

only with hæmatocele. The swelling in hæmatocele forms rapidly and is retro-uterine; in cellulitis, it comes slowly and at the side of the vagina, in the one or the other broad ligament; in peritonitis, it comes still more gradually, is retro-uterine, and never very large. With hæmatocele, the swelling is at first tense, elastic, fluid, and fluctuating; it gradually loses its elasticity and hardens, until it disappears. With cellulitis and peritonitis the swelling, in increasing, becomes softer, more elastic, and perhaps fluctuating; but in cellulitis, it is one-sided; in peritonitis, ante- or post-vaginal. The diagnosis of hæmatocele being accurately settled, the following treatment should be carried out. Absolute rest in bed, and opium in moderate doses, to favour coagulation and encystment of the effused blood. Coagulation appears to begin at the circumference, and limited peritonitis usually assists the encysting process. The mass is removed by absorption, or by rupture *per rectum* or *per vaginam*; and recovery may sometimes be accelerated by tapping, which, however, must not be attempted until the process of circumferential coagulation is complete. Many trivial cases do well if left alone; in severe cases, when a large hæmatocele, by its pressure on the bladder and rectum, interferes with micturition and defæcation, tapping is absolutely necessary at an early stage of the disease. In two such cases, where death seemed imminent, Dr. Meadows had afforded immediate relief by tapping. Between the two extremes, come cases in which the visceral displacement is considerable and productive of much distress; but which, *with time*, end in a cure by natural processes. For these cases, Dr. Meadows advocates more frequent recourse to tapping, and he would lay it down as a principle that "when a hæmatocele is large enough to push the uterus against the symphysis pubis, to flatten the rectum, and to rise above the pelvic brim, the proper treatment is to puncture." By this procedure weeks and even months of convalescence are saved. The operation is easy and safe. Dr. Meadows has performed it in seven instances; all the patients recovered in a remarkably short space of time. He considers the dangers of non-interference very grave, as there is risk of rupture of the sac into the peritoneal cavity; of septicæmia; of suppuration in the cyst; and of exhaustion during the tedious recovery. Bernutz and Goupil record sixty-two cases, of which forty-four died. Of the forty-four, thirty-two terminated too suddenly for treatment; but of the remaining twelve, two were tapped, one burst spontaneously, and nine lived for several months; they were not operated upon, but gradually succumbed. Of the eighteen cases which recovered, nine were tapped, seven burst spontaneously, and only two recovered without escape of fluid to the exterior. The fluid that comes away, whether spontaneously or upon puncture, is always most offensive; an additional reason for its removal. In eight of the thirty cases of Bernutz and Goupil subjected to treatment, the cyst ruptured spontaneously, allowing the fluid to escape, and death resulted in only one instance; so that the escape of the fluid in some way would seem to be nature's method of cure. By tapping, the period of convalescence is shortened, the proportion of recoveries increased, and the cure rendered more complete. The time for tapping depends on the case; it must be soon where the symptoms are urgent, though a few days at least ought to elapse after the occurrence of the hæmorrhage. When the symptoms are less urgent, the surgeon may wait one month for encystment of the effused blood; beyond that time he gains nothing by delay. Dr. Meadows taps *per rectum*, because the cyst is more accessible from the bowel than from the vagina, whilst the fluid, if it escape spontaneously, usually comes *per rectum*. The trocar should be as large as, or of one size larger than, the ordinary silver catheter used for females, as the fluid is often thick and contains coagula, so that a smaller tube is apt to become blocked. The trocar must be thrust in far enough to reach the central liquid part of the cyst; the distance is usually from one to two inches, and varies according to the size of the hæmatocele and the duration of the effusion.—Dr. BANTOCK mentioned two cases which he had seen. In one a swelling, which he considered a thrombus, appeared between the upper part of the vagina and the rectum, and pushed the uterus upwards rather than forwards. The tumour was tapped several times; the fluid, of which two or three ounces generally came away, was not at first offensive. The patient recovered. The second was a case of true pelvic hæmatocele; a trocar was introduced, a very small amount of blood escaped, and death occurred in two days. Upon examination, a clot composed of about two pints of fresh blood was found in the general peritoneal cavity. This blood had apparently passed through a rent in the wall of an old blood cyst occupying Douglas' space. Dr. Bantock was at a loss to understand why a hæmatocele should burst by the rectum or vagina, instead of taking the apparently easier route into the abdomen, as was exemplified in the second of his cases.—Dr. JOHN SCOTT had witnessed the puncture of the swelling in pelvic hæmatocele, and considered it the best treatment. He had also seen the aspirator used at an early stage of the disease, with good results. He thought

the differential diagnosis of the cases was often very difficult. He had seen the cyst injected with solution of carbolic acid (one part in fifty), after tapping, with seemingly much benefit.—Dr. WYNN WILLIAMS would not tap at first, but would do so immediately that constitutional disturbance appears, that is, when nature is found unequal to the task of curing the patient by natural processes. He thought the diagnosis difficult; and instanced the case of a lady in whom, while she was vomiting, a large swelling commenced to form at the side of the vagina. After nine days, the tumour burst *per vaginam*, and half a gallon of offensive pus came away. Was that a hæmatocele? Iodine is the best disinfectant; it will prevent effused blood from decomposing.—Dr. CLEVELAND considered the agonising pain of the rapidly forming blood tumour to be diagnostic of hæmatocele; and cited a case in point. He thought the question of puncture depended greatly upon the amount of suffering of the patient. For small hæmatoceles, "rest" in bed is sufficient for recovery. Tapping is likely to let air into the sac.—Dr. MEADOWS, in reply, stated that cases of encysted hæmatocele can alone be operated upon by tapping; cases in which there is general extravasation into the peritoneum or into the cellular tissue should not be so treated. He does not inject the cysts after puncture; the patient then usually recovers so rapidly that injection is quite unnecessary. He injects in pelvic abscess; but not in hæmatocele. There is not much fear of air entering the cyst during tapping. He thought that a cyst large enough to contain a tumblerful of fluid would produce such serious symptoms as to necessitate an early introduction of the trocar, as it would interfere greatly with defæcation and micturition. Smaller cysts might be left, at any rate, two or three weeks before being punctured; the blood would then be coagulated at the circumference.

ASSOCIATION INTELLIGENCE.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: GENERAL MEETING.

THE first general meeting of the session 1873-4 was held last month; present, FURNEAUX JORDAN, Esq., President, in the Chair, and forty-four members and visitors.

New Members.—The following members of the Association were elected members of the Branch. Mr. D'Arcy Ellis, Brierly Hill; Rev. Dr. Gregg, Harborne; Mr. A. Dodson, Children's Hospital; Mr. W. S. Batten, Bromsgrove; Dr. Creagh, Royal Artillery; Mr. Ward, General Dispensary; Mr. T. Lowe, Solihull.

1. Mr. WATKIN WILLIAMS described the case of Martha A., aged 14, who came under his notice last July, with a malformation of the clavicle. It was first observed when she was two or three weeks old, but she could not say that it was not there when she was born. She had shown it to a surgeon attending another child, who recommended her to the Orthopædic Hospital. She was told there that it was a congenital deformity, for which nothing could be done, and that it would be of no detriment to her. Most probably it was a fracture of the clavicle, which took place during delivery and was overlooked, and consequently not attended to until the displacement of the fractured end of the bone was observed.

2. Mr. WILDERS exhibited a boy, aged 14, whose right Knee-Joint he had excised.

3. Mr. WILDERS showed a child, aged 20 months, whose Elbow-Joint he had excised six months ago, on account of disease following injury by a fall.

4. Mr. BARTLETT brought before the members a boy whose Upper Jaw he had excised for Myeloid Tumour. Photographs of the case before and after the operation were shown. The jaw was removed by the limited incision through the middle line of the upper lip into the nose.

5. Mr. BARTLETT also showed a case of double Talipes Calcaneus, with a somewhat similar condition existing in the hands. Casts of the feet, previously to treatment, showed the great improvement following operative measures.

6. Dr. FOWLER BODINGTON read a paper on a certain unused but valuable means of Medical Education. The paper was followed by an animated discussion.

Mr. OAKES gave notice of motion for the next meeting:—"That a Committee of this Branch be appointed to consider and report upon the subject of medical education, especially with reference to present Parliamentary legislation."

GILBERT LYON, M.D., BRISTOL.

DR. LYON died at his residence (Clifton) on October 5th, aged 70. He had an extensive practice for many years, being much respected as an able and experienced physician, and a man of the strictest honour and integrity. Dr. Lyon had the advantage of a medical education under most favourable circumstances. A private pupil to Dr. Abercrombie, then at the height of his fame in Scotland, he studied and graduated at the University of Edinburgh, when Monro, Gregory, Duncan, and John Thompson were amongst its professors; and also took the licence of the College of Surgeons. After his medical education was finished there, he went to Paris, and gave his attention chiefly to surgery, attending Lisfranc's courses of operations. At that time he thought of practising as a surgeon. On his return, Dr. Lyon came to Bristol comparatively a stranger, and commenced practice as a physician. When the first outbreak of cholera occurred in Bristol, he gave his entire time and attention to the treatment of that malady amongst the poor, and won the favourable opinion of all those who witnessed his energy and devotion in the work he was engaged in. He was soon appointed Physician to the Clifton Dispensary, and next to St. Peter's Hospital; and in 1843 was unanimously elected Physician to the Bristol Royal Infirmary, which appointment he held for fourteen years, when, finding his increasing practice would not allow him faithfully to discharge his duties, he retired. He was then elected Consulting-Physician to that institution. All those who witnessed and could judge, considered his practice most successful at the Infirmary, and his duties there most faithfully performed. He was Visiting Physician to the time of his last illness to the Lunatic Asylum for the county of Gloucester. For a long series of years Dr. Lyon enjoyed the entire confidence of both the public and the profession. A large portion of his medical brethren sought his assistance as a consulting-physician, in cases of doubt and difficulty, and rarely left the consultation without learning something worth remembering in the treatment of the disease. He was remarkable for kindness and marked courtesy to all, even to the youngest in the profession, and for his strict honour and integrity in dealing with them. Dr. Lyon gave his entire time and thoughts to his profession, and very rarely left his work. He read up to the opinions of the day, but never was a convert to the alcoholic treatment. He always considered bleeding necessary in certain cases. He employed it on himself when required, and the good he always experienced from it confirmed him in that opinion.

He enjoyed good health and great activity up to the commencement of his last illness. His death was the result of an unfortunate accident; he swallowed a small nail or "braid tack" in some food; soon afterwards he began to suffer from paroxysms of pain, and was compelled to give up practice in June 1872. From that date until the time of his death he was mostly confined to bed, and his sufferings were at times most severe; he bore them with great fortitude, and when free from pain, was cheerful and at times fruitful. The tack traversed from the stomach to the left kidney, and passed off by the urethra coated with calcareous matter; the injury done to the kidney was the cause of death.

Dr. Lyon was in person tall and erect, and in dress, manner, and deportment looked a gentleman and a physician.

W. T. DALBY, M.D.

WE have to record, with regret, the loss of another highly esteemed member of our profession, Dr. W. T. Dalby, of Kennington Park Road. He was estimable not only for his sound professional knowledge, but for his social qualities as a high-minded gentleman, performing every duty which he undertook, whether in his medical capacity or as a justice of the peace, with a conscientious regard to the well-being of those with whom he was brought in contact. The many members of the profession who enjoyed his intimacy, will feel a gap in their social life not easily to be filled.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, November 6th, 1873.

O'Brien, James Octavius, Guy's Hospital
Scott, Edward, Stockland. Devon

The following gentleman also on the same day passed his primary professional examination.

Johnson, Chadd Moore, Guy's Hospital

MEDICAL VACANCIES.

THE following vacancies are announced:—

- BEDFORD GENERAL INFIRMARY**—House-Surgeon: £100 per annum, board, etc.
- BEDMINSTER UNION**, Somersetshire—Medical Officer for District No. 8: £40 per annum, and fees. Applications, 17th Nov., to H. O'B. O'Donoghue, Clerk, Long Ashton, Bristol.
- 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, 29th instant, to Messrs. Gem and Hebbert.
- BRISTOL ROYAL INFIRMARY**—Physician.—House-Surgeon: £130 per annum, apartments, board, and washing. Applications, 20th inst., to W. Treney, Sec.
- BUCKS COUNTY LUNATIC ASYLUM**—Assistant Medical Officer: £100 per annum, with board and furnished apartments. Applications, 15th instant, to Acton Tindal, Esq., Aylesbury.
- BURY ST. EDMUNDS**—Public Analyst: £10:10 per annum; 10s. per analysis for first fifty, and 5s. per analysis beyond. Applications to William Salmon, Town Clerk.
- CHIPPENHAM UNION**—Medical Officer for the Workhouse and the Pewsham District: £50 and £18:3:4 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. Applications, 26th instant, to C. W. Bingham, Chairman.
- DRAYTON UNION**, Salop—Medical Officer for the Ashley District: £21 p. ann.
- DURLEY 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, 19th inst., to R. K. B. Norman, Hon. Sec.
- HALIFAX INFIRMARY**—House-Surgeon: £50 per annum, with progressive increase, board, lodging, and attendance.
- HOSPITAL FOR INCURABLES**, Dublin—Apothecary.
- HOSPITAL FOR WOMEN**, Soho Square—House-Physician.
- IPSWICH RURAL SANITARY DISTRICT**—Medical Officer of Health.
- KENT AND CANTERBURY HOSPITAL**—House-Surgeon: £80 per annum, board, lodging, etc. Applications, 28th inst., to Thomas Southee, Sec.
- LEITH HOSPITAL**—House-Surgeon.
- LIVERPOOL DISPENSARIES**—Two Honorary Medical Officers to the North Dispensary. Applications, 26th inst., to Wm. Lister, Secretary.
- LOCAL GOVERNMENT BOARD**—Medical Inspector.
- METROPOLITAN DISPENSARY AND CHARITABLE FUND**, Fore Street, Cripplegate—Physician. Applications, 15th instant, to W. H. Goodchild, Secretary.
- MID-CHESHIRE**—Medical Officer of Health: £800 per annum for two years. Applications, 21st instant, to John Latham, Esq., Sandbach.
- RADCLIFFE INFIRMARY**, Oxford—House-Surgeon.
- ROYAL LONDON OPHTHALMIC HOSPITAL**, Moorfields—Assistant House-Surgeon. Applications to R. J. Newstead, Sec.
- SOUTHAMPTON DISPENSARY AND HUMANE SOCIETY**—Two Acting Medical Officers.
- STROMNESS**, Orkney—Parochial Medical Officer. Applications to Wm. Ross, Chairman.
- SUNDERLAND GENERAL INFIRMARY AND DISPENSARY**—Surgeon.
- SUNDERLAND EYE INFIRMARY**—Surgeon.
- WEST RIDING LUNATIC ASYLUM**, Wakefield—Assistant Medical Officer.
- WORKINGTON PORT SANITARY DISTRICT**—Medical Officer of Health.

MEDICAL APPOINTMENTS.

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

- *GRAY, John H., M.B., elected House-Surgeon to the Hospital for Sick Children, Bristol.
- *YELD, Henry John, M.D., elected Medical Officer of Health for the Borough and Port of Sunderland.
- WEBBER, W. L., Esq., appointed House-Surgeon to the West London Hospital, vice A. L. Sobey, Esq., 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.

HEDLEY.—On October 24th, at Yester House, Middlesbrough, the wife of *John Hedley, M.R.C.S., of a son.

MARRIAGE.

JACKSON—STEPHENSON.—On November 5th, at the Parish Church, Market Weighton, by the Rev. Joseph Foxley, M.A., Vicar, Dr. Alfred Jackson, eldest son of the late Matthew Jackson, Surgeon, to Eliza, youngest daughter of the late William Stephenson, of Arras, near Market Weighton.

DEATHS.

- COOKE, Augustus, M.D., at Dover Terrace, Camberwell, aged 70, on Nov. 8th.
- *HARRIES, Gwynne, M.D., of the Medical Department, Local Government Board, of scarlet fever, aged 33, on November 8th.

On July 14th, Assistant-Surgeon T. Harvey Hill, 36th Middlesex Rifle Volunteers, passed his examination at the Medical Department of the War Office, and received the certificate of proficiency.

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 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.—Samarian 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.

MONDAY.—Medical Society of London, 8 P.M. Mr. Thomas Bryant, "A Case of Intestinal Obstruction and Gastrostomy"; Mr. Wm. Adams, "On the Growth of Cicatrices from Wounds made in Early Life, and the supposed wearing out of some Cicatrices"; Mr. Spencer Watson, "A Case (with patient) of Cicatrix after Burn treated by Plastic Operation."

TUESDAY.—Pathological Society of London, 8 P.M. Dr. Goodhart: Mediastinal Tumour in Exophthalmic Goitre. Mr. Butlin: Nerve showing the effects of an Injury inflicted many years previously. Mr. Kesteven: Specimens of Disease of the Brain and Spinal Cord. Dr. Crisp: Intestinal Obstruction and Oesophagotomy in a Bird. Dr. Crisp: Traumatic Aneurism in a Bird. Mr. Andrew Clark: Lymphoma infiltrating the Trachea in which Tracheotomy was performed twice. Dr. King: Large Abscess of the Liver without Ulceration of Intestine. Dr. Moxon: Two Cases of Osteoid Cancer of the Lung.

THURSDAY.—Harveian Society of London, 8 P.M. Dr. Farquharson, "On a Case of Habitual Constipation"; Mr. Penning Baker, "On a Case of Enlarged Prostate"; Mr. W. F. Teevan, "On Retention of Urine from Diseases of the Prostate."

FRIDAY.—Medical Microscopical Society, 8 P.M. Dr. M. Bruce, "On Inflammation"; Mr. Needham, "An Improvement in Dr. Rutherford's Microtome"; Mr. Chippingdale, "On a Spectroscope"; etc.

SATURDAY, November 15th.—Society of Medical Officers of Health, 7.30 P.M. Dr. G. Ross, "On the Ventilation of Hospitals, Schools, and Public Buildings."

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.

We are greatly obliged to Mr. Hill (Towcester) for his interesting communication.

A CONVERSAZIONE.

MR. LAWSON TAIT (Birmingham) writes that he finds in back numbers of the JOURNAL, during the last few years, lengthy reports of meetings "in every respect similar" to that to which he invited our reporter. We have no such recollection, and have requested references from Mr. Tait in verification of that statement. These he has as yet failed to furnish.

DR. FITCH (Kiddermminster).—The Pocket Filters supplied to the Ashantee expedition are those of the Carbon Filter Company, Cheapside.

DR. WELSH (Knighton).—No enclosure received.

MR. PRIESTLEY SMITH's request shall be complied with.

We are obliged to Dr. Haynes (Malvern) for his pleasing letter.

SIR,—In answer to what I presume to have been a protest on the part of your correspondent, Mr. W. Mac Cormac, I beg to inform you that the author of the pamphlet, *A Pure Mind in a Pure Body*, is now an inmate of North Grove House Asylum, Hawkhurst, labouring under delusions which are but exaggerations of those expressed in the pamphlet in question.

I am, etc.,
November 6th, 1873.

THE MEDICAL VISITOR.

CORRESPONDENTS are particularly requested by the Editor to observe that communications relating to Advertisements, changes of address, and other business matters, should be addressed to Mr. Francis Fowke, General Secretary and Manager, at the Journal Office, 37, Great Queen Street, W.C., and not to the Editor.

DIETARY TABLES OF THE NAVY.

A Medical Officer, R.N., writes:—"I have read with great interest the notice of Dr. Hunter's paper on 'Dietaries,' the more so as it is a judicious criticism; but it must be remembered that the changes proposed are probably only those which, as a naval officer, he believes could be readily introduced. As a medical man he would, no doubt, propose a more complete revision. The idea of citric acid and bicarbonate of potash baking powder is excellent; but you can hardly imagine how great is the opposition to change. To Dr. Hunter and yourself the service may yet be greatly indebted."

INSTRUCTION IN HYGIENE.

SIR,—In the report of a lecture delivered by Dr. Corfield at the Birmingham and Midland Institute, on Sanitary Science, published in the columns of last week's JOURNAL, it is stated that Birmingham has been the first town to appreciate the importance of the education of the people in this matter. This statement is not correct. Last winter, at the request of the Committee of the Nottingham Mechanics' Institute, I delivered a course of lectures upon Hygiene, for which over five hundred tickets were sold. I am, etc.,
26, Regent Street, Nottingham, Oct. 28th, 1873. GEORGE ELDER.

We are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Stroud News; 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, Nov. 5th; The Anti-Game-Law Circular, Nov. 8th; The Northern Echo, Nov. 7th; The Daily Post, Nov. 10th; The Bedfordshire Mercury, Nov. 8th; The Eastern Daily Press, Nov. 8th; The South Durham and Cleveland Mercury; The Manchester Evening News; The Australasian; The Cumberland Packet; The New York Evening Post; The West Country Lantern; The Aberdeen Times; The Dublin Express; The Aberdeen Free Press; The Belfast Evening Telegraph; The Carlisle Journal; The Daily Courier; The Melbourne Age; The Malton Messenger; The Altrincham and Lowden Guardian; The Stafford and Gloucester Advertiser; etc.

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

Dr. J. Matthews Duncan, Edinburgh; Dr. Rumsey, Cheltenham; Dr. George Johnson, London; Dr. Wray, Whetstone; Dr. Edis, London; Mr. Alexander, London; Mr. Brown, Dorchester; Dr. Burchardt, Berlin; Mr. Godfrey, Herne Bay; Dr. Thursfield, Shrewsbury; Dr. Young, Malton; Mr. F. S. Pope, Shirehampton; Mr. Pollock, London; Dr. J. F. Payne, Oxford; The Secretary of the Pathological Society; Dr. Hime, Sheffield; Dr. Jacob, Dublin; Our Glasgow Correspondent; Dr. Joyce, Cranbrook; Dr. Malins, Birmingham; Dr. Stanley L. Haynes, Malvern; Mr. H. Greenway, Plymouth; M.D. Ed.; Mr. Christopher Heath, London; Mr. Callender, London; Mr. Eastes, London; Mr. Priestley Smith, Birmingham; Mr. Reginald Harrison, Liverpool; M.D.; 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. Ogston, Aberdeen; Mr. Ray Lankester, Oxford; Dr. Heywood Smith, London; Dr. King, Welwyn; Mr. Henry Terry, Northampton; Our Paris Correspondent; Dr. Laidlaw, Tranmere; Dr. Tripe, Hackney; Mr. John W. Walton, London; Mr. Howse, London; Dr. Welsh, Knighton; Mr. T. H. Bartlett, Birmingham; Dr. Cunningham, Campbelltown; Dr. Sandford, Market Drayton; Mr. Greaves, Derby; Dr. Brown, Rochester; Dr. Gardner, Box; An Associate; Messrs. Garman, Wednesbury; Surgeon-Major, London; Dr. Lombe Athill, Dublin; Mr. T. Harvey Hill, London; Mr. Howard, London; Mr. T. H. Hills, London; Dr. Hunter, R.N., London; Mr. Poole, London; Dr. Horace Dobell, London; Mr. McBride, Cirencester; Dr. Davey, Northwoods; Dr. T. E. Williams, Talgarth; Mr. S. M. Bradley, Manchester; Dr. Dowse, Highgate; Dr. Alford, Taunton; Mr. Berkeley Hill, London; Dr. Barnes, Carlisle; Mr. Hardie, Edinburgh; Mr. Bazalgette, London; Dr. Harris, Worthing; Dr. Bastian, London; Mr. Lattey, Southam; Dr. Sanders, Edinburgh; Dr. P. H. Watson, Edinburgh; Dr. Seaton, London; Dr. Southey, London; Sir Duncan Gibb, London; Our Birmingham Correspondent; Dr. Attfield, London; The Secretary of the Ventnor Hospital; Mr. Wheelhouse, Leeds; Mr. Francis Mason, London; Mr. Hill, Towcester; Mr. Michael and Dr. Stewart, London; Mr. J. H. Hill, London; etc.

BOOKS, ETC., RECEIVED.

Report of the Resident Medical Officer of the Newcastle Infirmary for 1872-73.
Report of the Dublin Infirmary for Diseases of the Eye and Ear, June 30th, 1873.
Dublin Steam Printing Company: 1873.
On the Value of certain Signs observed in Cases of Death from Suffocation. By David Page, M.D. 1873.
Letters on Typhoid Fever. By S. Harpur. Merthyr Tydfil: 1873.
Lectures on Electricity. By Walter G. Smith, M.D. Dublin: 1873.
Thermomètres Physiologiques et Thermomètres Mathématiques leur Application à la Médecine à la Chirurgie, et à l'Éducation. Par Edouard Séguin, D.M.
On the Origin and Metamorphoses of Insects. By Sir John Lubbock, Bart., M.P., F.R.S. London: 1874.
Egypt as a Health Resort. By A. D. Walker, M.D. London: J. and A. Churchill. 1873.
Sketch of Cannes and its Climate. By Th. De Valcourt, M.D. London: J. and A. Churchill. 1873.