

## NOTES ON BOOKS.

DR. JOHN ATTFIELD'S *Chemistry: General, Medical, and Pharmaceutical* (Van Voorst, London) reaches us in its fourth edition. Within five years, ten thousand copies of this manual have been called for. We have already pointed out its peculiar merits as a handbook for medical and pharmaceutical students. The introductory pages are devoted to a few leading properties of the elements. A review of the facts thus unfolded affords opportunity for stating the views of philosophers respecting the manner in which these elements influence each other. The consideration in detail of the relations of the elementary and compound radicals follows, synthetical and analytical bearings being pointed out, and attention frequently directed to connecting or underlying truths or general principles. The chemistry of substances naturally associated in vegetables and animals is next considered. Practical toxicology, and the chemical as well as microscopical characters of morbid urine, urinary sediments, and calculi, are then given. The concluding sections form a laboratory-guide to the chemical and physical study of quantitative analysis. In the appendix is a long table of tests for impurities in medicinal preparations—also a short one of the saturating powers of acids and alkalies, designed for use in prescribing and dispensing. It is only necessary to say of this edition that it contains such corrections and additions (altogether about seventy pages) as seemed necessary to present the latest developments of chemical science; also, a rewritten chapter on the general principles of chemical philosophy, and black letter headings to all paragraphs relating to the preparations of the respective pharmacopœias.

*The Hygiene of Air and Water* (London, 1872).—DR. WILLIAM PROCTER of York has brought out a very handy popular account of the effects of the impurities of air and water, their detection, and the modes of remedying them. The matter contained in the volume appeared originally in the York papers in a series of letters, and is now published in an enlarged form. It is intended only for popular reading, and therefore does not call for very rigid criticism.

## SELECTIONS FROM JOURNALS.

## SURGERY.

EXCISION OF THE TONGUE.—DR. PODRAZKI of Vienna, in the removal of cancer of the tongue, ties the lingual artery as a preliminary step. This has already been done by English surgeons. He reaches the vessel by an incision half an inch long a line or two above and parallel to the greater cornu of the hyoid bone. After the vessel has been secured, excision may be proceeded with in the course of three or four hours, without fear of hæmorrhage.—*Wiener Med. Wochenschr.*, December 14th.

ABORTIVE TREATMENT OF FURUNCULI.—As soon as on any part of the body there is perceived that characteristic redness, round in form and variable in size, with a culminating point in the centre, which, red at first, soon turns to a greyish white, pour into a little saucer a thimbleful of camphorated alcohol; dip three fingers of the right hand into the liquid, and gently rub the suspected part, especially the middle; moisten the fingers, and rub again in the same manner eight or ten times, for half a minute each time. After this friction, dry the place well, and cover it lightly by the finger with camphorated olive-oil, to prevent the evaporation of the strength of the alcohol applied. It is rare for a blind boil or furuncle, at the moment of lessening, to resist four applications of this kind. Often they have been seen to decrease in inflammation, to dry up and disappear, after only one application. When many applications are necessary, it is well to let a certain interval of time elapse between them—for example, to make them morning, midday, and evening. They never fail to take effect.—*L'Abeille Médicale*.

DOUBLE ANEURISM CURED BY DIGITAL COMPRESSION.—At a meeting of the Royal Medical Society of Vienna on November 22nd, Dr. Redtenbacher related a case of double aneurism of the left lower extremity, in which intermittent digital compression for six hours and ten minutes was completely successful. The patient was a man aged 54, who, on his admission into hospital on October 22nd, was found to have two aneurisms—one situated at the middle of the thigh, the other in the popliteal space. They were said to have commenced spontane-

ously a year previously. Pulsation was arrested by compressing the artery on the pubic bone. There were signs of atheromatous disease in the vascular system. Intermittent digital compression was applied during twelve days, from October 23rd to November 3rd, as follows: first day, for two periods of four to five minutes; second day, three periods, each of five minutes; third day, three periods, one of ten, and two of eleven minutes; fourth and fifth days, three periods of ten minutes each on each day; sixth day, thirty-seven minutes; seventh day, forty-five minutes (three applications); eighth day, two periods of fifteen minutes each; ninth day, thirty-one minutes; tenth and eleventh days, each thirty-five minutes; twelfth day, forty-one minutes. On each of the last three days, the pressure was applied during two periods, with an interval between them. On the twelfth day, the pulsation had entirely ceased, and there was not the least disturbance of the circulation. The patient was shown to the members present at the meeting. Both aneurisms were consolidated and reduced in bulk.—*Wiener Med. Wochenschr.*, December 7th, 1872.

INTRABUCCAL RESECTION OF THE INFERIOR MAXILLARY NERVE.—DR. A. MENZEL has described in the *Archiv für Klinische Chirurgie* (Band xiii) two cases in which a portion of the inferior maxillary nerve was successfully excised by the intrabuccal method, proposed in 1858 by Paravicini of Milan. One of the patients was operated on by Dr. Menzel; the other by Dr. Billroth. The incision was made along the anterior border of the ramus of the jaw; and, by tearing through some connective tissue with the finger, the nerve was reached at its entrance into the dental canal. Care should be taken to divide the nerve close to the bone, so that the lingual nerve may not be injured. Dr. Meusel also describes a somewhat similar case, in which he divided both the dental and the lingual nerves by the intrabuccal operation; and Dr. Menzel believes that these are the first instances in which the operation was performed on the inferior maxillary nerve in the living subject. The intrabuccal method is said to possess the following advantages: freedom from danger; the possibility of resecting the nerve at a higher point; the absence of cicatrix and of facial paralysis, and of salivary fistula; and the facility of the operation.

## REPORTS AND ANALYSES

AND

## DESCRIPTIONS OF NEW INVENTIONS

IN MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

## DUNBAR'S SCOTCH WHISKY.

THE famous Medical Declaration of 1871 on the Use of Alcohol contains the following opinion entertained by two hundred and fifty leading physicians and surgeons in England.

"They believe that alcohol, in whatever form, should be prescribed with as much care as any powerful drug, and that the directions for its use should be so framed as not to be interpreted as a sanction for excess."

It was felt at the time by many practitioners that the spirit of this declaration would be more easily carried out in a systematic manner, if the exact strength and character of a certain number of wines and spirits were known. It was also clear that, unless alcohol were prescribed in definite and known quantities, accurate therapeutical results could not be obtained.

It is with the view of in some measure obviating these difficulties that Messrs. Dunbar and Co., of No. 2, Gresham Buildings, London, have prepared blends of matured malt whiskies obtained from some of the best north and west country distilleries in Scotland. These blends are guaranteed to contain—DDD Blend 57, DD Blend 50, and D Blend 45, per cent. of absolute alcohol by measure at 62° Fahrenheit. The blending of these whiskies, and the maturity and strength of each of which is certified by the Excise officers, has been placed entirely under the supervision of Professor Dewar of Edinburgh; and other precautions have been taken which will, we believe, insure to the public these blends containing their proper percentage of alcohol. The blending in the samples under our examination has, we think, been most judiciously carried out to suit the taste of southern consumers; and Messrs. Dunbar have succeeded in producing whiskies of excellent quality. By the enterprise of these gentlemen, the profession have now within their reach the opportunity of prescribing alcohol as they are in the habit of doing in the case of other therapeutical agents, in known quantities, and, further, in a palatable and wholesome form.

matic, of the right posterior tibial behind the ankle (Mr. Baker). In a recent case of uræmic convulsion, which had lasted many hours, consciousness returned during venesection to twenty-four ounces, and there has been no recurrence (Dr. Fletcher). There is also a case of "tricuspid regurgitation," and one of hemiplegia, with hysterical symptoms, relieved by valerian (Dr. Wade); and, amongst the out-patients, two cases of empyema, now convalescent after wearing drainage-tubes for some weeks (Dr. Russell and Dr. Wade).

Amongst interesting cases at the Queen's Hospital we noticed one of diabetes, cured (as far as excretion of sugar is concerned) by opium and bromide of iron, after two months of treatment; the only alteration in diet being bran-bread, and allowance of cabbage for vegetable. One of aortic regurgitant disease with musical murmur; another of facial paralysis (Dr. Heslop); two of cancer of the stomach, and one of extensive pleuritic effusion, with heart displacement, improving under moderate vesication (Dr. Sawyer). There was also a case of elephantiasis of a stump treated by ligature of femoral, but afterwards amputated; and another of imperforate anus, wherein the child survived three days, and after death, rectum and bladder were found to communicate.

A project of amalgamation between the two principal hospitals, for student purposes, is now under attentive consideration. It is proposed that the students of the Queen's College shall be at liberty to attend at either hospital, and, as this would open to them a clinique of more than 400 beds, it seems for many reasons desirable, provided that such regulations and conditions can be agreed upon as shall both keep students steadily to their work, and obviate possible causes of jealousy or unpleasantness between the respective parties.

## MANCHESTER.

(FROM OUR OWN CORRESPONDENT.)

### *Manchester Royal Infirmary.*

THE Council of Thirty, who are for the next three years to decide all matters relating to the election of the honorary medical staff of the Infirmary, is at length constituted, and their names are made public. The Council is composed of leading merchants without exception; there being no professional element whatever present. The bye-laws, which are to be enforced in future elections, are also announced—the most important being one which forbids canvassing on the part of the candidates, and one which provides that a period of at least twenty-eight days shall elapse from the date of the first announcement of a vacancy and the receipt of applications. Another fortnight is allowed the election committee to chew and digest the testimonials which are sent in, when they will proceed to record their votes and elect the candidates.

The whole of the Infirmary debate has created a good deal of extra-professional interest; nor is this surprising, when the somewhat exceptional character of the Manchester Infirmary is taken into consideration. Most towns of the size of Manchester have two or more hospitals, which fairly divide both subscriptions and patients; but it is not so in Manchester. Here, although there are numerous and useful medical charities, to wit, the Salford Hospital, St. Mary's, the Clinical, the Southern, and the Children's Hospitals, besides special hospitals for the eye and the ear, yet they are but satellites of the great central charity of the Royal Infirmary. This institution, with its giant offspring—the Lunatic Asylum, and the Convalescent Hospital at Cheadle, and the Fever Hospital at Monsal, has a funded property of about £140,000; and, exclusive of the Lunatic Asylum, yearly expends about £20,000. No wonder that the management of such a concern should interest the public who liberally support it. Again, it is of importance to many of the surrounding towns besides Manchester, inasmuch as both medical and surgical cases of much interest are commonly sent to the Manchester Infirmary from a considerable distance. It follows from this, that it is probably the centre of a larger hospital population than any other hospital in the country. When these circumstances are remembered, and also the fact that the surrounding districts teem with machinery of every variety, it is somewhat surprising that there are not more surgical operations than we find are actually performed—*e.g.*, from June 25, 1871, to June 25, 1872, there were ninety capital operations, including fifty-eight amputations, nine herniotomies, ten lithotomies, five ovariectomies, five excisions, and three ligatures of arteries, a number which is less than would be expected to be furnished by a population of upwards of half a million of poor people. Large as is the property of the infirmary, it would be almost doubled if the present building, and the land on which it stands, were sold—a project which has often been mooted, and may yet be carried out. The funds thus received would enable the trustees to construct a hospital of more modern design than

the present, which is faulty in being built on the old-fashioned principle with central corridors and small wards. We have, indeed, but one model hospital in Lancashire, and that is a workhouse hospital, than which there is probably no finer building of the kind in England. I refer of course to the pavilion hospital of the Chorlton Union.

## ASSOCIATION INTELLIGENCE.

### BIRMINGHAM AND MIDLAND COUNTIES BRANCH: PATHOLOGICAL AND CLINICAL SECTION.

THE third meeting will be held in the Midland Institute, Birmingham, on Friday, December 27th. The Chair to be taken at Three o'clock.

VINCENT JACKSON, Wolverhampton, } *Honorary*  
R. JOLLY, Birmingham, } *Secretaries.*  
Birmingham, December 16th, 1872.

### EAST YORK AND NORTH LINCOLN BRANCH: QUARTERLY MEETING.

THE last quarterly meeting was held at the Hull Infirmary on December 4th, 1872; J. F. HOLDEN, Esq., President, in the Chair.

*Papers.*—The following papers and cases were read.

1. Case of Lymphatic Leucæmia. By G. F. Elliott, M.D.
2. Ablation of the Tongue successful. By K. King, M.D., F.R.C.S.
3. Perforation of Duodenum caused by railway accident. By J. W. Plaxton, Esq.

*The Infirmary.*—A resolution was proposed by the President, and seconded by J. Morley, Esq., recommending the appointment of a Pathologist and Registrar for the Infirmary.

## REPORTS OF SOCIETIES.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, DECEMBER 10TH, 1872.

T. B. CURLING, Esq., F.R.S., President, in the Chair.

PATHOLOGY OF CHRONIC BRIGHT'S DISEASE WITH CONTRACTED KIDNEY, WITH ESPECIAL REFERENCE TO THE THEORY OF "ARTERIO-CAPILLARY FIBROSIS." BY GEORGE JOHNSON, M.D., F.R.S.

THE author began by referring to his discovery of hypertrophy of the muscular walls of the minute arteries in cases of chronic Bright's disease, published in the fifty-first volume of the *Medico-Chirurgical Transactions*. This result of a quarter of a century's careful observation was now called in question by Sir William Gull and Dr. Sutton, who, in the recently issued volume of the *Transactions*, propounded doctrines of great novelty relating to the pathology of Bright's disease. They gave a brief summary of their conclusions at pp. 295-6. Dr. JOHNSON now proposed to inquire whether these conclusions were in accordance with pathological facts and with physiological principles.

To prove that hypertrophy of the heart is a consequence of "arterio-capillary fibrosis," and not of degeneration of the kidney, they referred to six cases in which it was said that the cardio-vascular changes were present, while the kidneys were healthy or but little altered in structure. In each of these cases Dr. Johnson maintained that the hypertrophy of the heart was due, not to changes in the minute blood-vessels, but to other obvious causes. In one case (No. 7), aged 42, there were emphysema of the lung and bronchitis; in one (Case 10), aged 69, there were senile gangrene and, of course, degeneration of the larger arteries; in one (Case 20), there was disease of the aortic valves; one patient, who was 63 years of age (Case 2), probably had senile degeneration of the arteries, and her kidneys weighed fifteen ounces; another (Case 3) was 77 years of age; while in a sixth case (No. 19), aged 62, there was atheroma of the cerebral and probably of other arteries, his lungs were very emphysematous, and his kidneys weighed only eight ounces. It was assumed by Sir William Gull and Dr. Sutton, that kidneys weighing as much as fifteen ounces and as little as eight ounces were alike free from disease.

Although it was maintained (pp. 289-90) that there is a constant relation between the "hyalin-fibroid" change in the vessels and hypertrophy of the heart, it was stated (p. 292) that in a few cases this change was seen in the vessels of the pia mater, unassociated with hypertrophy of the heart. The "hyalin-fibroid" change was supposed to lessen the elasticity of the walls of the minute arteries, so to impede

Paget, in the eloquent speech with which he lately proposed the health of Sir Thomas Watson, that we are his pupils still—not only in respect to his writings—"but as students of his life—a life of unsurpassed gravity, sincerity and uprightness." To no one could this latter observation be more aptly or more truly applied than to Mr. Morgan. Essentially simple and unassuming—unselfishly kind and generous—sensitively honourable in all his dealings, he earnestly loved his profession as a science as well as an art, and led a life of consistent irreproachable goodness. For some years he had retired from active practice, in consequence of extreme irritability of the heart, which necessitated the avoidance of all exertion and excitement; but he still kept up and enjoyed his kindly and affectionate intercourse with his profession. On Sunday the 7th, he retired to bed as usual, but in the night was aroused by symptoms and conditions which he had long anticipated and prepared for, and in a hour was dead. His funeral took place on Tuesday week, when his colleagues of the Infirmary, with many other members of the profession, met around his grave to testify their loving esteem for him as he lived, and their reverence for his memory.

## UNIVERSITY INTELLIGENCE.

### UNIVERSITY OF OXFORD.

**RADCLIFFE FELLOWSHIP.**—An examination for a Radcliffe Travelling Fellowship will be held in the first week of February 1873. Candidates are requested to send their name and address to Dr. Acland, at the Museum, before January 15th, "Radcliffe Travelling Fellowship" being written outside the envelope.

## MEDICAL NEWS.

### THE GENERAL MEDICAL COUNCIL.

A MEETING of the Branch Council for England was held on Wednesday, for the transaction of ordinary business. Auditors were appointed; and the case of a medical practitioner, whose name has lately figured unpleasantly in the law-courts, was considered. The case will be brought before the General Council, to be dealt with under the Medical Act. No formal question was discussed, we believe, as to the meeting of the General Medical Council; nor is there any reason to believe that it will meet at a particularly early date. Its period of meeting will be determined, probably, by the wishes of the Irish bodies with reference to the partial scheme for amalgamation for purposes of examination, which three of them are preparing to submit. The Scotch bodies have, unfortunately, not agreed yet upon any such scheme. The Government have thus far made no steps towards medical legislation in the ensuing session.

**ROYAL COLLEGE OF PHYSICIANS OF LONDON.**—The following gentlemen were admitted Licentiates of the College on Dec. 16th.

Baker, George Benson, 42, Grove Road, St. John's Wood  
Bird, Cuthbert Hilton Golding, Guy's Hospital  
Blake, Frederick George, 3, Dowry Square, Clifton  
Davies, George Augustus, Newport, Monmouthshire  
Dixon, John Francis, 14, Percy Circus, King's Cross  
Howse, William, New Swindon  
Moore, John Bartholomew Giles Gidley, Langstone Throwley, Okehampton  
Philpot, Harvey John, East Dulwich  
Preston, Theodore Julian, General Dispensary, East Grinstead  
Robinson, Mark, Her Majesty's Dockyard, Portsmouth  
Walker, George Edward, 27, Vincent Square

The following gentleman, having passed in Medicine and Midwifery, will receive the College Licence on his obtaining a qualification in Surgery recognised by the College.

Clague, John, Castletown, Isle of Man

**KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.**—At examination meetings, held on December 10th, 11th, and 12th, the following gentlemen received the License to practise Medicine.

Allen, John Gower  
Buckly, Daniel Francis  
Clarke, Arthur Champneys  
Luther, Edward Wentworth

The Midwifery Diploma was granted to—

Allen, John Gower  
Luther, Edward Wentworth

**APOTHECARIES' HALL.**—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, December 12th, 1872.

Archer, Edmond Lewis, Junction Road, Kentish Town  
Bromley, John Maddern, Penzance  
Dewar, James, Middleton Cheney, Oxon.  
Page, Herbert William, Carlisle

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

Brayn, Richard, King's College  
Sheehy, William Henry Patmore, St. Bartholomew's Hospital  
Turle, Arthur, St. Thomas's Hospital

**UNIVERSITY OF CAMBRIDGE.**—Second M.B. Examination. Examined and approved.

Charnley, M.A., St. John's  
Hughes, B.A., Jesus  
Sangster, B.A., Caius  
Smith, B.A., Downing  
Twining, B.A., Downing

### MEDICAL VACANCIES.

The following vacancies are announced:—

**ADDENBROOKE'S HOSPITAL,** Cambridge—House-Physician and House-Surgeon: each £65 per annum, board, and residence.  
**AFRICAN ASSOCIATION OF LIVERPOOL**—Medical Man to take charge of a Station on the West Coast of Africa: minimum salary, £300 per annum, and all expenses.  
**BATH UNION**—Medical Officer for District No. 2: £43 per annum.  
**BIRMINGHAM LYING-IN CHARITY**—Medical Officer.  
**BOLNESS AND CARRIDEN,** Linlithgowshire, united Parishes of—Medical Practitioner.  
**CHORLTON UNION,** Lancashire—Resident Medical Officer for the Workhouse Infirmary: £260:10 per annum.  
**CLINICAL HOSPITAL AND DISPENSARY FOR CHILDREN,** Manchester—House-Surgeon: £60 per annum, residence, and board.  
**COVENTRY AND WARWICKSHIRE HOSPITAL**—House-Surgeon: £80 per annum, board and lodging.  
**DERBYSHIRE GENERAL INFIRMARY,** Derby—Assistant House-Surgeon.  
**DERBYSHIRE GAOL,** Derby—Surgeon.  
**DORSET LUNATIC ASYLUMS,** near Dorchester—Assistant Medical Officer for the Forston Asylum: £100 per annum, board, and apartments.  
**GERMAN HOSPITAL,** Dalston—Honorary Assistant-Physician.  
**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.  
**KILDALTON,** Islay—Parochial Medical Officer: £70 per annum, including medicine for the paupers.  
**LAMBETH,** Parish of St. Mary—Medical Officer for District No. 7: £70 per ann.  
**LEDWICH SCHOOL OF ANATOMY, MEDICINE, and SURGERY**—Lecturer on the Practice of Medicine.  
**LEXDEN and WINSTREE UNION,** Essex—Medical Officer and Public Vaccinator for District No. 9: £90 per annum, and fees.  
**METROPOLITAN FREE HOSPITAL,** Devonshire Square—Hon. Assistant-Physician.  
**MOSS-SIDE BOARD OF HEALTH**—Medical Officer of Health: £52:10 per annum.  
**NAVAL MEDICAL SERVICE**—Assistant-Surgeons.  
**NEATH URBAN SANITARY DISTRICT**—Medical Officer of Health: £30 per annum.  
**NEWPORT (Mon.) INFIRMARY AND DISPENSARY**—Resident Medical Officer.  
**NEWPORT (Mon.) ODD FELLOWS MEDICAL AID ASSOCIATION**—Assistant-Surgeon: £60 per annum, board, and residence.  
**OLDHAM,** Borough of—Medical Officer of Health: £400 per annum, offices, stationery, etc.  
**PATELEY BRIDGE UNION RURAL SANITARY DISTRICT**—Medical Officer of Health.  
**ROYAL COLLEGE OF SURGEONS,** Ireland—Professor of Surgery.  
**ROYAL PORTSMOUTH HOSPITAL**—Female Superintendent for the Lock Wards: £40 per annum, rooms, and washing.  
**ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL**—Surgeon.  
**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.  
**SLIGO UNION**—Apothecary for the Sligo Dispensary: £60 per annum.  
**SOUTH SHIELDS UNION**—Medical Officer for the Jarrow District: £40 per annum.  
**WALLASEY DISPENSARY**—House-Surgeon: £100 per annum, furnished residence, coals, and gas.  
**WEST DERBY,** Lancashire, Local Board of—Medical Officer of Health: £100 per annum.  
**WIRRAL UNION,** Cheshire—Medical Officer for the Bebington District: £40 per annum.  
**WORCESTER GENERAL INFIRMARY**—House-Surgeon: £100 per annum, board, and lodging.

### MEDICAL APPOINTMENTS.

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

SUTTON, John Maule, M.D., appointed Medical Officer to the Friendly Societies' Medical Institute, Northampton.  
THORNTON, W. Pugin, Esq., elected Assistant-Surgeon to the Hospital for Disease of the Throat.  
WHARRY, C. J., M.B., C.M., appointed Superintendent of the Civil Hospital at Hongkong.

## 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**.—Clinical Society of London, 8.30 P.M. Dr. Lockhart Clarke, "On a Case of Cysts in the Cerebellum"; Dr. Edis, "On a Case of Right Hemiplegia occurring during Pregnancy, with Rapid Convalescence after Parturition"; Dr. Nielden, "A Case of Lesion of the Upper Dorsal Portion of the Spinal Cord, with excessive Lowering of Temperature and Pulse"; Dr. Ogle, "On Acute Rheumatic Fever, Pericarditis with Effusion—expected necessity for Tapping the Pericardium—Recovery."

## 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.

**ERRATUM**.—The number of first year's students in the University of Aberdeen this session is 52; and not 32, as was stated by misprint in the last number of the JOURNAL.

**MR. WOODMAN** (Exeter) will find particulars as to Mr. Nightingale's invisible respirator in our advertising columns.

**VOLUNTEER**.—We repeat that we shall give immediate information regarding the New Medical Regulations, when they are issued from the War Office.

**DR. BROWN** (Rochester)—It has already appeared.

**DR. ROBERT SMITH** (Ferry Hill) will find the figures which were quoted in the *Pall Mall Gazette*, in a previous number of the *Local Government Chronicle*, in an article purporting to be statistical analysis of the Commissioners' Report.

**COMMUNICATIONS** relating to the administration of ether as an anæsthetic, have been received from Mr. Clover, Mr. Prichard (Bristol), and Dr. Kidd.

**MR. J. T. JONES** (Llanfyllin).—We can only, at present, advise our correspondent to bring the circumstances at once under the notice of the Council of his Branch of the Association, and to obtain their decision.

**THE charges** which Justitia (Liverpool) brings against important corporate bodies are very grave, and are worded in a manner likely to injure national susceptibilities. If he wish his letter published, he must append his name to it, and furnish authenticated evidence in support of his statements.

ANDREWS v. STYRAP.

**SIR**.—My attention has just been called to a letter, headed "Andrews v. Styrap", in the JOURNAL of November 30th, in which the following expression occurs:—"A considerable sum was contributed by the profession specially for this prosecution; and it would now be satisfactory to the subscribers to know how the money has been expended." Such a remark being calculated to convey an erroneous impression as to the body by whom the prosecution was undertaken, it may perhaps be well to state that the Council of the Ethical Branch of our Association, through their representative Dr. Styrap, were the prosecutors and responsible parties; and that (with the exception of five or six other practitioners) the members of the Ethical Branch were the sole contributors to the fund. To them an audited copy of the receipts and payments in full (the solicitor's charges included) was transmitted several weeks ago.

I beg to add that Dr. Paget of Cambridge (President of the General Medical Council), in his unofficial capacity, very kindly offered a subscription, which, however, was courteously declined. I am, etc.

J. W. PROCTER, President of the Ethical Branch.  
Shifnal, Salop, December 12th, 1872.

**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. SMITH** (Pershore) will find examples of the value of faradisation in restoring animation when suspended by chloroform, in the papers of Mr. Green (of Bristol), published in the JOURNAL of May 25th, and December 7th. Mr. Green records in all seven cases, in each of which he says, "the heart suddenly stopped after the administration of chloroform, the patient appearing dead; and with only one exception (case II) its motions were as instantly restored by faradisation, and life was saved in each of them."

## UNQUALIFIED PRACTITIONERS.

**SIR**.—It is very much to be regretted that the authorities will continue to recognise and protect unqualified practitioners.

It appears from Mr. Blandford's letter, in the JOURNAL of December 7th, that the coroner of Stockton-on-Tees not only declined to hold an inquest into the death of a woman who appears to have been the victim of a couple of unqualified men, and classed them as "medical gentlemen" on the same footing as registered practitioners, but quietly censured Mr. Blandford for not taking upon himself to perform the work of a common police-informer.

A short time ago, a druggist got hold of a "bogus qualification", and began to practise as a physician, and signed himself "M.D.", and obtained from the registrar of deaths a book of the forms of certificate of death, which, from time to time, he filled up with the names of his victims, and signed his M.D. Some one made representations about it to the authorities (the Secretary of State, I think), and got, as a reply, that "the certificates of some unqualified men would be more satisfactory than the vague statements sometimes given by the friends of the deceased", or words to that effect. This was all the satisfaction he got for his trouble.

Unqualified practitioners abound in the manufacturing towns. There are numbers of them in Bolton, Lancashire, styling themselves "M.D.", "M.B.", "Doctor", etc. There is one man who has on his window-blind, in gold letters, after his name, "M.B. A.M.R.S."; the M.B. standing for "Medical Botanist", and the other letters for "Associate of the Medical Reform Society." Other "Doctors" advertise openly in the newspapers, and have their name-plates on their doors, with Dr. or M.D.

One man who was prosecuted and fined (I think thirty shillings) for putting the word "Surgeon" on his door-plate, merely went home and had another plate put on his door with "Dr." before his name. These are some of the means they adopt to gull the public, and get that practice and remuneration which belongs to legally qualified men.

It would be very interesting if some member of the profession could ascertain and inform us what advantage registration can be if it does not protect the public from unprincipled quacks, and us in the proper use of our diplomas and degrees. It would also be interesting to know what becomes of all the money screwed from the profession in the shape of registration fees. I certainly felt it a great hardship to have to pay that five guineas for the privilege of having my name placed upon the *Register*, after I had worked hard and obtained a legal qualification to practise my profession; and I cannot yet see the advantage of registration if any quack doctor is placed on the same footing as a registered qualified practitioner. I can only say that, if the time were to come over again, I should certainly keep my five guineas in my pocket, and I should very much like to have it back now. Lecture and graduation fees are quite heavy enough to the majority of medical students without the large fee which they must pay for the doubtful advantage of being registered.

December 1872.

I am, etc.,

A REGISTERED PRACTITIONER.

**MR. WICKHAM BARNES**.—We have already expressed our entire disapprobation of the manoeuvres by which the opinion of six metropolitan gentlemen was made to figure as that of the Poor Law Medical Officers' Association, in opposition to the facts. Mr. Stansfeld, as his letter shows, has fallen into the trap; but we do not think it a subject of anything else than strong disapprobation and unmixed regret.

**A MEDICAL** contemporary, in discussing our recent article on Modern Surgery, is so entirely bewildered by that sharp and outspoken medical review, that it candidly confesses that it considers such reviewing to belong "to the high ropes of literary morality," with which it has nothing in common, and invents quite an ingenious and dishonest little fiction of its own to explain the circumstances. It finds so little in its inner consciousness to justify it in believing in honest, able, and impartial reviewing, that it tries to explain to its readers that it is probable that 1st. The review in question was written in two halves: 2nd. The first half was written and published by "a partisan," opposed to Mr. Bryant, and prior to Mr. Erichsen's appointment as orator in surgery to the Association, without editorial supervision; 3rd. That the second part was written (by a sycophant) under pressure after that appointment. The invention of such a theory requires a very disordered imagination, and a very low form of literary morality. The refutation of it might, if it were required, be at once found by a simple comparison of dates. Mr. Erichsen's appointment was made on the 12th, and confirmed on the 13th of November. The first of the two articles did not appear in the JOURNAL till November 30th; they were both by the same hand, and were written as a whole, complete and unaltered from the first.

## CAUSE OF INCREASE OF INSANITY.

**SIR**.—Dr. J. Crichton Browne expresses his firm conviction, founded upon his professional experience, that "much of the increase of insanity is to be attributed to the miserable materialistic philosophy which is now so assiduously disseminated." This statement is an amazing one and a startling. Now my own experience in insanity, which is probably equal to, if not greater than, Dr. Browne's, leads me to give such a cause a hardly recognisable place; while the fear of hell, a matter of that faith which, according to Dr. Browne, is "necessary to mental health", is a cause which is lamentably prevalent.

Dr. Browne also says that "no martyr has ever been reprieved on the ground of insanity." To this I would reply that the man who, if he had lived in the good old days of fire and stake, would have been a martyr, is, in this latter half of the nineteenth century, locked up in an asylum until he recovers from his cerebral malady.

I should be glad to have the opinion of your readers respecting the materialistic philosophy as a cause of insanity. I am, etc., X. Y. Z.

**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.

#### FEES.

SIR,—In reference to the letter of a Provincial Physician in your number of October 26th, I thought it was clearly understood among medical men that they never charged fees to each other, or to their wives (or widows while remaining such), or to their sons or daughters under age, or while forming part of their father's household, but that beyond this no immunity was customary. If fathers and mothers, brothers and sisters, or sons and daughters (when settled in life) of medical men, are to claim immunity from fees, we may as well give up our profession as unremunerative, when we also take into account gratuitous advice to the needy, certificates to be written for nothing, emergencies and accidents to be attended without fee, on pain of being charged with inhumanity, the unpaid drudgery of hospital and dispensary work, the insufficient payment of clubs and parochial appointments, the offering of our services gratis to this or that person in distress by some philanthropist, the postponement of the payment of fees due at once, and the great number of instances in which payment is altogether evaded.

The general rise in prices brings up the whole question of a revision of medical and surgical fees. I do not now advocate raising them: they ought, first of all, to be rightly adjusted and duly paid.

As to adjustment, some established tariff of charges should be adhered to; not his own scale for every man, but that which is customary in the district where he practises, or higher, never lower. If it be usual to vaccinate, or render other service, without fee, this should be left off, and proper fees be charged.

As to payment, all medical remuneration should be by way of fees, paid at the time; not by way of charges, booked and sent in as a bill afterwards. This ought to be generally understood on both sides. The contrary is now the case with the general practitioner; fees are an exception; to book and send in bills is the rule; and the consequence is, that a great door is opened to fraud. Fees at the time should be the rule; to book and send in accounts afterwards should only be done as an exception, with known and established families and patients, where the doctor thinks proper. If medical men would adopt this rule, and make it known as the established custom of the profession, it would go far to diminish the very heavy losses now caused by bad debts, and many surgeons would find themselves immediate gainers.

To this some will object; I could do so myself, and overwhelm the thing with objections. But it would not advance the interests of the profession to do so; it will do more good to try to bring this about—to do it where it can be done, and, if not, to do part of it—than to make a controversy, and set to work to prove that I am mistaken. It is for the sake of the profession that I write; not for myself, to whom the publishing of this does no good, but for my professional brethren, whom I have seen for many years injured and lowered, by being defrauded of their just dues, treated as less than gentlemen by the ignorant, and pulled down by mutual controversy, instead of standing together for their common defence.

I hope, therefore, that the fee system will be viewed with favour, as tending to strengthen the profession, and that it may be thought worth while to work towards it in every possible way, and to make it understood by those without as the method in which business with the medical profession is transacted, any deviation from it being exceptional. I have no time to answer objections, or to press this view on the unwilling; but, before concluding, have a word to say on kindred topics.

As to clubs, no appointments of this sort should pay less than five shillings a year per head; and, in cases where less is now accepted, every opportunity should be used to get the remuneration advanced to, or towards, the right point. Certificates of inability to work through illness, when given for any club to which the signer is not surgeon should be charged for. Half-a-crown is not too much, with a shilling for every repetition, giving certificates of recovery always gratis. Certificates of death should be regularly charged for (2s. 6d.), and should not be copies of the certificate meant for the registrar.

Death-certificates being ordained by law to be given gratis, the law-makers cannot complain if the profession defend itself. You cannot certify what you do not know. You do not know, of yourself, that a patient is dead merely by being told so; that is not evidence; and no medical man, who respects himself and the profession he belongs to, will certify as a fact what he merely knows by hearsay. Our mode of protection is obvious. We cannot charge for the certificate; but, if we are to go to the patient's residence to verify the death by seeing the body (without which we cannot certify), we can charge for that visit the same fee as for any other. And in doubtful cases we may decline to make the visit until the fee is paid.

If most of us concur to act thus, or as nearly so as the idiosyncracies of individuals permit, the profession will become a gainer, and the gain will be equivalent to some raising of our fees, though without materially doing so. The different ethical societies may perhaps see fit to favour these views, which, for obvious reasons, an individual cannot put forth, but which, if adopted by the whole profession, or by professional bodies and societies, may be promulgated and acted on with the greatest advantage. Thus I leave the matter.

I am, etc., A PROVINCIAL SURGEON.

#### HOSPITAL SENIORITY.

SIR,—In 1866 our hospital was opened. It has this peculiarity—viz., that a house-surgeon is not kept, neither has it a staff of "physicians" and "surgeons"—it being decided to elect four practitioners in the town to take charge of both medical and surgical cases, and to be called the "medical officers" of the hospital. Now A., B., C., D., each possess at the date of election the College of Surgeons' and Apothecaries' qualifications. A. qualified in 1843; B. in 1840-1849; C. in 1854-1855; D. in 1863. But D. also possesses the L.R.C.P. London at the date of election, and is senior scholar and associate of his College. Now kindly tell "Alpha" in your paper if either A. B. C. or D. is justified in calling himself senior medical officer.

I am, etc.,

ALPHA.

P.S.—B is made F.R.C.S. Eng. (Honorary) 1872.

\*.\* As they were all elected at the same date, and with very varying qualifications, without any arrangement as to seniority, we do not see how either can fairly call himself senior. No principle of seniority was agreed upon; and the usual test of diplomas does not apply easily, owing to the variety of qualifications admitted, to an equal footing.

**NOTICES of Births, Marriages, Deaths, and Appointments, intended for insertion in the JOURNAL, should arrive at the Office not later than 10 A.M. on Thursday.**

#### GALVANO-EMESIS.

SIR,—Mr. F. D. Tomlinson makes inquiry as to the method of galvano-emesis, and as to what is a suitable conductor for the œsophagus. The conductor which I used for the œsophagus was a piece of wire covered with India-rubber as an insulator, and terminating in a brass cone; an instrument supplied generally with a galvanic apparatus. To the epigastrium I applied the ordinary wet-sponge-conductor. I used the interrupted current, supplied by a small two-celled sulphate of mercury battery, which is very convenient, being small, powerful, easily graduated as to the strength of the current, and quickly arranged in working order.

I am, etc.,

CHARLTON FOX, M.D.

Birmingham, December 13th, 1872.

We are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Liverpool Weekly Albion, Dec. 14th; The Manchester Guardian, Dec. 18th; The Ulster General Advertiser, Dec. 14th; The Scotsman, Dec. 16th; The Bath Express, Dec. 14th; The Eastern Morning News; The Northwich and Winsford Guardian; The Barrow in Furness and North-Western Daily Times; The Altrincham and Rowdon Guardian; The Durham County Advertiser; etc.

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

Dr. George Johnson, London; Mr. T. Annandale, Edinburgh; Mr. Southam, Manchester; Mr. T. Pridgin Teale, Leeds; Mr. Callender, London; Dr. Joseph Rogers, London; Dr. R. Macnamara, Dublin; Dr. Douglas Powell, London; A Correspondent; Mr. Chase, Hereford; Dr. Mackey, Birmingham; Dr. Charlton Fox, Birmingham; Mr. Dalby, London; Mr. Burrell, Edinburgh; Dr. Wilson Fox, London; Dr. Julius Pollock, London; Dr. Langdon Down, London; The Secretary of the Clinical Society; Dr. J. W. Moore, Dublin; Mr. Furneaux Jordan, Birmingham; Dr. Sankey, Cheltenham; Mr. Joseph Bell, Edinburgh; Dr. C. J. B. Williams, London; Dr. W. A. Elliston, Ipswich; Dr. Durrant, Ipswich; Dr. G. Buchanan, Glasgow; Dr. Latham, Cambridge; Dr. S. Martyn, Clifton; Mr. J. Hamilton, Dublin; Mr. W. Rivington, London; Mr. T. H. Bartlett, Birmingham; Mr. W. P. Swain, Devonport; Mr. C. Steele, Clifton; Mr. E. Lund, Manchester; Mr. A. E. Durham, London; Dr. Ransome, Manchester; Mr. G. Longbotham, Leeds; M.D. Edin.; Dr. Lanchester, Croydon; 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. Wanklyn, London; Dr. John Ogle, London; Dr. Murchison, London; Dr. Poore, London; Mr. C. J. Wharry, London; Mr. Campbell De Morgan, London; Dr. Southey, London; Dr. Clouston, Carlisle; Dr. Ferrier, London; Mr. V. Jackson, Wolverhampton; Dr. Orton, Beeston; A Member; Dr. Shapter, Exeter; Dr. Brittan, Clifton; Dr. Styrup, Shrewsbury; Dr. Chadwick, Leeds; Mr. W. Stokes, Dublin; Mr. Jessop, Leeds; Dr. G. M. Simpson, Highgate; Dr. Vandyke Carter, London; Dr. Beveridge, Aberdeen; Dr. Hughlings Jackson, London; Mr. J. W. Langmore, London; Dr. Angus Fraser, Aberdeen; Dr. H. Bennet, Mentone; Rev. Dr. Haughton, Dublin; Our Manchester Correspondent; Dr. Playfair, London; Dr. Embleton, Newcastle-on-Tyne; Mr. Holthouse, London; Dr. B. Foster, Birmingham; Mr. A. Prichard, Bristol; Dr. Tilbury Fox, London; Dr. T. L. Brunton, London; Dr. Corfield, London; Dr. Falconer, Bath; Dr. Handfield Jones, London; Dr. Graily Hewitt, London; Dr. Theodore Williams, London; Mr. Andrew Clark, London; Dr. John Harley, London; Dr. R. Barnes, London; Mr. W. Adams, London; Dr. Rumsey, Cheltenham; Dr. Humphry, Cambridge; Dr. W. Taylor, Cardiff; Dr. Edis, London; etc.

#### BOOKS, ETC., RECEIVED.

Ovarian Tumours: their Pathology, Diagnosis, and Treatment, especially by Ovariectomy. By R. Randolph Peaslee, M.D., LL.D., New York: 1872.  
On the Scientific Value of the Legal Tests of Insanity. By J. Russell Reynolds, M.D., F.R.S. London: 1872.  
Catalogue of Works of Arts, etc., exhibited at the Opening of the New Library and Museum of the Corporation of London.  
Hospital Prayer Book. By E. J. Waring, M.D. London: 1872.  
The Teeth: Notes on their Pathology. By Oakley Coles, L.D.S.R.C.S. London: 1872.  
A Practical Treatise on Urinary and Renal Diseases, including Urinary Deposits. By William Roberts, M.D. Second Edition. London: 1872.  
The Practice of Surgery: a Manual. By Thomas Bryant. London: 1872.  
The Fourth Annual Report of the English Anti-Tobacco Society for 1871-72.  
Report on the Structure of the White Blood-Corpuscle. Philadelphia: 1872.  
A Treatise on Relapsing or Famine Fever. By R. D. Lyons, M.D. London: 1872.  
Responsibility and Disease. By J. H. Balfour Browne. London: 1872.  
Statistical Report on the Health of the Navy for the Year 1870. London: 1872.  
Report of the Sanitary Commissioner for Madras for 1871. Madras: 1872.  
An Inquiry into the Theory and Practice of Antiseptic Surgery. By James Cunningham, M.D. Edinburgh: 1872.  
Handbook for Midwives. By Henry Fly Smith, B.A., M.B. London: 1872.  
Die Parasiten der weiblichen Geschlechtsorgane des Menschen und einiger Thiere. Von Dr. D. Haussmann. Berlin: 1870.  
Text-Book of Physiology: General, Special, and Practical. By John Hughes Bennett, M.D., F.R.S.E. Edinburgh: 1872.  
Hints for Obstetric Clerks. By Albert F. Field. London: 1872.  
The Micrographic Dictionary. London: 1872.  
A Table giving the Relative Values of Different Articles of Food. By Charles Ekin, F.C.S. London: 1872.  
Manual of Palæontology. By H. A. Nicholson, M.D. London: 1872.