

thirty years. Seeing, then, the intense suffering, and considering that it had been suddenly brought on in a person in robust health, in whom the blood was abundant in quantity and healthy in quality up to the time the inflammation was set up, as it might be by a bayonet-wound, I concluded it was a case in which bleeding might be expected to be of service. The result fully justified the opinion. Keeping my finger on the pulse, I had the patient bled; and by the time sixteen ounces had flown out, the pain had almost gone, the breathing become easy, the severity of the cough greatly diminished, and the pulse reduced to about 100 from numbering between 120 and 130. This was just what my more early recollections of the effect of bleeding in certain conditions would have led me to expect. The relief of suffering was continuous, though the result was a fatal one. This could scarcely have been otherwise, when there existed a punctured wound into a serous cavity, through which matter was being discharged into the cavity, and the bony bayonet which inflicted the wound still fixed in it. I am, however, inclined to believe that, under other circumstances, the very great relief to the symptoms afforded by the bleeding might have been followed by a more successful issue. It answered a variety of indications. By reducing the volume of the blood, it took great pressure off the overburdened heart, and brought the mass to be moved more *en rapport* with the diminished circulatory power of the heart and the reduced ventilating capabilities of the lungs; not to mention the undoubted influence which it has in modifying that state of the blood which evidences itself by size on the clot, closely associated with violent inflammatory action.

The earlier writers, Boerhaave, Sydenham, and Cullen, were quite aware of the existence of a form of pneumonia, to which they gave the name of peripneumonia notha, or bastard peripneumony, in which the use of blood-letting, if not absolutely contraindicated, had to be employed with great care and moderation.

Cullen observes (Thompson's edition, vol. i, p. 67, § 379): "This disease appears at the same season that other pneumonic and catarrhal affections commonly do—viz., in autumn and spring. It appears also during the prevalence of contagious catarrhs, corresponding, I imagine, with our term influenza; and it is frequently under the form of the peripneumonia notha that these catarrhs prove fatal to elderly people. This disease attacks most commonly persons somewhat advanced in life, those who have before been frequently liable to catarrhal affections, and those who have been much addicted to the large use of fermented and spirituous liquors. In some cases, the feverish and catarrhal symptoms are at first very moderate and even slight; but after a few days these symptoms become very considerable, and put an end to the patient's life, when the indications of danger were before very little evident." With respect to the treatment of such cases, Cullen goes on to say: "In case the fever, catarrhal, and pneumonic symptoms are immediately considerable, a blood-letting will certainly be proper and necessary; but when these symptoms are moderate, a blood-letting will hardly be requisite; and when an effusion is to be feared, the repetition of blood-letting may prove extremely hurtful."

Sydenham (vol. i, p. 251), speaking of this "bastard peripneumony", says: "As winter comes on, and often still as it is going off, and as spring approaches, there comes to light every year a fever marked with numerous peripneumonic symptoms. It attacks, by preference, the stout and fat, those who have reached or passed the heyday of life, and those who are over-addicted to spirituous liquors, more especially brandy." "In treating this fever," he proceeds, "I make it my business to divert from the lungs, by means of venesection, the blood which creates the suffocation, and which lights up the inflammation. The lungs themselves I clear and cool with pectoral remedies; and, by the help of a cooling diet, I moderate the heat of the body at large. Now, when it happens, on the one hand, that this sink of phlegm is lodged in the veins, is day by day supplying fuel to the fire of inflammation, and is, in consequence, appearing to indicate a frequent repetition of venesections, whilst, on the other hand, the most careful observations that I have been able to make have taught me that such repetitions with patients of gross habits, and with patients who have passed the prime of life, are the origin of much mischief, and when this latter fact dissuades me from blood-letting, no less than the former conditions may indicate it—I say that in such cases I purge freely, and make such purging supplementary to the venesection—a substitute which is rightly applied in those cases that will not bear a large and repeated loss of blood." Sydenham also gives this further warning as to treatment. "Now," he says, "this must be carefully noticed; viz., that when the patients who are struggling with the disease have been addicted to brandy and such-like liquors, it will be unsafe to deprive them of the same too suddenly; it must be done by degrees."

These quotations seem to me to prove that the older physicians were discriminating in the use of blood-letting; and, seeing the benefit which

we cannot reasonably doubt that they derived from the discriminating use of this powerful agency, we moderns perhaps ought to consider more carefully than perhaps we have done if we are not the losers by the indiscriminate disuse of it.

SELECTIONS FROM JOURNALS.

ANATOMY.

STRUCTURE OF THE NECK OF THE FEMUR: THE CALCAR FEMORALE.—Dr. Merkel describes in the *Centralblatt für die Medicin. Wissenschaften*, No. 27, 1873, an arrangement of the hard bony tissue in the neck of the femur, of which he says no account has hitherto been given, and which he terms the *calcar femorale* (*Schenkelsporn*). It consists in a process of the cortical substance, which projects into the spongy substance to the depth of about a centimeter; it arises about the level of the trochanter minor, and ends close under the head of the bone at the anterior part of the neck, thus occupying the situation where the greatest pressure is made in the erect position. In newly born children, it is absent; it appears when they begin to walk, attains its greatest development in middle age, and completely disappears in old persons. These conditions explain the variations in the angle of the neck of the bone at different periods of life, and the increased liability to fracture of the part in old age.

ANOMALIES OF THE VESSELS AT THE BASE OF THE BRAIN.—In Todaro's history of researches made in the Anatomical Laboratory in Rome, A. Inconorato describes a peculiar anomaly of the circle of Willis which he met with. The anterior communicating artery was absent, and there was a direct anastomosis between the two anterior cerebral arteries. The posterior communicating artery was also wanting; on the right side, the junction between the carotid and basilar arteries was effected by an enormous carotid branch, which gave off the posterior cerebral artery; on the left, the carotid and basilar were connected by a very fine twig only. On the right side, there was a double anastomosis between the basilar and carotid arteries.—*Centralblatt für die Medicin. Wissensch.*, June 28th.

MIDWIFERY.

SPONTANEOUS REDUCTION OF AN INVERTED UTERUS.—Dr. Spiegelberg relates, in the *Archiv für Gynäkologie*, vol. v, part 1, the case of a woman aged 40, in whom, in her twelfth labour, inversion of the uterus followed the attempts of the midwife to hasten delivery by pulling on the body and umbilical cord of the child. Replacement of the organ was immediately attempted by the midwife; but, after a few fruitless trials, was given up. At the end of six weeks, a rather copious hæmorrhage occurred; the uterus was found to be still inverted, and could not be replaced. Two and a half weeks afterwards, the patient came into hospital. The inverted portion was closely embraced by the os uteri; the part which was not inverted measured scarcely one and a half centimètre (about three-fifths of an inch). As the woman had a severe attack of diarrhœa soon after her admission, a fortnight elapsed before a second examination was made, with a view to reduction. Now, however, the uterus was found to be completely reduced. According to the explanation offered by Schatz, with which Dr. Spiegelberg agrees, the uterus was raised by the continued lying in bed, the round and broad ligaments accommodating themselves to the new position; and, during the diarrhoeal evacuations, the vagina, with the vaginal portion of the uterus, was pressed down, while, the ligaments being unable to follow this movement, the fundus was raised.

INJURIES OF THE FŒTUS BY THE ACCOUCHEUR.—Dr. Ciéslewicz, in an inaugural dissertation, has collected from literature and from the records of the hospital at Halle forty cases of fracture, fissure, contusions of nerves, laceration of muscles, separation of epiphyses, etc., occurring to the fœtus as the result of interference in labour. Among the cases, are two of rupture of the longitudinal sinus. In the first, the delivery was effected easily by the forceps; in the other, the child was born after a labour of twenty-four hours' duration, without instrumental aid. In both cases, the middle and posterior cranial fossæ were covered with a membranous layer of blood, which partly covered also the hemispheres. The hæmorrhage was traced to openings in the superior longitudinal sinus. In one, there was a single small aperture; while in the other there were several of various sizes.—*Centralblatt für die Medicin. Wissensch.*, July 12th, 1873.

ASSOCIATION INTELLIGENCE.

MIDLAND BRANCH.

THE autumnal meeting of the above Branch will be held on Tuesday, November 11th, at 7 P.M., at Messrs. Crossley and Clarke's, Medical Library, Leicester.

Several gentlemen have promised to read papers and bring cases forward for discussion. Any member who is desirous to assist at this meeting is requested to communicate with me without delay.

THOS. BLUNT, M.D., *Hon. Sec.*

Leicester, October 29th, 1873.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: MICROSCOPICAL SECTION.

THE next meeting will be held on Tuesday, November 11th, at 7.30 P.M., in the Council Room, Queen's College.

WILLIAM HINDS, } *Honorary Secretaries.*
LAWSON TAIT, }

SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT MEETINGS.

THE next meeting of the above District will be held at the White Hart Hotel, Lewes, on Friday, November 14th, at 3 o'clock. RICHARD GRAVELY, Esq., in the Chair.

All members of the South-Eastern Branch are entitled to attend, and to introduce professional friends.

By permission of the Committee of the Sussex Archaeological Society, the Museum at the Castle will be thrown open to members and their friends for inspection.

Papers have been promised by Dr. Moon of Brighton, "On the Therapeutics of Pythogenic Fever", and on "Stricture" successfully treated by "Holt's" method at the Newick Cottage Hospital, by the Chairman.

Dinner will be provided at 5.30 P.M., at the White Hart Hotel; charge, 5s., exclusive of wine.

Notice of intended communications is requested by the Secretary on or before Thursday, the 6th instant.

THOMAS TROLLOPE, M.D., *Honorary Secretary.*

35, Marina, St. Leonards-on-Sea, October 28th, 1873.

BATH AND BRISTOL BRANCH: ORDINARY MEETING.

THE first ordinary meeting of the session was held at the York House, Bath, on Thursday evening, October 30th; E. L. FOX, M.D., President, in the Chair. There were also present thirty members and two visitors.

Dr. Caddy, R.N., was elected a member of the Association and of the Branch. Several new members were proposed.

Papers.—T. Cole, M.D., read a case of Obstruction of the Left Innominate Vein; and a discussion took place, in which Mr. Stockwell and Drs. Thompson, Parsons, Goodridge, Spender, Taylor, and Inman joined.

2. S. Martyn, M.D., read a case of Intestinal Obstruction with Colic: Evacuation of Flatus by Puncture, and Recovery. A long discussion ensued, in which Drs. Davey, Spender, and Goodridge, and Messrs. Mason, Hinton, Board, Lansdown, Stockwell, and F. Parsons took part.

SOUTH WALES AND MONMOUTHSHIRE BRANCH: ORDINARY MEETING.

AN ordinary meeting of this Branch was held (by kind permission of Dr. Yellowlees) at the County Asylum, Bridgend, on September 21st. There were thirty members present.

New Members of Association.—William Price, M.B., Bonvilstone, near Cardiff; J. R. James, Treorkey, Pontypridd.

New Members of Branch.—W. Davies, Llanpumpsaint, Carmarthen; Cornelius Biddle, Merthyr; E. P. King, Chepstow; T. E. Williams, Talgarth, Breconshire.

Resolutions.—1. It having been recommended at the meeting of

officers of health held in London in August last that each Branch be invited to appoint a Committee to consider questions relating to Public Health matters, it is resolved—"That the President, President-elect, the Secretaries, and all members of this Branch who are officers of health, be appointed the Committee on Public Health of this Branch, and that Mr. Morgan of Neath be Secretary thereof."

2. "That a Committee be appointed to consider the question of medical practitioners meeting unqualified practitioners in consultation and sanctioning their proceedings. The Committee to report to the next meeting. The Committee to consist of Dr. Hearder, Mr. Dyke, Dr. Edwards, Dr. Taylor, Mr. Cresswell, Mr. Ewan Jones, and Dr. Sheen."

3. "That the next meeting be held at Newport, Monmouthshire, in March 1874, the day to be fixed by the President and Secretaries."

The remainder of the day up to dinner time was spent in a most interesting and instructive manner, Dr. Yellowlees, the Superintendent of the Asylum, giving an admirable running commentary on the various phases of Insanity, illustrating his remarks by typical cases selected from among the patients in the Asylum. A rapid visit was afterwards paid to the various wards. The meeting was a most successful one, and it was felt on all sides that the members dispersed carrying with them very valuable information, and that there is a wide field open in the future adoption of the plan then followed for increasing their knowledge of insanity.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT.

THE first meeting of the seventeenth session 1873-74 was held at Rochester on October 29th—Dr. JAMES V. BELL in the Chair.

Next Place of Meeting—Maidstone, on December 2nd, with GEORGE HENRY FURBER, Esq., as Chairman.

New Members.—1. Robert Bowen, Esq., F.R.C.S., Deputy Inspector and Principal Medical Officer, Fort Pitt House, Chatham; 2. Harry Knight Hitchcock, Esq., St. Clare, College Park, Lewisham; 3. Geo. M. Slaughter, Esq., Surgeon-Major, 2nd Battalion 10th Regiment, Fort Pitt, Chatham; 4. Henry Weekes, Esq., Brompton, Chatham; 5. John H. G. Meares, Esq., Surgeon-Major, 82nd Regiment, 4, Newton Terrace, Rochester; 6. George Ireland Russell, Esq., Gravesend; 7. C. J. W. Pinching, Esq., Gravesend.

Communications.—1. Doubtful diagnosis respecting the position of the foetus in a case of Ectopic Pregnancy—judged to be intramural. By Dr. Stephen Monckton.

2. A child aged four years, lately a patient in the hospital, was exhibited by Dr. Frederick J. Brown, showing a Malformation. The three canals—urethra, vagina, and rectum—opened separately within the vulva. There was no sphincter to the rectum, and faeces plastered the vulva constantly.

3. A Case of Obstructive Mitral Disease was read (coarctation extreme): morbid specimen exhibited. By D. James V. Bell.

4. A Case of Tumour of the Velum Interpositum, associated with chorea and laryngeal phthisis: larynx exhibited. By Dr. Burns.

5. A Photograph of a child born at full time that died in a few hours, presenting a tumour projecting beyond the occiput, containing the entire brain. By William Bell, Esq., F.R.C.S.

6. A Case of obscure Mammary Tumour, that disappeared under the use of bromide of potassium—one of a series of six cases. By John Croft, Esq., F.R.C.S., of St. Thomas's Hospital.

The members and visitors (thirty) dined together at the King's Head Inn.

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF OXFORD.

OPEN SCHOLARSHIP IN NATURAL SCIENCE.—About the end of January 1874, there will be an election to a Scholarship at Exeter College, Oxford, the candidates for which will be examined in Biology, Chemistry, and Physics. Candidates are not expected to exhibit special knowledge of more than one of the above subjects, and preference will be given to a candidate who excels in Biology or one of its branches. The candidate selected will have to satisfy the College that he has sufficient classical and mathematical knowledge to pass Responsions. N.B.—There is no limit of age disqualifying candidates for this Scholarship. The Scholarship is of the annual value of £80, tenable for five years from matriculation. The scholar elected will have the use during term of a place in the histological laboratory of the College. For further information, application should be made to Mr. E. Ray Lankester, Natural Science Lecturer, Exeter College.

was that the sanitary evils before pointed out still remained in operation. This town has twice been visited by Dr. Buchanan on behalf of the Government. His reports disclosed a serious prevalence of preventable disease and an unusual amount of sanitary neglect; and, as the result of his second inspection, he found that the sanitary progress which had been made was totally incommensurate with the wants of the town, and that there was an absence of any indication that the Board of Trustees had duly measured its responsibilities.

EVASION OF THE PUBLIC HEALTH ACT BY A RURAL AUTHORITY.

THE health-officer of a large rural union—acreage, 60,000; population, 14,000—in the Midland Counties, has been recently appointed at a salary of £5 per annum, with £3 3s. for each inspection; “the Board wishing to avoid altogether the control, interference, and assistance of the Local Government Board.” Fever is very prevalent in one of the villages, the probable cause being, as usual, defective drainage. The health-officer is aware of all this, but, not having received official notice, and being not at liberty to inquire without the order of the local authority, he is powerless, and must let matters take their own course. He may, indeed, write to the clerk, calling attention to the fact, and he may seek to communicate unofficially with the inspector of nuisances; but what more can he do without offending his authority? Why did he sanction an obvious evasion of the Act by accepting office on such terms?

RETURNS OF SICKNESS TO HEALTH-OFFICERS.

MR. E. R. MORGAN, medical officer of health to the Neath Union, has made the same kind of attempt to obtain from his medical neighbours information as to outbreaks of disease as we noticed last week from Dr. Laidlaw, of Tranmere, and with a still less successful result. Mr. Morgan says wisely, “I cannot blame them; in fact, I do not see how they can be expected to do so without remuneration.”

COTTAGE REGISTERS.

THE medical officer of health of the Shorwell District (Godshill), in the Isle of Wight, has favoured us with his Form of Cottage Register. His columns are headed:—(1) No.; (2) Kind and Situation of Building; (3) Name, Occupation, and Wages of Tenant; (4) Family and Lodgers; (5) Sitting and Sleeping Rooms (cubic space where deficient); (6) Water-supply (qualitative examination where suspected); (7) Kind and Situation of Out-buildings; (8) Drainage, Refuse Deposit (where objectionable); (9) Total Number of Inmates; (10) Remarks.

From a specimen of his entries, he seems to record much useful information, which, with a good index, will form an appendix, containing much valuable information, for his annual report. We advise him to procure and examine the forms published by Dr. Acland, at Messrs. Parker and Co.'s, Oxford. These may save him some trouble in writing.

PROPOSED SALARY OF MEDICAL OFFICER OF HEALTH IN DERBY.

WE are very glad to see that the medical profession in Derby have taken action in full endorsement of the observations which we made last week (page 519) on the insolent offer by the Derby Sanitary Authority of the salary of £20 a year for a medical officer over a population exceeding 50,000. We observed that, “if all medical men were true to their profession, so insolent an offer would pass as undeserving of notice.” We are glad to find, in the *Derbyshire Advertiser* of October 31st, an emphatic protest, signed by a large number of the medical men practising in Derby, stigmatising the terms offered as ridiculous and degrading, and pointing out that, “to offer £20 per annum as the remuneration for the performance of scientific duties so important, various, and intricate as those involved in the working of the Public Health Act, is not merely an insult to the profession, but (what is far worse) it is the surest method of depriving the community in general of the benefits to life and health, and social well-being, which are the objects, and should be the results, of all sanitary legislation.”

The attitude of the medical practitioners of Derby is excellent, and we are glad to hear from Dr. Dolman that, if necessary, there is reason to believe that the Derby Branch of the Association will be there ready to afford the assistance of its associated organisation in the satisfactory solution of this important public question.

OBITUARY.

JOHN HENRY CAMPBELL, L.F.P. & S.G., L.R.C.P. Ed.,
F.G.S. Ed.

THE career of this amiable and much beloved medical man has been cut short at the early age of twenty-six. While a student he had an attack of rheumatic fever, which left the aortic and mitral valves seriously impaired. After taking his diplomas, he went abroad for some time in the service of the Liverpool, Brazilian, and River Plate Mail Service. His health was thereby so far restored that upon his return home he settled down to practice in the district of Strathkiness, in the county of Fife. Before a year had elapsed, however, he was again rendered unfit for work by a general neuralgic affection accompanied by great prostration. He dated his loss of strength from one evening when returning home in a thunder-storm he was struck by lightning, which threw him from his horse. His whisker and eyebrow and the side of the horse were slightly singed. Although much stunned, he was able to continue his journey, and for some time afterwards did work, but with increasing loss of strength. The effect of this blow may possibly be traced in the affection, which continued from this time until his death, about eighteen months afterwards. It was characterised by attacks of severe neuralgia, changing from time to time its seat, and leaving hardly any part of the body free; accompanied by severe vomiting, and almost complete loss of tone in the vascular system. Frequently during the attacks, the smallest arteries in the skin could be seen visibly pulsating. The affection, as may readily be seen, was much less the effect of the crippled heart, than some obscure disease of the vaso-motor system, of the nature of which we as yet know nothing.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentlemen were duly admitted Fellows of the College on the 30th day of October, 1873.

Eatwell, William Coverdale Beatty, M.D. St. Andrew's, Oriental Club, W.
Christie, Thomas Beath, M.D. St. Andrew's, Royal India Asylum, Ealing, W.
Moon, Henry, M.D. St. Andrew's, 9, Old Steyne, Brighton

The following gentlemen were admitted licentiates of the College on October 30th, 1873.

Dawes, Richard St. Mark, 19, Lanark Villas, W.
Head, Robert Turner, East Grinstead
Hills, Thomas Hyde, Knightrider House, Maidstone
Lattey, Walter, Southam, Warwickshire
Mackinlay, James Egan Harrison, 7, Earl's Terrace, W.
Nunn, Philip William Gowlett, 14, Vale Place, W.
Ransford, Thomas Davis, Guy's Hospital, S.E.
Sherwood, Arthur Paul, 25, Edwardes Square, W.
Warden, Charles James Hislop, 21, Westmoreland Place, W.

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

Núñez, Daniel, San José de Costa Rica
Parakh, Dhanjioha Navroji, 201, Euston Road, N.W.

The following gentleman, having passed the required examinations, will be proposed for admission as a member.

Morris, Beverley Robinson, M.D. Dublin, Nottingham

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, October 30th, 1873.

Bailey, James Johnson, Stockport
Lyddon, John Henry, Chatham
Robbins, Henry John, Aldeburgh, Suffolk

APOTHECARIES' HALL, DUBLIN.—At the professional examinations held in October 1873, the following gentlemen received the licence to practise medicine and pharmacy.

Robert Spence, John Joseph O'Sullivan, George Mahood Foy, John Baptist Fisher, and Richard N. Lyon.

The following candidates passed the preliminary examination in arts.

Hugh Joseph Greany, Ebenezer Donaldson, William Francis Fryer, Zachary George Myles, Joseph James Hallowell, David John Daniel Heliho, Thos. Kidd, and James Maguire.

MEDICAL VACANCIES.

THE following vacancies are announced:—
BIRMINGHAM AND MIDLAND EYE HOSPITAL—House-Surgeon: £80 per annum, apartments, board, and attendance. Applications, 15th inst., to James C. Gell, Secretary.

BIRMINGHAM—Surgeon to the Borough Prison: £200 per annum. Applications to Messrs. Gem and Hebbert.

BRISTOL ROYAL INFIRMARY—House-Surgeon: £130 per annum, apartments, board, and washing.

BUCKS COUNTY LUNATIC ASYLUM—Assistant Medical Officer: £100 per annum, with board and furnished apartments. Applications, 15th instant, to Acton Tindal, Esq., Aylesbury.

CHARING CROSS HOSPITAL—Assistant Dispenser: £30 per annum. Applications, 12th instant, to Henry Woolcott, Sec.

CLIFTON UNION—Medical Officer to the Workhouse: £130 per annum.

CORK UNION—Medical Officer to the Workhouse: £150 per annum, apartments, etc. Applications, 20th instant, to P. McGrath, Clerk to the Union.

DORSET COUNTY HOSPITAL—House-Surgeon: £70 per annum, and £10 additional as Secretary, with apartments and board.

DRAYTON UNION, Salop—Medical Officer for the Ashley District: £21 p. ann.

DURSLEY ODD FELLOWS SOCIETY—Medical Officer.

DURSLEY UNION, Gloucestershire—Medical Officer and Public Vaccinator for District No. 2: £90 per annum, and fees. Applications, 19th instant, to George Wenden, Clerk.

GRAY'S HOSPITAL, Elgin—House-Surgeon: £50 per annum, board and lodging. Applications, 20th instant, to David Forsyth, Esq.

GREAT YARMOUTH HOSPITAL—House-Surgeon: £100 per annum, furnished apartments, etc. Applications, 10th inst., to R. K. B. Norman, Hon. Sec.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street—Assistant-Physician. Applications, 12th instant, to Samuel Whitford, Sec.

KENDAL UNION, Westmoreland—Medical Officer for the Kirkby Lonsdale District: £35 per annum.

KENT and CANTERBURY HOSPITAL—House-Surgeon: £80 per annum, board, lodging, etc. Applications, 28th inst., to Thomas Southee, Sec.

METROPOLITAN DISPENSARY AND CHARITABLE FUND, Fore Street, Cripple-gate—Physician. Applications, 15th instant, to W. H. Goodchild, Secretary.

MID-CHESHIRE—Medical Officer of Health: £800 per annum.

NORTH CAMBRIDGESHIRE COTTAGE HOSPITAL—House-Surgeon: £130 per annum, furnished house, gas, and coals. Applications, 10th instant, to Rev. Alfred J. Perry.

NORTHERN INFIRMARY, Inverness—House-Surgeon and Apothecary: £50 per annum, board, etc. Applications, 13th inst., to Alexander Dallas, Sec.

PLOMESGATE UNION, Suffolk—Medical Officer for the Aldeburgh District: £40 per annum.

POPLAR—Public Analyst: £100 per annum. Applications, 11th instant, to S. J. Barth, Esq., 117, High Street, Poplar.

RADCLIFFE INFIRMARY, Oxford—House-Surgeon.

RAMSGATE and ST. LAWRENCE ROYAL DISPENSARY—Resident Medical Officer: £100 per annum, furnished apartments, etc. Applications, 9th instant, to A. R. Emmerson, Secretary.

ROTHBURY UNION, Northumberland—Medical Officer for the Whittingham District: £10 per annum.

ROYAL LONDON OPHTHALMIC HOSPITAL, Moorfields—Assistant House-Surgeon.

SIR PATRICK DUN'S HOSPITAL, Dublin—Surgeon.

STROMNESS, Orkney—Medical Officer.

SURREY HOUSE OF CORRECTION, Wandsworth—Surgeon: £300 per annum, unfurnished residence and garden, etc. Applications, 13th instant, to Richard Onslow, Governor.

UNIVERSITY OF DUBLIN—Professor of Surgery: £150 per annum, and fees.

UNST, Shetland—Parochial Medical Officer. Applications to Mr. White, Inspector of Poor.

WEST DERBY UNION, Lancashire—Medical Officer for the South Municipal District: £125 per annum. Applications, 11th instant, to W. Cleaver, Clerk, Clayton Square, Liverpool.

WESTMINSTER HOSPITAL—Assistant-Surgeon. Applications, 11th instant, to F. J. Wilson, Sec.

WESTPORT UNION, co. Mayo—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Louisburgh Dispensary District: £100 per annum, fees, residence, etc. Applications, 10th instant, to Hugh Wilbraham, Esq., Boat Haven Lodge, Westport.

WEST RIDING LUNATIC ASYLUM, Wakefield—Assistant Medical Officer.

WOOLWICH—Public Analyst.

MEDICAL APPOINTMENTS.

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

BURMAN, J. Wilkie, M.D., Deputy Medical Director of the West Riding Asylum, Wakefield, appointed Medical Superintendent of the Wilts County Asylum, Devizes, *vice* the late Dr. Thurnam.

KITCHEN, C. F. H., M.R.C.S., L.R.C.P. Lond., appointed Junior House-Surgeon to the Royal Infirmary, Manchester, *vice* R. Lyell, M.D., promoted to Senior.

ORWIN, Arthur Wigelsworth, M.R.C.S. Eng., L.R.C.P. and L.M. Edin., appointed Resident Medical Officer to the Guest Hospital, Dudley, *vice* Llewelyn Thomas, resigned.

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.

JONES.—On November 2nd, at No. 2 Residence, St. Thomas's Hospital, the wife of Robert W. Jones, F.C.S., M.R.C.S., L.R.C.P.L., of a daughter.

DEATH.

YOUNG, John Eldon, Esq., M.D., Surgeon-Major Her Majesty's 18th Regiment, "The Royal Irish", on October 26th, at Gosport, aged 44.

ASSISTANT-SURGEON HARRY LEACH, 1st Brigade Kent Artillery Volunteers, passed his examination at the Medical Department of the War Office on the 22nd ult., and received a certificate of proficiency in accordance with the Army Regulations for the Reserve Forces.

OPERATION DAYS AT THE HOSPITALS.

MONDAY Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 2 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 Orthopædic, 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 Orthopædic, 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.

MONDAY.—Medical Society of London, 8 P.M. Mr. Thomas Bryant, "A Case of Intestinal Obstruction and Gastrostomy"; Mr. A. E. Durham, "A Case of Foreign Body in the Pleura"; Dr. Purcell, "A Specimen of Calculus in Pelvis of Kidney"; Dr. Symes Thompson, "A Case of Scrofulous Kidney."

TUESDAY.—Royal Medical and Chirurgical Society, 8.30 P.M. Mr. Jonathan Hutchinson, "On Abdominal Section and other Treatment for Intussusception"; Dr. Gee, "Case of Renal Calculi."

WEDNESDAY.—Epidemiological Society, 8 P.M. The President (Dr. William R. E. Smart, C.B., Inspector-General, R.N.), Introductory Address.

FRIDAY.—Clinical Society of London, 8.30 P.M. Dr. George Johnson, "On Cases of Poisoning by Homœopathic Concentrated Solution of Camphor"; also, "On Cases of temporary Albuminuria the result of Cold Bathing"; Dr. Anstie, "A Remarkable Case of Death from Meningeal Congestion, without any Inflammation"; Mr. Henry Arnott, "On a Case illustrating Esnarch's Method of controlling Hæmorrhage in Operations by Elastic Bandaging."

NOTICES TO CORRESPONDENTS.

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

AUTHORS desiring reprints of their articles published in the JOURNAL, are requested to communicate beforehand with the printer and publisher, Mr. T. Richards, 37, Great Queen Street, W.C.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

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

MR. SEPTIMUS FARR'S letter has been forwarded, and he will receive a private letter from Mr. Benson Baker.

A CONVERSAZIONE.

WE are obliged by Mr. Lawson Tait's polite offer to admit a reporter to a *conversazione* at his house; but we are of opinion that a *conversazione* at the house of a medical man is a matter of private and not of public interest, and we must decline to send a reporter. We are of opinion that not only ought reporters not to be invited on such occasions, but that their presence should not be tolerated. There are plenty of public medical institutions and societies at which interesting demonstrations may be given, when public report is desired: but if reporters are invited to private *conversazioni*, such occasions may easily degenerate, as on one or two notable occasions they have done, into offensive and invidious public advertisements. This is especially the case when reporters of the public press happen to find their way in, and when paragraphs creep into the public press for which the giver of the feast is not always responsible. Mr. Lawson Tait must forgive us for saying that we consider the form and purport of his invitation professionally objectionable, and that it is one which we are assured that the profession in Birmingham will concur with us in thinking ought not to be encouraged. We feel sure that, if these objections had occurred to Mr. Tait in time, he would have avoided following or setting what must, we think, be considered a bad example.

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.

M. B. M. A.—Sir Henry Holland was an associate. He became a subscriber to the JOURNAL two years since, and subsequently filled up the form necessary for his admission as a member. He never took, however, any part in the affairs of the Association, and was for many years much withdrawn from professional society.

We are unwilling to publish the document forwarded to us from Wednesbury. We would, on the contrary, gladly aid S. T. O. to retrieve his character and regain honest occupation in this or another country.

DISLOCATION OF THE RADIUS BACKWARDS.

SIR,—In last week's JOURNAL, I see an account by Mr. W. G. Davis of a dislocation of the radius backwards; and, as a case somewhat similar has recently come under my notice, I have thought it would be interesting, on account of its rarity, to make a note of it.

J. H., aged 13, was brought to me on September 1st, having just fallen off a hedge and pitched on his right hand. He complained of pain and inability to move the elbow, which, on examination, was found to be slightly flexed; and the head of the bone could be distinctly felt subcutaneously behind the external condyle. It was easily reduced by extension of the arm and flexion of the joint. Liskeard, November 5th. I am, etc., **W. NETTLE.**

VARIETIES OF SORE-THROAT.

J. H. B. writes:—I should feel much obliged if you would kindly answer the following questions. 1. Is quinsy ever infectious, or ulcerative from the commencement? 2. What would you consider to be the nature of an infectious sore-throat with great prostration, and accompanied by ulceration from its commencement?

* * * 1. Quinsy—i.e., uncomplicated tonsillitis—is not infectious, nor is it accompanied by ulceration in the early stages. 2. A disease combining all the characteristics described can scarcely be the “ulcerated throat” common among attendants in hospitals, etc., as that does not seem to be infectious. It would probably be one of the severe diseases—cynanche maligna or tonsillitis maligna—distinguishable by the locality of the ulceration. Possibly scarlatina anginosa or maligna, *sine exanthemate*, might be considered to be included in the description.

DR. W. H. DAY.—We think not. The gentleman in question is described as an English surgeon dying in Paris.

HOSPITAL ABUSE.

UNDER this head, **G. W.** writes to us as follows:—I had under my care a few days ago a young married man occupying a position as clerk in a large wholesale house in the City, having a fixed salary of £250 a year. He has on several occasions paid me bills over £5 in amount. This patient was suffering from stricture of the urethra, catarrh of the bladder, and hæmaturia; and, although under my care but for a fortnight, his employers, getting impatient, wished for further advice. A consulting surgeon attached to one of our large hospitals came down, and concurred with me respecting the diagnosis, treatment, and prognosis, for which he received the sum of £3:3. It is now eight days since the surgeon's visit, and seventeen from the day I was first called in. This morning I received the following letter. “Sir,—My husband has taken the advice of his employers, and has this day gone into the hospital.” Probably the employers were subscribers to the institution, and presented him with a ticket; but, whether or no, I have ascertained that he is in the hospital to which the consulting surgeon is attached, and, as far as I can learn, under his care and treatment. I make no comments, sir, but leave the profession to judge as to the abuse now going on in our large public hospitals. I am grieved to think that this is a fair sample of very many of the cases that attend as out-patients, as well as in-patients, at our metropolitan hospitals.

MR. BROCKLEHURST (Manchester) is reminded that all communications relating to the business department of the JOURNAL should be addressed to the Manager, Mr. Fowke, and not to the Editor.

L.K.Q.C.P.I.

W. A. C. writes:—Will you kindly inform me what is the best course to adopt in this matter? I am an L.K.Q.C.P.I. Am I entitled to style myself Dr.? My College permits it, and says it has a special clause in its charter to permit it, as you will see by the enclosed. The Master of the Rolls ruled its Licentiates had a right to the prefix Dr., though not to the affix M.D. My medical neighbours are all M.R.C.P.s. Surely, if a man expends the extra time and money requisite to become a physician, he ought to profit by it. Will you direct me as to the name to put on my door-plate?

He further encloses the following:—

King and Queen's College of Physicians in Ireland.

College Hall, Kildare Street, Dublin.

SIR,—In reply to your queries, I beg to inform you that a full report of the decision of the Master of the Rolls, in “*Re Trinity College v. College of Physicians*,” will be found in the Dublin morning papers of the 27th April, 1864, to the effect, that this College has not the power to grant the degree of M.D., but in no way affecting the right of its Licentiates to the usual prefix of Dr.

I am, Sir, your obedient servant,

J. M. FINNY, M.B., Fellow and Registrar.

* * * In reply to this query, we may quote for the benefit of W. A. C., the following extracts from a full report of a judgment of the Master of the Rolls in the *Daily Express* of April 27th, 1864. The Master of the Rolls decided that, “Under the Charter of the College of Physicians, the person who practises physic must obtain a licence under the common seal of the College, to use or exercise the faculty of physic, and the College is authorised to grant such licences; and, I am of opinion”—he went on to say—“that the power given to the College of Physicians to grant such licences, did not give them the power of conferring the degree or title of Doctor of Medicine.” Further on in his judgment he says:—“I am clearly of opinion that the College of Physicians had no right, under the provisions of their Charter, to confer either the degree or the title.”

This, then, is the upshot of the judgment; but, we must add, that any Licentiate of the K. & Q. Coll. of Physicians receives the courtesy title of “Doctor.” Our correspondent would be justified by custom in putting on his door, “Doctor,” for, in doing so, he would be only acting as nearly all the Licentiates of his College do in Dublin.

It is merely, as we have said, a courtesy denomination, to which he is as much entitled as any “M.B.” To sign himself “M.D.” would, however, be highly reprehensible.

SYPHILIS.

SIR,—The manifestations of syphilis are very irregular: the graphic descriptions of writers on the subject are untrue, and consequently misleading. Let the objectionable terms “secondary” and “tertiary” be abolished. Call the exordial sore “chance”—hard or soft as the case may be—and the resulting phenomena “constitutional syphilis,” or “syphilis” simply. For a long time it has been held by great authorities, that in the so-called “tertiary stage” of syphilis the syphilitic virus is exhausted, and, therefore, contagion impossible. Perhaps this dictum may turn out as fallacious as that other dictum formerly held by equally great authorities, conspicuously by Ricord—viz., that the secretion of a secondary sore was not infectious. No one, however, at the present day, who dares trust the evidence of his senses, will subscribe to such an opinion. My own observations lead me to believe that syphilis is far more widely spread by means of so-called “secondary sores” than by the irritating chance. When it is proved, then, that “tertiary syphilis” is not syphilis at all, the terms “sequelæ of syphilis,” or “syphilitic cachexia,” will be unobjectionable.

I do not see how age *per se* can in any way influence the character of a syphilitic eruption. Premature old age must arise from some defect of constitution; and that constitutional defect would, no doubt, determine the character of the disease. Beyond this, I think, we can scarcely go.

With regard to that *quæstio vexata* the treatment of syphilis, I agree with Mr. Balmanno Squire, that if the theory propounded by Mr. Lane were true, no constitutional symptoms should ever occur after a full and early course of mercury given for Hunterian chance. Practice negatives this theory.

Maida Hill, Oct. 28th.

I am, etc.,

R. S. Sisson, M.D.

HOUGHTON-LE-SPRING MEDICAL ASSOCIATION.

AT a meeting of the Houghton-le-Spring District Medical Association, held at Smyth's (White Lion) Inn, on 16th inst.—**R. P. Edger, Esq.**, in the Chair—the following was arranged.

The Chairman read over the resolutions adopted at last meeting, which were approved of.

It was then reported by two or three members from outlying places that, in consequence of the threatened action of the miners to resist to the utmost the full increase agreed upon at last meeting, they had accepted two-thirds of it by way of compromise, with the promise of the full advance in the course of a little time. As this Association is founded upon conciliation principles, it was resolved that these members had done wisely for the time, but were urged to work on steadily in the attainment of the full advance.

It was next resolved that the system of gratis visits to patients be entirely abolished within the district, but each individual member to charge a visiting fee according to the circumstances of each individual patient. In like manner, gratis vaccination was condemned; and it was ruled, that in future when any member vaccinates, who is not a public vaccinator, a fee of no less than half-a-crown be charged in every case.

Finally, it was resolved that the Secretary be instructed to draw up, in accordance with the suggestion of the Registrar of General Medical Council, a memorial to the Council, upon the subject of qualified men planting in remote branches unqualified assistants, who do great injury to qualified men in their neighbourhood; and that this memorial be ready for approval and signature next meeting day.

I am glad to report that three new members were enrolled at this meeting, so that all qualified men within the radius, except three, are now members of the Association, and I earnestly hope that by next month even these may see fit to join us for their own and the common good.

Houghton-le-Spring, Oct. 18th, 1873.

J. O'FLANAGAN, Secretary.

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 Exeter and Plymouth Gazette, Oct. 20th; The Anti-Gam-Law Circular, Nov. 1st; The Northern Echo, Oct. 31st; The Daily Post, Nov. 3rd; The Bedfordshire Mercury, Nov. 1st; The Eastern Daily Press, Oct. 31st; The South Durham and Cleveland Mercury; The Manchester Evening News; The Australasian; The Cumberland Pacquet; The New York Evening Post; The West Country Lantern; etc.

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

Dr. Rumsey, Cheltenham; **Mr. Gutteridge**, Birmingham; **Mr. Callender**, London; **Mr. Young**, Haslar Garrison Hospital, Gosport; **Mr. Curling**, London; **Dr. W. H. Day**, London; **Mr. James Reid**, Eilon; **Mr. Brown**, Dorchester; **Dr. Lewis Sayre**, New York; **Dr. West**, London; **Mr. Louis Lewis**, London; **The Registrar of the Royal College of Physicians**, London; **Assistant-Surgeon Atkinson**, Cheltenham; **Staff-Surgeon Moriarty**, M.D., Central Barracks, Woolwich; **Our Liverpool Correspondent**; **Mr. J. Ashburton Thompson**, London; **Mr. Aitchison**, Newcastle-upon-Tyne; **Dr. J. W. Moore**, Dublin; **Mr. T. Holmes**, London; **An Associate**; **Mr. Greenway**, Plymouth; **Mr. T. H. Bartleet**, Birmingham; **The Secretary of the Harveian Society**; **Dr. Allan**, Fort William, N.B.; **Mr. Lawson Tait**, Birmingham; **Dr. Marshall**, Nottingham; **Mr. Head**, East Grinstead; **The Secretary of Apothecaries' Hall**; **The Registrar-General of England**; **The Registrar-General of Ireland**; **Mr. Wanklyn**, London; **The Registrar of the Medical Society of London**; **Mr. J. W. Langmore**, London; **Dr. Farquharson**, London; **Dr. G. M. Humphry**, Cambridge; **Dr. D. Embleton**, Newcastle-upon-Tyne; **Dr. A. P. Stewart**, London; **Mr. W. H. Michael**, London; **Dr. George Johnson**, London; **Dr. Daldy**, London; **Mr. Williams**, Barrow-in-Furness; **The Secretary of the Clinical Society**; **Dr. Dolman**, Derby; **Mr. Septimus B. Farr**, Andover; **Mr. Brocklehurst**, Manchester; **Lord Lansdowne**, London; **Our Paris Correspondent**; **Dr. Moorman**, St. Colomb, Cornwall; **Dr. Berkhart**, London; **A Member**; **Dr. T. Radford**, Manchester; **Dr. R. Southey**, London; **Our Dublin Correspondent**; **Dr. Bell Taylor**, Nottingham; **Dr. Embleton**, Newcastle-upon-Tyne; **Dr. J. Wilkie Burman**, Devizes; **Dr. Radford**, Higher Broughton; **Dr. A. P. Stewart**, London; **Dr. Rumsey**, Cheltenham; **Dr. Laidlaw**, Tranmere; **Dr. Stanley Haynes**, Malvern; **Our Glasgow Correspondent**; **Dr. Hughlings Jackson**, London; **Mr. Reeves**, London; **Dr. Edis**, London; **Mr. Prescott Hewett**, London; **Mr. Andrew Murray**, Aberdeen; **Dr. Squire**, London; **Mr. Poole**, London; **Mr. Wheatley**, London; **Mr. Benson Baker**, London; **Mr. Eastes**, London; **Dr. Parkes**, Netley; etc.