practice, who would be required on that plan, might receive from £800 to £1000 a year.

There can be no doubt as to which of the two projects would be best for the poor, the public, and the medical profession. To reduce the cost of the former extravagant proposal to the amount of our estimate for the latter more reasonable plan, it would be necessary to reduce the number of the proposed compound officers to 800; that is, to dismiss three out of every four of the present district medical officers!

Who that knows anything about the medical care of the poor in provincial districts would suggest so cruel and unjustifiable a scheme?

Now, one of the notions of the writer whom I am criticising is, that the district placed under the care of the Medical Officer of Health “should not be a very extended area.” This is a vague expression. But, if it mean that the officer should be enabled by the smallness of his district to carry out a system of domiciliary visitation, sickness, registration, and personal investigation of local causes of disease, and to report thereon—these are precisely the duties which the Joint Committee and Mr. Hastings propose to commit to the present district surgeons, acting as Deputy Health Officers; and they are duties which can be performed, efficiently and thoroughly, only by those who are backed and protected by a superior Health Officer made independent of practice.

They are duties, also, which, being performed by the proposed deputies, would enable the chief officers to undertake, with great advantage to the public, certain duties of a different kind in “a very extended area”.

But, to question our opponent more closely, what does he propose as the limit of population to a district under *his* officer of health? We know what those best qualified to form an opinion on this point have said. For instance, Dr. Ballard, who has been deservedly promoted to an inspectorship, and whose practical experience is great, has suggested that a highly qualified officer of health might superintend a population of 200,000. Dr. Lankester is known to have advised ten or twelve such officers, debarred from private practice, for the whole metropolitan area, which would assign nearly 300,000 to each. Dr. Strange of Worcester, one of our oldest sanitary reformers, believes that 250,000 might be properly superintended, even in the counties. Mr. Dyke, the able officer for Merthyr, proposes 100,000 for a county district. Dr. Rumsey has given reasons for an average of 135,000. Dr. W. Budd thinks that a third or even half of a large county might be thoroughly dealt with by an accomplished officer. These are men whose opinions are entitled to some weight, and who might have been expected to influence the decision of the Royal Commission. They all contemplate the *twofold* organisation which the Associations propose. And it is curious to observe how the writer in question avoids all reference to the *two gradus*; how he opposes the project of chief health-officers by arguments which properly apply only to district medical officers; and how he would convert the latter into officers of health of a single grade, either by leaving the higher responsibilities and duties unfulfilled, or by committing them to government inspectors, the number of whom would, in that case, have to be vastly increased, involving the necessity for further national expenditure. What those higher duties of the sanitary appointment would be, members of the Joint Committee have sufficiently explained; but I may mention the more obvious: 1. The collection, revision, and compilation, of the returns of sickness and mortality and of their causes, to be made by the registrars, deputy health-officers, and medical charities, in an extensive area; 2. The visitation of hospitals, dispensaries, asylums, and industrial establishments, which might be permitted, if to be performed by an independent officer over a wide district, but would never be tolerated if committed to the small

## OSMER KING, F.R.C.S.ENG., GREENWICH.

IT is with regret that we have this week to announce the death of this much respected practitioner. Mr. King was descended from an old and respectable family in Surrey. Having chosen the profession of medicine, he entered as a student at Guy's Hospital, and became a Member of the Royal College of Surgeons in 1839, and an Honorary Fellow in 1859. Soon after passing his medical examinations, he commenced practice near Russell Square, and rapidly met with much success. In 1848, he joined as a junior partner the old established firm of Sutton and Sams at Greenwich and Blackheath, and soon became deservedly popular. He afterwards carried on for many years one of the leading practices in the county of Kent. For the last few years, heavy domestic trials and the responsibility and anxiety of his professional work seemed to be fast telling upon his failing health; and two years ago he chose as his junior partner Dr. Ralph Gooding of Blackheath. From this time he became gradually more feeble, and three weeks ago took cold, which was rapidly succeeded by congestion of the lungs, from which he died on October 24th, at Eccleshall in Staffordshire, whither he had retired some months before. His genial smile and kindly manner, his earnest sympathy in the hour of trial and bereavement, and his almost religious devotion to the duties of his profession, can hardly be forgotten during the lifetime of many of his patients; and all must feel that they have lost not only their medical adviser, but also a true friend. Beloved by all who knew him, and always looked up to as an English gentleman and able practitioner, he has departed at the early age of 54, leaving a widow and one son. He was interred in the family grave at Nunhead, on Monday, October 30th.

## UNIVERSITY INTELLIGENCE.

## UNIVERSITY OF CAMBRIDGE.

THE DEGREE OF B.M.—The Board of Medical Studies has recommended that the following be added to the requirements prior to the third examination for the degree of Bachelor of Medicine:—"That the candidate be required to produce a certificate of having been clinical clerk for six months at least at a recognised hospital; or of having, subsequently to the completion of his attendance on hospital practice, attended to practical medicine with special charge of patients in a hospital, dispensary, or parochial union, under superintendence of a qualified practitioner, unless he himself be duly qualified. This regulation to come into force in the Easter Term, 1872; and that 'Experimental Physics' be added to the list of courses of lectures in Section 10 of Regulations for Degrees in Medicine."

## MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in anatomy and physiology, at a meeting of the Court of Examiners, on Nov. 8th; and, when eligible, will be admitted to the pass examination.

Messrs. Henry French Banham, B.A. Cantab., Thomas H. Haslam, H. Selfe Bennett, Chas. W. Owen, and Alexander J. Alliott (Students of St. Thomas's Hospital); G. Boulton Elliott, W. Allan May, and Adolphus Bevan (of Guy's Hospital); Chas. F. Hutchinson and Frederick J. Sawdon (of the Edinburgh School); Chas. W. Harvey and Ebenezer J. Ramsay (of University College); C. Ayilife Lloyd and A. Somers Ivens (of St. Bartholomew's Hospital); Alexander Harbinson and Ebenezer E. Sloane (of the Belfast School); Charles E. Piers (of the Dublin School); John C. Brady (of the Charing Cross Hospital); W. Graham Ross (of the Montreal School); James Magill, M.D. Queen's University, Ireland (of the Cork School); James Taylor Hyatt (of the Westminster School); Lawrence W. Spencer (of King's College); and A. Cockburn Collinson (of St. Mary's Hospital).

Ten candidates having failed to acquit themselves to the satisfaction of the Court of Examiners, were referred to their anatomical and physiological studies for three months.—The pass examination for the diploma of member will commence this day (Friday), and be continued throughout the ensuing week, owing to the large number of candidates.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, November 2nd, 1871.

Bethell, Alfred, Pelton, Shepton Mallet  
Davies, Arthur Evelyn, Penner House, near Newbridge  
Lang, John Messiter, Thatcham, Berks  
Thompson, Henry, Hull

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

Emms, Alfred Wilson, Guy's Hospital  
Kenyon, George Simpson, Liverpool School of Medicine  
Townend, Joseph Henry, Guy's Hospital

## MEDICAL VACANCIES.

THE following vacancies are announced:—

CARRICKMACROSS UNION, co. Monaghan—Medical Officer for the Raferagh Dispensary District: £80 per annum, and Registration and Vaccination Fees.

CHORLTON UNION, Lancashire—Assistant Medical Officer for the Workhouse at Withington: £120 per annum, and residence.

DERBYSHIRE LUNATIC ASYLUM, Mickleover—Superintendent-Physician: £400 per annum, lodgings and rations.

ENNISCORTHY UNION, co. Wexford—Medical Officer for the Oulart Dispensary District.

GENERAL HOSPITAL, Birmingham—House-Governor and Secretary.

HIGHWORTH and SWINDON UNION, Wilts—Medical Officer for District No. 3: £57:10 per annum.

INFIRMARY FOR CONSUMPTION, &c., Margaret Street, Cavendish Square—Visiting Physician.

KENT AND CANTERBURY HOSPITAL—House Surgeon: £80 per annum, board, lodging, and washing.

LINCOLNSHIRE—Medical Officer for the County Gaol for the parts of Lindsey: £120 per annum.

LIVERPOOL ROYAL INFIRMARY—Physician.

NORTH MAVINE and DELTING, Shetland, Parishes of—Medical Officer.

REETH UNION, Yorkshire—Medical Officer for the Muker District: £22:10:0 per annum, and extra fees.

ROYAL FREE HOSPITAL—Junior House-Surgeon.

ROYAL INFIRMARY, Edinburgh—General Superintendent: £420 per annum, and house rent.

ST. MARYLEBONE, Parish of—Medical Officer for St. Mary's Registration District: £100 per annum.

ST. THOMAS'S HOSPITAL—Two Dispensers: £100 and £80 per annum.

SHEFFIELD PUBLIC HOSPITAL AND DISPENSARY—Assistant House-Surgeon: £65 per annum, apartments, washing, and board.

SOUTH STAFFORDSHIRE GENERAL HOSPITAL, Wolverhampton—Physician's Assistant: £100 per annum, with board, washing, and furnished apartments.

STRATHKINNESS, by St. Andrew's—Medical Officer.

SUSSEX COUNTY HOSPITAL, Brighton—Surgeon; Assistant-Surgeon.

TEIGNMOUTH, DAWLISH, and NEWTON DISPENSARY AND INFIRMARY—House-Surgeon: £50 per annum, and board and lodging.

TOXTETH PARK TOWNSHIP—Assistant Medical Officer at the Workhouse: £100 per annum, and allowances.

VICTORIA HOSPITAL FOR SICK CHILDREN, Chelsea—House-Surgeon.

YORK—Visiting Physician to the Retreat, the Lawrence House, and the Terrace House Lunatic Asylums.

YORK PENITENTIARY—Visiting Physician.

## MEDICAL APPOINTMENTS.

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

\*ANDERSON, J. Ford, M.D., appointed Medical Officer to the Postmen for the Hampstead Division of the Post Office, comprising also the Kilburn District.

BRODIE, Edward Fitzgerald, L.K.Q.C.P.Irel., appointed Medical Officer, etc., for the Lawrencectown Dispensary District of the Ballinasloe Union, co. Galway, *vice* John Barton, M.B., resigned.

CLIBBORN, Cuthbert John, M.B., appointed Medical Officer, etc., for the Kilbeg Dispensary District of the Baltinglass Union, co. Wicklow, *vice* Robert Dockeray, L.R.C.S.Irel., deceased.

\*FLOWER, Thomas, Esq., appointed Medical Officer and Public Vaccinator for the Warminster District Union Workhouse and Corsley District of the Warminster Union, *vice* \*P. Grubb, Esq., resigned.

FROST, Dr. E. W., appointed Medical Officer for the Newmarket-on-Fergus Dispensary District of the Ennis Union, *vice* D. Courtenay, L.R.C.S.Irel., resigned.

## BIRTHS, MARRIAGES, AND DEATHS.

*The charge for inserting announcements of Births, Marriages, and Deaths, is 3s. 6d., which should be forwarded in stamps with the communication.*

## DEATH.

PHILLIPS, Edward, Esq., Surgeon, at Bermondsey Street, aged 41, on Oct. 22nd.

PROSECUTION UNDER THE MEDICAL ACT.—A person of the name of J. H. Boyd, who called himself "professor", and advertised himself illegally as a medical practitioner, has, at the instance of a chemist, been fined by Sheriff Comrie Thomson, of Aberdeen, £10 in absence, with £2:2 expenses, or forty days imprisonment.

BEQUESTS, DONATIONS, ETC.—Miss M. M. H. Davies, of Brompton Square, has bequeathed to the Gloucester County Infirmary, and to the Gloucester Lunatic Asylum, £10,000, three per cent. reduced annuities, each.—The Rev. G. A. Gratwicke, D.D., late Master of Emmanuel College, Oxford, and Canon of Norwich, has bequeathed £100 each to Addenbrooke's Hospital, Cambridge, and the Commissioners for the Sick Poor for Norwich.—Mr. W. J. Myers, of Seaforth, has bequeathed £50 each to the Northern Hospital, Liverpool, and the Hospital for Consumption, etc., Liverpool, and a share of the "residue" to the Liverpool Royal Infirmary.—Mr. J. Pearson has given £100 towards the Chapel Fund of the National Hospital for Consumption, Ventnor.

## OPERATION DAYS AT THE HOSPITALS.

MONDAY ..... Metropolitan Free, 2 P.M.—St. Mark's, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.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.—Royal Westminster Ophthalmic, 1.30 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, 2 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.—Royal Westminster Ophthalmic, 1.30 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.—Royal Westminster Ophthalmic, 1.30 P.M.

FRIDAY ..... Royal Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.—Royal South London Ophthalmic Hospital, 2 P.M.

SATURDAY ..... St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.—East London Hospital for Children, 2 P.M.—Hospital for Women, 9.30 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8 P.M. Dr. Sansom, "A Case of Endocarditis complicating Phthisis"; Dr. Alfred Carpenter, "Two Cases of Muscular Anæsthesia, with Remarks."

TUESDAY.—Royal Medical and Chirurgical Society, 8.30 P.M. Mr. A. Durham, "On the Operation of Opening the Larynx by Section of the Cartilages for the Removal of Growths and Foreign Bodies."

THURSDAY.—Harveian Society of London, 8 P.M. Mr. Berkeley Hill, "Treatment of Surgical Inflammation by Counterirritation."

## 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 halfpenny 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.

A CONSTANT READER AND SUBSCRIBER.—The list of vacancies in the JOURNAL, we believe, more complete than any other which is published. We shall be happy, however, to receive suggestions on the subject.

## HYPODERMIC INJECTION OF MERCURY.

SIR.—Can you inform your readers how many drops of the solution of corrosive sublimate were used by Dr. Sigmund in his treatment of syphilis by the hypodermic injection of mercury? In your notice of this subject in the JOURNAL of October 21st (p. 470), the strength of the solution is given, but not the quantity used for each injection.

I am, etc., SYPHILIS.

\* \* Dr. Sigmund does not state, in the paper from which the article in the JOURNAL was derived, how much was injected on each occasion. From a previous reference, however, to Dr. Sigmund's experiments with subcutaneous injection of mercury, we learn that the quantity varied from ten to fifteen minimis—usually being fifteen minimis.

## ACTION OF CHLORAL ON THE FETUS IN UTERO.

SIR.—I have a patient who, having had six premature labours at the seventh month, and six dead children, has just been delivered at the full time of a living child. To this patient, for three days before her confinement, thirty grains of chloral were administered every four hours with scarce one intermission. The chloral certainly did not kill the child in this instance; though, it must be admitted, the case would be a bad one for its administration, if the drug really had any effect for evil on the unborn child.

I am, etc.,

GEORGE DABBS, M.D.

SIR.—In answer to an Associate, I can offer one case in which I prescribed half-drachm doses every two hours to Mrs. B., aged 24, eight months gone in her fourth pregnancy. She had her usual symptoms of miscarriage, having never been delivered of a child which lived more than twenty-four hours. After four doses, all pains left her. Since then, she has been delivered of a living child (small), now five weeks old, and apparently healthy. I may add, that five grains of camphor in emulsion did not stay the pains.

I am, etc.,

F. T. L. T.

DR. ROBERTSON (Glasgow).—Next week.

## MEDICAL ETIQUETTE.

We referred recently to a grievance of Dr. Royston against Mr. Delamark Freeman. Mr. Freeman offers now, in a very long communication, various explanations which are to our mind by no means satisfactory. It is a first principle in professional conduct, that patients of a medical brother, whose confidence is acquired while in charge of his practice, are handed back to him.

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

MR. WALTER WHITE (Chew Magna) will find a full report of the meeting in the Temperance Record for November 4th (Tweedie, 337, Strand).

## PROFESSIONAL ETIQUETTE.

As the result of a perusal of the correspondence which Mr. Wright of Derby has forwarded to us, we have come to the conclusion that, however just his intentions, he did not display proper courtesy to Mr. Iliffe. Mrs. Tunaley's proposition is, that Mr. Wright should see the patient in consultation with Mr. Iliffe; and that is the course which, under the circumstances, we think it would have been proper to adopt. We are not surprised that Mr. Iliffe should feel hurt.

## TEACHING OF THE DEAF AND DUMB.

SIR.—In a leading article in the JOURNAL for November 4th, on the Education of the Deaf and Dumb by Lip-reading and Articulation, the concluding sentence is as follows:—"It ought also to be made known that persons who have become deaf after they have talked naturally, may at any age be taught to converse by this method in a few minutes." Such a statement is probably a clerical error, but none the less likely to throw discredit on the system. As the author of the paper you notice, I trust you will allow me space to correct this, and to say that children who have talked naturally, and have become incurably deaf, can be taken in hand at once, with a few months' instruction, to be prevented from becoming dumb, by teaching them to read from the lips; that adults who are very deaf may be taught lip-reading, and that children who have once spoken and, in consequence of extreme deafness, have become dumb, may be more easily taught than those children who have never heard.

I am, etc., W. B. DALBY.

Grosvenor Street, November 1871.

DR. E. S. THOMPSON.—The subject shall receive early attention.

## LEARNING FOR GUARDIANS.

A GUARDIAN of the Dudley Union has been afflicted by observing that guardians and their officers suffer from defects of education, which prevent them from correctly pronouncing or interpreting the names of the diseases to which paupers are liable, and which are catalogued in the returns and certificates of the Poor-law medical officers. To remedy this, he has prepared a Pronouncing Dictionary, of which the prospectus lies before us. It is so full of *naïveté*, that it is worth transcribing.

"All the medical officers of the various Poor-law Unions in the United Kingdom, in giving certificates of the cause of illness of the persons applying for parochial relief, write the name of the disease in Latin, which very often puzzles both the Guardians and their officers: and the writer has known the question run round the Board-room to know what complaint or disease the applicant is suffering from. Besides, very few officers are able to give a correct pronunciation of the medical terms, even after years of practice in their calling.

"To remedy the above, and thereby place the Guardians and their officers on a par with the medical gentlemen of the various Poor-law Unions, is the object the writer has in view in issuing his Pronouncing Dictionary.

## "Specimens of the Work.

ABERRATION, ab-er-a-shun. Partial insanity.

ACATHARSIA, a-ka-thar'-she-a. Impurity of the blood.

ALBUGO, al-bú-go. A disease of the eye.

ANASARCA, an-a-sar'-ka. A dropical disease.

ANTHRAX, an'-traks. A carbuncle.

APEPSIA, ap-ep'-sia. Defective digestion. See Dyspepsia and Indigestion.

ARTHRODYNIA, ár-thro-din'-e-a. Chronic rheumatism.

ASAPHIA, as-a-fia. A defect of voice.

ASCITES, as-si-tes. Dropsy of the belly."

PONTYPRIDD need only apply to the Honorary Secretaries of the Branch covering the district to which he moves.

## DEATH-CERTIFICATES.

SIR.—It was only the other day that my attention was drawn to some editorial comments in your paper upon a case in which I had given a death-certificate without having been in attendance upon the patient, or, indeed, having seen him for six months prior to his decease. May I be permitted, though somewhat late in the day, to offer a few remarks upon this case, as I am inclined to think that a fuller acquaintance with the facts will lead you to soften the severity of your strictures?

In your remarks upon the case, you state that Dr. Haddon had attended the man prior to death, and that he was of opinion that death resulted from pyonephrosis; whereas I, who had not seen him for six months, stated that he died of heart-disease. This statement, sir, is incorrect. Dr. Haddon never saw the man alive, and, consequently, was no better able to judge of the cause of death than I was. Arriving when life was extinct, he volunteered the statement, however, that the man had died of heart-disease; he did not state at the time, or at the inquest, that he attributed the death to pyonephrosis; nor can I comprehend when he arrived at this conclusion, or whence you gathered such an idea without involving Dr. Haddon as your informant.

My excuse for granting the certificate is briefly this. I had attended the deceased, and known his family for many years. The poor man suffered from valvular disease of the heart; and it was solely to save him expense that I did not continue my visits up to the date of his death. I heard, from time to time, of his failing health, and was of course prepared to hear any day that he had suddenly expired. This news was at length brought to me, when I did not hesitate to give a certificate of death, as I had been in constant receipt of information as to the man's sinking condition. An inquest was held, for some reason or other, at which, as you correctly state, the coroner, Mr. Price, reflected upon my conduct for granting the certificate; but when I inform you, sir, that no *post mortem* examination was ordered, you will, I think, agree with me in doubting whether Mr. Price or Mr. Haddon, or both together, were better able to arrive at a correct diagnosis than myself, who had been intimately acquainted with the man's history for many years. Under the circumstances, I cannot but regard the use which has been made of this case to extol Dr. Haddon at my expense, as both illiberal and unjust.

Eccles, November 7th, 1871. I am, etc., RICHARD ROSE.

P.S.—Possibly it may strike an ordinary observer as somewhat singular that Dr. Haddon should write to you in London in preference to communicating with me if he should feel himself aggrieved, seeing that we are living almost a stone-throw from one another.

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.

SIR.—Can any of your readers who are Poor-law medical officers inform me whether I am entitled as such an one to charge the extra fee allowed for midwifery cases in my parish when the same attendance is required in cases of miscarriage (under six months)?

London, November 1871.

CUIQUE JUSTITIA.

EARLY PREGNANCY.

SIR.—Under the head of *Obstetric Memoranda*, in the JOURNAL of October 28th, is a case of early pregnancy by Dr. Haining. In the churchyard of Rock, near here, was a gravestone with these verses,

"Ten years I was a maid,  
One year I was a wife,  
One day I was a mother,  
And then I lost my life."

I was apprenticed here in 1795, where I have been ever since, with the exception of five years in London; and during the course of this long practice, I have attended three parturient mothers under 13 years of age. The mothers and children all did well.

I am, etc., THOMAS POPE.

Cleobury Mortimer, November 4th, 1871.

MEDICAL CO-OPERATION.

SIR.—I beg to call your attention to the enclosed copy of a circular, which has been recently distributed in this neighbourhood, and which, as you will see, sets forth that a "Society" has been formed, with the object of providing first-rate medical attendance and medicine for an annual payment of ten shillings. The subscriptions are received quarterly or half-yearly, in advance, at the residence of Mr. Delamark Freeman, 20, Talbot Road, whose name, with that of a Secretary alone, appears on the prospectus. By what is, perhaps, merely a coincidence, a man has been engaged during the past few weeks calling upon the residents, including many of my patients, and soliciting them, in the most importunate manner, and much to their annoyance in many instances, to become members of this Society. When taxed with being an agent of Mr. Freeman's, he answered that he was performing his laborious task with purely benevolent motives; that a relative of his had long suffered from a dreadful malady, which, having defied the efforts of all the medical men in Bayswater, was cured with marvellous rapidity by Mr. Freeman; and that he was, therefore, anxious that every sufferer should avail himself of Mr. Freeman's extraordinary skill, more especially since they could do so for the ridiculously small sum of ten shillings a-year, not to speak of the medicine included. Now, sir, in the advertising columns of the papers, we read daily of cases in which wonderful cures have been wrought by means of a single box of pills or ointment; and, as we, of course, believe these to be true, we do not doubt that Mr. Freeman's case may be also authentic: but I, and many of my confrères in this district for whom I speak, deny that this case had been previously treated by us; and we deny, therefore, at least, that it had defied the efforts of *all* the medical men in Bayswater. Seriously, we think we have a right to demand from Mr. Freeman some account of the constitution of this "society" to which he is surgeon; and we shall also be glad, at the same time, to hear whether the touting to which I have alluded has been carried on with his consent, and, if not, whether he has requested his officious friend to desist from so equivocal a mode of displaying his gratitude.

If Mr. Freeman can give us satisfactory explanations on these points, and if he can clear himself from the grave charges of professional misconduct which Dr. Royston brings against him, I am sure he will receive from the neighbouring practitioners a welcome such as is never refused to new comers in Bayswater, when their conduct is that of professional men and gentlemen. I am, etc.,

112, Westbourne Grove, Bayswater, W. ALGERNON C. W. NORTON.

[COPY.]

"Bayswater Mutual Medical Aid Society, for securing professional medical and surgical attendance, and the supply of all medicines to the subscribers.—This Society is formed to enable persons, by payment of a small sum, to secure themselves efficient medical and surgical aid in case of illness or accident. All persons residing within the area of three miles of the 'Royal Oak', Bayswater, can become members of this Society. It is not intended that persons who may be suffering from any chronic or inveterate disorder shall participate in the advantages of this Society. Terms of subscription, ten shillings *per annum*, payable quarterly or half-yearly in advance. Hon. Sec., H. Harris, Esq. Surgeon, Delamark Freeman, 20, Talbot Road, Bayswater, W. Subscriptions will be received between the hours of ten and eleven o'clock in the morning, and from seven to eight in the evening, at 20, Talbot Road.

A CHEAP MODE OF PREVENTING WASTE OF WATER.

SIR.—In your report of my paper on the prevention of the waste of water by the very simple expedient of providing every house with a limited but liberal supply, you mention two objections that would not, I think, have been urged if I had not been pressed for time when explaining the plan.

Mr. Rawlinson objected, because he said water must be supplied in abundance. This is quite true, it should be, and would by any plan be supplied in ample abundance, as much as will be used; it is not abundance, but extravagance, to supply more than is used.

Mr. Chadwick thought receptacles for the storage of water liable to objection on account of the water losing its freshness in them; but he did not mean this objection to apply to the little receptacles for water which I proposed, too small to retain more than a few hours' supply, and as air-tight as the pipes themselves, which no air can escape from or enter, and in which the water may easily be kept as cool as is desirable by evaporation from the outside surface, if kept wet.

I thought it unnecessary to mention such a self-evident expedient. Other objections may be removed by expedients as simple. "Practical men" will, of course, object to a change, because they never believe anything to be practicable unless it is done, and when it is done they say they knew it from the first. For example, one of them has objected that the little hole proposed to limit the supply to the need of water would not discharge regularly, as the pressure would vary; also, that it would very soon be stopped up. There is no objection to the flow being sometimes a little faster or slower than the average, provided the quantity *per diem* is enough; and if the water be filtered, as it ought to be, it will be rare for the regulating hole to be obstructed; and if the water be not filtered, it may be as easily filtered before as after it passes the regulating hole; and unless the water be very dirty, it will be a long time before the filter becomes clogged.

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

DR. BROWN (Berwick-on-Tweed).—To the General Secretary, 13, Newhall Street, Birmingham. Dr. Brown should have, and no doubt has, received four circulars asking for his subscriptions, but has probably overlooked them.

EXTRACTS FROM A DOCTOR'S DIARY.

I.—On a raw October afternoon, thousands assembled at Blackheath to see, hear, and criticise Mr. Gladstone. Cases of bronchitis, jaundice, and puerperal mania, required attention; but the occasion of delay was exceptionally excusable. From a distance, the scene on the hustings reminded us of executions at the Old Bailey, and the last act of a well known drama, when Calcraft, explaining to Punch the simple arrangement of the noose and gibbet, is immediately strangled, and added to other victims of the fatal club, including Judy, the beadle, and the family medical attendant. On horseback, behind the crowd, in spite of the distance, the cheers, occasional groans and interruptions, above all, now and then, we could catch a few sentences, flowing in fascinating cadence, beautiful in composition, powerful in argument. Through an opera-glass, we notice a deadly pale, earnest face, marked with lines in all directions; a splendid head, uncovered, exposed to the cold for two hours, whilst we are shivering with our hats on; a waistcoat cut low, the chest unprotected. When we considered that the Premier next month will be 62 years of age, the work he has undergone, and the responsibilities of office, it is most extraordinary to estimate the talent, the intellect, the memory, and the physical endurance displayed. We have not read the speech yet; but from those who had good places near, the information is received that Mr. Gladstone never hesitated for an instant, required only statistical references, and his voice at the end remained firm and clear.

II.—Quite recently, a very interesting dinner-party took place at mess. After witnessing the Autumn Manœuvres, the representatives of the foreign governments sat temporarily harmonious at the festive board. One feels inclined to describe the appearance of Russian, Prussian, French, and Portuguese; what the American said, what the Turk did, and how every one paid the greatest deference to Mr. Russell; but, no, excepting Blumenthal. The turtle soup was not allowed to cool, the Roman punch to go untasted, nor the venison lost sight of. All the time attention became riveted on a quiet, slim, gentlemanly man (dressed in plain clothes—the others in uniform), who had played a prominent part in the late war. What could have been passing through his mind, as ever and anon he cast admiring glances at the silver candelabra, the splendid plate, and the bright spoons? *A Berlin!* perhaps. Anyhow, Sedan was somewhat avenged, for the great general drunk the patent head-splitting brown sherry—that morning wine. The port is good, the claret still better, and we silently drank *"Vive l'Empereur!"* *"Vive l'Imperatrice!"* *"Vive le Prince Impérial!"* may they soon hold their own again, and, like John Gilpin, may we be there to see.

III.—Soapy Sponge never travels without Moggs' Cab Fares: we generally sleep with the Registrar-General's Annual under the pillow. From one of the letters that Dr. Farr, *à la Toots*, is in the habit of writing to himself, we learn that gout is becoming more fatal, for the deaths of 351 men and 96 women are recorded; also that "women have hitherto, and we hope will continue to set men good example"; we thought it was the other way, and, like the Turk, whenever there is a row, we inquire who is the lady. The Lord Mayor is requested to take notice that "refined gluttony is as fatal as intoxicating drink." Regarding the symptoms and treatment of gout, consult Garrod and Fuller, or, better still, Mr. Weller, senior, who recommends gin to many a widow with a good loud voice, and a decent notion of using it, as an infallible prescription. Pray accept the assurances of our distinguished consideration, etc.

WE are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Shrewsbury Chronicle, Nov. 3rd; The Liverpool Albion, Nov. 6th; The Woolwich Gazette and Greenwich and Deptford Chronicle, Nov. 4th; The Morpeth Chronicle; The Irish Times; The Melbourne Argus; The New York Tribune; etc.

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

Dr. Robt. Barnes, London; Dr. J. Matthews Duncan, Edinburgh; Dr. J. Braxton Hicks, London; Dr. R. Liveing, London; Mr. Teevan, London; Dr. T. Clifford Allbutt, Leeds; Dr. Hitchman, Mickleover; Dr. R. Hibbert Taylor, Liverpool; Dr. Swayne, Bristol; Mr. Prichard, Bristol; Mr. Crossman, Hambrook; Mr. C. Gold, London; Mr. Gardner, Forfar; Dr. G. Hill, Hooton; Mr. A. H. Dolman, Derby; Mr. G. S. Elliston, Ipswich; Mr. Fowler, Bath; Mr. Jebb, London; Pendennis, Leicester; Mr. D. H. Watson, Stockton-on-Tees; Dr. H. Guenau de Mussy, Paris; Mr. Barnard, London; Dr. J. C. Reid, Newbiggin-by-Sea; 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. St. George Mivart, London; Dr. A. Wynn Williams, London; Dr. J. S. Ferris, Uxbridge; Mr. Souter, London; Dr. Alfred Meadows, London; Mr. J. D. Harries, Shrewsbury; M. D. Edinb.; Dr. John Chapman, London; Dr. T. S. Clouston, Carlisle; Mr. Samuel Wood, Shrewsbury; Dr. Anstie, London; Mr. W. B. Dalby, London; Dr. G. Dabbs, Newport; Our Dublin Correspondent; Dr. T. D. Griffiths, Swansea; A Member of the Joint Committee; Mr. D. Davies, Bristol; Dr. C. Parsons, Dover; Mr. Richard Roe, Eccles; Mr. G. F. Hodgson, Brighton; Mr. E. J. Worth, Millbrook; Mr. Benson Baker, London; Dr. H. Barnes, Carlisle; The Secretary of the Royal Medical and Chirurgical Society; Mr. G. Elder, Nottingham; Dr. Murchison, London; Dr. Edis, London; Dr. Priestley, London; Mr. Maurice, Reading; Dr. J. Ford Anderson, London; Mr. Christopher Heath, London; Dr. Parsons, Frome; Mr. Howard Marsh, London; Dr. Shapter, Exeter; Mr. Berkeley Hill, London; Our Liverpool Correspondent; Mr. Husband, York; Dr. Robertson, Glasgow; Dr. Balthazar Foster, Birmingham; Dr. E. S. Thompson, London; Mr. W. Harris, Liverpool; Inspector-General Cooper, Birmingham; Dr. Trollope, St. Leonards-on-Sea; Dr. Delamark Freeman, London; Dr. Umpleby, Bedale; Mr. T. Cooke, Ashton-under-Lyne; Dr. Bradbury, Cambridge; Mr. W. White, Chew Magna; Dr. Bothwell, Plumstead; Dr. Colville Brown, Berwick-on-Tweed; Mr. H. C. Lawrence, London; Our Vienna Correspondent; etc.