

distinct as the posterior. A pledget of lint was placed between the ends of bone, and the limb fixed on an outside splint for two hours; when, hæmorrhage still continuing, it was thought to be necessary to adopt other means for controlling it. The solid perchloride of iron, as used by Mr. Spencer Wells for coating the pedicle in ovariectomy, was passed between the bones, and the wound was re-plugged with lint, the splint also being re-applied, and the case left with the determination to amputate if this did not succeed.

Jan. 30th.—The following morning there was a slight rise of temperature and some flushing of the face. The wound was not touched, the hæmorrhage having ceased.

Jan. 31st.—The febrile symptoms had gone. From this date his recovery was steadily arrived at, without any untoward circumstance. No dressing but cotton-wool was used throughout.

Feb. 26th.—He left the hospital, the wound being healed and union firm.

SELECTIONS FROM JOURNALS.

SURGERY.

PERFORATING ULCER OF THE FOOT.—MM. Duplay and Morat (*Arch. Génér. de Méd.*, March and May, 1873) ascribe perforating ulcer of the foot to a degeneration of the nerves of the part. This degeneration may be of entirely peripheral origin, just as frost-bite induces degeneration of the nerves and a tendency to ulceration; or it may be connected with a more deeply seated affection of the sciatic nerve, or with disease in the spinal cord. The authors, therefore, place perforating ulcer of the foot in the same category with the ulceration of the cornea which follows section of the trigeminal nerve. The principal symptoms agree with this view, being indicative of disturbance of sensation and nutrition. The inflammation which surrounds the ulceration affects all the tissues, including the arteries, which are sometimes diseased to so great an extent that many have attributed the ulceration to arterial sclerosis. The prognosis will evidently depend on the possibility of treating the nervous disorder with success.

EPISTAXIS FROM A LEECH IN THE NOSE.—Dr. Amaducci was called to a boy aged 6 years, who had had obstinate epistaxis for a week, for which no cause could at first be assigned; the boy was healthy, and there was no family history of hæmorrhagic diathesis. On being questioned, he said that the hæmorrhage commenced some hours after he had drunk water from a brook. Cold water was injected into the right nostril, and the coagula were removed; a leech was then discovered adhering to the mucous membrane, and was removed by polypus-forceps. After this, the epistaxis ceased entirely. Dr. Amaducci believes that the leech was first taken into the mouth, and that it thence crawled into the nostril.—*Il Raccoglitore Medico*, No. 25, 1873; and *Allgemeine Medicin. Central-Zeitung*, August 13th.

REMOVAL OF BOTH SUPERIOR MAXILLARY BONES.—The *Central-blatt für die Medicin. Wissenschaft*, for June 21st contains a brief note of a case related by Podrazki in the *Asterr. Zeitschr. für prakt. Heilkunde*, No. 1, 1873, in which he removed both upper maxillæ from a man aged 42. They were the seat of a tumour which had the appearance of being malignant, being attended with pain and swelling of the lymphatic glands. It was, however, found to be a large ivory exostosis, which had almost obliterated the sinuses and nares. The patient died of pyæmia.

PATHOLOGY.

DISEASE OF THE HEART IN SOLDIERS.—Dr. O. Fränzel states, in Virchow's *Archiv* (vol. lvii), that, during the war of 1870-71, he met with ten cases of dilatation and hypertrophy of the left ventricle, and two cases in which the right, and three in which both ventricles were thus affected. In two other cases, there was dilatation only of the right or of the left ventricle. None of the patients had had any disease of the circulatory or respiratory organs, or of the kidneys, which could account for the hypertrophy, the symptoms of which first appeared while they were engaged in active service in the field. Fränzel, therefore, attributes the lesion to the fatigue and muscular exertion to which they were subjected for months. The increased activity of the respiration, conjoined with the impediment to the expansion of the chest produced by the uniform, explain, in Dr. Fränzel's opinion, the continued increase of pressure in the pulmonary arterial system, which finally led to dilatation and hypertrophy of the right ventricle; and the corre-

sponding change in the left side of the heart was the result of the excessive muscular exertion, aided, in the cold of winter, by the contraction of the peripheral arteries and consequent increase of the blood-pressure in the aorta. The occurrence, in a few cases, of dilatation without hypertrophy is explained on the supposition that the pressure was too great, or the resisting power too small, to allow hypertrophy to take place; or that the nutrition of the individuals affected was impaired.

ANEURISM OF THE ABDOMINAL AORTA.—Dr. G. Goldschmidt relates in the *Allgem. Wiener Medizin. Zeitung*, Nos. 32 and 33, 1873, the case of a woman who had for six months suffered from severe pain in the sacral region. At first, nothing abnormal could be discovered beyond extended liver-dulness and increased pulsation of the abdominal aorta. The urine deposited a copious sediment of bone-phosphates, urates, mucus, and epithelium; and at a subsequent date the amount of phosphates in the urine was less. The pain became more violent, and was accompanied by increased resistance and pulsation in the epigastrium, where, after some time, a tumour of the size of a hen's egg was felt lying deeply. On pressure with the finger, a thrill could be felt; and, on auscultation, a double blowing murmur was heard. Collapse suddenly set in, and the patient died. The left pleural cavity contained about a pound of loosely coagulated blood. The abdominal aorta bulged forwards between the lesser curvature of the stomach and the left lobe of the liver. On laying open the anterior wall, an opening, with swollen smooth edges, was seen in the posterior part of the vessel, leading to an elliptical sac nearly as large as a man's fist, filled with blood and coagula. At its upper part was an aperture leading into the left pleura. The bodies of the three upper lumbar vertebrae were much eroded. Dr. Goldschmidt suggests that the abnormal amount of phosphates in the urine may be explained by the destruction of the bone.

DISEASES OF WOMEN.

SPONTANEOUS RUPTURE OF AN OVARIAN CYST.—Dr. Menzel, of Trieste, relates in the *Wiener Medizinische Wochenschrift*, for September 13th, the case of a woman, aged 67, who was admitted into hospital under Dr. Lorenzutti. Her abdomen was as large as in the later months of pregnancy; the lower limbs were cedematous, the thoracic organs were sound, and an abundance of free fluid could be detected in the abdomen. The uterus was freely movable; the diagnosis made was, probable cirrhosis of the liver. Dyspnœa being urgent, Dr. Lorenzutti proceeded to perform paracentesis; no fluid, however, escaped, and, on introducing a catheter through the cannula, some gelatinous matter was removed. The case was then transferred to Dr. Menzel as one of ovarian cyst; and, on examination, he found the same conditions as above described. As the dyspnœa was still very severe, he made a puncture with a large trocar in the linea alba, but without removing anything, until, on applying aspiration by means of a syringe, he drew off a small quantity of structureless yellow gelatinous material, containing numerous lymphoid cells. The patient died on the following day; and, on *post mortem* examination, an enormous quantity of gelatinous fluid was found in the abdominal cavity. The peritoneum was covered with a layer of fibrine several lines thick, partly tough, partly softened. There were adhesions of the intestinal convolutions to each other and to the neighbouring parts, by means of an easily lacerable cellular tissue. A colloid cyst, as large as a man's head, sprang from the left ovary and lay on the uterus. The walls were very thin and easily lacerable. In this case, the symptoms came on gradually, and the woman at no time experienced any sudden sensation which would indicate the bursting of the cyst and the effusion of fluid into the peritoneum. Until a few days before her death, she was able to move about.

PUERPERAL AMAUROSIS.—F. Weber has examined into the correctness of the statement that amaurosis is a premonitory symptom of puerperal convulsions. Of four cases described by him in the *Berliner Klinische Wochenschrift* (Nos. 23 and 24), in one only the blindness preceded the convulsions; in two it followed the eclampsia, and in a fourth case there were no convulsions. He is therefore unable to connect the occurrence of the amaurosis with uræmic poisoning, and agrees with Arlt in ascribing it to a temporary overfilling of the vessels of the bulb of the eye. No ophthalmoscopic examination was made in any of the cases. In only one of the patients was albumen found in the urine. Three of the patients were from 30 to 42 years old; one, the only primipara, was 17 years of age. The duration of the amaurosis (which was always followed by complete restoration of sight) was respectively two, four, five, and fourteen days. In the treatment, Weber ascribes much benefit to the use of bromide of potassium.

later on, paralysis of motor nerves; and, finally, stoppage of the heart's action by the paralysis of the nervous ganglionic centres, followed by that of muscles. The phenomena observed in the physiological experiments on animals present a striking analogy with the results observed in man, which would admit of a rational interpretation, and which are fully described at page 108 of M. Hamdy's thesis.

As the cholera was assuming the character of an epidemic in Paris, the Academy of Medicine, the Government, and the Municipal Council, are all up in arms to meet the dire enemy. While the former body are discussing the different means to be adopted in the treatment of this terrible affection, the Government and Municipal Council are taking measures to destroy it in the germ, or prevent its incursion in this city. The official returns furnished by the Prefect of Police are from motives of economy (false economy), no longer supplied to the medical men as in the days of yore. They are very defective, as they do not show the number of persons attacked with the disease; for surely it would be more comforting for the public to know that the disease is not always fatal, but, to a certain extent, curable. The disease has evidently been on the decline, if one may judge from the number of admissions into the hospitals, though, I am sorry to say, I am not able to give the statement in figures. This fall is attributed to the change in the weather, which, from having been dry and almost tropical, has become rainy and cold.

ASSOCIATION INTELLIGENCE.

SOUTH MIDLAND BRANCH.

THE autumnal meeting of this Branch will be held at the Town Hall, Oundle, at 2 P.M., on Tuesday, the 30th instant. Luncheon will be kindly provided by D. Webster Tomlinson, Esq., at his house, previously.

Gentlemen who intend to read papers or communications are requested to forward the titles of the same as early as convenient to Dr. Bryan, President.

W. MOXON, *Honorary Secretary*.

SHROPSHIRE ETHICAL BRANCH.

THE annual general meeting will be held at the Lion Hotel, Shrewsbury, on Monday, October 6th, at 1 P.M.; S. BETTON GWYNN, Esq., in the chair.

Dinner will be served at 3 P.M. for the convenience of the country members. Tickets, exclusive of wine, 7s. 6d. Members have the privilege of introducing friends, on transmitting their names to the President.

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

Gentlemen intending to read papers, etc., will oblige by communicating the titles of such, before the 29th instant, to

JUKES STYRAP, *Honorary Secretary*.

Shrewsbury, September 12th, 1873.

SOUTH-EASTERN BRANCH: WEST SUSSEX DISTRICT MEDICAL MEETINGS.

THE autumn meeting of the above district will be held on Tuesday, October 7th, at Petworth; HENRY BOXALL, Esq., of Wisborough Green, in the Chair.

Any gentleman desirous of reading a paper or bringing forward cases is requested to communicate forthwith with the Honorary Secretary, in order that a notice of the same may be inserted in the circular convening the meeting.

WM. J. HARRIS, *Hon. Sec.*

Worthing, Sept. 15th, 1873.

SHROPSHIRE SCIENTIFIC BRANCH.

THE annual meeting of this Branch will be held in the Museum, Shrewsbury, on Wednesday, October 8th, at two o'clock; DR. GREVILLE THURSFIELD, President-elect.

Papers will be read, etc.

The Dinner will take place at the George Hotel at four o'clock. Members may introduce friends.

SAMUEL WOOD, *Hon. Secretary*.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEETINGS.

THE forty-ninth meeting was held at the Royal Sea-Bathing Infirmary, Margate, on Thursday, September 4th.

Papers.—The following papers were read.

1. Dr. ROWE (Margate) read an interesting account of a case of extensive Caries of both Feet occurring in a lady, which was successfully treated by rest alone without surgical operation. The treatment extended over eight years, mostly by the seaside. The disease occurred after typhoid followed by scarlatina. The case was brought forward with the object of showing what Nature can do when she is not interfered with. Plaster casts of the feet and ankles were exhibited.

2. Mr. TREVES (Margate) related the history of a successful case of Ovariectomy. The patient, a married woman, aged 35, mother of eight children (the youngest twelve months old), dated the commencement of her illness four years back, when she strained her side in lifting a heavy washing shawl. After her last confinement, her abdomen remained enlarged, and she noticed a swelling commencing in the left side. The operation was performed on January 5th, 1873, after one tapping three weeks previously. The tumour was multilocular, and contained about four pints of thick grumous fluid. The wall of the cyst was adherent to the great omentum. The pedicle was transfixed, tied in two portions by hempen ligature, and returned. The wound was closed by hare-lip pins, and the abdomen covered with thick layers of cotton-wool. The wound healed by first intention, and the case made good progress for the first week, when she had some amount of pelvic cellulitis with tympanitic distension of the abdomen. These symptoms continued for a week, but gradually abated. The woman was convalescent about three weeks after the operation. The interesting points in the case were the large amount of ascitic fluid and the favourable union of the wound protected by the cotton-wool.—A discussion took place as to whether a woman had not a better chance of recovery from ovariectomy in the country and in her home than in a general hospital.

The wards of the Infirmary were then visited, and Mr. Thornton made some observations upon the more interesting cases under his care.

Dinner.—The members afterwards dined together at the Cliftonville Hotel.

BATH AND BRISTOL BRANCH: ANNUAL MEETING.

THE annual meeting of this Branch was held at the Bristol Library and Institution, on Thursday, July 10th; T. G. STOCKWELL, Esq., President, in the chair. Forty-five members were present.

Mr. STOCKWELL, after a few remarks, resigned the chair to EDWARD LONG FOX, M.D., President for 1873-74, who read an address on Pathology and Therapeutics.

Mr. PRICHARD proposed, and Mr. H. ALFORD seconded, "That the thanks of this meeting be given to Dr. Fox for his admirable address."

Representatives in the General Council.—The following members were then chosen to represent the Board on the General Council of the Association: J. S. Bartrum, Esq.; F. Brittan, M.D.; J. G. Davey, M.D.; E. L. Fox, M.D.; H. Marshall, M.D.; J. K. Spender, M.D.; C. Steele, Esq.; T. G. Stockwell, Esq.; R. N. Sone, Esq.

Mr. BOARD read the following annual report of the Branch.

Report of Council.—In presenting the thirty second annual report of this Branch, your Council feel much satisfaction in being able to inform you, that during the past session of 1872-73, sixteen new members have been added to this Branch, whilst eight only have been lost. Two members have left the neighbourhood, four have resigned membership, and one has been removed from the list.

It is the painful duty of your Council to report the death of Mr. W. F. Morgan, an old and very highly respected member of this Association. The Bristol Royal Infirmary has lost one of its most valuable consulting officers, and one whose opinion carried the greatest weight with every member of the staff; and his more intimate acquaintances have lost a steadfast, straightforward, and genuine friend. Mr. Morgan had not long retired from the Council of this Branch, of which he had been a member for many years. The number of members belonging to this Branch is now 198—an increase of eight members over last year.

Eighteen papers have been read during the session (including several on "the Administration of Anæsthetics"), which have given rise to long and interesting discussions. The attendance at the meetings has been uniformly large.

Your secretaries have attended several of the meetings of the Committee of Council of the Association, and wish to draw your attention to the fact, that it is proposed to increase the number of the elected members of that Committee from ten to twenty: this will be brought before the general meeting of the Association. It was proposed, also, to recommend that the Branch secretaries should no longer be members of the Committee of Council; but this was negatived by a large majority of the meeting, which at the same time expressed a wish that the Branch secretaries would always attend if possible.

The financial condition of the Branch continues most satisfactory, there

being a balance in hand of £23 6s. 6d. Your Council recommend that the subscription of three guineas to the Medical Benevolent Fund be repeated as heretofore.

The scrutineers appointed to examine the voting-papers, report the following members elected to fill the vacancies in the local councils. For Bath—Dr. Falconer, and Messrs. Stone, Mason, and Harper; and for Bristol—Dr. Brittan, Dr. Martyn, and Messrs. Prichard, Steele, and Leonard.

It was proposed by Mr. MASON, and seconded by Mr. PRICHARD, "That this report be adopted."

An amendment to increase the subscription to the British Medical Benevolent Fund was proposed by Dr. GOURLAY, but was negatived. The report was adopted.

President-elect.—It was proposed by Dr. BRITTAN, and seconded by Dr. GOURLAY, "That F. Mason, Esq., be President-elect." The proposal was carried by acclamation.

Votes of Thanks.—Dr. DAVEY proposed, Mr. STONE seconded, and it was resolved, "That the thanks of the Branch are due, and are hereby offered, to the retiring President, T. G. Stockwell, Esq., and to the Council for their admirable arrangements during the past year."—It was proposed by Dr. SPENDER, seconded by Dr. T. E. CLARK, and carried, "That the best thanks of the Branch are due to Messrs. Fowler and Board for their valuable services as Secretaries, and that they be asked to continue in office."

New Members.—Dr. Caddy, of H.M.S. *Dædalus*, was proposed as a member of the Association and of this Branch by Mr. C. LEONARD, and seconded by Mr. BOARD.

A Vote of Thanks to the Committee of the Institution for the use of the room closed the proceedings.

REPORTS OF SOCIETIES.

DUBLIN OBSTETRICAL SOCIETY.

SATURDAY, JUNE 28TH, 1873.

LOMBE ATTHILL, M.D., Vice-President in the Chair.

Intra-uterine Porte-Cautique.—The CHAIRMAN exhibited an instrument which he had devised for facilitating the application of caustics to the interior of the uterus. It consists of a platinum cannula, two inches in length, of the size of a No. 8 catheter at the distal end, but enlarged to that of a No. 10 catheter at the other. To this cannula is adapted a curved stilette ending in a bulb, which fills the cannula accurately. The cannula being inserted into the cavity of the uterus, the stilette is withdrawn, and a long uterine probe, carrying the caustic, is inserted through the cannula. By this method the caustic can be applied to any part of the interior of the uterus, without being weakened by contact with any other part which it is not desirable to touch, or by admixture with any discharge from the mucous membrane.

Fibrous Tumour of the Uterus.—Dr. CRANNY showed the uterus of a patient, aged 47, mother of five children. Five months before admission to the Rotunda Hospital she had suffered from severe uterine hæmorrhage. The uterus bulged slightly forward, and a tumour could be felt, through the patulous os, springing from the posterior wall. This tumour was partly removed by operation, and nitric acid was applied, but the patient sank. The growth was fibrous, with a membranous capsule, and was apparently of epithelial formation.

The Diagnosis and Treatment of Uterine Polypi.—Dr. THOMAS MORE MADDEN read a long and interesting paper on this subject. The tumours which the author had observed varied in form and size from the small, gelatinous, pea-shaped polypus, growing near the os, to the intra-uterine fibroid, as large as the mature foetal head, attached to the fundus uteri. There were three classes of uterine polypi, namely, mucous, fibroid, and cystic. The first were developed from the uterine mucous membrane or from the glands of the cervix; the second, formed within the pseudo-mucous substance of the uterus, were interstitial, subperitoneal, or submucous. The distinction made between intra-uterine tumours and intrauterine polypi was quite untenable. The most prominent symptoms of uterine polypus were menorrhagia or persistent metrorrhagia, and a profuse or fetid leucorrhœa; enlargement of the uterus, with a sense of weight and fulness in the pelvis, and a varying degree of pain; symptoms of pressure on the bladder or rectum, resulting from uterine displacement; lastly, general anæmia, cardiac palpitation, anorexia, dyspepsia, and irritability of stomach with retching. The treatment of uterine polypi fell under two heads, surgical or curative, and medical or palliative. The revival of the former, or surgical method (for it was at least three hundred years old, dating from the time of

Ambroise Paré), was due to M. Levret, who, in 1749, used the ligature for the removal of uterine polypi from the vagina. In 1829, Dr. Gooch modified and improved this method, but it remained imperfect until Sir James Simpson suggested the dilatation of the os and cervix uteri by means of sponge-tents preparatory to the performance of the operation. Even this procedure was not novel; for Philip Barrough, in the *Méthode of Physick*, published in 1639, had proposed dilatation of the mouth of the womb. Dr. Madden described the various methods employed at present for the removal of these growths. The medical treatment of cases of this disease had not kept pace with the improvements in its surgical treatment. Among serviceable remedies, the iodides and bromides of ammonium and potassium, and iodine in small doses, might be mentioned, a lengthened course being required. Savage's method of iodine injection into the uterine cavity, and brushing over the tumour with a solution of iodine in glycerine (ten or twelve grains in an ounce), were useful. To relieve uterine congestion, tepid or cold local injections were to be commended, administered by means of Dr. Graily Hewitt's vaginal douche, or by a new syringe which Dr. Madden exhibited to the Society. The symptoms of uterine polypi, in cases where operative measures were inadmissible, might disappear under a course at a suitable iodated or bromated spa, such as Kreuznach, Wildegg, or Schinznach. Details of twelve cases of the affection were then given, and the specimens, in many cases, were shown to the society.—The CHAIRMAN advocated the surgical treatment of uterine polypi in most cases. Dilatation of the os uteri, for the purpose of applying medicinal agents, was to be avoided as far as possible, the consequences often being severe.—Dr. KIDD could not place much reliance in the treatment of these tumours, either by medicated waters or by chloride of calcium and other remedies.—After some remarks from Dr. H. KENNEDY, Dr. CHURCHILL spoke of the dangerous consequences which sometimes resulted from the introduction of even a single sea-tangle tent.—Dr. MORE MADDEN replied.

Case of Ovarian Dropsy.—Dr. J. R. KIRKPATRICK read a paper for Dr. BRUNER, of Dundalk, giving an account of the case of a woman, aged 40, who was admitted into the Louth County Infirmary, on July 29th, 1872, with an enormously enlarged abdomen. The circumference was sixty-three inches. Her general health was good, and a year before the patient had given birth, at full term, to a child, although the swelling was even then of old standing. Paracentesis was performed, and ten gallons of a dark oily fluid were drawn off. After the reduction of the swelling, no tumour could be felt. The abdomen refilled, and, in June 1873, had reached the same size as before. Tapping was again performed, and about the same quantity of a fluid, similar to that drawn off eleven months before, was evacuated. The patient continued in good health.

CORRESPONDENCE.

INFLAMMATION.

SIR,—May I ask you to extend to me the privilege you have granted to Dr. A. P. Stewart, and allow me to supplement by a few remarks the kind mention of my name by Dr. Parkes in his Address in Medicine?

The transit of blood-cells through the coats of the vessels in inflammation is only a small part of a very great matter, viz., the return of vascular tissue to its embryo condition for purposes of reparation.

It is in a vast assemblage of cells that the first blood-vessels of the human embryo are established. It is in an assemblage of similar cells that new vascular tissue, whether for reparation or as a morbid product of inflammation, is formed.

Many years ago, it was stated by Gulliver that he found in blood of young embryos colourless cells very nearly as numerous as the red ones. About the same time, I found in the blood of inflamed parts many more colourless cells than could be seen in a like quantity of blood taken from other parts of the same person at the same time; showing that, over the area of inflammation, blood itself reverts to a quasi-embryonic condition.

In embryo growth, blood, minus its red corpuscles, is transferred from circulation to the coats of the vessels; likewise in inflammation. In reparation and inflammation we have the same material and the same kind of phenomena as in the embryo body, with this difference: in the embryo there is development and no retrogression; in reparation and inflammation retrogression precedes new growth, inasmuch as fully formed blood-vessels revert to the embryo state before new vessels can join on to them.

The phenomena witnessed—suppuration and granulation—are desirable or undesirable, physiological or pathological, according to a

variety of contingent conditions ; desirable and physiological, when reparation is thereby accomplished ; undesirable and pathological, when an irremovable obstacle lies behind, making the action chronic, impoverishing, or abnormal, contaminating the blood. Retrogradation of vascular tissue to its embryonic state is the law of reparation. For the application of this doctrine to various parenchymatous degenerations, I refer the reader to my published works. I am, etc.,

WILLIAM ADDISON.

Brighton, September 8th, 1873.

CRAIGENTINNY MEADOWS, NEAR EDINBURGH.

SIR,—With regard to your quotation in last week's JOURNAL touching the above heading, I beg leave to state that, when in Edinburgh a few months ago, I took the trouble of specially visiting and examining the Craigentenny meadows, so well known with reference to their extraordinary production of meadow-grass, in consequence of the sewage-irrigation system so perfectly applied in that locality.

The following facts will go to prove the fallacy of the notion that the milk of cattle fed on sewage-farms, or any grass irrigated by sewage, or the gas or effluvia proceeding from it, will produce or create typhoid fever in those who drink the milk, or inhale the effluvia.

Since my visit to the meadows, I was amused at the exaggerated and very incorrect account that Dr. Letheby gives of them in his *Sewage Question*, page 25. He observes: "These meadows have been long notorious as the most filthy and offensive plots of cultivated ground in Great Britain." The reverse of this is actually the case, which is proved by the fact that sheep (which are very particular about what they eat) fed on them for one quarter in the year, and grow fat in an unusually short time. Surely Dr. Letheby has never seen them, or his remarks would be more consistent with the real facts—that the Craigentenny meadows are the best paying, best kept, and perhaps the best managed, irrigation meadows or fields in Great Britain.

The Craigentenny Farm consists of 200 imperial acres, close by the sea-shore, with farm-offices and dwelling-house in the centre. The following notes I took last April from the farmer, who rents a great part of the meadows at an average of £30 per acre yearly, and who keeps and lives on the profits of a large dairy. The cows are fed the whole year on this sewage-grass, the milk of which is daily consumed in Edinburgh ; and up to this date, so far as is known, has not produced any bad effects. Farmer: "I have lived here six years; I have six children, varying from the age of 3 to 20; I keep twenty milch cows that I feed always with the meadow-grass. I, with my family, drink the milk daily; the extra supply I send twice a day to Edinburgh. I never felt the smell or effluvia doing myself or my family any harm; none of us have been ill for six years, except my youngest boy, who had last year a slight attack of diarrhoea." I may add that my visit to these meadows was in a sanitary point of view, and that I was perfectly satisfied, after a rather searching investigation of every part of them, and also the immediate neighbourhood, that fever has not been more prevalent in that locality since the irrigation system has been adopted than it was previously to its use. I am, etc.,

ANGUS MACKINTOSH, M.D.,

Medical Officer of Health, Chesterfield.

MEDICAL NEWS.

MEDICAL VACANCIES.

THE following vacancies are announced:—

- ABINGDON UNION—Medical Officer for District No. 3: £110 per annum.
 BETHLEM HOSPITAL—Two resident Medical Students. Applications, 11th October, to A. M. Jeaffreson, Clerk.
 BIGGLESWADE UNION—Medical Officer for the Sandy District.
 BIRMINGHAM: QUEEN'S HOSPITAL—Physician.
 BRISTOL GENERAL HOSPITAL—Physician.
 BRISTOL HOSPITAL FOR WOMEN AND CHILDREN—House Surgeon: £100 per annum, furnished rooms, etc. Applications, 7th October.
 BRISTOL ROYAL INFIRMARY—Assistant-Surgeon.
 BRIXTON, STREATHAM, and HERNE HILL DISPENSARY—Resident House-Surgeon: £100 per annum, furnished apartments, etc. Applications, 6th October, to Secretary, at Dispensary, Water Lane, Brixton.
 BROMPTON HOSPITAL FOR CONSUMPTION, etc.—Two Resident Clinical Assistants. Applications, 6th October.
 BURY ST. EDMUND'S—Public Analyst: £10 10s. per annum; 10s. per analysis for the first fifty, and 5s. per analysis beyond. Applications, 20th October, to Wm. Salmon, Town Clerk.
 BURY ST. EDMUND'S URBAN SANITARY DISTRICT—Medical Officer of Health: £52 10s. for one year.
 CHELTENHAM URBAN SANITARY DISTRICT—Medical Officer of Health: £300 per annum for three years. Applications, 11th October, to E. T. Brydges.

- CHESTERTON UNION—Medical Officer and Public Vaccinator for District No. 4: £50 per annum and fees. Applications, 2nd October, to F. Barlow, Clerk to Guardians, Cambridge.
 CONWAY UNION—Medical Officer for the Creuddyn District: £50 per annum, and fees. Applications, October 2nd, to William Hughes, Clerk to Guardians.
 CORK DISTRICT LUNATIC ASYLUM—Assistant Medical Officer.
 CUMBERLAND INFIRMARY, Carlisle—House-Surgeon: £60 per annum.
 ENNISCORTHY UNION—Medical Officer and Public Vaccinator for the Killan Dispensary District: £90 per annum, and fees. Applications to Thomas Redmond, Hon. Sec.
 GLOUCESTER COUNTY LUNATIC ASYLUM—Junior Assistant Medical Officer: £80 per annum, board, etc. Applications, 6th October, to the Committee of Visitors.
 HAMADRYAD INFIRMARY SHIP, Cardiff—Resident Assistant Medical Officer.
 HUDDERSFIELD—Public Analyst. Applications, 1st October, to Joseph Batley, Town Clerk.
 HARTLEPOOL HOSPITAL and DISPENSARY—House-Surgeon and Secretary: £80 per annum, board, etc. Applications, Oct. 1st, to F. H. Drake, Sec.
 JERVIS STREET CHARITABLE INFIRMARY, Dublin—Surgeon. Applications, 2nd October, to John M'Cann, Secretary.
 KANTURK UNION, co. Cork—Apothecary for the Newmarket Dispensary: £50 per annum. Applications, 5th October, to George Smith, Hon. Sec., The Cottage, Newmarket.
 KILMACHTHOMAS UNION, co. Waterford—Medical Officer for the Workhouse: £90 per annum. Applications, 30th instant, to Wm. Hunt, Clerk to Union.
 LONGFORD UNION—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Drumlish Dispensary District: £100 per annum, and fees. Applications, 7th October, to John Reynolds, Hon. Sec.
 LOUTH DISPENSARY—Physician.
 MANCHESTER ROYAL EYE HOSPITAL—Three additional Medical Officers. Applications, 15th October, to P. Goldschmidt, Chairman of the Board.
 MERTHYR TYDFIL URBAN SANITARY DISTRICT—Medical Officer of Health: £250 per annum for two years. Applications, 30th inst., to Thomas Williams, Clerk to the Authority.
 MIDDLETON UNION, co. Cork—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Middleton No. 2 Dispensary District. Applications, 4th October, to Thomas S. Coppinger, Honorary Secretary.
 MORPETH DISPENSARY—House-Surgeon: £110 per annum, furnished house, etc. Applications, 1st Oct., to D. F. Wilson, Hon. Sec.
 NARBERTH UNION—Medical Officer for District No. 3: £45 per annum, and fees. Applications, Oct. 4th, to John Thomas, Clerk to Guardians.
 NEWPORT UNION, co. Mayo—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Ballycrocy Division of the Achill Dispensary District: £100 per annum and fees. Applications, 7th October, to John Carr, Hon. Sec., Murelan, Achill.
 NEATH UNION—Medical Officers and Public Vaccinators for the Llangonoyd, first Eastern and second Eastern Districts: £15 and £25 per annum and fees, respectively. Applications, 29th instant, to Howel Cuthbertson, Clerk to Guardians.
 OSWESTRY DISPENSARY—Surgeon. Applications, 3rd October.
 ROYAL LONDON OPHTHALMIC HOSPITAL—Curator; Assistant-Surgeon. Applications, 30th inst., to Robert J. Newstead, Secretary.
 ROYAL CORNWALL INFIRMARY, Truro House—Surgeon, Secretary, and Dispenser: £120 per annum, and increase of £10 per annum for three years. Applications, 8th October, to Robert Tweedy, Treasurer.
 ROYAL HOSPITAL FOR SICK CHILDREN, Edinburgh—Assistant to the Extra Physicians: £52 10s. per annum. Applications, 4th October, to John Henry, Honorary Secretary.
 STOKE-UPON-TRENT Parish—Medical Officer for the Buckna District: £20 per annum.
 WAYLAND RURAL SANITARY DISTRICT—Medical Officer of Health: £50 for one year. Applications, 30th instant, to E. Cubitt, Bintry, near East Bercham.

MEDICAL APPOINTMENTS.

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

- BROWN, George, Esq., appointed Demonstrator of Anatomy at the Westminster Hospital Medical School, in place of Mr. Ramsay, who has resigned.
 DRESCHFELD, Julius, M.D., appointed Honorary Assistant-Physician to the Manchester Royal Infirmary, *vice* C. Currie Ritchie, M.D., deceased.

BIRTHS, MARRIAGES, AND DEATHS.

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

BIRTH.

- MILLER.—On September 22nd, at 15, Shandwick Place, Edinburgh, the wife of A. G. Miller, M.D., F.R.C.S.E., of a daughter.

MARRIAGE.

- GIBBES—TIMMON.—On September 17th, at St. John's Church, Napier, by the Rev. J. Townsend, Incumbent, John Murray Gibbes, M.B., son of the Rev. Dr. Gibbes, Rector of Bradstone, Devon, and grandson of the late Sir George Gibbes, of Bath, to Florence Hyde, third daughter of the late J. J. Timmon, M.D., of Liverpool.

DEATHS.

- JUCKES, Charles, Esq., Surgeon, late of Manchester, at Shifnal, aged 55, on September 8th.
 LYFORD, Henry G., M.D., late of Winchester, at Brighton, on September 10th.

VACCINATION GRATUITY.—Mr. Robert M. Mann of Manchester has received from the Local Government Board £104 11s., granted as *extra* remuneration for successful vaccinations in his district.

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.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—West London, 3 P.M.—National Orthopaedic, 2 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.—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.—Royal Free, 9 A.M. and 2 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

WEDNESDAY—Obstetrical Society of London, 7.30 P.M. Meeting of Council. 8 P.M. Dr. Wiltshire, "On the Common Skin-Diseases of Children"; Dr. Tilt, "On the Diagnosis of Subacute Ovaritis"; and other papers.—Royal Microscopical Society, 8 P.M. Mr. F. Kitton, "A Description of some New Species of Diatomaceae"; Dr. Maddox, "On an Organism found in Fresh-pond Water".

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.

DR. J. W. MOORE (Dublin).—It shall be attended to on the Editor's return.

DR. BRADBURY (Cambridge).—The matter shall be attended to.

THE Annual Edition for 1873-74, of Mr. Herbert Fry's *Royal Guide to the London Charities* has just been published. The fact of its having reached an eleventh edition is sufficient evidence of its usefulness, without any further commendation from us.

BY an accident, Dr. Whitmore's letter in last week's JOURNAL was dated August 16th, instead of September 16th.

MR. A. WILSON (Newmills).—Dr. J. Ford Anderson, of Buckland Crescent, Belsize Park, London, will no doubt be glad to afford information regarding the working of provident dispensaries. A small work on Cottage Hospitals, by Dr. Horace Swete, has been published.

ARNOLD AND SONS' SPECIALITIES.

SIR,—In reply to Mr. Greenway's letter in to-day's JOURNAL, I beg most positively to state that my method of fixing the hinged splints on my apparatus is *not* after his "own suggestion." Sufficient proof of this will be to refer to my letter in the *Medical Times and Gazette* of July 12th, 1873, before Mr. Greenway's letter of July 19th, a week later. Messrs. Arnold and Sons have for a very long time made my apparatus in both forms, for the reason that the one without *traversing* side-splints can be made at a cheaper rate. I cannot imagine that Mr. Greenway can pack his "limb-suspender" in such a small space as my apparatus; viz., about three inches in depth of box, unless he carries out some new suggestion.

I will not, however, enlarge on a description of the conveniences of my apparatus, suffice it to say that in a letter I received a short time ago from Messrs. Arnold and Sons, they state: "We already have more orders for your cradles than we can possibly make for some short time to come, and we find them very much liked and approved by nearly all who have seen them."

I shall not again, sir, write on this subject, as much has already been written in other journals, and has proved, I think, more as an advertisement than otherwise.

I am, etc.,
Martock, Somerset, September 20th, 1873.

GEORGE GREENSLADE.

SUGGESTION AS TO CHLOROFORM.

SIR,—Dr. Fothergill has shown, in his admirable prize-essay, that digitalis exerts a tonic action on the heart; and that, under its use, the contraction of the ventricles becomes complete, and the pulse steadier, firmer, and less compressible. It has occurred to me that it might be useful, as a prophylactic, to give a moderate dose of tincture of digitalis and brandy before administering chloroform, especially in cases of deficient expulsive power of the heart's walls, in which anaesthesia, though attended with risk, is nevertheless practised as, on the whole, the best for the patient. Many surgeons give a little brandy before using

chloroform, and I think, as a rule, with good effect; but I believe this is the first time that digitalis has been recommended. Deaths from chloroform have occurred too frequently of late, and this is my reason for submitting the above simple suggestion to my professional brethren. It will no doubt startle those of your readers who still cling to the old doctrine of the action of digitalis.

I am, etc., JOHN ROSE, M.D.

Chesterfield, September 24th, 1873.

GIVING ANÆSTHETICS TO HORSES.

SIR,—I was with Dr. C. B. Taylor when he extracted the lens from a horse's eye, as mentioned in your last. I administered the chloroform for him, and I may say that there was not the least difficulty in doing so. The animal was thrown for the operation, and was under the influence of the chloroform in about three minutes. No untoward symptoms presented themselves, and the animal shortly recovered itself, but was very unsteady on its legs at first, and fell once or twice, which must be provided for by a groom having a bundle of straw ready to throw down for it to fall upon. I feel sure if anaesthetics were more frequently given to horses the range of practicable operations would be largely increased, and much suffering saved to the animals.

I am, etc., BEVERLEY R. MORRIS, M.D.

Nottingham, Sept. 22nd.

THE EXAMINATION OF BLOOD-STAINS.

SIR,—Allow me to mention, as a note to your article on this subject last week, that there is nothing in the report of Messrs. Mialhe and others which has not been well known in England for several years. The chemical test by peroxide of hydrogen (or rather antozone) was discovered by Dr. Day of Geelong in 1867, and fully examined by Dr. A. S. Taylor, who gave a full account of his experiments in the *Guy's Hospital Reports* of the following year. See also the *BRITISH MEDICAL JOURNAL*, September 5th, 1868. The spectrum examination of blood has been fully worked out for the purpose of testing by Mr. Sorby, and described by him in several journals, particularly in a paper in the *Monthly Microscopical Journal* for July 1871.

I am, etc., T. SCATTERGOOD.

THE INDUCTION OF UTERINE ACTION.

SIR,—I did not see Dr. Radford's note in your issue of the 13th inst. until Saturday last, the 20th. I am obliged to Dr. Radford for setting me right as to the originator of the large uterine galvanic conductor, and regret I should not have given him the credit he deserved for inventing so valuable an instrument. As to the induction of premature labour by galvanism, if I understand Dr. Radford rightly, he only claims to have suggested that application of it; and I still think Mr. Varley (for I claim no merit for myself) entitled to our thanks, not only for altering and perfecting the instrument, but also for putting the plan into successful action, and certainly without any knowledge that the idea had originally been suggested by Dr. Radford.

I am, etc., BEVERLEY R. MORRIS, M.D.

Nottingham, Sept. 22nd.

WE are indebted to correspondents for the following periodicals, containing news reports, and other matters of medical interest:—The Daily Post; The Lincoln Journal; The Liverpool Weekly Albion; The Manchester Courier and Lancashire General Advertiser; The London Mirror; The Leeds Mercury; The Christian World; The Bolton Daily Journal and District News; The Scotsman; The Ipswich Journal; The Manchester Guardian; The Aberdeen Daily Free Press; The Bath Express; The Birmingham Daily Post; The Australian and New Zealand Gazette; The Bolton Chronicle, September 20th; The North Devon Herald, Sept. 18th; The Bolton Chronicle, Sept. 20th; The Merthyr Express, Sept. 20th; The Wolverhampton Chronicle, Sept. 17th; The South Durham and Cleveland Mercury, August 16th; Australian and New Zealand Gazette, September 20th; The Advertiser, September 20th; The Constitution, September 23rd; etc.

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

Dr. Hugh Miller, Glasgow; Dr. MacCormac, Belfast; Mr. Roebuck, Leeds; Mr. R. M. Mann, Manchester; Mr. Christopher Jeffreasson, Newcastle-on-Tyne; Mr. George Chater, Tenby, South Wales; Dr. Duncan, Dublin; Dr. Andrew Clark, London; Our Dublin Correspondent; Mr. John K. Spender, Bath; Mr. Bradbury, Cambridge; Mr. Greenslade, Martock; The Rev. J. D. Martin, Marketfield; The Registrar-General of England; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; Mr. Wanklyn, London; The Registrar of the Medical Society of London; Surgeon Major Barry, Twickenham; Our Paris Correspondent; Mr. Scattergood, Leeds; Dr. Rutherford, Bradford; Dr. Norris, Nottingham; Dr. James Totherick, Wolverhampton; Mr. C. Stevens, London; Dr. Alfred Hill, Birmingham; The Medical Officers of the Charing Cross Hospital; Dr. Skinner, Liverpool; Dr. Yellowlees, Bridgend; Dr. Kelly, Taunton; Our Dublin Correspondent; Mr. H. T. Browrigg, Dublin; Dr. P. W. MacLagan, Berwick; Mr. Walter Rivington, London; Mr. Hensman, London; Dr. Durant, Ipswich; Dr. Steele, Dublin; Mr. F. Morrison, London; Mr. Shadegg, Doncaster; Dr. Tripe, London; Mr. W. R. Hughes, Liverpool; Mr. F. Mason, London; Dr. Phillips, London; Mr. Thomas Partridge, Stroud; Dr. Rumsey, Cheltenham; Mr. J. Skrimshire, Holt; Dr. Wilson Fox, Kendal; Mrs. Lyford, Brighton; Mr. J. Davies, Bath; Mr. T. Clarke, London; Mr. A. Arnold, London; Mr. Palmer, London; Dr. J. Rose, Chesterfield; The Editor of the *Athenæum*; Mr. George Brown, London; Dr. Macdonald, Hexham; Dr. Ball, Spalding; Dr. Mackintosh, Chesterfield; Dr. Elliott, Carlisle; Mr. J. W. Langmore, London; The Editor of the *Daily Telegraph*, London; Mr. Callender, London; Mr. A. Wilson, Newmills; Mr. J. H. Wathen, Fishguard; The Principal and Medical Professors of King's College, London; Mr. S. A. Lane, London; Dr. Rayner, Hanwell; etc.

BOOKS, ETC., RECEIVED.

Annual Report of the Committee of the Manchester and Salford Sanitary Association. Manchester: 1873.
Report of the Sanitary Condition of Neath. By E. R. Morgan. 1873.
The Nature of Zymotic Diseases; with Rules for the Management of Epidemics. By F. Fox. London: 1873.