

infection was admitted on July 27th, and the last on September 13th, the total number admitted during that interval being 22. Five out of the thirteen cases remained in the hospital on October 1st. Lastly, of the two fatal cases, one was traceable to milk-infection, the other not.

The majority of the cases were below 20 years of age, the numbers in each period of ten years being—from 1 to 10 years, 8; from 11 to 20, 19; from 21 to 30, 9; from 31 to 40, 1; and from 41 to 50, 2—the last being a re-admission.

TABLE A.

Period.	No. of cases.	Discharged.	Died.	In Hosp.	Oct. 1.
I. July 21st to 31st ...	4	3	1	0	0
II. August 1st to 10th ...	8	5	0	0	3
III. „ 11th to 20th ...	7	4	0	0	3
IV. „ 21st to 31st ...	3	1	0	0	2
V. September 1st to 10th...	1	0	0	1	0
VI. „ 11th to 20th...	6	0	0	0	6
VII. „ 21st to 30th...	9	1*	0	0	8
	38	14	2	22	

* Taken away by friends on day after admission.

TABLE B.

	I.	II.	III.	IV.	V.	VI.	VII.	Total.
St. Marylebone	1	5 ³	2*	0	0	1	5	14
St. Pancras	1	1	1	0	0	3	2	8
St. James.....	1	0	0	3*	0	0	0	4
St. George's, Hanover Square.....	1*	0	1*	0	0	0	0	2
St. Giles-in-the-Fields..	0	1	1	0	0	1	0	3
St. Ann's, Westminster.	0	0	2 ¹	0	0	2*	0	4
Other Parishes (Paddington, Holborn Union, St. Mary, Lambeth)...	0	1	0	0	0	0	2	3
	4	8	7	3	1	6	9	38

* Milk cases.

NOTTINGHAM GENERAL HOSPITAL.

RUPTURE OF COMMON FEMORAL ARTERY BY A BLOW.

(Under the care of Mr. BEDDARD.)

Reported by LEWIS W. MARSHALL, M.B., Resident Surgeon.

JAS. H., aged 23, a robust, healthy man, working as an iron-planer, was admitted on October 15th, with an abrasion in the right groin, and a corresponding swelling extending upwards beyond Poupart's ligament to within two or three inches of the umbilicus, and downwards to the lower third of the thigh. The injury was caused, about half-an-hour before his admission, by his being driven by a plane (which struck him on the buttock whilst reversing) over the "cheek-piece". When he arrived at the hospital, he was evidently suffering from extreme loss of blood, his general circulation being so feeble that the pulse in his radial artery was imperceptible. On examining the limb, no pulsation could be felt either in the tumour or the tibial arteries. A consultation was called, when it was thought the man's condition would not justify any operative procedure. He died early the following morning.

Necropsy, Thirty Hours after Death.—On Scarpa's triangle being laid open and the abdominal parietes reflected, an extensive clot was found lying beneath the fascia, and spreading in the thigh through the intermuscular spaces to the back of the limb. The abductor longus and pectineus muscles were both torn across. The saphena vein was not discoverable, although from the appearance of the femoral vein at its usual point of entrance, it was believed to have been injured. The common femoral artery had been completely severed at a point immediately below Poupart's ligament. The sheath of the vessel up to the common iliac artery, and downwards to Hunter's canal, contained clot. The proximal end of the vessel was filled with a conical clot, and at the distal, complete torsion had been effected, the external coat being tightly twisted beyond the retracted internal and middle coats. The femoral vein contained clot at the seat of injury.

REMARKS.—The difficulty of diagnosing the exact nature of the injury in this case was obviously great—i.e., as to whether the vein or artery was injured. In support of the view that the artery was injured, was the rapidity of formation of the tumour and absence of pulsation in the tibials; but, as an argument against that opinion, was the non-pulsation of the tumour, which, however, may perhaps be explained by the depressed state of the general circulation.

SELECTIONS FROM JOURNALS.

MEDICINE.

CARBONIC ACID IN FEBRILE URINE.—Dr. Anton Errad relates some experiments (*Archiv für Anatomie, Physiologie, und Wissenschaftliche Medizin*) on this subject. Till now, those who have investigated the quantity of carbonic acid gas given off from the organism have occupied themselves with that exhaled by the mouth and skin, without taking into consideration the gas contained in the secretions. In the experiments of Dr. Errad, the urine was placed in very clean flasks in which a vacuum was created. The result of experiments by weight was to show that in the same individual and *ceteris paribus*, the quantity of carbonic acid contained in the urine was much more considerable in the state of fever than in the state of health; and besides, that the variations of this quantity of carbonic acid followed exactly those of the urea. This relation must be expected; for, though a part of the carbonic acid proceeds from albuminous aliments, another part derives its origin from carbonised aliments and fatty bodies; and this last source is the most important in the state of health. These results show an augmentation of the decomposition of the tissues during fever; and, since the carbonic acid derives its origin from the tissues and not from the blood, it follows that the excess of carbonic acid observed in the febrile state proceeds, not from the blood, but from the tissues.

TYPHUS-RELAPOSES AND TYPHUS INFECTION.—Dr. Lindwurm describes in the *Bayerisches Ärztliches Intelligenz-Blatt* fifteen cases of recurrent typhus observed by him in the Munich hospital. Some of them were relapses occurring during or immediately after an attack of the disease: in most instances, however, a period of ten years or more had elapsed since the first attack. In these latter cases, there was without doubt a fresh infection with the typhus poison—an event of very rare occurrence. In the cases where relapse was immediate, death repeatedly took place suddenly, but no cause for this could be discovered on *post mortem* examination. It was probably the result of the weakening of the system by the first attack. In the above named hospital, from 1869 to 1872, there were 2881 cases of typhus: they were treated by the cold water method, and the mortality was 304, or 10.5 per cent. In 1868, when expectant treatment was used, there were 321 cases, with 55 deaths, or more than 17 per cent. Along with cold water, Dr. Lindwurm used hydrochlorate of quinine with good result. Two *grammes* (about half a drachm) were taken in two doses with an interval of two hours. The effect was a reduction of the temperature by 1.5 to 2.5 degrees (2.7 to 4.5 degrees Fahr.), and of the pulse by 20, 30, or even 40 beats. The action of the medicine usually lasted twenty-four hours; sometimes a second, and even a third, dose of similar strength was given. This treatment was usually attended with noises in the ears, *muscæ volitantes*, headache, and in many cases vomiting. As a stimulant, Dr. Lindwurm recommends the subcutaneous injection of camphorated oil into different parts of the body three or four times daily—one or two *grammes* being thus used in the day. The result of this treatment was very favourable in the collapse of typhus, and also of other diseases.

SERO-ALBUMINOUS EPISTAXIS.—In the recent discussion on Albuminous Expectoration at the Société Médicale des Hôpitaux (*vide* BRITISH MEDICAL JOURNAL, October 4th and 11th), analogous cases of epistaxis were cited. The following is a new case in point (*Gazzetta Medica Italiana and Le Mouvement Médical*). A man aged 50, well made, suffering from hæmorrhoids, without any previous weakness or malady, is taken from time to time, suddenly and without appreciable cause, with an abundant nasal flux. The liquid is sero-albuminous, limpid, insipid, inodorous. The flux is preceded and accompanied by pruritus of the nasal mucous membrane; it takes place from the nostrils, and occurs several times in the day. Injections and inhalations of salt water suffice to arrest the flux, which has been several times cured by the same method.

NEURALGIA OF THE ABDOMINAL PLEXUS OF THE SYMPATHETIC.—Dr. A. Seeligmüller, in a collection of observations on the pathology of the nervous system (Halle, 1873), states that a man aged 33, who had been long exposed to cold and wet while employed in some water-works, and had afterwards worked in a white lead manufactory, suffered from the following symptoms, which returned regularly every four weeks. His face became red, and he had pain in one or other of the lower limbs. While these symptoms were present, he had a violent paroxysm of cough, ending in vomiting of mucus; this was followed by

an urgent desire for defecation, attended with spasmodic pain in the rectum and in the whole of the hypochondriac region. The first discharges were normal; afterwards they presented thready masses of the size of a goose-quill. After the stools, the pain extended to the back; and, when it had reached the neck, the feeling of strangulation, vomiting, and spasmodic deglutition, were relieved. The patient then had a rigor; and the paroxysm ceased at the end of twelve hours with an attack of vomiting, to be repeated on the third day. After this, there was an interval of four weeks, during which the man became rapidly convalescent, and presented nothing abnormal on examination. Various plans of treatment only alleviated this condition for a short time. The patient found most relief from a prolonged course of treatment as for tetania and faradisation of the large intestine, and at a later date from injection of morphia. The disorder remained essentially unchanged. Dr. Seeligmüller believes that the symptoms were due to neuralgia of the solar plexus, or to a visceral neuralgia affecting some one or other of the abdominal plexus. He does not think that the case was one of lead-colic, because the patient had no symptoms while employed in the manufactory, and there was no lead-line on the gums.

PARALYSIS OF THE THREE BRANCHES OF THE TRIFACIAL NERVE.—The same author (*ibid.*) refers to the case of a woman aged 26, in whom neuro-paralytic inflammation of the eye set in after nearly three years of anaesthesia of the left side of the face (this was at first limited to the left corner of the mouth, from which it afterwards spread upwards). The right half of the tongue was thickly coated with a white fur; the right was of a bright red colour; taste was lost in the anterior two-thirds of the left side of the tongue. A two months' course of treatment with the constant electric current (the positive pole being applied behind the left ear, and the negative to the face), produced marked improvement in all the symptoms.

SCIATICA FOLLOWING THE CONTINUED USE OF A SEWING-MACHINE.—Dr. Seeligmüller relates (*ibid.*) the case of a woman aged 50, who, after having worked with a sewing-machine for four years, had tearing pains in the leg with which she worked, extending from the ankle to the tuber ischii. The pain was not felt when she rested, but was brought on by walking or standing. The patient had also a sensation of cold and formication in the affected foot. Continued labour with the sewing-machine produced, besides the pain, loss of muscular power in the legs, wasting of the muscular substance, and a state of great general weakness. As a prophylactic measure, she was ordered to take longer intervals of rest between the periods of work.

TYPICAL NEUROSIS OF THE VAGUS NERVE.—A girl aged 15, says Dr. Seeligmüller (*ibid.*), had suppression of the menses after being violently angry. At the same time, severe pharyngitis set in; and this recurred regularly for two and a half years whenever she had a paroxysm of anger. In the first half-year, she had loss of consciousness, tonic cramps in the hands and feet, and frequent dyspnoea, generally lasting four hours. The cramps and loss of consciousness afterwards disappeared; but she had recurrent paroxysms of enormously increased frequency of respiration—200 in a minute. Numerous plans of treatment were employed without effect. Dr. Seeligmüller, having ascertained that pressure produced pain at points along the left side of the seventh, eighth, ninth, and tenth dorsal vertebrae, and in the corresponding intercostal spaces, used the constant current, applying the positive pole over the painful parts of the spinal column, while with the negative pole the points where pain was produced were brought into contact until the pain had ceased. Each point was treated from two to four minutes, thirty or forty large Remak's elements being used. After two months of this treatment, the paroxysms almost disappeared. At a later date, the patient had other nervous disturbances, especially severe pains in various parts of the body. Dr. Seeligmüller believes the case to have been one of neurosis of the vagus nerve, the central end of which was abnormally irritated by inflammation proceeding from the throat. A search for painful points, and the application of treatment to them, is an essential indication in the treatment of all reflex neuroses.

CHOLERA AND INTERMITTENT FEVER.—According to Dr. Joseph Hilf of Pesth (*La France Médicale*, November 12th), all who have observed cholera in countries where intermittent fever is endemic have been able to observe a certain resemblance between the two maladies: in the one and in the other is found a period of shivering, then one of heat, and finally a period of sweating; in pernicious fever, cramps and vomiting are constant, as in cholera. When we compare, he says, the causes of the two maladies, we find in them a new resemblance, for intermittent fever is due to marsh-miasms; and, on the other hand,

the hypothesis that cholera is derived from the marshes of the Ganges is the most probable one. In 1856, finding himself in marshy parts of Hungary, he had occasion to observe cases of cholera during the epidemic of that year, and he was led by the resemblance of the symptoms to employ against cholera the treatment of intermittent fever—that is to say—quinine. At that period, his wife, six months' pregnant, was attacked by the epidemic. All treatment having failed, Dr. Hilf, with the object of maintaining her strength, administered from hour to hour ten *centigrammes* of sulphate of quinine. To his great joy he remarked, after the third dose, an elevation of temperature and an improvement in the pulse. During the six weeks that the epidemic lasted, he treated 112 cases by tannin and opium, and, when those medicines failed, by sulphate of quinine, and he only lost thirteen patients. Last year he treated two cases at Pesth in the same manner, with success in both cases; and this summer many patients have been treated by Dr. Hilf himself, or by other physicians to whom he had recommended the use of sulphate of quinine, and the result has always been favourable.

NEUROPATHIC ORIGIN OF SIMPLE DIABETES.—Mosler (Virchow's *Archiv*, vol. lxxvii, part 1) describes three cases in which diabetes insipidus was traceable to lesion of the nervous system. The first case was that of a boy aged 7, who in the first year of his life had an attack of epidemic cerebro-spinal meningitis, and, during a very long convalescence, had simple diabetes. This continued for years, and resisted all remedies that were used in the hospital. Another case was that of a lad aged 17, in whom the diabetes had been present since the age of three years, when he fell on his head. In this case, as in the preceding one, there were no other symptoms of nervous lesion. The disorder was greatly relieved in hospital by the use of large doses of acetate of lead and opium. In the third case, the cause was syphilitic disease of the brain, which also produced convulsions and hemiplegia. The necropsy showed extensive softening of the left cerebral hemisphere, and of the medulla oblongata and pons Varolii.—*Berliner Klinische Wochenschrift*, October 6th.

SECONDARY DISEASE OF BOTH PNEUMOGASTRIC NERVES IN THE COURSE OF TYPHOID FEVER.—Dr. Zurhelle relates in the *Berliner Klinische Wochenschrift* (No. 29, 1873) the case of a man who, in the second week of an attack of fever, was seized with severe pain at the level of the cornu of the thyroid cartilage on the left side (and later also on the right), which seriously impeded deglutition. The voice was clear, and remained so. Nothing abnormal could be detected by examination with the laryngoscope or externally; but the pain was much increased by pressure in the direction of the spine. In the further progress of the disease, attacks of vertigo and palpitation set in, while the pulse became irregular and sank to 36 in the minute. Later on, there were frequent attacks of syncope, with clonic convulsions and profuse vomiting. The fainting fits were diminished by morphia injections; but, while the temperature was still high, the pulse remained irregular, less than 40 in the minute. Pneumonia of the left side now set in, and with it paresis of the recurrent nerve on both sides, as ascertained by the laryngoscope, and hoarseness. Under the use of iodide of potassium, the violent pain on both sides of the neck at once disappeared; the heart-beats became more regular and frequent; but hoarseness, due to paresis of the left recurrent nerve, remained.

SURGERY.

ON THE OPERATION OF "PEELING" THE NOSE IN CASES OF ELEPHANTIASIS OF THAT ORGAN.—M. Poncet, interne of the Lyons hospitals, gives, in the *Gazette Hebdomadaire* for September 20th, an account of a method which M. Ollier has recently adopted in cases (such as are occasionally met with in drunkards) of hypertrophy of the nose. The operation is severe, and by no means free from danger; but it certainly seems as efficacious as can be desired. M. Poncet appears to recommend the operation only in the most formidable cases, of which he says that the lobular masses of tissue may by their size obstruct to a variable degree respiration, speech, and the reception of food. Occasionally they impede binocular vision, and thus cause strabismus. M. Ollier's treatment is thus described. The patient being narcotised, M. Ollier cuts through the skin and thickened tissues on the dorsum of the nose; then dissects them carefully upon each side, taking the greatest care not to touch the cartilages, and to preserve the fibrous tissue which holds them together. He thus entirely spares the fibro-cartilaginous framework of the nose, so as not to interfere with its form or functions; performing on that organ (if the comparison may be allowed), with the forceps and bistoury, what one does on an unripe

walnut when one peels off the husk without breaking its shell. The introduction of a finger into the nasal cavity allows the surgeon to judge of the thickness of the tissue which he is leaving, and to be certain of the integrity of the essential parts of the nose. The main dangers (and they appear from the account to be grave) seem to be from secondary hæmorrhage and from erysipelas. There is usually abundant hæmorrhage from a large number of small vessels at the time of the operation. This is not, perhaps, formidable at the time; but it is very liable to recur, as the nature of the tissue seems to prevent the vessels from closing, as in a more natural state of parts they would do. And the habits of these patients make them, of course, very liable to the secondary complications of operation. M. Poncet speaks as if M. Ollier had performed several such "decortications"; but he quotes only two cases, in one of which the patient survived, but after repeated attacks of secondary hæmorrhage, which put him in great jeopardy; while in the other death ensued from erysipelas of the face. This is hardly an encouraging account, and leads us to suspect that the ordinary procedures, by which skin and soft tissue is left sufficient to attempt, at any rate, union by first intention, may be preferable to this new operation; for, after such "peeling off" of the soft parts, the wound is necessarily left exposed. M. Ollier leaves it dressed with charpie, and does not remove that dressing until it is loosened by supuration, and of course is more or less putrefied. English surgeons would no doubt attempt something more "autoplastic" than this; but in any case the operation must be a very severe one. Fortunately, we have not much experience of the affection in this country.

FOREIGN BODY IN THE OESOPHAGUS.—Dr. D. E. Smith (*New York Medical Review*, September 1873) relates the case of a young married woman who, during an attack of puerperal convulsion, swallowed a partial set of false teeth, four in number, and fastened with a gold clasp. They remained for three days in the pharynx, which was not examined by the attending physician, who declared it to be impossible that the teeth could have been swallowed. At the end of this time, her ingesta having in the meanwhile been completely fluid, she ate a small piece of beef-steak, in company with which the teeth passed down the oesophagus to a point near the cardiac orifice, where they were arrested by the hook of the clasp penetrating the oesophageal wall. The patient remained in this condition for three months, gradually growing weaker, and undergoing treatment for indigestion, general debility, incipient phthisis, etc.; her physician persistently denying the presence of the teeth. A *post mortem* examination disclosed the facts to be as above related.

CURE OF STRANGULATED HERNIA.—M. Dubreuil read at the Société de Chirurgie, November 8th, a report on a memoir by M. Dieulafoy on the Treatment of Strangulated Hernia by Aspiratory Puncture. It appears to have been a chapter from his work on *Pneumatic Aspiration, a New Medico-Chirurgical Method of Treating Strangulated Hernia, Emphysema, etc.*, recently published in this country. M. Dubreuil reported very favourably. The method succeeded in 71 per cent. of the cases, and never did any harm. When it did not effect the cure, it in no way impeded the success of the subsequent operation. M. Verneuil recounted, in the subsequent discussion, several successful cases, and agreed with M. Dubreuil that this method realises a decided surgical improvement. [We noticed briefly some of the leading points of this admirable treatise of M. Dieulafoy on its first appearance, but we have not yet found space to publish a more detailed and critical review, which it well deserves. We may, however, meantime strongly recommend it to the perusal of every practitioner, as a work full of valuable original information, and realising undoubtedly, as M. Dubreuil says, a veritable advance in surgical practice. It is probable that, if an aspirator were always at hand, and used according to Dieulafoy's directions, 50 per cent. of the cutting operations for strangulated hernia would be avoided, so largely does it facilitate the taxis by removing the fluid and gaseous contents of the tumour.]

TRACHOMA TREATED BY GONORRHOEAL INOCULATION.—Dr. Léon Brière reports in the *Bulletin Général de Thérapeutique*, September 15th, 1873 (*The Clinic*, Oct. 25th), four hundred and four cases, from various sources, of pannus treated by the inoculation of blennorrhagic virus derived either from the ophthalmia of the new-born or from urethral vaginal blennorrhagia. To these he adds five cases in his own practice. Having quoted, with approval, the conclusion of Roosbroeck, who has never seen any grave accident follow this seemingly so frightful plan of treatment, and who observes, "I regard these results as so complete, so marvellous, and so extraordinary, that I do not believe anything more beautiful exists in all ophthalmology," the author sums up in the following indications and contraindications. 1.

Inoculation gives results satisfactory in proportion as the pannus has arrived at a very high degree of development (without incurable complication on the ocular surface). 2. In pannus, which is generalised over the whole surface of both corneæ, accidents are most rare. 3. Inoculation must never be practised in cases of unilateral pannus, as the most religious care of the sound eye will not save it from contagion. 4. Inoculation is equally contraindicated when the pannus is partial, and when the cornea presents points. 5. In cases of double pannus, it is preferable to inoculate both eyes at the same time. It is a matter of indifference whether the inoculating matter be taken from an ocular, vaginal, or urethral blennorrhagia. An individual refractory to the influence of one kind may be affected by another virus seemingly less active. The pus of acute urethral blennorrhagia is more active than that of the chronic disease. The material of inoculation should be picked up by a pair of forceps and deposited upon the palpebral conjunctiva. If its escape be feared, the conjunctiva may be punctured with a lancet or needle. The course of purulent ophthalmia of artificial induction is the same as that of the accidental disease. Should the cornea not ulcerate, frequent applications of warm water should be made. Van Roosbroeck lets the affection take its own course. Should the cornea exfoliate (intense pains), Warlomont recommends the application of the nitrate of silver, stick or solution.

PATHOLOGY.

TUBERCLE OF THE RIGHT OPTIC THALAMUS.—In an interesting collection of observations on the pathology of the nervous system, published at Halle, A. Seeligmüller describes the case of a boy aged 5, who was admitted into hospital with paralysis of the left side, which had existed one year. He presented the symptoms of severe meningitis; and Dr. Seeligmüller believed that the palsy belonged to the class of infantile paralysis, especially as it was said to have come on after convulsions. After death, a firm tubercle as large as a nut was found in the right optic thalamus.

CENTRAL SOFTENING OF THE CEREBELLUM.—The same author (*ibid.*) relates the case of a labouring man aged 25, who, without any apparent cause of disease, began to complain of giddiness in all positions (even when at rest); it was least when he lay on the right side. He had also vomiting, and, at least in the last days of his illness, suffered from very severe pain just below the middle of the squama occipitis. He had also formication from the soles of the feet to the knees, but no further disturbances of sensation and motion either in the limbs, in the organs of sense, or in the parts supplied by the cerebral nerves. The generative functions were nearly unaffected. Remissions took place twice in an illness of fourteen weeks' duration; and at the end of this time the man died. At the necropsy, the cerebellum was found to contain in the centre of the white substance a softened spot about as large as half a walnut, containing white flocks. The softening extended into the pons Varolii.

MATERIA MEDICA.

NEUTRAL CHLORAL HYDRATE.—The new German *Pharmacopœia* requires chloral hydrate to be neutral. That is a demand, writes the *Chemist and Druggist*, October 1st, 1873, which even the manufactory patronised by Liebreich, the discoverer of chloral hydrate, could not maintain; all chloral hydrate produced in those works had an acid reaction. It has been proved by repeated trials, and practically, that chloral hydrate, uncrystallised, by whatever process prepared, or by whatever solvents dissolved, and again crystallised, even after adding alkali to the solution, cannot be neutral, but must have an acid reaction. Notwithstanding this, a so-called neutral chloral hydrate, which professed to be not only not acid, but actually of an alkaline reaction, made latterly its appearance with great pretensions, from a factory in Ludwigshafen, near Mannheim. After a minute examination in the works of Schering, in Berlin, where principally, and at present almost exclusively, so far as Berlin is concerned, chloral hydrate is manufactured, it was found immediately that carbonate of soda had been mechanically mixed with this chloral hydrate, in order to produce the otherwise impossible reaction. Effervescence could be distinctly observed on saturating it with acid; by heating a residue was left, and by a partial solution, first when the carbonate of soda was acted upon, an alkaline, and when the chloral hydrate did dissolve, an acid reaction was obtained. The crystals soon became discoloured on exposure to air. That by such admixture no service is done to the public is evident, and it is only to be regretted that the German *Pharmacopœia* should require this reaction.

in which they served previously to their arrival in this country, we should suppose that, if the word "fit" was ever applicable to the condition of any regiment, it is so in this instance.

ASSOCIATION INTELLIGENCE.

GLOUCESTERSHIRE BRANCH.

A MEETING of this Branch will be held at the County Infirmary, Gloucester, on November 25th, at 6 P.M.

The following subjects will be discussed.—Water and its Impurities; Disinfectants and their Uses; The Medical Inspection of Dairies.

Dinner at the Bell Hotel, at 8.30 P.M.

Gloucester, November 1873.

R. W. BATTEN.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: PATHOLOGICAL AND CLINICAL SECTION.

THE second meeting of the Session will be held at the Birmingham Midland Institute on Friday, November 28th.

VINCENT JACKSON, } *Honorary Secretaries.*
ROBERT JOLLY, }

November 18th, 1873.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT.

THE second meeting of the Session will be held at the General Hospital, Maidstone, on Friday, December 5th, at 5 P.M.; GEORGE HENRY FURBER, Esq., in the Chair.

Dinner will be provided at the Mitre Hotel, at 7 P.M.

Papers have been promised by John M. Burton, Esq., on Aneurism and on Empyema; by Matthew A. Adams, Esq., on Dewar's and McKendrick's Experiments Demonstrating the Correlation of the Function of the Retina and Galvanic Electricity; by Dr. Monckton, Cases and Commentaries; by William Hoar, Esq., Cases and Commentaries.

A proposition will be made to hold an united meeting of the West Kent and East Sussex Districts, annually, at Tunbridge Wells.

FREDERICK JAMES BROWN, M.D., *Honorary Secretary.*

Rochester, November 17th, 1873.

SOUTH-EASTERN BRANCH: WEST SUSSEX DISTRICT MEETINGS.

THE second meeting of the year was held at the Half-Moon Hotel, Petworth, on October 7th. The Chair was taken by H. BOXALL, Esq., of Wisborough Green, and fourteen members were present.

Owing to a variety of unforeseen circumstances, and the unavoidable absence of the Honorary Secretary, no papers were submitted to the meeting, and it was unanimously resolved that on this occasion it should partake of a social character.

By the kindness of Lord Leonfield, the members were allowed to inspect the magnificent collection of paintings and statuary at Petworth House, as also the large range of stabling and the dog-kennels. The County Gaol was also visited and inspected by some of the members.

On the proposition of Mr. HODGSON (Brighton), seconded by Dr. WITHERS MOORE (Brighton), Worthing was selected as the place of meeting for the spring of 1874, and it was unanimously resolved that Mr. W. J. Harris be requested to take the chair on that occasion.

New Members.—Seven new members were added to the Association and the South-Eastern Branch.

The Dinner was held at the Swan Hotel, where twenty-nine members and their friends assembled, under the presidency of Mr. Boxall.

CUMBERLAND AND WESTMORLAND BRANCH: AUTUMNAL MEETING.

THE autumnal meeting of the above Branch was held at the George Hotel, Penrith, on Wednesday, October 29th. The President, Dr. ROBERT TIFFEN, of Wigton, took the Chair, and there were present eighteen members and visitors.

New Members.—The following members of the Association were elected members of the Branch: 1. Robert Buntine, Esq., Brough, Westmorland; 2. Percy Butler Stoney, Esq., Holborn Hill; 3. Thomas Allan Wotherspoon, M.D., Brampton; 4. Thomas Garret Horder, Esq., Nenthead, Alston; 5. Reginald Dudley, Esq., Kirkoswald. The following gentlemen were elected members of the Association and Branch: A. Lindsay, M.B., Shap; W. Watson, Esq., Temple Sowerby.

Extension of Branch.—The Secretary, Dr. BARNES, brought forward a proposal to extend the limits of the Branch, so as to include members of the profession residing in the adjoining border counties, and moved that a Committee be appointed to make preliminary inquiries, and report to next meeting on the feasibility of the plan. The proposal, if carried out, would necessitate an alteration in the rules, and a change in the name of the Society. In place of its present designation, the title of "Border Counties Branch" was suggested. The motion was seconded by Dr. MACLAREN; and, after some discussion, was carried unanimously, the following gentlemen being nominated a Committee, viz.—The President, Dr. MacLaren, Dr. Campbell, and the Secretary.

Public Health Section.—Dr. PAGE proposed the formation of a Public Health Section in connection with the Branch. The motion was seconded by Dr. BARNES, and, after considerable discussion, was carried by the casting vote of the Chairman.

Papers.—The following papers were read.

1. A Case of Catalepsy treated with the Bromide of Potassium. By J. S. Leland, L.R.C.C.P. & S.E., Kirkby-Stephen.
2. On some Tumours successfully removed in private practice. By D. M'Gregor, L.R.C.C.P. & S.E., Penrith.
3. On the working of the Public Health Act, especially in Rural Districts. By David Page, M.D., Kirkby-Lonsdale.
4. On a Case of Elephantiasis Arabum. By Thomas Sayer, M.D., Kirkby-Stephen.
5. Notes of a Case of Hyperpyrexia in Acute Rheumatism successfully treated with the Cold Pack. By Stewart Lockie, M.D., Carlisle.
6. On the Effects of Guarana on Headache. By the President.

Discussions followed the reading of all the papers.

Dinner.—After the termination of the business, the members and their friends to the number of eighteen dined together under the presidency of Dr. Tiffen; Mr. Greaves of Penrith occupying the vice-chair.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: PATHOLOGICAL AND CLINICAL SECTION.

THE annual meeting of the above Section was held on Friday, October 31st, 1873; present, FURNEAUX JORDAN, Esq., in the Chair, and forty-six members.

Report.—The following report of the Secretaries was read and adopted. The Secretaries present with much pleasure the fourth report of the Pathological and Clinical Section. The session which has just passed has in every way been most successful, for it has alike fulfilled the hopes of its promoters, the good wishes of its friends, and the sanguine expectations of its officers and members. The meetings have been well attended, some of them even crowded, and the exhibitors of specimens and living cases have been most active. A feature of the session has been the reading of short papers, either upon pathological subjects or cases of clinical interest. The Society has always been pleased to receive these notes, and they have generally called forth much discussion, and great practical utility as well as enjoyment has resulted from them. The Section now numbers 133 members. At the October meeting, Dr. Jolly was unanimously elected one of the secretaries, to fill the vacancy occasioned by Dr. Foster's resignation. Early in the session, the Secretaries were instructed to draw up a series of laws for the guidance and conduct of the monthly meetings; these were submitted to the consideration of a special meeting, which finally, after a few slight alterations, accepted and passed them. In conclusion, the Secretaries trust that the future of the Section will be as useful and bright as the present is and the past has been, and they feel sure that to accomplish this no effort will be wanting either on the part of its friends, members, or past and present officers.

The Treasurer's Report, showing a balance of £24 : 5 : 1, was read, audited, and adopted.

Officers.—On the motion of Mr. FURNEAUX JORDAN, seconded by Mr. WATKIN WILLIAMS, and supported by Mr. OLIVER PEMBERTON, Mr. Manley (West Bromwich) was elected President for the ensuing year. Dr. Russell was re-elected Treasurer, and Mr. Vincent Jackson and Dr. Jolly were re-elected Secretaries.

Communications.—1. Mr. Hugh R. Kerr exhibited a man, aged 43, upon whom Excision of the Ankle-Joint for injury had been successfully performed.

2. In the absence of Dr. Bell Fletcher, Dr. RICKARDS brought forward a case of Aortic Aneurism, probably of the transverse part of the arch. The patient, a painter, aged 28, had enjoyed uninterrupted good health until the middle of the past summer, when he had a severe fall backwards, in which he felt a twist of the body. This accident

made him an invalid for five weeks. A month subsequently, he suffered from pain in the back, and in another month's time his voice became husky. On applying at the hospital, the following symptoms were present. A circumscribed area of dulness over the left chest extended upwards to the second left costal cartilage, and downwards to the cardiac dulness. Over the dull area was pulsation, and two sounds were heard; the heart's apex beat in its normal position. The left lung was much pressed upon anteriorly; paralysis of the left recurrent laryngeal nerve was evidenced by the husky voice and by the laryngoscope; the pupils and the fundus of the eyes were unaffected, and the finger detected no difference either in the radial or the carotid pulse. Exertion caused distress. Dr. Rickards thought that one of the two sounds, which was synchronous with the ventricular diastole, was a conducted sound; he also was of opinion, from the sequence of symptoms on the fall, that the condition present could not altogether be disconnected from the accident.

3. Mr. C. J. Bracey narrated the notes of a case where the head had been tapped eight times for Hydrocephalus.

4. Dr. Mackey showed and commented upon a new form of Portable Continuous Current Battery of thirty cells (made by Mayer and Meltzer).

5. Dr. Sawyer made some remarks on the employment of *Gelseminum Sempervirens*, and exhibited specimens of the root and tincture. He had found the remedy to be of great value in the relief of odontalgia and neuralgic pains, and he felt sure that more extended investigation of the drug would prove it to be a valuable addition to our materia medica.

6. Dr. Carter showed a typical specimen of that class of growths more generally known as Chronic Glandular Tumours. It was removed by Dr. Jolly from the breast of a woman aged 20, unmarried, and its weight was six ounces. It was oval, distinctly lobular, and provided with a loosely adherent capsule. On section, the lobular and glandular nature of the growth was very apparent. On microscopical examination, it was found to consist of numerous sacculi and tubes, crowded with epithelial elements. These tubules were supported and separated by a considerable amount of connective tissue, in which were contained the blood-vessels.

REPORTS OF SOCIETIES.

CLINICAL SOCIETY OF LONDON.

FRIDAY, NOVEMBER 14TH, 1873.

PRESCOTT HEWETT, Esq., President, in the Chair.

Poisoning by Homœopathic "Concentrated Solution of Camphor".—Dr. GEORGE JOHNSON related some cases of this kind.—Case I. Miss F., aged 20, having a cold and sore-throat, took in water twenty-five drops of "Epps's Concentrated Solution of Camphor". She went to bed, and in a short time was found foaming at the mouth, black in the face, and violently convulsed. Mr. Drake of Brixton was sent for in great haste. For several hours she was unconscious. She vomited blood-tinged fluid, smelling strongly of camphor, and had severe gastric pain. For several days she was partially paralysed, and six months afterwards she was still suffering from symptoms of nervous derangement. The preparation which caused these serious results is a saturated solution of camphor in alcohol, the proportion being an ounce of camphor to an ounce and a quarter of spirit. It is, therefore, stronger than the spirit of camphor of the *British Pharmacopœia*, in the proportion of 7.2 to 1.—Case II. The Rev. W. R. was advised to take for a cold three drops of the same preparation every five minutes for an hour. After taking the eighth dose, he was seized with intense headache, which confined him to bed for forty-eight hours; and he was afterwards so weak and ill, that he was unable to enter his pulpit for two months.—Case III. Another case was communicated to Dr. Johnson by Mr. Delamark Freeman. A young lady, aged 19, took for diarrhoea a teaspoonful of the same preparation, which rendered her comatose for several days, and caused a variety of nervous symptoms, which did not pass away for several days. Dr. Johnson remarked upon the notorious fact that many of the disciples of Hahnemann have passed from the irrational and ludicrous extreme of infinitesimal dilutions to the dangerous extreme of the greatest possible concentration of active and poisonous drugs. There is an obvious risk that this concentrated solution of camphor may be mistaken for the much weaker solution of the *British Pharmacopœia*—a mistake which, in spite of the printed directions on the bottle, was probably made by both the young ladies who suffered so seriously for their error.—Mr. EASTES thought that the concentrated solution of camphor was not the only homœopathic prepara-

tion in which uncertainty of the dose existed. He knew that Dr. A. S. Taylor had examined some powders of morphia prescribed by a homœopathic practitioner, and that he had found in each powder an almost poisonous dose of the drug—five-sixths of a grain—instead of an infinitesimal proportion. Who could treat disease accurately without exact knowledge of the strength of the medicine which he employed in the combat?—Mr. BRUDENELL CARTER had no experience of homœopathic medicines. He remembered, however, being, many years ago, told by a dispensing chemist in the West of England how shocked he (the chemist) had been by the statement of an assistant. The chemist had been in the habit of ordering from London, of the makers, the different varieties of globules required by his customers. The assistant, who had lately come from the service of a homœopathic chemist, said that that was a needless piece of trouble, and that any other globules would do as well; that homœopathic chemists were in the habit of ordering their globules in a Winchester quart from a maker, and themselves sorted them out into differently labelled bottles; that the globules sold to the public were all alike; and that the chemists gave the same globules whatever their customers might order. Many years ago, Dr. Robertson, of Manchester, published a small work containing prescriptions of homœopathic practitioners, which showed that they are in the habit of using powerful medicines in ordinary doses.—Dr. HERMANN WEBER had frequently seen patients who had been under homœopathic treatment. Their prescriptions showed that they had been taking large doses of mercury and other medicines, which other practitioners are in the habit of prescribing. Some of the leading homœopathic men in London declare that they do not give the minute doses recommended by Hahnemann. He knew of a leading practitioner who acknowledged to being a homœopath, and who, in a case of liver-disease, had given, at different times on the same day, calomel, nitro-hydrochloric acid, and taraxacum. Another gave iron in large doses. Homœopathic physicians also prescribe mineral waters and full purgative doses of Carlsbad salts. He was very glad that Dr. Johnson had drawn attention to the subject, because this solution of camphor is now largely used as a remedy by the public—frequently, he thought, with harmful results. In one gentleman, who took, three or four times in twenty-four hours, five to eight drops of the solution, it caused, on three different occasions, great sickness and headache, followed by pain in the neck, shoulders, and arms, which lasted more than a week, all of which symptoms Dr. Weber considered due to the depression of the central nervous system caused by the drug.—Dr. GREENHOW remarked that the concentrated solution of camphor is now largely employed as a popular remedy, even by people who are not homœopaths; these cases of Dr. Johnson show that there is certainly danger in its being so taken. Concerning other homœopathic remedies, Dr. Greenhow went on to observe that he had lately seen a lady who had been under homœopathic treatment, and was taking "mercurius" in large doses, by which she had been mercurialised; the remedy was discontinued by Dr. Greenhow, and the patient recovered. We are wrong in the views we take of homœopathic practice. We think only of the infinitesimal doses, and consider that the central point of the system; whereas the absurdity of the thing lies in the theory "*similia similibus curantur*," which runs contrary to, and would upset, the collective medical experience of 2000 years.—Dr. A. P. STEWART thought it had been, as it should be, generally known that the homœopathic tinctures are very much stronger than those in ordinary use. He agreed with previous speakers as to the importance of this being known in regard to their tincture of camphor, which is now a very common domestic remedy. With other tinctures, the effects of ignorance of this point might be still more serious than in the case detailed by Dr. Johnson. One of Dr. Stewart's patients proposed to him, some years ago, that she should take some tincture of nux vomica, to which he assented, as he had often previously prescribed it for her with advantage; and, not knowing that it was the homœopathic tincture which she had in her medicine-chest, he ordered eight or ten minims for a dose. She stated that three minims had previously produced diarrhoea; consequently, two minims were ordered, and even this dose was followed by nausea and diarrhoea. He supposed that homœopathic practitioners, being identified in the mind of the public with their own absurdity of infinitesimal doses, and being unwilling, publicly, to renounce it, have recourse to these concentrated tinctures, in order to produce an appreciable effect by very minute doses. That homœopathic globules are not always the inert things which Mr. Carter had described as made up wholesale, was proved by the case of a well-known Italian nobleman, who, some years ago, having forgotten to take one globule at the appointed hour, took two together, and died, with all the symptoms of poisoning by strychnia, the same night. Dr. Stewart believed that many homœopathic practitioners are in the habit of putting a private mark, known to their chemists, upon their prescriptions, which do not represent the doses actually dispensed.

MEDICAL NEWS.

A STRANGE COMPANY.

THE following document has been forwarded to us from an eminent source. It is difficult to believe it, however, a genuine and sober document. Supposing it to have any of the elements of seriousness which on its face it claims to have, we should not hesitate to pronounce it a grave scandal. But we invite Dr. Churchill to pronounce it a discreditable hoax. In any case, it seems right to rescue such a proposition from the obscurity of private circulation only. Judging from the freedom with which this document has been distributed unasked, no secrecy is really desired for it, although it is formally claimed. It is impossible to believe that Dr. Churchill's conduct is such as it is here represented to be, or that he is in any way a party, or ever would be, to a project such as is here set forth. Public and professional opinion has long since pronounced itself far too strongly on the subject of secret "inhalants," and the sale of secret remedies, declared to effect marvellous cures in consumption, bronchitis, and asthma, to make it credible that an M.D. of Paris and St. Andrews, and a late Vice-President of the Paris Medical Society, should consent to be a party to such proceedings and such a bargain as are set forth in this surprising document. It is too circumstantial, however, to be set aside without some sort of a disclaimer.

Rough Draft. For Private Circulation only.

The undersigned having been convinced, either personally or through members of their families, of the remarkable benefit derived from the use of Dr. Churchill's Hypophosphites and Inhalants, in consumption, asthma, bronchitis, and other respiratory diseases, even in the most extreme and most advanced stages, have resolved to form an Association (Limited) for the purchase of the *Inhalants* (the composition of which has not yet been made public), and for taking means to distribute them amongst the public at a comparatively trifling cost. Dr. Churchill, on being invited to name a price, has asked £20,000 cash for the remedy, if it is to be given to the public absolutely; or, in case a company is formed for the purchase of the remedy and sale of the medicine, he is willing to take £5,000 in paid-up shares and £15,000 cash. A sum of £7,000 has already been provisionally subscribed amongst patients. When the list is increased, a meeting of subscribers will be called to negotiate more closely, and to decide whether, and on what conditions, the Company is to be formed. Many persons object to pay for another's invention; but the fact remains, that the Inhalants are known to effect marvellous cures, and the knowledge of their preparation is only to be obtained by purchase. Subscriptions are invited at once, as the doctor is about to remove from London to his home in Paris. Communications may be addressed to John L. Bowes, hon. secretary, *pro tem.*, Burlington Hotel, 19, Cork Street, London, November, 1873.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, November 13th, 1873.

Baskerville, John Dunbar, Kingstown, Ireland
Findlay, A. C. T., Brooksley Street, Islington
Gard, William, John, Stoke, Devonport
Taylor, John William, Lewes, Sussex

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

Jones, William Makeig, Guy's Hospital

MEDICAL VACANCIES.

THE following vacancies are announced:—

BEDFORD GENERAL INFIRMARY—House-Surgeon: £100 per annum, board, rooms, etc. Applications, 10th December, to the Chairman of the Weekly Board.

BIRMINGHAM—Surgeon to the Borough Prison: £200 per annum. Applications, 29th instant, to Messrs. Gem and Hebbert.

BIRMINGHAM AND MIDLAND COUNTIES ORTHOPÆDIC HOSPITAL—Consulting Physician. Applications, 24th instant, to Alfred Browett, Honorary Secretary.

DERBY URBAN SANITARY DISTRICT—Medical Officer of Health: £20 for one year.

DERBY UNION—Dispenser: £50 per annum. Applications, 27th instant, to W. C. Watson, Clerk.

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.

DROITWICH UNION—Medical Officer and Public Vaccinator, Droitwich District: £85 per annum, and fees. Applications, 2nd December, to Henry Bearcroft, Clerk.

HALIFAX INFIRMARY—House-Surgeon: £50 per annum, with progressive increase, board, lodging, and attendance. Applications, 25th instant, to the Chairman of the Medical Staff.

HOSPITAL FOR INCURABLES. Dublin—Apothecary.

HOSPITAL FOR WOMEN, Soho Square—House-Physician. Applications, 29th instant, to John Ray, R.N., Sec.

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 Southec, Sec.

KENT COUNTY LUNATIC ASYLUM—Two Assistant Medical Officers: £130 per annum each, furnished apartments, etc. Applications, 10th December, to Messrs. Beale and Hoar, Maidstone.

KING AND QUEEN'S COLLEGE OF PHYSICIANS, Ireland—King's Professor of the Institutes of Medicine: £100 per annum and fees. Applications, 1st February, to Dr. J. Magee Finny.

LIVERPOOL DISPENSARIES—Two Honorary Medical Officers to the North Dispensary. Applications, 26th inst., to Wm. Lister, Secretary.

MERTHYR TYDFIL UNION—Medical Officer for the Penderyn District.

METROPOLITAN FREE HOSPITAL—Assistant House-Surgeon: apartments, board, etc.

RIPON DISPENSARY AND HOUSE OF RECOVERY—Resident Medical Officer: £100 per annum, furnished apartments, etc. Applications, 5th Dec., to the Honorary Secretaries.

ST. GEORGE PROVIDENT DISPENSARY, Mount Street—Physician-Accoucheur. Applications, 24th inst., to Col. Alcock, Hon. Sec.

SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN—Surgeon to Out-department. Applications, 2nd Dec., to G. Scudamore, Sec.

SOUTH SHIELDS RURAL SANITARY DISTRICT—Medical Officer of Health: £25 per annum. Applications, 27th inst., to John Salmon, Clerk.

SUNDERLAND GENERAL INFIRMARY AND DISPENSARY—Surgeon.

SUNDERLAND EYE INFIRMARY—Surgeon.

SUNDERLAND AND BISHOP WEARMOUTH INFIRMARY AND DISPENSARY—Senior House-Surgeon: £80 per annum, board and residence. Applications, 25th December, to John Kitts, Secretary.

UNIVERSITY OF DUBLIN—Professor of the Institutes of Medicine. Applications 13th February.

WATERFORD UNION—Medical Officer, Public Vaccinator, and Registrar of Births, etc. for the Woodstown Dispensary District: £100 per annum, and fees. Applications, 28th instant, to Garrett Meade, Hon. Sec.

WORKINGTON PORT SANITARY DISTRICT—Medical Officer of Health.

MEDICAL APPOINTMENTS.

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

HODGES, William, Esq., elected Surgeon to the Clifton Union Workhouse.

*HOPKINS, H. Culliford, Esq., appointed Surgeon to the Western Dispensary, Bath, *vice* Dr. Hamilton, resigned.

*JAY, Henry Mason, M.R.C.P., appointed Medical Officer to the Chippenham Union Workhouse, and to the Second District of the First Division of the Chippenham Union.

RUSSELL, Henry, B.A., M.B., elected Resident Surgeon to the Clinical Wards of the Royal Infirmary of Edinburgh.

LEONARD, John, appointed House-Surgeon to the Charing Cross Hospital.

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.

DEATH.

KAY, John, Esq., Surgeon, at Old Street, St. Luke's, aged 62, on November 19th.

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

Mr. G. W. Callender, London; Dr. Rumsey, Cheltenham; Dr. J. Matthews Duncan, Edinburgh; Dr. Dobell, London; Dr. J. C. Thorowgood, London; An Associate; Mr. Wm. Mac Cormac, London; Dr. Brunner, Dundalk; Mr. J. B. Bindlow, Stockport; Dr. Bell Taylor, Nottingham; Dr. Whittle, Liverpool; The Secretary of the Clinical Society; Mr. J. Bassett, Birmingham; Mr. H. Terry, Northampton; Dr. Campbell, Boston, U.S.; Dr. Aitken, Rome; Mr. Sandwell, London; Dr. Kelly, Taunton; Dr. Miller, Dundee; Mr. F. Mason, London; A Member; Mr. Alderson, Hammersmith; Dr. Sturges, London; The Secretary of the Pathological Society; Mr. Freeman, London; M.R.C.S.; Dr. Hutchins Williams, Aylesford; Dr. Althaus, London; M.D.Ed.; Dr. Wardell, Tunbridge Wells; Mr. Eastes, London; Dr. Percy Boulton, London; Dr. H. Charlton Bastian, London; Mr. T. Holmes, London; Dr. A. Edis, London; Dr. Stanley Haynes, Malvern; Dr. Fred. J. Brown, Rochester; Mr. A. Underhill, Tipton; 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; Mr. Blackett, Whickham; Dr. Cole, Bath; Dr. Umpleby, Bedale; Dr. Blackshaw, Stockport; Mr. H. M. Jay, Chippenham; Dr. Sayre, New York; Dr. Demarquay, Paris; Dr. W. Boyd Mushet, Southgate; Our Dublin Correspondent; Mr. Lord, Crew; Mr. W. Hodges, Bristol; Mr. Poole, London; Dr. Bell Taylor, Nottingham; Mr. Ingpen, London; Mr. Thurston, Ashford; Mr. J. W. Walton, London; Dr. T. W. King, Camberwell; Mr. Sanger, London; Mr. P. Le Neve Foster, London; Mr. Welsh, London; etc.

OPERATION DAYS AT THE HOSPITALS.

MONDAYMetropolitan 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.

TUESDAYGuy'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.

MONDAY.—Medical Society of London, 8 P.M. Dr. Sansom, "A Case of Mitral Stenosis with Presystolic Murmur, with specimen Cases of Exudation treated by the Aspirator"; Mr. Jabez Hogg, "Arrested Development of Eye—Obliterated Lacrymal Duct; Multilocular Cyst in Neck."

THURSDAY.—Hunterian Society, 8 P.M. (London Institution.) Dr. Phillips, "On Retro-Uterine Hematocoele"; Mr. Rivington, "On Psos Abscess."

FRIDAY.—Clinical Society of London, 8.30 P.M. Dr. George Johnson, "On Cases of Temporary Albuminuria, the result of Cold Bathing"; Mr. Henry Arnott, "On a Case illustrating Professor Esmarch's method of preventing Loss of Blood during Surgical Operations by means of Elastic Bandaging"; Dr. Cayley, "On a Case of Hemoptysis"; Quekett Microscopical Club (University College), 8 P.M. Dr. Braithwaite, "The Histology of Plants."

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.

DR. STEVENSON'S letter on the Adulteration of Bread will appear next week.

MR. LAWSON TAIT'S CONVERSAZIONE.

MR. LAWSON TAIT writes to us a further letter. He does not forward the references requested last week, but is desirous of letting our readers know that "at the said *conversazione* no 'matter of private interest', but simply the observations and experiments of Drs. Richardson and Norris" (on Anaesthesia), "were brought forward; that no reporters of the public press were asked to be present; but that only the editors of the three London medical weeklies were invited, if they thought fit, to send representatives, with the view of noticing in the medical journals any original and useful matter which Drs. Richardson and Norris might bring forward, and which they might think of sufficient interest to the medical profession." We are very well satisfied with this statement, and with the general outcome of our observations, which were not made without maturely weighing, by the light of past occurrences elsewhere, the evils which may flow from converting a *conversazione* at the house of a medical man into an occasion for inviting the attendance of reporters of any sort to the exercise of their functions. Mr. Lawson Tait's intentions were no doubt excellent, and we entirely accept his explanations. The proceeding was, in our opinion, not the less one which called for professional warning and objection.

DR. UMPLEBY (Bedale).—Will be soon published.

MR. WELSH.—The pamphlet reached us.

T. B.—The right of a Bachelor of Medicine to call himself Doctor is, of course, a matter of custom and courtesy. Some of the most eminent London physicians (*e.g.*, Dr. Lionel Beale and Dr. Handfield Jones) have not proceeded beyond the degree of M.B. Nobody has ever denied them the privilege of calling themselves Doctors.

A MEMBER, whose case was described in a paragraph headed "Evasion of the Public Health Act by a Rural Authority" (p. 562), again applies for advice in the difficulty in which he is placed, owing to the provisions of the Public Health Act not being carried out in his district. [If he is resolved not to "let matters take their course", and if calling the attention of his Authority to the case proves fruitless, he had better apply to the Local Government Board, asking them to send down a Medical Inspector.]

CAN any member refer me to an English notice or translation of the work of Dr. Joseph Seegen (of Vienna and Carlsbad) on "Diabetes Mellitus" (1870)?—T. I. A.

BRITISH MEDICAL BENEVOLENT AND SCIENTIFIC FUNDS.

SIR.—I venture to make a suggestion concerning the British Medical Benevolent Fund. It is, that each member of the Association should be invited to send five shillings, as a Christmas offering, to those aided by that excellent Fund, to its Secretary. If five thousand members contributed, £1250 would be raised—a welcome addition to the Fund, at very slight sacrifice to any one.

If each of five thousand members were to send, to the Secretary of the Association, an extra amount of half-a-crown as a contribution to a scientific fund, £625 would be accumulated. A leading article in the JOURNAL of 23rd August, stated that £500 would be enough to begin with. If this opinion is maintained, I would suggest the extra £125 should be paid to the Society for the Relief of Widows and Orphans of Medical Men.

Should not the Society just named be extended to all British practitioners willing to subscribe their annual two guineas? This question is in consequence of your notice of the Society, in the JOURNAL of 8th November, shewing that metropolitan members only are eligible for membership. Surely the area of the Society's advantages could be beneficially increased. I am, etc.,

Malvern, November 15th, 1873.

STANLEY HAYNES.

AN INQUIRY.—A correspondent writes as follows:—

At —, there hap to dwell,
Four humble sons of Galen, Well,
Each Æsculapian hires the lamp,
Before his house its panes to vamp,
With color'd glass, whose flaming light,
With blazing brightness mocks the night.
But people think—who think at all—
The glaring sign a music hall,
Or gin-shop, rather should denote;
And so, to know your views, I've wrote.

MEDICAL EDUCATION OF WOMEN IN RUSSIA.

ON this subject, the *Pall Mall Gazette* gives the following information.—However arbitrary may have been the measures taken by the Government of St. Petersburg to discourage the emigration to Zurich of Russian women desirous of studying medicine at the University there, great advantages appear to be held out to such persons in their own country. According to an official report lately published, eighty-four out of ninety-two young women who claimed to matriculate at the Academy of Medicine and Surgery in St. Petersburg, passed a satisfactory examination, and were admitted to the lectures. Two were sent back to undergo a second examination later, and only six were rejected on account of insufficient preliminary knowledge. While 14 per cent. were rejected last year, the number of the unsuccessful candidates for matriculation has now fallen to 6½ per cent.—a circumstance which is all the more gratifying that the requirements of the examiners increase every year. About one hundred and sixty-seven young women are now studying at the Surgical Academy of St. Petersburg, generally with successful results. Some of these passed a less severe examination than the eighty-four who have now matriculated; but experience has shown that it is more advantageous to the women students in respect of their studies and of their subsequent career that the first examination should be strict and comprehensive.

CHLOROFORMING HORSES.

SIR.—Several letters have appeared in your pages bearing upon the "chloroforming of horses", in which the writers strongly urge veterinarians to use chloroform in all painful operations upon the horse.

I write these few lines to exonerate ourselves from a charge either of wilful inhumanity to our patients, or ignorance of the use of chloroform.

The chief reason why we do not use it in horse practice is, that while the animals are inhaling the vapour, they struggle so violently, that a percentage of them break their backs. The last case of this kind that I heard of was a £300 hunter. Such an accident is a serious matter to a veterinary practitioner, and may effectually blight his professional prospects. So long as our clients refuse to take the sole responsibility of such cases, I should imagine our medical friends will agree with us, that it would be foolish indeed for a veterinary practitioner to incur the risks. Under these circumstances, I think, we cannot be blamed if we operate without chloroform.

Your correspondents have evidently a very limited knowledge of practical veterinary surgery, as the cases quoted—*viz.*, operations upon the eye for defective vision—clearly show that their practice upon the horse is based upon their knowledge of the treatment of like diseases in the human subject. But the analogy does not go far, as the results are widely different. Instead of improving the horse by partially restoring sight, you destroy his usefulness. A horse that has imperfect vision, becomes addicted to shying—a habit that renders it a dangerous animal; whereas, a blind horse is a patient quiet servant. I should, therefore, most decidedly prefer a blind horse for work, to one that has been operated upon, no matter how successfully; for the sight is never so fully restored as to prevent the animal from shying. I am, etc.,

JOHN ADAM MCBRIDE, M.R.C.V.S., Lecturer on Veterinary Medicine and Surgery in the Royal Agricultural College, Cirencester. Cirencester, November 8th, 1873.

WE are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Manchester Examiner and Times; The Birmingham Daily Post; The Australian and New Zealand Gazette; The Temperance Record; The Bath Express and County Herald; The Birmingham Gazette; The Dublin Morning Mail; The Derbyshire Journal; Saunders's News-Letter; The Glasgow News; The Derby and Chesterfield Reporter; The City Press; The Southampton Times, and Winchester, Portsmouth, Isle of Wight, and Hampshire Express; The Lincoln Gazette; 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. 12th; The Anti-Gam-Law Circular, Nov. 15th; The Northern Echo, Nov. 14th; The Daily Post, Nov. 17th; The Bedfordshire Mercury, Nov. 15th; The Eastern Daily Press, Nov. 15th; 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.