

below outwards and upwards. Mr. Howard at the same moment raised the head of the femur with his fingers from behind. Almost at once the head slipped into the acetabulum. The injured right arm was removed by disarticulation at the shoulder-joint; a large outside flap being made, which included most part of the deltoid. Very little blood was lost from the incisions.

The man was fairly well after the operation; his pulse was not much affected. In about two hours, however, he slowly sank.

On August 11th, at 10 A.M., I made a careful examination of the injured hip-joint. There was no outside bruise on the buttock, and no wound leading down to the displaced bone. I reflected the integument, and then raised the gluteus maximus, exposing a large effusion of coagulated and fluid blood between this muscle and the external rotators. There was also infiltration of the coverings of the sciatic nerve, with recent blood. I dissected away the cellular tissue, and removed the blood-clot; and then examined the condition of the muscles beneath. The pyriformis, gemellus inferior, and obturator internus, were all uninjured. The gemellus inferior and quadratus femoris were completely torn across. A large clot was lying in the hollow behind these muscles, and close to the tuberosity of the ischium. Here, doubtless, the head of the bone had lain. The capsule of the hip-joint was extensively torn below and behind. The ligamentum teres was torn completely through. The head of the femur was in the acetabulum. By some forcible drawing of the limb over the right thigh, I was able to reproduce the dislocation in a measure, and to replace it also *in situ* by some manipulation.

This case seems to have been one of those comparatively rare instances of backward and far downward dislocations at the hip which are described at length in Holmes's *System of Surgery* (2nd ed., vol. ii, p. 906), where illustrative cases by M. Malgaigne and Mr. Adams are also referred to.

I have only to add, as the practical lesson from the above cases, that in each one the lifting up of the head of the femur by the fingers of an assistant, so as to raise it over the posterior edge of the acetabulum at the moment that the sweeping round of the limb was being managed, was of essential service in the speedy replacement of the displaced bone. I should urge its employment in any parallel case.

## SELECTIONS FROM JOURNALS.

### THERAPEUTICS.

**THERAPEUTIC USES OF BROMINE.**—In the *Wiener Medizin. Wochenschrift* (1871, Nos. 31, 32, 33), Dr. Schütz recommended the inhalation, in croup and diphtheria, of a solution of three *decigrammes* each of bromine and bromide of potassium in 150 *grammes* of distilled water. Dr. Gottwald, in the *Deutsche Klinik* (No. 18, 1872) states that he has tried this plan of treatment in eighteen cases of diphtheria and two of croup in the Charité Hospital in Berlin. In the cases of croup, the result was remarkably favourable. The cases of diphtheria were all attended with extensive ulceration; and all were either secondary or accompanied with high fever and much constitutional disturbance. Of the eighteen cases, four ended in death. In cases of angina and diphtheritic stomatitis, the solution was applied by a brush as well as inhaled. This plan, in small and weakly children, has the advantage of removing the masses of mucus and pus. Chloride of zinc was also applied as a caustic. The results of the treatment were very encouraging. The bromised solution of the bromide of potassium (1 part of each in 400) was also applied to sixty lying-in women who suffered from diphtheritic ulceration of the vagina and diphtheritic endometritis. The solution was thrown into the uterus three or four times daily by means of a Braun's syringe on a double-current catheter; and into the vagina by means of an ordinary syringe, generally every three hours. In cases of ulceration of the vaginal entrance, linen compresses wetted with the solution were applied, and frequently renewed. If pyæmia had not already set in, the results of this treatment were most favourable. Dr. Gottwald regards the bromised solution of bromide of potassium as a valuable antiseptic, not only in the cases above referred to, but in the dressing of diphtheric wounds and sores in surgery.

**SUBCUTANEOUS INJECTIONS OF MERCURY IN SYPHILIS.**—The injection of bichloride of mercury in the treatment of syphilis finds a warm advocate in Dr. Staub of Strasbourg (*Traitement de la Syphilis*), who specially recommends the albuminous solution of the sublimate. This is not acid, and does not produce coagulation in the tissues. His formula is the following: Bichloride of mercury, 1.25 *gramme*; chloride of ammonia, 1.25 *gramme*; chloride of sodium, 4.15 *grammes*; the

white of one egg; distilled water, 250 *grammes*. One *centigramme* of this is injected daily by a subcutaneous syringe in two injections, one in the morning, the other in the evening. According to this somewhat enthusiastic author, bichloride so administered is an invaluable therapeutic agent, infallible in the treatment of secondary symptoms, prompt, complete, and devoid of inconvenience.

**INJECTION OF AMMONIA IN OPIUM-POISONING.**—In the *Glasgow Medical Journal* for August 1872, Dr. McEwen reports a case of opium-poisoning. Ammonia injected into the veins of the arm restored consciousness to an old man of sixty-nine, who was apparently moribund from a poisonous dose of opium (forty grains) eight hours previously. He was so far recovered as to be able to walk a quarter of a mile to the hospital. After admission there at 8 A.M., the ammonia injection was not repeated, but three doses of croton-oil were administered, and coffee. In the afternoon, he became somnolent, and sweated profusely. Belladonna was administered, and a further dose of croton-oil; and at 8.25 he died. The effect of the ammonia was so admirable, that it is to be desired that in any other case it should be repeated, as Dr. Halford recommends, to combat relapse.

**CHROMIC ACID AS A LARYNGEAL CAUSTIC.**—Dr. Isambert, of the Hôpital St. Antoine, has found chromic acid the most useful caustic, applied with the end of the laryngeal mirror, for the destruction of epithelial vegetations and warts of the larynx. He has used solutions as strong as one part in eight of water, and in rare cases one part in four, every eight days. A much weaker solution he finds to reduce the oedema of the glottis which sometimes accompanies the ulceration of laryngeal phthisis, and renders necessary a palliative tracheotomy.

**MERCURY IN SYPHILIS.**—The employment of mercury in syphilis has been again lately much discussed. We (*Gazette des Hôpitaux*) have witnessed the practice of both the supporters and its denouncers. To us, it is beyond doubt that mercurial preparations, properly administered, shorten the duration not only of the secondary accidents, but even of the tertiary, which have resisted iodide of potassium administered alone. As to the choice of the mode of application, Sédillot's pills have appeared to us as efficacious and more agreeable to take than bichloride or the hydrargyric iodides. We know that each of these pills contains double mercurial ointment, 10 *centigrammes*; medicinal soap, 10 *centigrammes*; marsh-mallow powder, 10 *centigrammes*. They are daily prescribed by M. Richet, M. Hardy, and others. By giving these concurrently with iodide of potassium, and disusing them from time to time, so that they can be alternated with a draught containing chlorate and nitrate of potash, they can be continued for months without producing either salivation or fatigue of the digestive canals. This is an excellent plan of treatment when one is anxious that certain accidents menacing existence, such as intracranial tumour, should rapidly disappear; but it must not be forgotten that, if these tumours manifest themselves by epileptiform attacks alternating with coma, returning at very short intervals, this specific treatment must not then be commenced. These symptoms must first be subdued by acting on the excitability of the brain. Tincture of amber in large doses, and bromide of potassium, of which the action is slower and more lasting, conduce to this result. Thus the system can for the time be reduced to calmness, although the tumour still exists. Things go on the same as before the first epileptiform attack. The morbid growth is still there; its pressure is always the same; but the brain is quiet. This truce must be taken advantage of, to at once administer the mercury and iodide. Expectative treatment is not admissible in such a case.

**APPLICATION OF ELECTRICITY.**—An article of the *Wiener Med. Presse* quotes a communication made by Dr. Benedict to the Medical Society of Vienna on the application of electricity to medicine. He declares that great results can be obtained from Fromholt's zinc and lead pill. He himself constructed a pill of zinc and carbon, which could be put in action by a solution of one *gramme* of bichromate of potash in fifteen *grammes* of sulphuric acid. He has made use of electricity in tumours and inflammatory swellings of the joints, by applying the current, not to the tumour itself, but to the nerves which ramify in it, or to that part of the spinal cord from which the nerves emanate; also for tumours containing liquid, such as hydrocele; for aneurisms, by introducing needles communicating with the positive pole; for lymphatic tumours, by introducing needles connected with the negative pole, and taking care to conduct only a moderate current, so as to avoid suppurations and alterations; and also for indolent buboes, neoplasms, and cancers.

THE VACANT CHAIR IN ANDERSON'S UNIVERSITY.

FOR the Chair of Medical Jurisprudence in Anderson's University, vacated by Dr. P. A. Simpson on his appointment to the same Chair in the University, there are, we understand, a considerable number of candidates. It is expected that the appointment will be made about the end of the current month.

THE APPOINTMENT OF A MEDICAL OFFICER OF HEALTH FOR GLASGOW.

UNDER the above heading one of the daily newspapers communicates the following.

It is stated that the advertisement for a medical officer of health for Glasgow has brought out no fewer than forty-five applicants, only two of whom, however, belong to Scotland. A list of four likely candidates has been adopted by the Health Committee, and the appointment will probably be made at the next meeting of the Police Board. As the two Scotch candidates have already been in the service of the Police Board, it is but natural to expect them to be on the short list. They are Dr. James B. Russell, medical superintendent of the Fever Hospital in Parliamentary Road for the last eight or nine years; and Dr. Thomas Johnson, who has been three or four years the police-surgeon and medical officer of health in the western or Anderston district. The two English candidates on the short list are, it is understood, the medical officers of health for Carlisle and Salford; and a deputation of the Health Committee has been told off to visit those gentlemen and institute the necessary inquiries on the spot.

The candidature has naturally produced considerable interest in medical circles; and during the somewhat prolonged interval since the advertisement appeared, there has been time for abundance of speculation on the result. So far as we have been able to learn the opinions of the medical profession in the city, we can state with considerable confidence that their opinion is almost unanimous in favour of Dr. J. B. Russell. The ability which this gentleman has shown in organising and conducting the various fever and cholera hospitals in the city during a considerable period of years, has convinced every one that he is possessed of no mean administrative ability. At the same time his numerous contributions to medical literature show a shrewd practical insight which must be invaluable in such a position as that to which he aspires.

IRELAND.

DUBLIN CONVALESCENT HOME.

NOTWITHSTANDING that a clause was introduced into the Local Government Board (Ireland) Act empowering urban authorities to erect convalescent homes, the Public Health Committee of the Corporation of Dublin stops the way. At a late meeting of that Committee, a resolution was moved that the Council be recommended to proceed with the erection of a convalescent home, for which tenders had been received in last May. An amendment, however, was carried by a majority of eleven against four, to the effect that the object would be most effectually and desirably accomplished by contributing to each of the city hospitals affording accommodation such a sum, under the form of a capitulation grant, as will provide for the care and maintenance of the convalescents. The experience of the past epidemic has proved this to be an utter failure. The hospitals were soon filled, and were obliged to dismiss patients not yet convalescent, to admit fresh cases. Besides, when an epidemic is present, it is too late to erect convalescent homes; and Dublin always requires such an institution for the 15,000 to 18,000 cases of fever that annually take place in that city.

SMALL-POX RELIEF FUND, DUBLIN.

THE labours of the Small-pox Relief Committee are now drawing to a close. The relief fund reached the sum of £3,719, of which nearly £3,000 was expended in the relief of the families of the sufferers from that disease. The Committee has pursued its charitable career, affording great satisfaction to all parties, over a period of nine months; and, at the last meeting, passed the following graceful resolution: "That the thanks of this Committee be presented to the medical officers of

the Dublin Dispensary District for the zeal, activity, and attention with which they have rendered their services to the suffering poor during the late epidemic of small-pox; and that the Secretary of the Committee be directed to send a copy of this resolution to each of those officers." We understand that the Boards of Guardians of the two Dublin Unions purpose shewing their appreciation of the services of their medical officers in a substantial manner; and it is believed that such a mark of their approval of the manner in which these onerous and dangerous duties have been performed during the last eighteen months, will meet with the entire approval of the Poor-law Commissioners. We may add that the inauguration of the Small-pox Relief Fund, as also the Cholera Relief Fund on a former occasion, was due in great measure to the indefatigable exertions of Dr. Speedy of Dublin.

LABOURERS' DWELLINGS IN IRELAND.

THE Registrar-General's report of the agricultural statistics of Ireland, just issued, informs us that in 1861 the number of fourth-class houses in Ireland, each of which had but one room for the entire family of every age and sex (including, we presume, the pig), was 89,374; and in these were living close upon half a million of people, or nearly six persons in each house. The census returns for 1871 have not yet appeared; but we have no reason to believe that there has been much improvement in this state of affairs during the last ten years. The report urges the importance of improving the dwellings of the labouring classes, for which purpose the Legislature has enabled the Treasury to grant loans. This will furnish an opportunity for the display of the usefulness of the new Local Government Board.

AUTUMN MANŒUVRES.

[FROM OUR SPECIAL CORRESPONDENT.]

II.

THE MEDICAL ARRANGEMENTS OF THE NORTHERN ARMY CORPS.

IN continuation of my last, I shall say a few words more on some of the headings on which I have already touched. The base or ultimate hospital at Aldershot I stated was a kind of amalgamated regimental hospital. This is only a provisional arrangement. In actual warfare, the existing regimental hospitals, (more properly called battalion-hospitals) would be transformed into a general hospital; and consequently a new system, or at least a system which had not been practised in times of peace, would be introduced in all the bustle and confusion attending the breaking out of war. It is more than could be expected that the machinery of any system so established would work well and smoothly in time to bear the sudden strain thrown on it. I think it was Abraham Lincoln who recommended a friend not to "swop" his horse while crossing a stream. It would be well if this wholesome advice were followed in the present instance. In war the regimental system, all admit, is practically an impossibility in rear hospitals, and many say in primary hospitals; yet this is the system pursued in time of peace. "For", say its advocates, "in regimental hospitals the medical officers know their men; the sick have all the benefit of this knowledge, and are better and more tenderly cared for among their comrades". All this cannot be disputed; but they forget that in war it has none of these advantages, because it must of necessity be abandoned. What would be said if a rifle, in the use of which the troops have been carefully trained in time of peace, on the morning of battle were thrown aside as too complicated for the purposes of war, and another, and necessarily a weapon strange to them, were put into their hands? What is the object for which armies are maintained? Is it not for war? Then all training in time of peace should tend towards this one object. That system which it is intended to follow when war occurs should be the system practised and perfected in times of peace. Netley Hospital is on the general system, and it has been the base hospital for the Southern Army Corps; and with what result? that without any strain or confusion or change, it has been able to receive its complement of sick at a moment's notice. It has been laid down that accommodation be provided in the ultimate and intermediate hospitals for 10 per cent. of the operating force.

The field-hospitals I described as skeletons of what would be required in actual war. A committee has been appointed by the Secretary of

State to fix the establishment of a field-hospital. This committee has not yet presented its report. It has, however, been laid down that each field-hospital shall be divisible into two parts, and shall afford accommodation for two hundred patients, and that there shall be three such hospitals with each division of 10,000 men. Thus in the primary arrangements provision will be made for 6 per cent. As to the government of these hospitals, no definite plan seems yet decided on. In the skeleton hospitals of the manoeuvres, the senior surgeon of each is supposed to be in charge; but he in reality has no military control over the different elements composing the staff of the hospital. The wardmasters and orderlies of the army hospital corps, the stewards and cooks of the control department, and the train drivers of the army service corps, all exist together as a kind of "happy family". No one party has any direct power over the other; each looks to a commanding officer outside the hospital; and when the "cat is away the mice can play". The plan of discipline which seems to be in contemplation is this: an officer of the army hospital corps, who is to be styled superintendent of orderlies, will be placed in each hospital at the disposal and subordinate to the senior surgeon. This superintendent will have the authority of an executive officer for the discipline of all the attendants connected with the hospital. In addition to this duty, he will have charge of all the stores as the quartermaster of a regiment, and will perform or superintend all non-professional duties. The offices which these hospitals have to fulfil are of a temporary nature: they receive the sick and wounded on the field in the first instance; but as soon as circumstances permit they are evacuated into the intermediate and ultimate hospitals, to again advance with the operating force. Where such evacuation cannot be effected, one wing of each can be detached to the front, leaving the other standing, or some entire hospitals which are empty can be advanced while the others are left standing, to come up when the sick can be disposed of.

The bearer detachment, of which I could not find any representative in the field, has a crude formation on paper. Sir Garnet Woolsey, in his *Soldier's Pocket-Book*, authoritatively gives the *personnel* at seven medical officers, nine non-commissioned officers, and one hundred and fifty men of the army hospital corps for each division of an army corps. This leaves much to be done in equipment, organisation, and discipline—a work which should not be left to the last hour. The experience gained by Prussia has shown that the number of bearers here given would often be insufficient, consequently auxiliary bearers have been trained in that country to meet such a contingency. These bearers have been drawn from the fighting ranks—two from each company; they are only employed in the removal of wounded from the battlefield, and, when the regular bearers are unequal to the task, returning to the fighting ranks when no longer required. No such provision, however, has been made in our service.

Let us see wherein does the system which I have endeavoured to describe differ from that which it has replaced. In the ultimate and intermediate hospitals matters remain much as they were; the changes have been in the primary arrangements. In the Medical Regulations of 1858, it is laid down that each battalion of 850 strong shall have accommodation for twenty sick, and authorising the principal medical officer to increase this, by brigade and divisional hospitals, to 5 per cent. of the operating force. Beyond this no arrangement is made for succouring or removing the wounded from the battle-field to the hospitals. There is a general belief that the bandmen of regiments are detailed by regulation for the performance of this duty: such, however, is a mistake; no such order exists. For many reasons such a proceeding would be objectionable: first, the bandmen are untrained, nor are they ever likely to be spared from their other duties to receive the necessary instruction; secondly, they are, as a class, selected for their musical qualities, physically unfit for such work; thirdly, the supply being limited, when those who take the field are expended, some other source of supply would have to be sought.

In conclusion, I think I may surmise that it will be apparent to the most casual reader that, though some advance has been made, yet much remains to be done to bring the medical arrangements of our army up to the standard of that country out of whose book every other branch of our service is taking so many lessons. Is the medical branch of the service less active than the others? Hear what one who has devoted much time to the study of the medical arrangements of our own and other armies has to say on the subject. "Great pains are bestowed in devising the best organisation for the fighting branches of the army, and great expense gone to in trying as far as practicable in time of peace how the organisation decided upon answers the purpose intended. The equipment of all the different arms of the service is closely scrutinised, and maintained in the most efficient state—ready, indeed, at any moment, to be applied to the purposes of actual warfare. Such supervision, such examination, such trial of the field medical

arrangements, are not practised; yet in time of war a great deal will depend upon the field medical arrangements and equipment. When men are wounded and disabled by sickness in considerable numbers, the presence of a few old ambulance-wagons, and the removal of the small proportion of men who fall sick, or who have been unguardedly sent with ailments which prevent them doing their duties, to the regular fixed hospital established at Aldershot and Netley, will not suffice; yet this is all that has been done in the autumn manoeuvres of this country, where real war and the arrangements for real war are supposed to be represented."

## REPORT ON THE ACTION OF VARIOUS KINDS OF FILTERS ON DRINKING WATER.

### ATKINS'S MOULDED CARBON-FILTER.

We have already shown that filtration through a silicated carbon-filter (so long as it is in good working order) is effective in cleansing drinking water from dissolved organic nitrogenous matters, which it breaks up much after the manner of alkaline permanganate. We do not by any means imagine that this property is confined to the silicated carbon-filter, and are gradually extending our experiments to other descriptions of filters. We now report on the performance of Atkins's Moulded Carbon-Filter.

The plan of our experiments is very simple. We first examine a sample of water by the ammonia-process, and then pass it through the filter, and examine the filtrate (*i. e.*, the water after its passage through the filter). The difference in composition between the two waters exhibits the effect of the filter. The investigation was carried out by Mr. Wanklyn.

EXPERIMENT I (July 24th, 1872).—A sample of water, yielding 0.04 parts of free ammonia per million, and 0.06 parts of albuminoid ammonia per million, was filtrated. After filtration, it gave 0.06 parts of free ammonia per million, and 0.02 parts of albuminoid ammonia per million.

EXPERIMENT II (August 1st, 1872).—Water yielding, before filtration, 0.02 free ammonia, 0.09 albuminoid ammonia, per million, gave, after filtration, 0.06 free ammonia, 0.04 albuminoid ammonia.

These experiments show much the same kind of action as takes place with the filters previously reported on. The organic nitrogenous matter is decomposed, and yields free ammonia as a product of its decomposition. We do not, however, think that the performance of the moulded carbon is so good as that of some of the other kinds of filters.

## COLUMN FOR THE CURIOUS.

BUXTON WATERS.—In the *JOURNAL* of August 31st, Mr. Casson has given an extract relating to the properties of the Buxton Waters. A century beyond his date, Buxton Well was famed for a power which seems, in these latter days, to be transferred to some of the continental resorts; and not unhappily I think. In Fuller's *Worthies* is the following extract, referring to the wonders of Derbyshire. "And Buxton-Well, dedicated to *St. Anne*, sending forth both cold and warm water, by which Queen *Mary*, Queen of *Scots*, received much refreshing, of which Mr. Hobbs—

"Huc mater fieri cupiens accedit inanis,  
Plenaque discedit puto nec veniente Marito."

"Where wives may breed, though desperately barren,  
Sans Husbands' help, as conies in a warren."

AMOS BEARDSLEY, Grange-over-Sands.

ACTION OF CHLORAL.—In the *New York Medical Journal* for June 1872, Dr. Robert Amory, of Boston, concludes, from experiments which he has made on animals, that it is not possible to obtain decomposition of chloral into chloroform when the former is mixed with warm fresh blood, and that it is hardly probable that this decomposition occurs in the organism. The decomposition does not occur if the solution of chloral be separated from the blood by a membranous substance such as sheep's bladder. If, on the contrary, the blood be made strongly alkaline by the addition of caustic soda, the decomposition suggested by Liebreich, Richardson, and others, does take place. He thinks it hardly possible that a dose of chloral received into the stomach can pass through the tissues and be absorbed by the blood, any more readily than could have occurred in an experiment where a sheep's bladder only lay between the chloral solution and the liquid blood.

## ASSOCIATION INTELLIGENCE.

## NORTHERN BRANCH.

THE autumn meeting of the above Branch will be held at Durham, on Thursday, September 26th, at 3 P.M.; CHARLES TROTTER, Esq., F.R.C.S., President, in the Chair.

Members who are desirous of reading papers, are requested to communicate their intention to the Secretary, without delay.

G. H. PHILIPSON, M.D., *Honorary Secretary*.  
Newcastle-upon-Tyne, August 23rd, 1872.

## SHROPSHIRE ETHICAL BRANCH.

THE annual general meeting of the above Branch will be held at the Lion Hotel, Shrewsbury, on Monday, October 7th, at 1 P.M.; J. W. PROCTER, Esq., in the Chair.

Dinner will be served punctually at 3.30 P.M., for the convenience of the country members.

Members have the privilege of introducing friends, on transmitting their names to the President.

Chamber concert music by a select band of musicians, under the leadership of Mr. T. Hulley, will be provided as usual.

Papers have been promised by the President, J. R. Humphreys, Esq., A. Mathias, Esq., Dr. Styrap, and R. Wilding, Esq.

Gentlemen intending to read cases, etc., or to be present at the dinner, will oblige by notifying their intention, at their earliest convenience, to

JUKES STYRAP, *Honorary Secretary*.  
Shrewsbury, September 16th, 1872.

## SOUTH MIDLAND BRANCH.

THE sixteenth autumnal meeting of this Branch will be held at the Cottage Hospital, Stony Stratford, Bucks, at 2.30 P.M., on Tuesday, October 15th. Luncheon at 1 P.M. previously, kindly provided by Dr. Mackay at his house. A. D. Mackay, M.B., President.

Gentlemen who intend to read papers are requested to forward their titles forthwith to Dr. Bryan, Northampton.

J. M. BRYAN, M.D. } *Honorary Secretaries*.  
WM. MOXON. }

Northampton, September 11th, 1872.

## CORRESPONDENCE.

## PROFESSOR HUMPHRY'S LECTURES ON HUMAN MYOLOGY.

SIR,—At the time I wrote my letter, 29th July, I had not by me, a copy of the "Proceedings of the Royal Society," and writing from memory, I made a misstatement in my first criticism on Professor Humphry's lecture. I find that I *did* make observations on the flexor tendons of the foot of *Man*, although I made none on the flexor tendons of the hand of *Man*. I subjoin a summary of my measurements. For the foot I obtained the following results.

TABLE I.—*Friction of Long Flexor Tendons of Toes.* (Cross section of toe tendons greater than cross section of muscle tendons.)

	Amount of friction, per cent.		Amount of friction, per cent.
1. Pyrenean Mastiff.....	65.4	17. Australian Dingo .....	33.8
2. African Lion .....	59.0	18. Japanese Bear .....	31.7
3. Common Fox .....	57.6	19. Virginian Bear .....	25.9
4. African Jabiru.....	56.8	20. Common Llama.....	25.9
5. American Rhea .....	52.4	21. Hedgehog .....	25.0
6. Indian Jackall.....	49.2	22. African Ostrich .....	24.6
7. American Jaguar .....	49.2	23. Common Otter .....	19.8
8. New Zealand Weka Rail	47.5	24. Man (mean of 5).....	16.2
9. Silver Pheasant .....	47.4	25. Spider-Monkey .....	12.3
10. Bengal Tiger .....	46.0	26. Goat .....	9.5
11. Indian Leopard .....	45.5	27. One-horned Rhinoceros	9.0
12. Six-banded Armadillo	44.4	28. Negro-Monkey .....	8.0
13. Three-toed Sloth .....	42.5	29. Brahmin Cow.....	6.8
14. Black Swan .....	36.0	30. Nemestrine Macaque...	2.0
15. Common Hare .....	36.0	31. Boomer Kangaroo .....	0.0
16. European Wolf .....	34.0		

From this it appears that the cross section of the flexor tendons in the toes of the mean of five human subjects is 16.2 per cent. greater

than the cross sections of the flexor tendons above the heel. The following animals were exceptions, having the cross section of the tendons above the ankle, greater than the cross section of the tendons in the toes.

	per cent.
1. Alligator .....	11.5
2. Common Porcupine.....	20.0
3. Phalanger .....	29.2

For the *hand*, I found the following results:

TABLE II. *Friction of Deep Flexor Tendons of Hand.* (Cross section of muscle tendons greater than cross section of finger tendons.)

	Amount of friction, per cent.		Amount of friction, per cent.
1. Common Porcupine .....	71.0	8. Negro-Monkey .....	27.4
2. Sooty Mangaby.....	49.2	9. Spider-Monkey .....	26.5
3. Nemestrine Macaque ..	40.7	10. Bengal Tiger .....	22.7
4. Capuchin Monkey .....	35.3	11. Common Fox .....	20.7
5. Virginian Bear .....	35.0	12. Pyrenean Mastiff .....	7.0
6. European Wolf.....	31.4	13. Goat.....	0.0
7. Japanese Bear .....	30.6		

I do not think it necessary to add that my observations were "very carefully" made, but I can assure Professor Humphry that they were made with every precaution against error which a well-appointed laboratory could furnish me with; and that all the dissections and weighings were made with my own hands.

Professor Humphry did not measure the cross sections of the flexor tendons in the toes, in his single observation, and, until he does so, is not entitled to call in question the accuracy of my observations.

Until the foregoing observations are confronted and refuted by corresponding observations, I am entitled to assert that,

1. *In the foot of a large number (probably a majority) of animals the cross section of the flexor tendons above the ankle is less than the cross section of the same tendons in the toes.*

2. *In the hand of a large number of animals the cross section of the flexor tendons above the wrist is greater than the cross section of the same tendons in the fingers.*

The facts above stated are quite independent of the theory by which I have explained them, depending on the action of friction, and it would be a waste of time to discuss the theory if there be any doubt as to the facts.

My observations on the comparative anatomy of the flexor tendons of the hand and foot will shortly appear in full, in a work on Animal Mechanics, which is in the press. In it, also, I have given a proof of the theory by means of which I explain the facts.—I am, etc.,

SAMUEL HAUGHTON.

Trinity College, Dublin, September 2nd, 1872.

P.S.—I have forwarded to Professor Humphry the proof sheets of my book referring to the flexor tendons.

## INTRAOCULAR MYOTOMY IN MYOPIA.

SIR,—Will you oblige me by inserting in the JOURNAL that, although Dr. Donders "was not satisfied that my cases proved the refraction to have been altered," he also remarked that the operation in some way "improved the vision of myopic eyes." He did not dispute my facts, but the *explanation* which I gave of the results attained.—I am, etc.,

J. VOSE SOLOMON.

Birmingham, September 2nd, 1872.

## A CHARITABLE PROPOSAL.

SIR,—Allow me space in your JOURNAL to enlist the serious attention of the members of the medical profession to the fact that we have no benevolent establishment for the education of the orphan daughters of duly qualified medical men. Being now on a visit to this charming and healthy town, I find that in addition to its thriving and magnificent colleges for both sexes, and its numerous other schools, a new building is being erected for the reception of the pupils and staff of Cheltenham Ladies' College; and that the present College known as Cambray House is now for sale; also that magnificent structure, with its extensive and handsome dome and capacious apartments known as the Montpelier Spa, is to be purchased for a very moderate sum of money. In the hope that this may meet the eye and touch the heart of some noble philanthropist, and that he or she may be induced to follow the example of the late excellent founder of the Royal Medical Benevolent College for the sons of medical men, I write this appeal. I had also hoped that a monument for such a purpose would have been erected to commemorate the recovery to health and usefulness of His Royal High-

many Poor-law medical officers will be attracted to the metropolis by the opening of the winter session, it is to be hoped that they will find time to attend a meeting where so many matters materially affecting their interests will come up for discussion.

## OBITUARY.

### CHARLES HINGSTON, PLYMOUTH.

CHARLES HINGSTON, M.D., the son of a Plymouth banker, was born in that town in 1805. At seventeen years of age he became a pupil at Guy's and St. Thomas's, from which, at the expiration of twelve months, he removed to Edinburgh. He studied there under Dr. Alison, and completed his medical education by taking his degree in 1827. Soon afterwards, he commenced practice in his native town, and in 1831 was appointed Physician to the Dispensary, at that time the sole medical charity in the town. This appointment he retained for ten years. In 1840, the South Devon and East Cornwall Hospital was built and established, and he, together with the late Dr. Yonge, were elected the first physicians to the institution. On resigning that position in 1866, he was appointed Consulting Physician. In 1865, when his son commenced to practise, he partially retired, entirely withdrawing from his profession in 1868. From that time he became a confirmed invalid, and though his gradually increasing weakness rendered it impossible for him latterly to take much exercise or enjoy the society of his friends, he retained his intellectual faculties and his interest in all matters relating to his profession up to the last. He died on September 5th. He was married twice: first, to the daughter of George Braithwaite, Esq., at Kendal, who died three years after her marriage; and secondly, to the daughter of Sir William Parker, Bart., by whom he had two sons and five daughters, five of whom survive him.

## MEDICAL NEWS.

### MEDICAL VACANCIES.

THE following vacancies are announced:—

- ALVERSTOKE UNION—Medical Officer for the Town District: £90 per annum, and extra fees.—Country District and Workhouse: £140 per annum, and extra fees.
- BETHLEM HOSPITAL—Two Resident Medical Students.
- BOYLE UNION, co. Roscommon—Apothecary to the Workhouse: £40 per ann.
- BRENTFORD UNION, Middlesex—Medical Officer for the Twickenham or No. 9 District: £80 per annum, and extra fees.
- CARLISLE DISPENSARY—House-Surgeon: £80 per annum, residence, coal, gas, and attendance.
- CREDITON UNION, Devon—Medical Officer for the Coleridge District.
- CRICK, Northamptonshire—Certifying Factory Surgeon.
- DOWNPATRICK UNION, co. Down—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Strangford Dispensary District: £80 per annum, and fees.
- EVESHAM UNION, Worcestershire—Medical Officer for the Workhouse: £30 per annum, and midwifery fees.—Medical Officer and Public Vaccinator for District No. 1: £52 per annum, and extra fees.—Medical Officer and Public Vaccinator for District No. 2: £50 per annum, and extra fees.
- GLASGOW ROYAL INFIRMARY—Extra Physician to the Dispensary.
- GLENTIES UNION, co. Donegal—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Dungloe Dispensary District: £100 per annum, and fees.
- GREAT NORTHERN HOSPITAL—Junior Resident Medical Officer.
- HENLEY UNION—Medical Officer and Public Vaccinator for the Nettlebed District: £80 per annum, and extra fees.
- HOSPITAL FOR WOMEN AND CHILDREN, Vincent Square—Consulting-Physician.
- LIVERPOOL DISPENSARIES—Assistant Resident House-Surgeon for the East Dispensary: £108 per annum, furnished apartments, coal, gas, and attendance.—Honorary Medical Officer to the North Dispensary.
- MIDDLESEX HOSPITAL MEDICAL COLLEGE—Two Entrance Scholarships: £25 and £20 per annum, for two years.
- PENZANCE UNION, Cornwall—Medical Officer for District No. 3: £26 per ann.
- RUGBY UNION, Warwickshire—Medical Officer and Public Vaccinator for the Crick District: £15 per annum, and extra fees.—Medical Officer and Public Vaccinator for the Kilsby District: £25 per annum, and extra fees.
- ST. GEORGE, Hanover Square—Medical Officer of Health: £350 per annum.
- SEAMEN'S HOSPITAL (late *Dreadnought*), Greenwich—House-Physician.
- SUNDERLAND INFIRMARY—Dispenser.
- TIVERTON INFIRMARY AND DISPENSARY—House-Surgeon and Dispenser: £80 per annum, and residence.
- TRINITY COLLEGE, Dublin—Professor of Anatomy and Chirurgery: £200 per annum, and fees.
- WESTMINSTER HOSPITAL—House-Physician.

### 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.

#### BIRTH.

WOODCOCK.—On September 16th, at 414, Stretford Road, Manchester, the wife of Dr. Woodcock of a daughter.

#### DEATHS.

- \*ATKIN, William, L. K. Q. C. P. I., at Virginia, co. Cavan, aged 57, on Sept. 5th.
- \*EVERS, Charles, M.D., late of Grassendale, near Liverpool, at Scarborough, on September 15th.
- \*TESSIER, Wm. Henry Cecil, M.D., at Biddenden, Kent, aged 38, on Sept. 13th.

### 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.—West London, 3 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, 1.30 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Cancer Hospital, Brompton, 3 P.M.—King's College, 2 P.M.—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, 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.—St. Thomas's, 9.30 A.M.

### MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

- FRIDAY.—Quekett Microscopical Club (University College, Gower Street), 8 P.M.
- Mr. D. E. Goddard, "On Comparative Study"; Mr. John E. Ingpen, F.R.M.S., "Remarks on a Standard Dynamometer for ascertaining the power of Microscopic Objectives."

### NOTICES TO CORRESPONDENTS.

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

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.

COMMUNICATIONS respecting editorial matters should be addressed to the Editor; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the General Manager, at the Office, 37, Great Queen Street, W.C.

#### MIDWIFERY ENGAGEMENTS.

SIR,—In reply to the queries of B. B. B., in the JOURNAL of September 7th, I write to inform you that about a year ago, having been similarly treated by a patient, I sued in the Mayor's Court, Guildhall, and recovered. B. B. B. must not sue, as he contemplates, for advice which has not been given, but for damages sustained through breach of contract; the damages being the pecuniary loss suffered—i.e., the amount of the fee. Dr. Lavies had two successful cases some years ago. B. B. B. will find Letts's *Medical Diary* useful in his case; there being on page 11 a paragraph relating to midwifery contracts, which probably would be accepted by the judge as evidence of custom, if not of law. I hope your correspondent will be successful, and that he will send you a report of the proceedings. London, September 9th, 1872. I am, etc. A. KISCH.

A CORRESPONDENT, B. B. B., may be informed, in answer to his queries, that a case was tried in the County Court in this town some years ago which covers two of the questions asked. The facts in that case were not precisely like those stated by B. B. B., but were as follows. A medical man was sent for to attend a first confinement, for which he had been previously engaged. Being of an irritable temper, and finding he was not likely to be wanted for some hours, he scolded the people for sending for him so soon, and returned home, desiring them to send for him when they required his services. Hearing nothing of the case for three or four days, he called, and found that his patient had been confined on the evening of the day he had visited her. Feeling aggrieved, he made a charge in the County Court for his fee. The judge ruled that the charge was for work which had not been performed; that the fee was not recoverable; and that the patient was not obliged to send for a medical man, although he had been previously engaged to attend when wanted. With reference to the third question, the custom of the profession would not support a charge for advice under such circumstances. Of course, it is very much to be regretted that patients do not act honourably in these matters. I fear, however, that your correspondent's only consolation is, that he must pocket the affront instead of the fee. He may at the same time hold the mirror up to Nature, and see if there is anything in him less attractive than in his neighbours. I am, etc. JOHN BASSETT.

Birmingham, September 9th, 1872.

#### USE OF ALCOHOL.

SIR,—I have read with much interest Dr. Eastwood's paper on the Use of Alcohol in Health and in Disease, and I entirely agree with him in thinking it very desirable that a Committee of Members of the Association and others be formed, as soon as possible, to examine and report upon this most important question. Sept. 7th, 1872. I am, etc. THOMAS LANGSTON.



CORRESPONDENTS are particularly requested by the Editor to observe that communications relating to Advertisements, changes of address, and other business matters, should be addressed to Mr. Francis Fowke, General Secretary and Manager, at the Journal Office, 37, Great Queen Street, W.C., and not to the Editor.

MR. BURNS GIBSON will find probably all the information he requires concerning Cottage Hospitals in the *Handy Book of Cottage Hospitals*, published by Churchill and Co.

#### COMMUNICATION OF DIARRHŒA THROUGH MILK.

MR. J. P. BILLING writes:—I had an infant taken very ill four weeks ago with diarrhœa. The stools were normal in colour, and I was unable to account for it; and though it was treated with care, and had the usual remedies administered, it gradually sank ten days after the onset of the attack. Its elder brother, two years old, was now taken ill in the same way, and was gradually sinking, when I applied at the farm where the milk for these children was procured, and found that all the family were suffering from diarrhœa. I stopped the use of the milk: they became better directly, and my little patient is now quite well. The cause of the diarrhœa was that the milk was taken from cows that had all had "foot-and-mouth disease", and had been treated in the usual way with aperients—sulphate of magnesia, etc.

#### A CURIOUS PRESCRIPTION.

SIR,—The following curious prescription may interest some of your readers. A parish patient, suffering from a scrofulous irritable ulcer of the leg, called on me the other day, and requested me to examine her leg. She stated that she did not want anything to put on it, as what she used seemed to do it more good than anything else she had ever tried. Her valuable preparation consisted of urine, two pints (she sometimes used the urine from several chambers; but, when there was sufficient of her own, she preferred to use only it—she was quite sure hers was better than any other person's); horses' hoofs, two handfuls (obtained from shoeing forge). Boil for three hours; then strain; and, as soon as cold, put the preparation into a large pan with half a pound of brown soap, two large cotton candles (middle eight), and boil until a pipe-bowl (ordinary churchwarden deprived of its stem) will just float. Then, when cool, tie down in jars, and keep in a cool place.

She stated that the preparation made the leg smart a little when first applied; and, although I could see that it was only making an irritable ulcer worse, she would on no account try any other remedy.

I am, etc.,

CHARLES D. HILL DRURY, M.D.

Pulham St. Mary, Harleston, August 27th, 1872.

#### THE CONTAGIOUS DISEASES ACTS.

SIR,—It has been so much the practice of the opponents of sanitary legislation for the mitigation of the evils resulting from syphilis, to rely, for the furtherance of their views, on bold assertion unsupported by facts, that the strong language of Mr. Worth's letter, which appeared in the columns of the JOURNAL for August 24th, will cause but little surprise.

If, however, as that gentleman contends, in direct opposition to the evidence taken by the Royal Commission, the Contagious Diseases Acts "are altogether unnecessary and uncalled for," and "so far from mitigating they aggravate every evil, both physical and moral," we are fairly entitled to ask Mr. Worth to what system he refers when he states that "there are measures entirely unobjectionable and in full accordance with the free spirit of all English institutions," etc., which ought to be adopted in lieu of them? Are they equally efficacious?

September 6th, 1872

I am, etc.,

HENRY HUGH CHAPMAN, L.R.C.P.

SIR,—In reply to the letter of Mr. Worth, I would observe that the serious charges of Mr. Holland against the opponents of the Contagious Diseases Acts, are only too well founded, and that all who have impartially witnessed the working of the Acts must agree with Mr. Holland's remarks. (BRITISH MEDICAL JOURNAL, July 13th, 1872, page 57.)

The advocates of the Acts do not wish to "experiment on the body politic, and violate the constitution": they desire to extend the proved facts, that removal of causes diminishes disease, and to protect the human constitution. It may here be noticed that a few physiologists perform careful investigations on animals in the direct furtherance of knowledge, by means of which practitioners are enabled to prevent or mitigate suffering.

To examine any public woman against her will with the speculum, is, in my opinion, the absolute duty of the State, for the prevention and cure of ethetic diseases. I would remind Mr. Worth that prostitution is a legal offence, and that the Acts recognise, of sad necessity, the dreadful calling, but certainly do not license it. Mr. Worth says: "Of 100,000 women examined, 86,000 are reported as free from disease." This is another way of admitting that of 100,000 women examined, 14,000 (*i.e.*, 14 per cent.) were diseased, and therefore proper objects for detention and treatment.

Mr. Worth writes: "I and other scientific gentlemen protest against these measures." The opponents of the Acts protest, of course; so do criminals when the police interfere with their crimes in the interests of public safety. One of the "guaranteed rights of British subjects" is, that the State should prevent disease, as far as possible. Is it a fundamental law of this country that diseased persons should be encouraged to act as foci? That the Acts are necessary and called for, is abundantly proved on all sides but the bigoted. Your notice (at page 222) of the Army Medical Report is alone a sufficient proof of this. So far from aggravating, the Acts mitigate many evils, both physical and moral. The value of Mr. Worth's letter would have been more apparent if he had mentioned the "other measures entirely unobjectionable and in full accord with the free spirit of all English institutions", which "would not only suffice but accomplish infinitely more good" than successful and mitigating endeavours at police control.

September 1872.

I am, etc.,

PROPHYLAXIS.

BRITISH ARMY MEDICAL EXAMINATIONS.—A correspondent gives the following as to the reasons for the delay in forwarding examinations for appointments in the British Medical Service and in the Control Department. It has been decided to make a great change in all army examinations at once, and the steps necessary to bring this about are now being taken. The chief revolution will be, that examinations for the Artillery and the Engineers, as well as for the Control, will henceforth all be conducted at once, and hence a large saving of money and time will take place. Several of the papers handed to the candidates will be the same, and the examinees will have to write at the top of their papers the words "Artillery", "Engineer", or "Control", according to the respective branches in which they wish to serve. The examinations for the British and Indian Medical Services are also to be amalgamated.

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

MR. J. HUGHES.—A medical man is bound to supply, gratuitously, information to the Registrar concerning the death of a person whom he may have attended, if applied to within eight days. The use of the form supplied by the Registrar-General is, we believe, not absolutely necessary. The present system of death registration has been repeatedly shown to be a very inadequate means of obtaining a registration of disease. We are not aware that an annotated edition of the Public Health Act has yet been published.

#### MEDICAL ETIQUETTE IN THE COUNTY OF DURHAM.

SIR,—An accident lately occurred in the practice of my principal, Mr. Broadbent, of South Hetton, in which a person sustained extensive lacerated wounds of the face, with comminution of the nasal bones, fracture of the superior maxilla, and comminuted fracture of the right humerus. Having been sent for, I arrived at the house immediately, and found the man attended by the assistant at South Hetton; and while we attended to the most urgent demands of the case, Mr. Fothergill, of Haswell, who was acting for Mr. Broadbent, then absent from home, arrived, and, immediately after him, an individual who seemed most anxious as to the condition of the patient, as shown by his pushing himself forward to the bedside, and exhibiting such a degree of officiousness as induced Mr. Fothergill to inquire who he was. He explained his anxiety by stating that he was the "family doctor", and was then introduced as "Dr." Parker (of Easington Lane). After a short time, Mr. Fothergill proposed a consultation, and accordingly we withdrew and considered the case, and, in fact, our further mode of procedure. Mr. Fothergill proceeded to put up the fractured humerus with junk splints, which were then the most ready at hand, the arm having been bandaged from the extremity. While he was adjusting the splints, "Dr." Parker insisted that the bandage should be continued beneath them. Mr. Fothergill objected to this, stating, at the same time, that the fracture was being secured only temporarily. Whereupon "Dr." Parker remarked, rather spitefully (for his tone could not possibly be construed otherwise), that Mr. Fothergill "put up his fracture like a bone-setter"; and otherwise expressed himself in a manner calculated to depreciate us all, but especially Mr. Fothergill, in the eyes of a roomful of the patient's friends. I should consider myself far short of my duty did I not publish such conduct, which too truly verified the adage that "doctors differ"; and which plainly showed that "Dr." Parker never learned, or at least has forgotten, that they can differ in a gentlemanly manner. I am, etc., EDWARD E. CAMPBELL, M.B., C.M.

Murton Colliery, Co. Durham, September 5th, 1872.

#### DEATH-CERTIFICATES: THE CASE OF MR. CROFT.

SIR,—A short notice appears in your JOURNAL of the 17th August, of the committal for trial of a gentleman named Croft, who has practised at Snitterfield (Warwickshire) for twenty years, on a charge of giving a false certificate of death.

The facts of the case, as related in the JOURNAL, appear to me to render the committal so preposterous and absurd, and to point out so strongly the danger of medical men filling up the certificates provided by the Registrar-General, that, for one, I shall certainly decline in future to use them until some satisfactory arrangement is made or explanation given. For a man of twenty years' standing in our profession to be dragged before a bench of magistrates, and sent for trial on such a trumpety charge, ought to open the eyes of the profession to the dangers in which they are environed by the Registration Act. I think the best way would be for all of us to ignore altogether the Registrar's forms, and simply write, on a plain sheet of paper, the name, age, apparent cause of death, and other necessary information; signing this, and addressing it to no one in particular. This, I am advised, would not render the signer liable to any proceedings.

I am, etc.,

GEO. B. MEAD, M.D., L.R.C.P. Lond.

Mentmore House, Newmarket, August 1872.

\* \* \* From the particulars which have transpired, it seems clear that, although Mr. Croft was not free from indiscretion in the matter, he was entirely free from any other than the purest intentions. The prosecution is one of the most vindictive and unjustifiable proceedings ever brought under our notice; and Mr. Croft is entitled to the warmest sympathy. We learn with pleasure that this is already manifested by the profession and public in his neighbourhood. The grand jury will probably ignore the bill against him; and Mr. Croft must not think too much of what is a technical rather than a real trouble.

We are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Liverpool Weekly Albion, Sept. 14th; The Manchester Guardian, Sept. 18th; The Tewkesbury Record, Sept. 14th; The Aberdeen Daily Free Press, Sept. 13th; The Cambridge Express, Sept. 14th; The Homeward Mail, Sept. 11th; The Jersey Express, Sept. 12th; The North British Advertiser, Sept. 14th; Saunders's News-Letter and Daily Advertiser, Sept. 17th; The Bath Express, Sept. 14th; etc.

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

Dr. Morell Mackenzie, London; Dr. Tilt, London; Dr. W. W. Dunkley, Stoke-on-Trent; Dr. C. Handfield Jones, London; Dr. H. Simpson, Manchester; Our Glasgow Correspondent; Dr. H. Bennet, London; Mr. W. Draper, York; Dr. D. Page, Kirkby Lonsdale; Dr. James Thompson, Leamington; Mr. Wanklyn, London; Dr. Dalton, Cheltenham; Dr. Stryp, Shrewsbury; Dr. Rogers, London; Mr. T. C. White, London; M.D. Edin.; Dr. C. Bell Taylor, Nottingham; 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. E. Robinson, Leeds; B. B. B.; Mr. Lawson Tait, Birmingham; Mr. Soutter, London; Dr. S. Woodcock, Manchester; The Editors of the "Medical Directory"; Dr. Bryan, Northampton; etc.

#### BOOKS, ETC., RECEIVED.

System of Surgery: Pathological, Diagnostic, Therapeutic, and Operative. By Samuel D. Gross, M.D., LL.D., D.C.L. Illustrated by upwards of Fourteen Hundred Engravings. Fifth Edition. In Two Volumes. Philadelphia: 1872. Aid to the Diagnosis of Diseases of the Kidney. By W. R. Basham, M.D. London: 1872.