

lised oil. A catheter was introduced into the bladder, where it remained some time. At the end of fifteen days, the wound was opened and dressed with zinc lotion. Skin-grafting was had recourse to when the granulations would admit of it. The boy went out well with a movable joint, on November 4th.

SURGICAL SOCIETY OF IRELAND.

FRIDAY, NOVEMBER 28TH, 1872.

FREDERICK KIRKPATRICK, M.B., President, in the Chair.

President's Inaugural Address.—The PRESIDENT referred to the prosperity of the Society, which was now entering upon its fortieth session. He alluded with regret to the resignation of Dr. Charles Benson, who for thirty-five years had devoted his services, as secretary, to the welfare of the Society. In the death of Dr. Thomas E. Beatty they had also experienced a great misfortune. An accomplished physician, a polished gentleman, a constant unchanging friend, Dr. Beatty had been for many years one of their secretaries; and had ever formed a bond of union between the Colleges of Physicians and Surgeons, of both of which learned bodies he had been president at different periods, an honour of an unexampled kind. Dr. Kirkpatrick then addressed himself to the question of the impropriety of meeting with homœopaths or other irregular practitioners, a subject which had been taken up many years before by Richard Carmichael. He quoted an ordinance of the Royal College of Surgeons, passed in August, 1861, in which fellows and licentiates of the College were strictly forbidden to pretend to cure disease by homœopathy, mesmerism, or other form of quackery. Sir Benjamin Brodie had expressed himself warmly on the subject. Surgeons were especially liable to be called in to see the patients of homœopaths on an emergency, in case of hernia, haemorrhage, and such like affections; and they should take care to make their own conditions, and to see them adhered to. He concluded by expressing his confidence that the coming session would be in no wise unworthy of its predecessors.

Warty Ulcer of Marjolin.—Mr. CROLY showed a specimen of this affection, which he had removed from the cicatrix of an extensive burn on the arm of a man. The accident happened thirty years before the growth appeared.

Melanotic Sarcoma of Cornea.—Dr. JACOB exhibited an eyeball of a man, aged 68, which he had extirpated for this disease. Six months ago, an appearance like a bit of leaf was noticed over the white of the eye. There were phosphenes and loss of sight, but no pain. When first seen by Dr. Jacob, the upper part of the cornea looked as if it were covered with a layer of velvet; and there was bulging of the ciliary processes. The melanotic character of the affected part was probably due to the disease having commenced in the pigment-layer of the choroid membrane. The cornea was rarely the seat of this disease.

Tuberculous Affection of Bone.—Dr. STOKER showed the leg and part of the thigh of a girl aged 9. The cancellated tissue was infiltrated with tuberculous and scrofulous deposit.

Epithelioma of back of Wrist.—Mr. CROLY showed a specimen.

Cystitis.—Mr. CROLY exhibited the penis and bladder of a man, 89 years of age, who had sunk after suffering from retention of urine. There was enlargement of the middle lobe of the prostate; the bladder was columnar, thickened, and sacculated; and the kidney was sacculated and congested.

Ether versus Chloroform.—Dr. MORGAN read a paper on this subject. He commenced by briefly reviewing the history of anaesthetics generally. Deaths from chloroform might be divided into three classes; 1, those that were unavoidable, in which, after a few inhalations, the heart's action suddenly and unexpectedly ceased; 2, avoidable cases; and 3, cases fatal by mischance. Dr. Morgan then quoted English and American statistics of the mortality from anaesthetics, which showed that ether proved fatal once in 23,204 cases, chloroform once in 2878, cases; a mixture of chloroform and ether, once in 5,588 cases; and bichloride of methylene, once in 5,000 cases. It was worth considering also, whether statistics of mortality after ovariotomy were not much influenced by the anaesthetic used during the operation. Ether appeared to be safer than chloroform; it acted merely as an intoxicant. The inhabitants of Draperstown, co. Derry, had amongst them habitual drinkers of five or six ounces of ether at a time. The Chloroform Committee of 1864 had determined that ether was a stimulant to the heart's action, for the mercury in the hæmo-dynamometer was kept up under its use until respiration ceased; it having first become slow and deep. The objections alleged by the same committee against ether were based on its disagreeable odour, the slowness of its action, and the greater

excitement caused by it. The first objection Dr. Morgan looked upon as a matter of opinion. Insensibility might safely be produced by ether within from one to five minutes—generally in three minutes; and excitement probably arose from the admixture of air with the vapour. He believed that air should in all cases be excluded, and that the patient should draw in the ether from an inhaler. He had employed this anaesthetic in various difficult and protracted operations; amongst others, in thirty-two eye cases in the practice of Dr. Jacob. In one operation both feet being amputated by Syme's method, the patient was kept insensible for one hour without bad effects. Dr. Morgan maintained that ether was not slower in its action than chloroform; that it did not generally, or indeed often, cause nausea; and that, as a rule, there was no excitement under its administration. If excitement did occur, it was best met by a full dose (fifteen grains) of bromide of potassium. Ether had a tendency to determine to the head, and, therefore, the patient might safely sit up during the operation. If laryngeal snoring should set in, the mouthpiece of the inhaler was at once to be withdrawn.—The postponement of the debate on Dr. Morgan's paper was moved by Dr. R. Mc DONNELL, and seconded by Mr. HENRY WILSON.

WEST KENT MEDICO-CHIRURGICAL SOCIETY.

FRIDAY, NOVEMBER 1ST, 1872.

RALPH GOODING, M.D., President, in the Chair.

Treatment of Psoriasis.—Dr. TILBURY FOX read a paper on the treatment of psoriasis. In the author's opinion, the treatment of psoriasis by arsenic internally and tarry preparations externally was erroneous, and much too generally employed. For his own part, he had almost entirely given up this plan of treatment, except in certain chronic cases and where there was a syphilitic taint, when he found Donovan's solution of great value. In all other cases, he relied mainly upon soothing applications locally—viz., wet packing, alkaline and sitz baths, and oily preparations; and internally, remedies in accordance with the constitutional diathesis. This plan of treatment was especially successful in acute cases occurring in young children. Dr. Fox laid great stress upon psoriasis being treated on the same principles as other diseases, with due regard to constitutional and other causes likely to affect and modify it.

ASSOCIATION INTELLIGENCE.

SOUTH-EASTERN BRANCH: EAST SURREY DISTRICT MEDICAL MEETINGS.

THE next meeting of the above Branch will be held at the Greyhound Hotel, Croydon, on Thursday, December 19th. The Chair will be taken at 4 P.M. by Dr. CARPENTER.

Papers, etc., are promised by Dr. Aveling, Dr. Bristow, Dr. Adams, the Honorary Secretary, etc.

Dinner at 6 P.M. Tickets 5s., exclusive of wine.

HENRY T. LANCHESTER, M.D., Honorary Secretary.
Croydon, December 10th, 1872.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: ORDINARY MEETING.

THE second meeting of the session was held at the Midland Institute, Birmingham, on Thursday, November 14th, at 3 P.M.: present, THOMAS EBBAGE, Esq., President, and fifty members and visitors.

New Members.—The following members of the Association were elected members of the Branch:—Mr. T. H. W. Croft (Snitterfield); Mr. W. Hammond (Nuneaton); Mr. Maberly (Birmingham); Mr. A. W. Read (Coventry); and Mr. A. G. Waters (Ombersley).

Mr. LAWSON TAIT said, in reference to the election of Mr. Croft of Snitterfield as a member of the Branch, that it was extremely unadvisable, for the establishment of a precedent, to move any formal vote of sympathy with him in his trouble. He very much regretted this, but his silent admission on the part of the members would express their feeling that Mr. Croft had been guilty of no moral wrong. To express any active sympathy would open the way for the demand of any practitioner, not a member of the Association, for assistance from them in the hour of trouble. Mr. Croft had made an application to the Executive Committee, charged with the arrangements for the Birmingham meeting, for permission to bring his case forward in August last; but he (Mr. Tait) had moved and carried the refusal of the request on two

grounds: that it was not a matter for the Executive Committee, and that Mr. Croft was not a member of the Association. Much as he sympathised with Mr. Croft, and much as he desired to help him, he could not listen to a proposal which would really defeat the aims of the Association; and he wished very much that he had the means of impressing every practitioner in the three kingdoms with an idea of the advantages he might derive from being a member of such an organisation as the British Medical Association, should he be ever as unfortunate as Mr. Croft had been.

Communications.—The following communications were made to the meeting.

1. *Chancre on the Finger.*—Mr. Jolly showed a diagram of Hunterian chancre of the right index finger, occurring in a woman aged 55. It was clearly ascertained that she had not been exposed to any contagion, except that of following her occupation as a midwife. In due course of time the sore was followed by secondary symptoms, in the form of roseola in the abdomen, chest, neck, arms, and well marked ulcerated throat.

2. *Pathological Specimens, etc.*—Mr. Lawson Tait showed the following specimens and instruments. *a.* A small Calculus removed from the Bladder of a woman by Lithotomy. That method was selected on account of the diseased and hypertrophied state of the bladder. *b.* A large Calculus removed from a very young child. The peculiarity in this case was, that on the first touch of the forceps the stone flew into minute fragments, so that the result was more like that of lithotomy than that of lithotomy. *c.* An inch and a half of the Cervix Uteri removed by the *écraseur*, in order to gain access to a fibroid polypus, the cervix being much elongated and intolerant of dilatation. *d.* A case of Soluble Medicated Intrauterine Bougies and cloth plugs for cervical medicament, with holders for each, made for Mr. Tait by Salt and Son, Birmingham. *e.* New Sponge-tents, of compressed sponge treated with cocoa-butter, made by Salt and Son. *f.* A large unilocular Ovarian Cyst recently removed, which weighed altogether over a hundred pounds. *g.* A new Ovariectomy Trocar. *h.* A foetus removed by abdominal section in a case of Extrauterine Gestation, followed by recovery of the mother.

3. *Excision of the Upper Jaw.*—Mr. Bartleet showed a patient from whom, a month ago, he had removed the upper jaw. A linear cicatrix in the mesial line of the lip was the only remaining indication of any operation, the appearance of the face being exactly similar on both sides. Mr. Bartleet also showed the bone removed, with a non-malignant epulis growing from the floor of, and filling up, the antrum.

4. *Menstruation and Nervous Diseases.*—Mr. Lawson Tait read a paper on Diseases of the Nervous System influenced by Menstrual Irregularities and Suppression, and their Treatment. In this the author included chiefly "Uterine Epilepsy," a title which he took from Sauvage and Prichard. He classed the disease in three varieties: (*a*) Moliminal Epilepsy, the most common and most curable; (*b*) Climacteric Epilepsy, generally incurable; (*c*) Epilepsy from (*1*) Uterine Atrophy, rarely curable, and (*2*) from Superinvolution, a variety which generally yields to treatment. He also spoke of the varieties of insanity influenced by menstruation, especially melancholia.

5. Mr. Hickenbotham read a paper on Force in Midwifery.

CORRESPONDENCE.

CLOT IN THE HEART AND CEREBRAL EMBOLISM.

SIR,—Two cases have lately come under my notice, which bear upon the subjects of Dr. George Johnson's interesting paper in the JOURNAL of November 30th. The first was that of a woman aged 50, suffering from ovarian dropsey. She was an in-patient at the New Hospital for Women, and was under the care of Miss Morgan. She had never been tapped; and, though the tumour was large, she was less cachectic than advanced ovarian patients commonly are. She had not had acute rheumatism; the pulse was good, and the heart-sounds were normal. Miss Morgan decided to tap her. I was present, and before the operation I remarked upon the cheerfulness and serenity of the patient. No anaesthetic was given. The operation was performed with a medium-sized trocar; the fluid flowed freely; but Miss Morgan was careful to stop the flow several times, to avoid any risk of syncope from emptying the tumour too quickly. No signs of distress appeared till the trocar had been withdrawn and the wound closed. While the bandage was being fastened, the patient suddenly became restless, springing up in bed and saying she could not breathe, and immediately afterwards became livid, with the lips and finger-tips of the deepest blue. After the first ex-

clamation of distress, she was for an hour and a half too breathless to speak again, or to swallow even a few drops of stimulant. She was gasping and struggling for breath, and, though conscious, could not spare a moment for any other action. The heart's action was rapid but regular, and not very weak; we thought it markedly stronger than the pulse, which was feeble. We could not examine the cardiac sounds while the intense dyspnoea continued, as the patient was evidently somewhat easier when leaning very much forward, and we feared immediate death if we did anything in the slightest degree likely to increase the dyspnoea: in fact, death seemed so very imminent that our attention was engrossed with the effort to stave it off, to the exclusion even of such observations as we might possibly have made had we had leisure to think of making them.

It seemed clear to both Miss Morgan and myself that there was a clot in the heart or in the pulmonary artery; and that the one chance lay in stimulating the heart to contract, in the hope that the clot might thus be moved out of the main current of the circulation. As the patient could not swallow, we applied large and very hot flannel fomentations to the chest and back, mustard over the heart and on the legs, vigorous rubbing to the feet and hands, ammonia to the nostrils, and kept the hands in basins of hot water. I need scarcely add that in all this we were acting rather from a sense of its being right to do all we could, than with much hope of success. To all appearance, the woman was at the very point of death. At the end of about an hour and a half, however, the extreme general lividity and the deep blueness of the fingers and lips began to diminish; the dyspnoea was so far relieved as to permit the patient to swallow a few drops of stimulant; and from that time the alarming symptoms gradually subsided. Three hours later, she had recovered sufficiently to sleep a little, and the next day she could lie down without discomfort. She recovered without any further drawback. Miss Morgan still sees her occasionally, and she has ascertained that the dyspnoea has never returned.

It is, I think, impossible to doubt that the symptoms in this case were due to an obstruction in the right side of the heart or in the pulmonary artery, and I imagine that it was caused by a fibrinous clot. Whether the clot was an old one, then swept for the first time into the main current of the circulation, or whether it was formed in consequence of the heart's action being weakened by the slight shock of the operation, or by the removal of the pressure of a large quantity of fluid, and what became of the clot, are questions I confess myself unable to answer to my own satisfaction. It is difficult to imagine that a clot large enough to cause such intense dyspnoea could be carried into the lungs without giving rise to any lung-symptoms, or that it could be quickly broken up and dissolved.

Two other questions of a more practical kind arise. 1. The ovarian cyst is filling again; ovariectomy will doubtless be necessary at no very distant date. On the supposition that the clot is still attached to the right auricle or ventricle, but lying so as not to interfere with the current through the right heart or into the pulmonary artery, would not the administration of chloroform or any anaesthetic which weakens the cardiac contractions be attended with special danger? 2. In the presence of such symptoms, could anything more be done to prevent death than was done? We thought of nitrite of amyl, but had none at hand; and even if we had, I am not sure that we should have dared to use so powerful an agent, with which we had not much practical acquaintance, for a patient whose condition was so critical.

The second case was that of a girl aged 18, under my care in the same hospital. She had had acute rheumatism four years before, and was told then that her heart was affected. One year later, she began suddenly to suffer from left unilateral chorea. She was in good health, well nourished, and not anaemic when admitted into the hospital. The digestive and uterine functions were normal, and there was no cardiac murmur. Seven days before admission, she had for the first time a well-marked epileptic attack, in which the left limbs only were convulsed. On recovering, the chorea was worse than before the attack, and the left limbs were also numb. Sensibility quickly returned in the leg, where also the chorea was never so severe as in the arm. I had an opportunity of seeing her in a fit, and was able to confirm the statement as to the unilateral character of the convolution. The anaesthesia of the left arm, though never complete, was well marked after each attack. She was put upon arsenic and bromide of potassium, and made an out-patient, and then, unfortunately, lost sight of.

The history of the case, the unilateral character of the chorea, the convolution, and of the anaesthesia, and the order in which the symptoms showed themselves, seemed to me to point unmistakably to their being caused by embolism of one or more of the smaller cerebral vessels.

I am, etc.,

ELIZABETH GARRETT ANDERSON, M.D.

20, Upper Berkeley Street, November 30th, 1872.

affection of his patients. In 1862 he became a Licentiate of the Royal College of Physicians of Edinburgh, and a Doctor of Medicine of St. Andrew's. He retired from the profession in 1867 through failing health, and afterwards devoted himself entirely to science. He was for four years Honorary Secretary of the Worcestershire Naturalists' Field-Club, and an Honorary Member of the Leeds, Worcester, and Birmingham Scientific Societies, to all of which he sent contributions either of papers or specimens. A work on *British Bryology* was in course of preparation, but his labours were suddenly arrested by the increasing malignity of his disease. He died of cancer in the head on November 19th, aged 49, at his native town of Cheltenham.

GEORGE CLEMENTS, M.R.C.S.

We regret to have to record the untimely death of Mr. George Clements, of the Chorlton Union Hospital, at the age of twenty-eight. After a somewhat distinguished career as a student at the Middlesex Hospital, he came to Manchester, where he was appointed successively Physician's Assistant and House-Surgeon to the Manchester Royal Infirmary. This latter post he held until his election by the Poor-law Guardians as Resident Medical Officer to the large hospitals of the Chorlton Union at Withington. Here his work lay, until symptoms of tubercle manifested themselves about eighteen months ago, which compelled him, after obtaining a year's leave of absence from the guardians, to take a voyage to China. He returned in the spring somewhat better, and resumed his work; his strength, however, failed from day to day, and he at length decided to go to sea again. This decision was, unhappily, taken too late; for he only reached Port Said, to be carried on shore, and placed on board a homeward bound steamer. He died when three days from port, and was buried in the Bay of Biscay.

From the day that Mr. Clements came to Manchester in 1866 to the moment of his death, he probably never made an enemy. He was widely and deeply loved by his friends, and in their hearts he will long live as one who never wounded another's feelings, as one "who spoke no scandal—no, nor listened to it," and as one whose gentle, genial, and refined nature endeared him to all who knew him.

MEDICAL NEWS.

SCOTCH SCHOOLS OF MEDICINE.

THE following is a numerical statement of the entries of medical students at the Scotch University Schools of Medicine.

	First Years.	Total.
Aberdeen University	32.....	240
Edinburgh University	196.....	649
Glasgow University	80.....	324

UNIVERSITY OF LONDON.—B.S. Examination, 1872. Pass List.

First Division.

Cane, Leonard, University College
Godlee, Rickman John (B.A.), University College
Greenfield, William Smith, University College

Second Division.

Wall, Alfred John, St. Mary's Hospital

M.S. Examination, 1872. Pass List.

Aveling, Charles Taylor, St. Thomas's Hospital

B.S. Examination, 1872. Examination for Honours.

First Class.

Godlee, Rickman John, B.A. (Gold Medal), University College } equal
Greenfield, William Smith (Gold Medal), University College }
*Cane, Leonard, University College

* Obtained the number of marks qualifying for a Gold Medal.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, December 5th, 1872.

Deacon, Henry Pelham, Clapham
Hickman, Richard, Newbury, Berkshire
Juler, Henry Edward, 115, Holborn, E.C.

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

Alldin, John Horatio, London Hospital
Arthur, Walter, Westminster Hospital
Butler, George Bleeck, St. Bartholomew's Hospital
Gilmour, John Henry, St. Thomas's Hospital
Mahony, John Robert, Royal College of Surgeons, Dublin
Winkworth, Frederick Sydney, University College

As Assistants in compounding and dispensing medicines.

Bishop, Charles Henry, Woolwich
Cunningham, Thomas, Chelsea

UNIVERSITY OF GLASGOW.—The following gentlemen have been admitted to their degrees.

Degree of Doctor of Medicine.—Charles Auld, M.B.C.M., Scotland; Robert Brown, M.B.C.M., Scotland; James Glen, M.B.C.M., Scotland; Thomas Livingstone, M.B.C.M., Scotland; William Wilson, M.B.C.M., Scotland.

Degree of Master in Surgery.—William Duncan, M.B., England; James P. Heeneey, M.D., Ireland.

Degree of Master of Arts.—With first-class honours in Mental Philosophy:—

John M. Brown, Scotland; Alexander S. Macphie, Scotland. With first-class honours in Mathematics and Natural Philosophy:—James C. MacTaggart, Scotland.

With second-class honours in Mathematics and Natural Philosophy:—James Henderson, Scotland. Ordinary Degree:—Jervis Coats, Scotland; James Hamilton, Scotland; John M'Dougall, Scotland; Alexander Marshall, Scotland; Henry Wilson, England.

The Certificate in Engineering Science has been conferred on William Maberlye Lillewel, C.E., England.

MEDICAL VACANCIES.

THE following vacancies are announced:—

ADDENBROOKE'S HOSPITAL, Cambridge—House-Physician: £65 per annum, board, and residence.

ALDERBURY UNION, Wilts—Medical Officer and Public Vaccinator for District No. 6: £80 per annum, and extra fees.

BALLYSHANNON UNION, co. Donegal—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Churchill Dispensary District: £50 per annum, and fees.

BOARD OF TRADE—Medical Inspector of Emigrants: £300 per annum.

CARLTON UNION—Admiralty Surgeon and Agent for.

CARNARVON UNION—Medical Officer for the Workhouse: £45 per annum.—

Medical Officer for the Llanrug District: £60 per annum.

CHORLTON UNION, Lancashire—Resident Medical Officer for the Workhouse Infirmary: £260: 10 per annum.

CINCLIC HOSPITAL and DISPENSARY FOR CHILDREN, Manchester—

House-Surgeon: £60 per annum, residence, and board.

COVENTRY AND WARWICK HOSPITAL—House-Surgeon: £80 per annum, board and lodgings.

CRAIGNISH, Argyllshire—Parochial Medical Officer.

DERBYSHIRE GENERAL INFIRMARY, Derby—Assistant House-Surgeon.

DORSET LUNATIC ASYLUMS, near Dorchester—Assistant Medical Officer

for the Forston Asylum: £100 per annum, board, and apartments.

DOWNPATRICK UNION, co. Down—Medical Officer for the Strangford Dispensary District: £80 per annum.

GERMAN HOSPITAL, Dalston—Honorary Assistant-Physician.

GRANARD UNION, co. Longford—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Finea Dispensary District: £100 per annum, and fees.

HERTS REFORMATORY, Hertford—Medical Officer.

HOWDEN UNION, Yorkshire—Medical Officer and Public Vaccinator for the

Newport District: £40 per annum, and extra fees.

INDIAN MEDICAL SERVICE—Sixteen Assistant-Surgeons.

INISHOWEN UNION, co. Donegal—Medical Officer, Public Vaccinator, and

Registrar of Births, etc., for the Buncrana Dispensary District: £90 per annum, and fees.

ISLE OF MAN GENERAL HOSPITAL AND DISPENSARY—Resident

Medical Officer: £8 per annum, rooms, attendance, cooking, coal, and gas.

LAMBETH, Parish of St. Mary—Medical Officer for District No. 7: £70 per ann.

LEXDEN and WINSTREE UNION, Essex—Medical Officer and Public Vac-

cinator for District No. 9: £90 per annum, and fees.

LISMORE UNION, co. Waterford—Medical Officer, Public Vaccinator, and

Registrar of Births, etc., for the Cappoquin Dispensary District: £100 per annum, and fees.

MANCHESTER ROYAL INFIRMARY—Senior House-Surgeon and (if present

junior be appointed senior) Junior House-Surgeon: £84 and £63 per annum,

respectively, board, and residence.

MEATH INFIRMARY, Navan—Apothecary, Secretary, and Registrar: £52:13:8

per annum, furnished apartments, coal, and gas.

MERIDEN UNION, Warwickshire—Medical Officer for the Fillongley District:

£50 per annum.

METROPOLITAN FREE HOSPITAL, Devonshire Square—Assistant-Physi-

cian.

NAVAL MEDICAL SERVICE—Assistant-Surgeons.

NENAGH UNION, co. Tipperary—Medical Officer, Public Vaccinator, and Re-

gistrar of Births, etc., for the Portroe Dispensary District: £100 per annum,

and fees.

NEWPORT (Mon.) INFIRMARY AND DISPENSARY—Resident Medical

Officer.

OLDHAM, Borough of—Medical Officer of Health: £400 per annum, offices,

stationery, etc.

ROYAL COLLEGE OF SURGEONS, Ireland—Professor of Surgery.

ROYAL SURREY COUNTY HOSPITAL, Guildford—House-Surgeon: £75 per

annum, board, residence, and washing.

SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN,

Lower Seymour Street—Physician and Surgeon for Out-Department.

WATERFORD UNION—Medical Officer for the South Division of the Water-

ford Dispensary District: £100 per annum, and fees.

WEST DERBY, Lancashire, Local Board of—Medical Officer of Health: £100

per annum.

WORCESTER GENERAL INFIRMARY—House-Surgeon: £100 per annum,

board, and lodgings.

MEDICAL APPOINTMENTS.

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

BARBER, Oliver, Esq., appointed Assistant House-Surgeon to the General Infirmary, Sheffield, *vice* B. F. Floyer, Esq., resigned.

*BEVERLEY, Michael, M.D., appointed Assistant-Surgeon to the Norfolk and

Norwich Hospital, *vice* T. W. Cross, Esq., resigned.

*JONES, John T., Esq., appointed Surgeon to the Corris Slate Quarries, ne

Machynlleth.

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. Farquharson, "A Case of Traumatic Pericarditis"; Mr. H. Royes Bell, "A Case of Tumour of the Forearm"; Dr. J. T. Dickson, "A Case of Traumatic Epilepsy treated successfully by Tréphining." Other communications by Messrs. Adams, R. B. Carter, and Davy.

TUESDAY.—Pathological Society of London, 8 P.M. Report by Morbid Growth Committee on Mr. Nunn's Tumour of the Liver. Dr. George Johnson: Aneurism of the Aorta associated with Paralysis of the Vocal Cords. Dr. Robert King: Stomach from a Case of Poisoning by Hydrofluoric Acid. Dr. Way: Specimens from a Case of Poisoning by Carbolic Acid. Dr. Vandyke Carter: Drawings of the Fungus-Disease, Mycetoma of India. Dr. Vandyke Carter: Drawings of the Eruption in Leprosy. Dr. Crisp: Heart-Clot from a Case of Sudden Death. Mr. Wagstaffe: A Milk-yielding Tumour of the Breast. Mr. Gay: A Varix—an unusual form of Femoral Hernia. Mr. Charles Carter: Supernumerary Pulmonary Valve. Dr. Cayley: Syphilitic Tumour of the Gall-Bladder associated with Peritonitis.

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.

If Dr Charles Kidd will send us the references to the deaths from ether, of which he speaks, we shall be happy to publish his communication.

Dr. C. P. Collins (Leamington) would, we think, be justified in placing the matter in the hands of a lawyer, as he suggests. He is, at any rate, entitled to a full explanation of the circumstances.

THE *Homœopathic Review* replies at length to a recent discussion of the question of consultations with homœopaths, in an article which, by its style, is as much beyond the pale of respectable literature as its matter is beyond the pale of legitimate medicine. It admits the early fallacies of psora and dynamisation, and justifies the later frauds of the use of aperients, venesection, opiates, etc. *Cadet quæstio.*

A POOR-LAW MEDICAL OFFICER (Herts) is right in thinking that Poor-Law Medical Officers ought to be adequately paid for any work done for the purposes of the Public Health Act, whether as titular deputy health-officers, or health-officers in fact, but without the title. This point was urged by the recent deputation of the South-Eastern Branch, as it had been by Dr. Rumsey, Dr. Stewart, and the speakers at previous deputations of the State Medicine Committee to the President of the Local Government Board. Mr. Stansfeld has fully admitted the justice of the claim; and recently intimated that he had brought the subject, as involving expenditure of public money, before the Cabinet. Mr. Henley, at the county meeting of Boards of Guardians which he has judiciously addressed, suggested that, as the work of the deputy health officers would be a certain relation to the work of the same gentleman as poor-law medical officer, the salary at the *outset* ought to be estimated at twenty or thirty per cent. on the present receipts. Perhaps medical officers would inform us how far this suggestion would meet their individual views, and whether it would work equitably and satisfactorily. The suggestion seems well conceived. On the other hand, some are induced apparently to prefer a system of payment for work done according to scale. We shall be glad to hear from correspondents, especially in Oxfordshire, Warwickshire, and Buckinghamshire, what their views may be. In any case, we advise poor-law medical officers not to undertake sanitary work as part of their present work, or unless adequately remunerated for it. They will find it very unpleasant, invidious, and damaging, to their private practice—work, in short, that ought to be well paid.

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.

WRITTEN replies can only in very rare instances be given to correspondents. It is requested, therefore, that stamped envelopes for reply be not forwarded to the Editor.

EDINBURGH.—We concur in our correspondent's observations as entirely as he does in ours. The reviews in the *Edinburgh Medical Journal* are as a rule able and impartial; and the surgical reviews especially so. They are remarkable exceptions, in this respect, to much of the fulsome laudation commonly published as medical reviews, which he agrees with us in regarding as generally discreditible and mischievous.

A MEDICAL "TERTIAN" (Aberdeen) is referred to the BRITISH MEDICAL JOURNAL for July 23rd, 1870, in which appears a report on the Aberdeen Royal Infirmary. Allusion is there made to the question of clinical teaching, referred to by the correspondent in the *Aberdeen Medical Student*.

CAPSULES OF PHOSPHORISED OIL.—We have received the following from Messrs. J. J. Graham and Co., State Apothecaries, of Westmoreland Street, Dublin.

We have observed in your valuable JOURNAL a communication relative to the best means of administering phosphorus. We believe that a solution of the drug in oil, enclosed in membranous capsules (as first recommended by Dr. Eames of this city), will be found most useful and least likely to disagree with the patient. We have prepared a series of these capsules, Nos. 1, 2, and 3, containing respectively one-tenth, one-twentieth, and one-thirtieth of a grain of phosphorus, samples of which we enclose. The nauseous taste of the drug is in this way avoided, and eructations are less liable to occur.

DOCTOR OR MR.

SIR.—A correspondent, at p. 596, asks for an explanation of the habit of calling a physician Mr. and a surgeon Dr., which, though common in Cockneydom, is not confined to it, but extends generally in the North of England, and probably elsewhere. I do not think it arises from any feeling of disrespect towards surgeons, but from the etymological meaning of "doctor" being unknown, and the word having come to signify one who doctors—i.e., sets things to rights; and is applied to a surgeon rather than to a physician, because he is a more palpably active putter of things to rights. In confirmation of this view, I may mention that there are inanimate doctors—e.g., the sheet of steel used to scrape superfluous colour off a roller for calico-printing is called a doctor; and so also is the movable sheet of iron used as a blower to increase the draught of a stove; they set things to rights; they doctor, and are therefore called doctors. The common use of the word as a verb shews that it is applied in this sense; "to doctor" is not understood to mean to be learned, it is a verb active, and has become rather widely separated from its etymology, as is the case with many other words.

I am, etc., P. H. HOLLAND, M.R.C.S.

WE are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Liverpool Weekly Albion, Dec. 7th; The Manchester Guardian, Dec. 11th; The Ulster General Advertiser, Dec. 7th; The Scotsman, Dec. 9th; The Bath Express, Dec. 7th; etc.

COMMUNICATIONS, LETTERS, ETC., HAVE BEEN RECEIVED FROM:—

Dr. J. Matthews Duncan, Edinburgh; Dr. Cheadle, London; Dr. C. Theodore Williams, London; Mr. T. Annandale, Edinburgh; Mr. T. H. Bartleet, Birmingham; Dr. W. Alexander, Halifax; Dr. Bradbury, Cambridge; Dr. George Johnson, London; Mr. R. T. Manson, Howden; Mr. P. H. Holland, London; Dr. Samelson, Manchester; Mr. T. Moir, Glasgow; Mr. A. C. Johnstone, Kilkenney; Dr. Croft, London; Mr. R. M. Mann, Manchester; Dr. A. Mackintosh, Callington; Dr. J. J. Phillips, London; Dr. J. W. Langmore, London; Our Dublin Correspondent; Dr. Joseph Bell, Edinburgh; Dr. Rolleston, Oxford; A Correspondent; Dr. Dickinson, London; Dr. C. Kidd, London; Mr. James, Snitterfield; Mr. Whitehead, Manchester; Mr. Wanklyn, London; Mr. Cope-land, Staindrop; Mr. Baker, London; Dr. Charlton Bastian, London; The Secretary of the Pathological Society; Mr. Hughes, Middlesbrough; Dr. Rogers, Rainhill; Mrs. Maughan, Carnarvon; M.D.; Mr. Metcalfe Johnson, Lancaster; 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. Lanchester, Croydon; The Rev. John Fyfe, Aberdeen; Dr. Habershon, London; Dr. Tilbury Fox, London; Dr. William Roberts, Manchester; Mr. Hinde, Liverpool; Mr. Renshaw, Ashton; Mr. R. Harrison, Liverpool; Dr. Broadbent, London; Mr. Moore, Belfast; Mr. Jones, Llanfyllin; Mr. Southam, Manchester; Mr. Barber, Sheffield; Dr. Cobbold, London; Mr. Liebreich, London; Mr. Teevan, London; Mr. Fairlie Clarke, London; Dr. Wardell, Tunbridge Wells; Mr. Bowman, London; Dr. Cotton, London; Mr. F. Mason, London; Mr. Gaskoin, London; Mr. Savory, London; Mr. P. Hewett, London; Mr. A. T. Norton, London; Dr. F. T. Roberts, London; Dr. S. Fenwick, London; Dr. Morell Mackenzie, London; Dr. Clifford Allbutt, Leeds; Mr. Henry Morris, London; Mr. Richard Davy, London; Dr. George Harley, London; Dr. Douglas Powell, London; Dr. T. L. Brunton, London; Dr. C. F. Moore, Dublin; Mr. E. Bellamy, London; Dr. Thorowgood, London; Mr. Haynes Walton, London; Dr. Philipson, Newcastle-on-Tyne; Dr. Hughlings Jackson, London; Mr. T. Holmes, London; Dr. W. A. Hollis, London; Mr. Pridgin Teale, Leeds; Dr. Lauder Lindsay, Perth; Mr. Priestley Smith, Birmingham; Mr. Wood, Gateshead; Dr. Charlton Bastian, London; Dr. Tilt, London; Dr. Theodore Williams, London; Dr. Symes Thompson, Mr. G. I. Mackesy, Waterford; Mrs. Barclay, Edinburgh; Dr. Wilks, London; Mr. A. Burrell, Edinburgh; Dr. Dickinson, London; Mr. Haddon, Manchester; Dr. Ransome, Manchester; Mr. Clover, London; Dr. Parsons, Dover; Dr. C. P. Collins, Leamington; Mr. Dunkley, Stoke-on-Trent; Dr. Wade, Birmingham; Mr. Hitchcock, Greenwich; etc.