

ter position, or have a better chance of success. He accounted for the failure by the difficulty of adhesion over the hard palate, and the readiness with which the contracting granulations tore asunder the stitches in the middle line. The man, although deeply under chloroform, was very restless during the operation ; but this was to be expected, where the surgeon had to come and go so often, as in this operation, and where blood was constantly gurgling over the larynx, and requiring to be swabbed up to allow respiration. The ear, in such a case, might be as useful as the eye, to know when it was necessary to sponge up the blood at the back of the mouth.

Hip-Disease : Excision.—The patient, a boy, had been suffering from hip-disease for four years. He had been in the hospital for some time, and the ordinary treatment had been followed, but without relief. There was much shortening of the diseased limb, with very great fulness of the hip. Dislocation on the dorsum ilii had taken place, and presented the same appearances as the accidental dislocation. There were no sinuses over the joint, but a small opening had appeared that morning on the inner side, and fluctuation was felt in the groin. On making incision into the muscles over the head of the bone, it was found on the dorsum of the ilium, and the joint was quite carious. A quantity of crude, unhealthy looking matter oozed out from the apparently healthy tissue. Sir William Fergusson sawed off the head of the bone, gouged out some carious portions of the ilium, and closed the wound. The cartilage in the excised head was eroded, and at one portion it had inflamed and thrown out an adventitious membrane, so strong that it readily bore the weight of the head when held by the forceps.

Hip-Disease : Examination under Chloroform.—The patient, a boy, had been in the hospital for twelve months suffering from the same disease as the last. His left hip had been operated on, the head of the femur being excised about that time, and the disease had also set up in the right hip. The pelvis was affected, pus coming out freely in the groin ; and altogether the case seemed a hopeless one for operation or improvement. The object of the present manipulation was to ascertain whether there were any pieces of necrosed bone about the joint retarding recovery and requiring removal. Sir William Fergusson could detect none by probing, and he thought it would be very unwise to do more than probe.

THE HOSPITAL FOR SICK CHILDREN.

INJURY TO ABDOMEN : TYPHILITIS : PERFORATION OF THE VERMIFORM APPENDIX : PERITONITIS : DEATH.

(Under the care of Mr. HOWARD MARSH.)

THE following report and remarks are by Mr. R. W. Parker, House Surgeon.

A. E. H., a boy aged 7, was brought to the Hospital in August last, with the following history. While walking in the street with his head turned in the wrong direction, he had run against some iron railings, and struck his abdomen. He went home, but did not say anything about it, as the accident appeared very trivial. He was sick several times during the night, and, on the following day, complained of pain and tenderness "in his stomach." On being questioned by his mother, he told her about his accident. Next morning, being the second since the injury, he was brought to the hospital, and saw Mr. Marsh. At this time, he complained of pain and tenderness in the abdomen, for which poultices were ordered, and rest in bed enjoined. Until the following Saturday, on which day he was again brought to the hospital, he kept his bed, felt and looked ill, his diet being milk and beef-tea : his bowels had not acted since the previous Sunday ; the pain in the abdomen was worse ; his bladder was full, and he could not empty it. Chloroform was administered, in order that a more careful examination might be made than was possible without it, on account of the pain. The urine was drawn off, and, on manipulation, there was now felt an induration, apparently in the abdominal parietes in the right iliac region, but no fluctuation ; the abdomen was much distended. He was sick after the chloroform, and looked ill ; the vomiting continued all Saturday and Sunday, until 2 P.M., when he died.

Post Mortem Examination Thirty-six Hours after Death.—On opening the abdomen, a quantity of foetid gas escaped. The intestines were distended with air ; they were glued together with recent peritonitic lymph. A small round mass of hardened faeces was found in the right iliac fossa, near the vermiform appendix, which, on examination was found to be perforated ; the appendix was glued to the colon by recent lymph ; the intestines were otherwise healthy.

REMARKS.—The case is interesting in the following points.

1. The illness was thought to result from *injury* to the abdomen ; and application was, therefore, made to a surgeon, who considered it

an incipient abscess in too early a stage for any active interference, and typhilitis was scarcely suspected.

2. The *vomiting*, after the chloroform—by no means an unusual occurrence—at first excited no alarm, and ice and the usual remedies were ordered, but without any relief.

3. The *accident*, which was a very slight one, and which, under other circumstances, would have been harmless, was in this case sufficient to set up acute peritonitis, where it had probably existed for some time previously in a subacute and localised form.

4. How far the *manipulation*, which was nevertheless gently and carefully performed, may have helped the ulcerative process to perforate the appendix, is subject for serious speculation.

5. Whether the *vomiting*, which quickly and persistently followed on the chloroform, brought about the fatal event earlier than would otherwise have been the case is another point, which adds a certain medico-legal interest to a very instructive clinical study.

SELECTIONS FROM JOURNALS.

THERAPEUTICS.

DIURESIS AND DIURETICS.—Dr. E. Verdun has published a treatise on this subject, in which he studies it from the anatomical and physiological point of view. He observes, with M. Gubler, that the rapidity of the circulating current needs to be augmented at the same time as the intravascular pressure, in order that the quantity of urine secreted may be increased ; in other words, there must be active vascular tension in the vessels of the kidney. Whenever augmentation of tension is accompanied by stasis of blood in the capillaries, as in inflammation, the arrest of urinary secretions is the consequence. He specially recommends a diuretic oxymel, composed as follows : Tincture of digitalis, 10 grammes ; watery extract of ergot, 10 grammes ; bromide of potassium, 30 grammes ; laurel-water, 30 grammes ; gallic acid, 5 grammes ; oxymel of squill, 500 grammes ; syrup, 4.15 grammes.

TREATMENT OF POISONING BY HYDRATE OF CHLORAL.—Dr. Erlenmeyer, junior, remarks that the quantity of hydrate of chloral required to produce poisonous symptoms is undetermined. The smallest quantity known to have produced poisoning is two and a half scruples ; while, on the other hand, as much as 460 grains has been taken without danger. The symptoms of poisoning by chloral are, diminished frequency of respiration, redness of the conjunctivæ, contraction of the pupils, lividity of the lips, and falling of the lower jaw : the state of the pulse has varied very much in several cases. The most important indication is the removal, as quickly as possible, of the chloral remaining in the stomach, or its dilution by water containing tea, coffee, or rum. The second indication is to restore the respiration. Not much benefit is to be expected from the use of strychnia, physostigma, morphia, camphorated ether, or ammonia, which are supposed to act as antidotes to chloral. Transfusion of blood may perhaps be found useful, as it has already been in poisoning by chloroform.—*Med.-Chir. Rundschau*, October 1872.

LOCAL USES OF TANNIN.—Dr. G. P. Hachenberg (*New York Medical Record*, August 15th, 1871) reports several cases of the use of this remedy in prolapsus uteri. A glass speculum is introduced into the vagina so as to push the uterus into its place. Through the speculum a metallic tube or syringe, with the end containing about thirty grains of tannin, is passed. With a piston, the tannin is now pushed against the uterus, the syringe withdrawn, and the packing neatly and effectually completed, with a dry probang, around the mouth and neck of the womb. After the packing is completed, the probang is placed against the tannin, in order to hold it, and the speculum is partially withdrawn. The packing is now fully secured and the instrument removed. The application of tannin holds the uterus firmly and securely in place, by corrugating and contracting its parts. At first, the applications may be made weekly, finally but once or twice a month. It not only overcomes the hypertrophy and elongation of the cervix, but even, the writer thinks, induces slight atrophy. As a remedy for leucorrhœa, where the seat of the inflammation is at the mouth of the womb, or within the vagina, it gives speedy relief. Dr. Hachenberg also reports a case of chronic ulceration of the rectum, which was cured after a few weekly packings of tannin. He has found, moreover, that in afflictions of the throat, direct applications of tannin to the diseased parts give satisfactory results ; and that no remedy has given such satisfactory results in certain forms of chronic ophthalmia and opacity of the cornea as pure well triturated tannin placed under the eyelids once a week. The application is not very painful, and the tears soon dissolve the tannin.

ASSOCIATION INTELLIGENCE.

COMMITTEE OF COUNCIL: NOTICE OF MEETING.

A MEETING of the Committee of Council will be held at the Queen's Hotel, Birmingham, on Wednesday, the 13th day of November next, at 3 o'clock in the afternoon.

FRANCIS FOWKE, *General Secretary.*
37, Great Queen Street, 24th October 1872.

SOUTH EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

THE next meeting is appointed for Tuesday, November 12th, at 4.45 P.M., at the General Hospital, Maidstone; WILLIAM HOAR, Esq., in the Chair.

Dinner at 6.30 P.M., at the Mitre Hotel.

FREDERICK JAMES BROWN, M.D., *Honorary Secretary.*
Rochester, November 4th, 1872.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

THE next meeting will be held at the Fountain Hotel, Canterbury, on Thursday, November 14th, at 3 o'clock; Mr. WILKS, of Ashford, in the Chair.

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

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

The following papers have been promised. 1. Mr. Rigden: Are the number or extent of the Cicatrices of Vaccination a test of the security against Small-Pox? 2. Dr. Joyce: Case of Acute Inversion of the Uterus. 3. Dr. Parsons: Case of Incarcerated Placenta.

The Committee appointed to consider Mr. Reid's motion relative to Medical Officers of Health and the Association, will report.

Gentlemen who intend to be present at the dinner, are particularly requested to inform me on or before Tuesday, the 12th instant.

CHARLES PARSONS, M.D., *Honorary Secretary.*
2, St. James's Street, Dover, November 1st, 1872.

SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT MEDICAL MEETINGS.

THE November meeting of the members of this district will be held at Mellison's Hotel, West Street, Brighton, on Tuesday, November 19th, at 3 o'clock; Dr. WITHERS MOORE in the Chair.

A contribution is promised by Dr. Milner Barry of Tunbridge Wells, entitled "A Note on the Treatment of Purpura Haemorrhagica."

Members are requested to attend prepared to express their views on the Public Health Act.

On this occasion, the Directors of the new Marine Aquarium offer free admission to the members from 3.30 P.M. to 5.30. The building will be illuminated, and the tanks lighted up, for the first time in public, by gas-light; and the manager, Mr. Lord, has kindly promised to conduct the members and direct attention to the characteristics of the more remarkable occupants of the tanks.

Dinner will be provided at Mellison's Hotel, at 5.45 precisely. Charge 5s., exclusive of wine.

THOMAS TROLLOPE, M.D., *Honorary Secretary.*
35, Marina, St. Leonards-on-Sea, November 1872.

SHROPSHIRE SCIENTIFIC BRANCH.

THE annual meeting will be held in the Natural History and Antiquarian Museum, Shrewsbury, on Wednesday, Nov. 20th, at 1.30 P.M.; Dr. H. NELSON EDWARDS, President of the Branch, in the Chair.

Papers will be read, and interesting specimens and objects exhibited. Gentlemen intending to read papers will kindly communicate with the Honorary Secretary.

The Dinner will take place at the George Hotel at 4 o'clock, for 4.30 exact time. Members can introduce friends.

SAMUEL WOOD, F.R.C.S., *Honorary Secretary.*
Shrewsbury, October 30th, 1872.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: ORDINARY MEETING.

THE first meeting of Session 1872-73 was held at the Midland Institute, Birmingham, on Thursday, October 10th, at 3 P.M. Present: THOMAS EBBAGE, Esq., President, in the chair; and forty-four members.

New Members.—Thirteen members of the Association were elected members of the Branch.

Communications.—1. *Removal of the Upper Jaw.* Mr. LAWSON TAIT showed a lad, aged 16, from whom, nineteen days previously, he had removed the left upper jaw for a benign epuloid tumour. No special difficulty had been met with in the operation. The wound healed by first intention, and the patient was up and going about on the fifth day.

2. *Uterine Polypi.*—Mr. TAIT showed two uterine polypi, both removed by the *écrasur*. The patient in one of the cases was apparently at the point of death from haemorrhage, and Mr. Tait had made up his mind to perform transfusion, when signs of rallying set in, and obviated the necessity.

3. Mr. TAIT exhibited a new Intrauterine Stem of Vulcanite, self-retaining.

4. *Oxalic Calculus.*—Mr. BARTLETT showed an oxalic calculus removed by lateral lithotomy on the previous day. The patient, a male, aged 22, had suffered from symptoms of stone for fifteen years. The calculus weighed 1,220 grains.

5. Mr. FURNEAUX JORDAN read a paper entitled *Notes on a Few Surgical Operations.*

6. Dr. JAMES THOMPSON read a paper entitled *Remarks on the Treatment of Haemorrhoids.*

BATH AND BRISTOL BRANCH: ORDINARY MEETING.

THE first ordinary meeting of the session was held on Thursday, October 31st, at the Royal Hotel, College Green; T. G. STOCKWELL, Esq., President, in the Chair. There were forty-eight members present and eight visitors.

Communications.—1. Mr. Tibbits showed a case of Excision of the Hip-joint, where the patient was able to walk four miles three months after the operation.

2. Mr. F. Lansdown showed a case of Extensive Ulceration cured by Skin-grafting.

3. Mr. Tibbits gave a *résumé* of his paper on the Injection of Liquor Ammoniae into the Veins, read before the Society in May last; and Dr. Davey and Mr. Stockwell joined in the discussion which followed.

4. Mr. Green read a paper on Deaths from Chloroform, especially advocating the use of galvanism in cases of partial asphyxia from chloroform vapour. This was followed by a discussion, in which Messrs. Stockwell, Bleeck, Tibbits, Board, T. Clark, E. Prichard, Dr. J. G. Davey, and Dr. Shingleton Smith joined.

SOUTH WALES AND MONMOUTHSHIRE BRANCH: ORDINARY MEETING.

THE ordinary meeting of the South Wales and Monmouthshire Branch was held at the Town Hall, Pontypool, on Friday, October 25th. Present: T. J. DYKE, Esq., President, in the Chair; and fifteen members.

New Members.—Six gentlemen were declared members of the Branch.

Epidemic Puerperal Peritonitis.—Mr. EVAN JONES (Aberdare) introduced a discussion on the duties of practitioners in charge of large manufacturing populations, in reference to visiting or declining to visit cases of epidemic puerperal peritonitis in consultation. The occasion for the consideration of the question arose out of circumstances which occurred during a recent outbreak of the disease in Aberdare. The subject was postponed for further details, to be given at the next meeting.

Entropion.—Dr. WILLIAMS (Pontypool) exhibited a case showing satisfactory results of an operation for entropion. A ligature had first been passed from near the margin of the tarsal cartilage upwards to just below the eyebrow, then tied firmly and allowed to ulcerate through.

Abdominal Fistula.—Dr. WILLIAMS also exhibited a case in which abscess of the abdominal wall had been followed by a fistulous opening communicating with the intestinal canal in the right iliac region.

Fatal Remains passed per Rectum.—Mr. EVAN JONES related a case in which, from time to time, during a period of two years, portions of a foetus had been expelled per rectum.

Pulmonary Hydatids.—Mr. H. N. DAVIES (Cymer) related a case in which pneumonic symptoms (lasting eighteen months) had been followed by expulsion of a mass of hydatid cysts (arranged like a bunch of grapes), mingled with pus and blood.

Chorea during Pregnancy.—Dr. DAVIES (Ebbw Vale) gave particulars of a case of chorea, occurring to a woman for the third time, in the pregnant state. The symptoms commenced in the fifth month.

Till the seventh, she was treated in the ordinary way; premature labour was then induced, but no improvement followed, but rather the reverse. She was then given a dose of chloral hydrate (two scruples) and succus conii (one drachm). This was followed by twelve hours' consecutive sleep. She awoke tranquil, and freed permanently from choreic symptoms.

Committee of Council.—The PRESIDENT gave notice that he would, at the next meeting of the Branch, bring under its consideration the constitution and mode of election of the Committee of Council, and move a resolution thereon.

Medical Officers of Health.—The PRESIDENT read an address on “The Duty of a Medical Officer of Health and how to do it.”

Thanks were subsequently voted to the President for his paper. [It will be published in an early number of the JOURNAL.]

The Next Meeting was fixed by the Council for the 31st January, 1873, at Brecon.

Dinner.—The members subsequently dined together at the Clarence Hotel.

REPORTS OF SOCIETIES.

CLINICAL SOCIETY OF LONDON.

FRIDAY, OCTOBER 25TH, 1872.

J. COOPER FORSTER, Esq., Vice-President, in the chair.

Caries of the Knee.—Mr. WARRINGTON HAWARD exhibited a case of caries of the knee-joint, treated by the local application of sulphuric acid. A boy, eight years of age, had suffered for eighteen months from progressive disease of the knee-joint. He was much emaciated, pale, and very weak; took food ill, and was in much pain from frequent startings of the joint; there was considerable fever, and he had a wearied and anxious expression. The right knee-joint was much swollen, and discharged, from openings on each side, a large quantity of foul pus; matter had also burrowed in the neighbourhood, and sinuses discharged both above and below the joint. He was placed under ether, and the joint examined with the finger. The ligaments were found quite dislodged, allowing free lateral movement; the cartilages were destroyed over a great part of both articular surfaces; and the joint-ends, with numerous carious patches, were surrounded by the thickened and suppurating synovial membrane. The ends of the tibia and femur were not expanded, and the disease was limited to the joint. Sulphuric acid was freely applied, after the manner introduced by Mr. Pollock, to the carious joint-surfaces, and, of course, necessarily to the synovial membrane. The result of this was the separation of parchment-like sloughs from the bone, the rapid diminution of suppuration and pain, the healing of the sinuses, and a corresponding improvement in health. In two months, the sinuses were nearly all healed; and, in six months, there was ankylosis of the bones. The boy is now in excellent health, and walks about actively with a firm and useful limb. This is the first case in which this treatment has been applied to a large joint; but one was mentioned in which Mr. Pollock had thus treated the wrist-joint. It was pointed out that the cases to which this treatment was especially applicable were those which have their origin in chronic synovitis, and which go on to ulceration of the cartilages and superficial bone-carries, in which the acid acted beneficially, not only upon the bone, but by destroying the thickened and suppurating synovial membrane.—Dr. THEODORE WILLIAMS wished to know of what strength the acid was.—Mr. JOHN CROFT said that he had used it in two cases—one of diseased cranial bone, and the other tarsal bone. Both were successful.—Mr. LAWSON referred to the success of Mr. Pollock's cases, in which he had used the application diluted fifty per cent., but afterwards the pure acid. He said that Mr. Fitzpatrick had recommended and had used Vienna paste in caries. Hydrochloric acid had also been employed with great benefit. It seemed, he thought, only necessary to apply some strong escharotic.—Mr. BERKELEY HILL said he had used Ricord's paste with charcoal in necrosed tibia. The bone came away, and granulations sprang up, and thereby the process became shortened.—The PRESIDENT said he would be disposed to try it.—Mr. DE MORGAN said that he had used potassa cum calce in a case of diseased tarsus, and in the course of time the patient was perfectly well. The salt produced no injury. He was now using nitric acid in a case, but he could not say as yet with what benefit. He preferred acid to gouging. He thought this mode more rational.—Mr. HAWARD, in reply, said that he used the acid of the strength of one part to two of water. The acid, he thought, acted with a power according to the

degree of death of the part. The pain lasted about half an hour after the application of the acid. Vienna paste, he thought, gave more pain, and did not act so well.

Dr. ANSTIE read a paper on a case of Syphilitic Paralysis, with Atrophy and Repair of Muscle; and Mr. COOPER FORSTER one on a case of Cystitis treated by Injection of Opium into the Bladder. Abstracts of these papers have not been forwarded to us. We are accordingly unable to present a full and intelligible report of the very interesting and instructive discussion which followed both.

In the discussion on Dr. Anstie's paper, Mr. LAWSON, under whose care the patient had originally been, stated that the triceps had wasted to such an extent as to prevent the patient from following his employment.—Dr. CHOLMELEY had had a similar case with thickening of the cervical vertebrae, in which iodide of potassium and the faradaic current had proved successful.—Mr. NUNN related an interesting case of syphilitic paralysis of the fifth, ninth, and other cranial nerves, in which the bichloride of mercury had answered.—Dr. ALTHAUS was of opinion that the combination of iodide of potassium and electricity had proved best, and that in some cases of syphilitic hemiplegia or paraplegia of long standing iodide of potassium had proved of no service; but that in recent cases of the latter it was of great benefit. The other cases required also electricity.

In the discussion on Mr. Cooper Forster's paper, Mr. CROFT remarked that he was a total disbeliever in opium being taken up by unbroken mucous membrane and producing any effect, and related the case of a lady with cystitis, in which he had injected two drachms of liquor opii sedativus in an ounce of water. The fluid was retained an hour, and repeated from day to day, without effect on the bladder or on the constitution.—Dr. BRAXTON HICKS had used morphia locally as less irritating, in quantities of one, two, or three grains. One female took eight grains, and was much affected by the opium, but her very marked constitutional symptoms were almost gone next day. He had observed that a residuum of cystitis remained after this mode of treatment, which could be relieved by astringents.—Dr. GLOVER remarked on the question of absorption of opium by mucous membrane, that in a case of irritability of the rectum in a woman who was in the habit of taking a grain of morphia by the mouth daily, he had ordered a suppository of two grains of opium. It made her sleepy.—Dr. ANSTIE thought it very extraordinary if the mucous membrane of the bladder did not absorb. With regard to the rectum, he had found opium there as potent as taken by the mouth. He did not believe that the bladder did not absorb.—Dr. BRAXTON HICKS said that not less than two or three grains of morphia would produce any effect. He believed its effect in cystitis to be local. He used it primarily, and afterwards some other application.—Mr. DE MORGAN remarked that the absorption or non-absorption of the opium might depend on the condition of the wall of the bladder. If not covered by secretion, would it not be absorbed? He knew that belladonna was.

MEDICAL SOCIETY OF LONDON.

MONDAY, OCTOBER 28TH, 1872.

THOMAS BRYANT, Esq., President, in the Chair.

Aortic Aneurism: Occlusion of left Carotid Artery.—Dr. COCKLE read a paper on the connection between occlusion of the left carotid artery and the existence of laminated clot in the sac of aortic aneurism. He said that the mere pathology of aortic aneurism was, as it were, exhausted, and that the chief interest would henceforth centre in the treatment of the disease. Of late a marked impulse had been given in such direction in Italy, Russia, and this country. In Italy, Ciniselle had achieved satisfactory results from the employment of galvanopuncture, but still, as it seemed to the author, there were certain drawbacks in the employment of this agent. He had ventured to bring forward a series of cases to show that there existed a connection between occlusion of the carotid artery and the formation of clot in the aortic sac. In the first category were cases in which nature had thus filled the aneurism, and in a second category were cases in which the result had been artificially induced either with indirect or direct intent. The case in which the artery was tied by Mr. Heath with the direct intent of checking the aortic aneurism is published in the *Transactions* of the Clinical Society for 1872. Remarks were then made as to the proximate causation of the formation of clot in the aneurism; and, hinting at the difficulties of explanation, the author concluded by briefly alluding to the possible accidents attendant on such, contending that in no wise did they contraindicate the operation. A short discussion followed.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, October 31st, 1872.

Coates, William Harrison, Henley-on-Thames

Smith, John Frank Shersley, Greenwich

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

Day, Edmund Overman, Guy's Hospital

Draper, Matthew Ryder, London Hospital

Reid, Mathew, Guy's Hospital

As an Assistant in compounding and dispensing medicines.

Hunt, Harry Richard, Westmoreland Road, Walworth

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—The following gentlemen were elected Fellows of the College at a meeting held on October 16th.

Daniel Carmichael, Bedlington, Northumberland; John Lowe, Edinburgh; William Ketchen, Middlesbrough, Yorkshire; James Seaton, Leeds; William Joseph Hepburn, Dublin; and Charles Edward Underhill, Edinburgh.

The following gentlemen passed their final examinations during the October sittings of the examiners, and were admitted Licentiates of the College.

Robert Laidlaw, Saltcoats; Oswald Gillespie Wood, Kingston, Canada West; John Martin, Cork; and Joseph Allen Whyte, Charleston, South Carolina.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH: DOUBLE QUALIFICATION.—The following gentlemen passed their first professional examination during the October sittings of the examiners.

Peter Henry McLaren, Bedlington; Robert Shaw Hunter, County Down; John Martin, County Down; Adam Smith Court, Barrow-on-Humber; and Robert Vandeleur Kelly, County Westmeath.

The following gentlemen passed their final examinations, and were admitted L.R.C.P. Edin. and L.R.C.S. Edin.

Robert Alexander Lithgow, Belfast; John Francis Malony, Ennis; David Protheroe Saer, Pembroke; Richard Atkinson Jackson, Lancaster; John Cochrane, Edinburgh; William Bower, Lincolnshire; Thomas Small, Forfarshire; George Merriman Hiron, Worcestershire; Charles Braid, Cheshire; Jacob Daniel, Bombay; Finlay Macnab, Glasgow; Alexander Scott, Ireland; William Henry Anderson, Lincolnshire; Jacob John Versfeld, Cape of Good Hope; John William Bell, Brydekirk; Arthur Graham, Hendon; and Wm. Ashe Smith, Armagh.

MEDICAL VACANCIES.

The following vacancies are announced:—

ALNWICK INFIRMARY—House-Surgeon: £105 per annum, furnished apartments, attendance, coals, and gas.

BROMSGROVE UNION, Worcestershire—Medical Officer for the Bromsgrove District: £60 per annum.—Workhouse: £30 per annum.

CAMBERWELL, Surrey—Dispenser: £90 per annum, residence, coal, and gas.

CENTRAL LONDON OPHTHALMIC HOSPITAL—Assistant-Surgeon.

CHARING CROSS HOSPITAL MEDICAL SCHOOL—Demonstrator of Anatomy: £150 per annum.

CHELSEA, BROMPTON, and BELGRAVE DISPENSARY—Physician.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—Assistant-Physician.

CONVICT PRISON, Spike Island—Medical Attendant: £300 per annum, rations, fuel, light, and unfurnished quarters.

CRAIGNISH, Argyllshire—Parochial Medical Officer.

DERBY AMALGAMATED FRIENDLY SOCIETIES' MEDICAL ASSOCIATION—Medical Officer: £200 per annum and residence.

DURHAM COUNTY LUNATIC ASYLUM, Sedgfield, Ferryhill—Assistant Medical Officer to the Female Department.

EVELINA'S HOSPITAL FOR SICK CHILDREN, Southwark Bridge Road—House-Surgeon: £60 per annum, board, washing, and residence.—Registrar.

FRIENDLY SOCIETIES MEDICAL INSTITUTE, Northampton—Medical Officer: £180 per annum, with residence.

FULHAM UNION—Medical Officer for District No. 5: £50 per annum, and extra fees.

GENERAL INFIRMARY, Northampton—House-Surgeon: £125 per annum, furnished apartments, board, attendance, and washing.

GRANARD UNION, co. Longford—Temporary Medical Officer for the Finea Dispensary District.

HERTFORD—Physician to the Hertford County Gaol.—Physician to the Herts Reformatory.

HOSPITAL FOR WOMEN, Soho Square—Two Clinical Assistants.

HOSPITAL FOR WOMEN AND CHILDREN, Vincent Square—Two Consulting-Physicians.

LEPER HOSPITAL, Waterford—Apothecary.

LIVERPOOL—Third Medical Inspector of Emigrants at Liverpool: £300 per ann.

LONDON FEVER HOSPITAL—Resident Medical Officer: £200 per annum, residence, coal, gas, and attendance.

MANCHESTER ROYAL INFIRMARY—Two Assistant-Physicians.—Two Assistant-Surgeons.—Ophthalmic Surgeon.—Obstetric Surgeon.—Dental Surgeon.

METROPOLITAN FREE HOSPITAL, Devonshire Square—Honorary Assistant-Physician.

ROYAL MEDICAL BENEVOLENT COLLEGE, Epsom—Treasurer.

ST. THOMAS'S HOSPITAL—Surgical Registrar.

SEAMEN'S HOSPITAL (late *Dreadnought*), Greenwich—House-Surgeon.

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

SUFFOLK GENERAL HOSPITAL, Bury St. Edmunds—Resident Medical Officer and House-Surgeon.

TIVERTON INFIRMARY AND DISPENSARY—House-Surgeon and Dispenser: £100 per annum, furnished apartments, coal, gas, and attendance.

MEDICAL APPOINTMENTS.

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

BLACK, D. Campbell, M.D., appointed an Extra-Physician to the Royal Infirmary of Glasgow.

*FERRIER, D., M.D. Edin., M.R.C.P.Lond., appointed Junior Physician to the West London Hospital.

*FISH, J. C., M.D., appointed Junior Physician to the West London Hospital, *vice* *F. Simms, M.B., resigned.

*JEAFFRESON, C. S., Esq., appointed Honorary Surgeon to the Newcastle Eye Infirmary, *vice* J. B. Fife, Esq., resigned.

LOWE, John, M.B., Assistant Medical Officer to the Durham County Asylum, appointed Assistant Medical Officer to the South Yorkshire Asylum at Wadsley, near Sheffield.

*PRESTON, T. J., Esq., appointed Resident Medical Officer to the East Grinstead General Dispensary, *vice* W. Dixon, M.B.

THOMPSON, Wm., M.D., elected House-Surgeon to the Richmond Hospital, Dublin.

*THOROWGOOD, J. C., M.D., appointed Physician to the West London Hospital, *vice* Henry Maudsley, M.D., resigned.

WARD, Joseph, Esq., appointed Resident Surgeon to the Birmingham General Dispensary.

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.

BIRTHS.

CORNALL.—On November 5th, at Beech House, Warrington, the wife of *John H. Gornall, Esq., Surgeon, of a daughter.

KEMP.—On August 27th, at The Terrace, Wellington, New Zealand, the wife of *William George Kemp, L.R.C.P.Lond., of a daughter.

COMMUNICATIONS, LETTERS, &c., have been received from:—

Dr. J. Matthews Duncan, Edinburgh; Dr. Rumsey, Cheltenham; Dr. Alexander Ogston, Aberdeen; Dr. G. M. Humphry, Cambridge; Mr. James Lane, London; Mr. Sidney Turner, Norwood; Dr. J. C. Murray, Newcastle-upon-Tyne; Mr. Page, Belfast; Mr. Fradelle, London; Dr. Henry Thompson, London; Mr. Furneaux Jordan, Birmingham; Dr. Broadbent, London; Dr. T. R. Fraser, Edinburgh; Mr. S. Messenger Bradley, Manchester; Dr. Crighton, London; Dr. Procter, York; Mr. G. F. Hodgson, Brighton; Mr. McGill, Leeds; Dr. A. W. Edis, London; Mr. Philpot, East Dulwich; Mr. T. Davies, Colwyn; Mr. Underhill, Tipton; Mr. Nourse, Brighton; Mr. P. H. Holland, London; Dr. Stenhouse, London; Mr. Cusse, London; Mr. Allingham, London; Mr. Smith, St. Helier's; Dr. C. J. B. Williams, London; Dr. J. W. F. Smith, Aberdeen; Dr. J. Crichton Browne, Wakefield; Dr. Parsons, Dover; The Rev. D. Edwards, Llanystudwy; Dr. Haddon, Eccles; Mr. C. S. Jeaffreson, Newcastle-upon-Tyne; Dr. Conrade, London; Mr. Manson, Howden; M.R.C.S.E.; The Secretary of the Female Medical Society; Dr. Dunbar, Kirkmarden; Dr. Wilson, Glasgow; Dr. F. J. Brown, Rochester; Mr. Unthank, Appleton-Wiske; The Hon. Granley Berkeley, London; Dr. Cheadle, London; Dr. Drysdale, London; Dr. Copeman, Norwich; The Registrar-General of England; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; Mr. T. M. Stone, London; The Registrar of the Medical Society of London; Dr. Ransome, Manchester; The Secretary of the Hunterian Society; The Rev. Dr. Haughton, Dublin; Mr. James Robertson, Edinburgh; Dr. Woodward, Worcester; Dr. Gibson, Bedford; Mr. R. M. Mann, Manchester; Mr. I'Anson, Whitley; Dr. Dickinson, London; Mr. J. O. Tomlinson, Curragh; Mr. Alexander, Hammersmith; Dr. Bäumler, London; Our Dublin Correspondent; Dr. Menzies, Naples; Mr. Pendred, London; Major Kemp, Sandgate; Mr. Gornall, Warrington; Mr. T. Plant, Birmingham; The Secretary of the Clinical Society; Dr. Trollope, St. Leonard's-on-Sea; Mr. R. Tickler, Owston Ferry; Dr. J. W. Moore, Dublin; Mr. S. Wood, Shrewsbury; Dr. H. H. Phillips, Reading; Mr. Board, Bristol; Mr. Lawson Tait, Birmingham; Mr. Luke Armstrong, Newcastle-on-Tyne; etc.

BOOKS, &c., RECEIVED.

Transactions of the Clinical Society of London. Vol. V. London: 1872.

Diseases of the Ovaries: their Diagnosis and Treatment. By T. Spencer Wells. London and New York: 1872.

Chemistry: General, Medical, and Pharmaceutical. By John Attfield, Ph.D., F.C.S. Fourth edition. London: 1872.

The Training of Young Children on Christian and Natural Principles: Addressed to Mothers. By George Moore, M.D. London: 1872.

Rules of Simple Hygiene, and Hints and Remedies for the Treatment of Common Accidents and Diseases. Compiled by D. W. Turner, D.C.L. London: 1872.

The Seventy Third Annual Report of the Dundee Royal Infirmary.

Consumption and the Breath Rebreathed: A Word with Reviewers. By Henry Mac Cormac, M.D. London: 1872.

The Proposed Extension of St. Andrew's University to Dundee. By Alex. Watson Wemyss, M.D. St. Andrew's: 1872.

University College (London) Calendar. Session 1872 and 1873. London: 1872.

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.

MONDAY.—Medical Society of London, 8 P.M. Dr. Richardson, F.R.S., "On the Treatment in *extremis* of Fibrinous Deposits on the Right Side of the Heart"; Dr. Routh, "On Certain Forms of Mental Decay, and the Treatment".

TUESDAY.—Royal Medical and Chirurgical Society, 8.30 P.M. Dr. Lockhart Clarke, "On Progressive Muscular Atrophy accompanied by Muscular Rigidity and Contraction of Joints"; and other papers.

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.

MR. LAWSON TAIT.—We shall be glad to receive particulars when the case is finished.

INQUIRENS asks what are the proper steps to take in removing a lunatic patient from one private asylum to another.

SANITAS (Reading).—The salaries are £800 a year, including travelling expenses. They must live in the appointed districts, wherever they may be; and must give their whole time to the duties, which are such as fully to occupy them.

SICK-CLUBS.—Would some of our members kindly assist me, through the medium of your Notices to Correspondents, in solving the enclosed problems with regard to sick-clubs.—THOMAS DAVIES, L.R.C.P., etc., Colwyn, North Wales.

Sick-Clubs: 1, How to form them? 2, What rules are suitable in a country village? 3, What order is advisable? 4, What about the Manchester Unity of Odd Fellows? 5, Are clubs registered now as formerly? 6, How much should the annual payment be for attendance and medicines per member?

Will you kindly let me know where I will find the best information on the subject of Intemperance Statistics? I am, etc., INQUIRER.

* * * Report of Convocation on Intemperance, and the publications of the Temperance League (Tweedie, Strand).

CONTAGIOUS DISEASES ACTS.

SIR.—In the last number of your JOURNAL, Mr. Worth of Nottingham has published a letter on this subject, which contains so many misrepresentations and misstatements, that I must beg your permission to make a few remarks in reply.

Mr. Worth, who is a strong opponent of the Acts in question, and advocates the establishment of voluntary lock hospitals in their stead, says: "It is clear that if women will apply voluntarily to hospitals when diseased, there can be no necessity for police spies, or for such hateful perquisitions of healthy women as are carried out under these Acts, and yet the supporters of the Acts have all given most conclusive evidence that women are delighted to apply to hospitals when diseased. Thus the memorial addressed to Mr. Bruce by certain members of the profession, praying for the maintenance of the principle of the Acts, states that women flock in crowds to hospitals when diseased, in order to be treated, and that there is no difficulty whatever in obtaining their attendance."

The memorial in question (which was signed by nearly all the leading members of the profession in the metropolis, and afterwards countersigned by 2456 others in different parts of the country) really says this:

"We know, by long experience of this class, that they will flock in crowds to our public hospitals for admission, although the presence of a number of medical students renders the exposure far greater than in the private chamber of an institution appropriated for this purpose by the Acts. There is no difficulty in obtaining their voluntary attendance for even public examination when sick and incap-

able of further struggle with disease; but we know that, with rare exceptions, they cannot be induced to seclude themselves for treatment in the earlier and less painful stages of their complaints, when, for obvious reasons, they are most actively instrumental in communicating infection. We, therefore, believe it to be absolutely essential to the success of any Act of the legislature on this subject, that it should provide effectually for the earliest possible detection and treatment of disease in public women, and we are unable to see how this can be accomplished otherwise than by a system of periodical examinations."

This is pretty well in the way of misrepresentation—the *suppresso veri* and *sugestio falsi* are tolerably complete. But a few lines further on I find Mr. Worth quoting the evidence of Mr. Veasey, of the War-Office, given before the Committee of the House of Lords in May 1868. (See Report, p. 13, Q. 109.) Mr. Worth represents Mr. Veasey as saying "that the periodical examinations were unnecessary simply because the hospitals were filled with voluntary patients without it." This is not only a misrepresentation, but a misquotation. Mr. Veasey, in explaining how it was that periodical examinations had then only recently been ordered at Aldershot, really said this: "The power existed, but it was not enforced, because the hospital was always filled without it, and at that time there was not sufficient hospital accommodation." Mr. Veasey was not referring to *voluntary patients* at all; those words have been gratuitously interpolated by Dr. Worth, with the effect of entirely perverting the true meaning of the sentence. The patients alluded to were all under the *compulsory* operation of the Acts, and being known to be diseased were sent into hospital. The hospital being full, it was useless to proceed with the periodical examination of those who remained outside, but as soon as a larger number of beds was provided, the examinations were regularly enforced.

Further on, Mr. Worth quotes me as having said: "Much more good may be done by free hospitals than by police interference; police regulations can get only a certain number of women, whereas free hospitals will be resorted to by all who are suffering from disease, even by those who have contracted it clandestinely, and who would escape the police." This must have been taken from my evidence before Mr. Skey's Committee in 1865 (see Report, p. 300; Q. 562), but again it is a misquotation; the last sentence is Mr. Worth's, not mine, and though in this instance the meaning is not very materially perverted, I protest against this practice of misquotation as in the highest degree objectionable.

This answer of mine has been repeatedly referred to by the opponents of the Acts; but the date at which it was given—viz., May 1865—is always carefully kept out of sight. At that time, the Act of 1866, which instituted compulsory examination, was not in existence, or, as far as I knew, even thought of. I had then no means of knowing practically how much good might be effected by well conceived and well administered enactments, such as those now in operation. I stated simply the impression then on my mind, which was strengthened rather than otherwise by the short experience which I had had of the futile manner in which the Act of 1864, in itself very imperfect, was then being carried out.

Mr. Worth, who has taken a prominent part in the discussion of this question, is, I presume, well acquainted with the evidence taken by the Royal Commission, where the results of my experience of the working of the Acts of 1866 and 1869 are stated at some length. If truth was his object, why not refer to this, instead of raking up an obsolete opinion given at a time when I had no more practical knowledge of what could be effected by these Acts than probably Mr. Worth himself has at this moment.

Little artifices like these should be reserved for the more congenial columns of the *Shield*. They are altogether out of place in the discussion of an important public question in the pages of a scientific journal.

With reference to the voluntary lock hospitals, which Mr. Worth is anxious to see established, no one, that I know of, has ever argued against them on the ground that females afflicted with venereal disease would not apply to them for relief. When badly diseased, they will probably come fast enough. My own conviction is, not that there will ever be any difficulty in filling such institutions, if properly managed; but that it will be utterly impossible to get the public throughout the country to support them on a sufficient scale by voluntary contributions. Mr. Worth is anxious that their "doors should be opened by Christian charity and not by the police"; but how is it, I would ask, that the Christian charity of those who agree with him as to their necessity, who are so strongly opposed to the present Acts, and who are continually vaunting their numbers and influence, have hitherto shown no sign of contributing anything but talk towards the establishment of such institutions?

But those who, like myself, are advocates of a compulsory system, contend that even if sufficient hospitals could be obtained, the evil would be not more than half provided for. They contend that, in order to effect any decided diminution in the amount of disease, it is essential to have some system which shall insure the seclusion of public women as soon as they become infected, and their detention in hospital until cured. Mr. Worth maintains that both these objects can be obtained under a voluntary system; the supporters of the present Acts maintain that they cannot. My own conviction with respect to the first point is based upon twenty years' experience of the severely diseased condition of the women who apply voluntarily for admission as in-patients at the London Lock Hospital, and of the preference shewn by those who are only slightly diseased to be treated as out-patients. With reference to the second point—namely, that these patients will not remain in hospital till cured—a statement which Mr. Worth asserts to be untrue—it is in evidence before the Royal Commission that at the same institution, in the years 1868-69-70, twenty-five per cent. of the voluntary female inpatients left uncured at their own request and contrary to the express advice of the medical officers (see Evidence, p. 509, Q. 14,522).

I should have been glad to offer some remarks on the curious assertions made by the opponents of these Acts that it is impossible, in a great number of cases to discover syphilitic disease in female patients; but having already trespassed so largely on your space, I shall seek some future opportunity of doing so.

I am, etc.,

JAMES R. LANE.

Berkeley Street, Piccadilly, Nov. 4, 1872.

We are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Liverpool Weekly Albion, Nov. 2nd; The Manchester Guardian, Nov. 6th; The Bath Express, Nov. 2nd; The Orkney Herald; The Kirkwall Guardian; The Irish Times; The Newcastle Daily Journal; The Norwich Argus; The Lincolnshire Chronicle; The Pembskeshire Advertiser; The Scotsman, Oct. 30th and 31st; The Liverpool Porcupine; The Evesham Journal; The Eastern Daily Press; The Retford News; The Northern Echo; The Herts Guardian; The Jersey Express; The Bucks Advertiser and Aylesbury News; The Newport and Market Drayton Advertiser; The Salopian; The Constitution; etc.