

inspiration is exceedingly difficult, while expiration is comparatively easy.

The treatment is simple, and ought to be prompt; viz., puncture with a bistoury guarded to near the tip with adhesive plaster. This should be followed up each day by firm pressure with the finger, in order to prevent the refilling of the abscess.

SELECTIONS FROM JOURNALS.

THERAPEUTICS.

ERGOTIN AND ITS PREPARATIONS.—At a meeting of the Berlin Medical Society (*Allgemeine Medicin. Centralzeitung*, Nos. 35 and 36), Dr. Wernich made a communication on the preparations of ergotin. Those which are in use have certain disadvantages when used for subcutaneous injection: they readily cause abscesses, produce much pain, and the solutions are not pure and are preserved with difficulty. Dr. Wernich has endeavoured to obtain a clear soluble preparation, perfectly capable of absorption, and possessing none of the above mentioned disadvantages. The part of the action of ergotin on the system which first comes under observation in its therapeutic use, is its influence on the blood-pressure in the vessels, of which the action on the uterus is a secondary result. A test of the therapeutic applicability of a preparation of ergotin is the production of definite visible changes in the vessels; and, as objects for this purpose, Dr. Wernich recommends the mesentery, the lung, and the web of the foot, of a curarised frog. He uses a watery extract prepared from powdered ergot, which has been first deprived of all fatty matter by ether, and then treated with alcohol. This watery extract, though efficacious, contains impurities, from which it may be cleansed by diffusion through parchment-paper. It then forms a perfectly clear solution in water, of a brown colour. The preparation made in this way is efficacious, and, in consequence of its purity, is preferable for subcutaneous injection: it keeps well, and does not produce pain.

DRY CUPPING IN PUERPERAL CONVULSIONS, ETC.—Dr. Washington (*Nashville Journal*, October 1873) details a case in which he immediately stopped puerperal convulsions by the vigorous use of dry cups, applied near the spine. Further, he says he has often used the same agent to bring on uterine pains in tedious labours; to cut short the sympathetic disturbances of pregnancy; to cure neuralgia, sick headache, total paralysis of the arm from gunshot-wounds, and cases of tetter of twenty and thirty years' duration.

OBSTETRICS.

THE NORMAL TEMPERATURE, PULSE AND RESPIRATION OF PUERPERAL WOMEN.—Dr. G. W. Linn (*Philadelphia Medical Times*, May 9th, 1874) has made careful observation, in Philadelphia Hospital, of twenty-five cases which were in every respect normal. He gives the following conclusions: 1. The normal temperature of the puerperal woman is only about 0.6 deg. Fahr. higher than that of the healthy human being, if we accept the statement of Wunderlich that the mean normal temperature is 98.6 deg. Fahr.; 2. The normal pulse of the puerperal woman is not more frequent than that found under ordinary conditions in a state of perfect health; 3. The number of respirations is increased, if the statement of physiologists be received that the number of respirations of the healthy woman ranges from eighteen to twenty per minute; 4. The generally received opinion that the secretion of milk is attended by an increase of temperature of one or more degrees and an increase in the frequency of the pulse of ten or twelve beats per minute, is erroneous; 5. A temperature of 100 deg. Fahr. or a pulse of one hundred per minute in the lying-in woman is indicative of some pathological process which it behoves the accoucheur to discover at once, in order that proper measures may be taken to arrest its development and remove the evil.

HERPES GESTATIONIS.—The peculiar features of this remarkable disease are summed up by Dr. Bulkley, in the *American Journal of Obstetrics*, February 1874, as follows. 1. It is an affection of the skin directly dependent upon the gravid state of the uterus, which may make its appearance at any period of gestation up to the seventh month. It generally continues until the organ is emptied of its contents, and has in a measure resumed its former state. It is very apt to recur at each successive conception. 2. The cutaneous manifestations are chiefly an intense irritation consisting of burning, itching, or stinging, and sometimes pains, with the development of erythema, papules, vesicles, and bullæ up to the size of a hen's egg. These vesicles are commonly in groups, do not follow any definite nerve-tracks, appear first on the ex-

tremities, and afterwards involve the larger part of the body. Exhaustion may ensue from cutaneous irritation, but the disease is non-febrile. 3. The disease does not terminate at once after delivery, but slowly retrogrades. It is rare that any manifestation of the disease remains longer than a month after parturition. 4. It is sometimes accompanied or followed by other neurotic manifestations, as erythema, urticaria, and neuralgia. 5. This eruption has occasionally been the first indication that impregnation has taken place. 6. The majority of cases have been uninfluenced by treatment, relief occurring only on the emptying of the uterus. 7. The children are not as a rule affected by the eruption in the mother. The indications for treatment are for soothing antipruritic local applications and powerful tonics, especially those directed to the nervous system.

MEDICINE.

INFLAMMATION OF JOINTS AFTER DIARRHŒA.—During the abatement of an epidemic of diarrhœa which prevailed in the district of Minden in the latter part of the summer and in the autumn of 1872, Rapmund (*Deutsche Klinik*, No. 17, 1874) observed six convalescents, who, after exposure to cold or exertion, had acute articular inflammation. It always began in one knee or in both, and was either limited to this joint or attacked also the ankle; in one woman only, who had suffered from acute articular rheumatism eight years previously, both wrists were affected. In all the cases, improvement soon followed the use of appropriate treatment. There were no perspirations or complications, such as occur in acute articular rheumatism. These six cases were the only ones in which the affection of the joints was noticed in about four hundred cases of diarrhœa. Rapmund refers to other observations of the kind made by Braun (1833 and 1834) and Kräuter (1871), but overlooks those related by Hütte (*Centralblatt*, 1869).

APOPLECTIFORM DEAFNESS.—Dr. S. M. Burnett (*Nashville Medical and Surgical Journal*, May 1874), from an interesting discussion of Meniere's disease, deduces the following conclusions. 1. There is a series of symptoms comprising cerebral disturbance, nausea and vomiting, vertigo, loss of power of controlling equilibrium, deranged movement, tinnitus aurium, and impairment or destruction of hearing power. All these in their totality constitute the disease. 2. From the small number of *post mortem* examinations, we have no accurate knowledge of the exact pathological lesions. The facts already observed warrant us in considering it an extravasation, either hæmorrhagic or serous; and in the large majority of cases it is more or less sudden. The name *apoplectiform deafness* is accepted as most expressive of the accepted pathology. 3. The lesions are seated primarily in the auditory nervous apparatus. 4. In some cases, we can locate the lesions in the cochlea. 5. Lesion of the semicircular canals is followed by vertigo, deranged muscular action, and inability to control bodily equilibrium. Facts seem to show that these manifestations are reflex in character.

RELATIONS OF THE ABDOMINAL BRANCHES OF THE PNEUMOGASTRICS TO THE TREATMENT OF GASTRITIS, DIARRHŒA, ETC.—Dr. H. C. Hand, in the *Northwestern Medical and Surgical Journal*, May 1874, presents some considerations on this topic. He shows by quotation and experiment that the vaso-motor nerves are to be reached only through the sympathetic system; that their function is to reduce the size of the blood-vessels; that their stimulation diminishes the heat, colour, and functional activity of a part; that their paralysis by section dilates the capillaries, produces in the liver diabetes, and in the intestines a copious watery secretion. On the other hand, section of the pneumogastrics produces a directly opposite effect on the liver, stomach, and intestines, from section of the sympathetic—viz., contraction of the vessels, paleness of the mucous membrane, and diminution or abolishment of secretion, while their stimulation is followed by at least some of the phenomena produced by section of the sympathetic, *e.g.*, diabetes. In cases of prolonged and severe vomiting, he applied pressure on one of the vagi. The vomiting stopped, and the patients grew better or were entirely relieved. He suggests that pressure upon the vagi would probably relieve cases of serous diarrhœa. Since the right vagus is distributed mostly to the small intestines, and the left to the stomach, it would seem probable that pressure upon the right would be most effective in diarrhœa, and upon the left for vomiting, etc., in gastritis. He suggests that a cone of ice might be substituted for pressure, if the latter were not appropriate. This pressure is most conveniently applied in the neck just below the angle of the jaw, the pulsation of the carotid supplying the best guide to the course of the nerve.

an accoucheur, but only a surgeon, stated that he had seen some radical changes within the last twenty years. The forceps was now employed on trifling occasions, and with great success, its use being perfectly justifiable. A young man read a paper in America, in which he stated that he had delivered 1,500 cases by means of forceps; and, on inquiry, he stated that, when he commenced practice, it was in a small town, and he took everything; his time was so precious that he could not wait. After four or five hundred cases of this kind, he found the recoveries were more rapid than when left to the natural efforts. When the Woman's Hospital, in New York, was opened nineteen years ago, there were a considerable number of cases of vesico-vaginal fistula to be operated on; now there were never more than five or six at one time, and these were cases that had been attended by midwives, not by practitioners. He was an advocate for the earlier employment of forceps.—The Rev. A. C. COPEMAN stated, in reply to some remarks that had been made, that in every case in which craniotomy had been employed by his brother (the President), forceps had first been tried; and, in several of the cases, the vectis had succeeded where otherwise craniotomy would have been requisite. This latter proceeding had not been employed as the next step to the vectis. Though a deserter from the medical ranks, he had watched country practice in years gone by; and the reason why the vectis was in disrepute was, that it was employed as a lever. His brother did not use it as such. He had seen it employed in hundreds of cases where both the long and short forceps had failed, and, by simple manual dexterity, delivery had been accomplished. He had long been of opinion that it was both justifiable and useful to apply an instrument in ordinary cases of midwifery.—Mr. YOUNG thought that the forceps was too often used as a tractor and not as a lever, and so failed; they should be used more as a lever.—Mr. SOFFE thought that the relative merits of the vectis or forceps should be decided, and one or other should be taken as a standard for country practice. If the vectis failed, another opinion was sought, and forceps applied. What could the vectis do in cases of the head being arrested at the brim? Giving chloroform by oneself was too great a risk, and this was generally necessary in forceps cases. Many men were deterred from using the forceps by the imagined difficulty. He had often used the vectis in cases where the labour was tedious, and in the first two cases where he employed the forceps he ruptured the perinæum, but stitched it up at once. Both recovered perfectly. He would not say that the vectis was not valuable, but it was impossible that it would supersede the forceps.—Dr. STEELE had not intended to criticise the employment of the vectis, but merely to express a difference of opinion. The celebrated surgeon Liston could pass a catheter with one hand; and we were told that Dr. Copeman could deliver with the vectis where forceps had failed; but, though he might do it, others must not be expected to do the same. Chloroform had never been credited with a single death in parturition. He had employed it to the deepest degree of surgical anæsthesia; in one case for four hours.—Dr. WADDELL thought that no unfavourable remarks as regards the vectis should be made by any who had not put it to the crucial test of experience. It was simply a tractor, easier of application than the forceps, as it did not occupy the whole of the pelvis. The compressive power of the forceps was not so great as stated. Dr. Steele had remarked that the cases where the vectis was used would have terminated naturally; he (Dr. Waddell) did not think so.

On Maternal Impressions. By J. CLAPPERTON, L.R.C.P.Ed.—Mr. Clapperton read a paper on the effects produced upon the foetus by fright experienced by the mother in the early months of pregnancy. In a large proportion of the cases, the object of fright was a natural object, and the results of the fright were various. In some, a nævus, or mother's mark, bearing a striking resemblance to the object which excited the mother's alarm, was found upon the skin of the foetus; in others, a graver impression was made, and there was a serious modification or arrest of development induced. In order, however, for this to take place, a certain progress only must have been made by the embryo; a little further development protected it from any very grave modification. In some instances, the changes produced by fright were recurrent in the same individual, the object being different in the separate cases. Mr. Clapperton had met with one of these recurrent cases; in the first instance, the object was a rat, in the second a dog. Other observers had had similar experiences. The actual means by which such modification was produced were not quite determined on, as there had not yet been demonstrated any nervous connection between the mother and her child. Further research, Mr. Clapperton thought, might succeed in demonstrating some nerve-communication to exist. After showing that there were some grounds for supposing that these impressions upon the mother affecting the embryo were not confined to human beings, Mr. Clapperton discussed the importance of these malformations from a dia-

gnostic point of view, and stated from his own experience the puzzling character of the presentation in these cases. The paper was illustrated by a specimen.—Dr. GOYDER stated that he had formerly been opposed to the influence of maternal impressions, until a circumstance in his own experience led to his changing his opinion. He amputated the finger of a man whose daughter, then one month pregnant, assisted at the operation; she expressed at the time great abhorrence. On her confinement, the corresponding finger was absent in the child.—Dr. DRURY mentioned a similar case, where a patient, four months pregnant, when larking with her husband, let fall the lid of the flour-bin on her thumb. When the child was born, the thumb was hanging by a thin piece of skin. In another case there was a secondary thumb with a distinct articulation. The attention of the patient had been directed to the child of a relative born with a supernumerary thumb, where an abscess had formed, which gave the patient a shock.—Mr. CADGE thought the subject one of deep interest and importance. The first thing to consider was, whether there was any real connection between the maternal impression and the results. Sir William Lawrence had written a paper in the *Medico-Chirurgical Transactions* ridiculing the subject altogether. Many children were born with hare-lip, and yet there was nothing to account for it. In the lower animals deformities occurred, and yet there was no mental reasoning. There were malformations in the vegetable kingdom, and yet there was no mind to receive an impression. The vast accumulation of reported cases outweighed those coincidences. Dr. Goyder had stated that he was not a believer until he had met with one vivid case; he must have met with many malformations without any reason assigned for them. He (Mr. Cadge) did not agree with Sir William Lawrence; the subject could not be disregarded. He could quote cases which would weigh on the other side; a few cases might be mere coincidences, but individual experience carried the conviction that there must be some connection between the impression and the result. The region of pure speculation would not explain it physiologically.—Dr. FOTHERGILL thought the paper of practical value if not of great practical interest. The accumulated evidence showed that there was something in the question. We were not sufficiently familiar with the mental process in animals. In his own case, his mother had been afraid that he (Dr. Fothergill) would be born with one arm off. She was not impressionable, but still she believed it; however, it did not prove correct. As regarded the question of development, Mr. Clapperton had stated that, after a certain time, the development was not arrested. This was a point of interest, as we might satisfy the mother's mind.—Dr. EDIS thought there was much that was interesting in the subject, but the fallacies connected with it were numerous. Many a mother imagined her child would be born with a certain mark or deformity, when a perfectly healthy and natural child resulted; many a malformation, nævus, or other mark, existed in children, where the mother could not ascribe it to any well-marked cause. If all the cases were recorded where the "impression" had given rise to the expression that some malformation would certainly ensue, and yet none had occurred, they would be found to far outweigh the instances where the result verified the impression.

A Case of complete Inversion of the Uterus: Profuse Post Partum Hemorrhage and rapid Death of the Fœtus. By T. CHAMBERS, M.R.C.P.

A Case of Retroflexion of the Gravid Uterus: Retention of Urine: Vesical Hemorrhage: Transfusion with Lamb's Blood: Death. By T. CHAMBERS, M.R.C.P.

Obstetric Apparatus.—Dr. E. DIVERS showed an ingenious arrangement for utilising the force usually wasted on the bed-posts, giving comfort and support during labour.

ASSOCIATION INTELLIGENCE.

SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT.

THE next meeting of the above District will be held at the Maiden's Head Hotel, Uckfield, on Friday, September 25th, at 3 p.m. Mr. HENRY HOLMAN, of East Hoathly, in the Chair.

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

Dinner will be provided at the usual charge of 5s., exclusive of wine. Notice of intended communications, etc., is requested by the Secretary, on or before Thursday, the 17th instant, in order that they may be inserted in the circular convening the meeting.

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

35, Marina, St. Leonard's-on-Sea, September 8th, 1874.

MIDLAND BRANCH.

A SPECIAL general meeting of the above Branch will be held in the Assembly Rooms, Boston, on Thursday, September 24th, at 4.45 P.M.

Business: To adopt certain rules for the guidance and management of the Branch. A code of rules will be brought before the meeting for discussion by Dr. Morris (Spalding).

Notes on the Therapeutic Action of certain new Anodynes and Hypnotics. By A. Mercer Adam, M.D., Boston.

On Tobacco. By Francis Snaith, M.D., Boston.

Cases of Cicatrix after Burns successfully treated: with Photographs. By W. Newman, M.D., Stamford.

Case of Primary Excision of the Elbow-joint. By T. Sympson, Esq., Lincoln.

Dinner at the Peacock Hotel, at 6.45 P.M.

In order to facilitate the arrangements, members intending to be present are requested to give notice to the Honorary Secretary with as little delay as possible.

C. HARRISON, M.D., *Honorary Secretary.*
Lincoln, September 9th, 1874.

EAST YORK AND NORTH LINCOLN BRANCH.

THE half-yearly meeting of this Branch will be held at the Hull General Infirmary on Thursday, September 24th, at 1 P.M.; Dr. G. F. ELLIOTT, the President, in the Chair.

The following papers and cases have been promised. 1. Amputation of the Thigh by Esmarch's Method. By R. M. Craven, Esq.—2. Punctured Fracture of the Cranium: with a Case. By Dr. Kelburn King.—3. Oxaluria. By Dr. G. F. Elliott.

The title of any paper intended to be read by a member must be forwarded to me on or before the 21st instant.

The dinner will be held at the Vittoria Hotel at 4 P.M. punctually. Tickets for dinner and dessert, 7s. 6d. each. Gentlemen intending to dine are requested to inform me on or before the 22nd instant.

ROBT. H. B. NICHOLSON, *Hon. Sec.*
Hull, September 17th, 1874.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEETINGS.

THE next meeting will be held at the Granville Hotel, Ramsgate, on Thursday, September 24th, 1874, at three o'clock; JOHN B. THOMSON, Esq., of Ramsgate, in the Chair. Dinner at five o'clock precisely, Charge, 5s., exclusive of wine.

Notices have been received of the following communications to be read at the meeting. 1. Mr. Teevan: The Treatment of Retention of Urine.—2. Mr. Hicks: On Manual and Instrumental Interference in Labour.—3. Mr. Raven: On Aphasia as a Complication of Enteric Fever.—4. Mr. Woodman: On a Fatal Case of Spontaneous Hemorrhage.—5. Mr. Arthur Long: On a Case of Scrotal Hernia, with Complications.

Gentlemen who intend to be present at the dinner are particularly requested to inform me on or before Tuesday, the 22d instant.

EDWARD W. THURSTON, *Honorary Secretary.*
Ashford, September 14th, 1874.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT.

THE next meeting is appointed to be held at St. Bartholomew's Hospital, Rochester, on Friday, September 25th, at 4 P.M.; ADAM RAE MARTIN, Esq., in the Chair.

Dinner will be provided at the Bull Hotel at 6 P.M.

Papers and subjects for discussion:—Modes of Death in Hernia after Operation; Puerperal and Uræmic Convulsions; Provident Dispensaries; Hospital Out-Patients; etc.

FREDERICK J. BROWN, M.D., *Honorary Secretary.*
Rochester, September 7th, 1874.

SHROPSHIRE ETHICAL BRANCH.

THE Annual General Meeting will be held at the Lion Hotel, Shrewsbury, on Monday, October 5th, at 1 P.M. The President, W. A. DAVIES, Esq., in the Chair.

Subjects for discussion.—The Revised Tariff of Medical Fees; The Proposed Tariff of Surgical Charges; The Suggested Preface thereto. Cases and communications by members.

Dinner will be served at 3 P.M., for the convenience of the country members. Tickets, exclusive of wine, 7s. 6d.

Members have the privilege of introducing friends, on transmitting their names to the President.

Chamber Concert Music by a select Band of Musicians, under the leadership of Mr. Appleby of Liverpool, will be provided, as usual.

Gentlemen intending to read papers, etc., will oblige by communicating their titles (for insertion in the 'circular note' of invitation), before the 8th proximo, to

JUKES STYRAP, *Honorary Secretary and Treasurer.*
Shrewsbury, August 31st, 1874.

SOUTH MIDLAND BRANCH.

THE eighteenth autumnal meeting of this Branch will be held at Newport Pagnell, on Tuesday, October 6th, at 2 P.M.—The President ROBERT DE'ATH, Esq., in the Chair.

Gentlemen intending to read papers, etc., are requested to furnish the titles before the 28th instant, to Dr. Bryan.

WM. MOXON, *Honorary Secretary.*
Northampton, September 13th, 1874.

CUMBERLAND AND WESTMORLAND BRANCH: ANNUAL MEETING.

THE annual meeting of the above Branch was held at the County Hotel, Carlisle, on Wednesday, July 29th, 1874: Dr. Tiffen, of Wigton, in the Chair.

Report of Council.—The SECRETARY read the sixth annual report of the Council. At the commencement of the year, there were sixty-four members on the list. Eight new members have been elected, three have retired from the Branch, and one has died, so that the number at present on the list is sixty-eight. The usual number of general meetings have been held, and it is gratifying that, from the number and value of the papers read, the Branch has not shown any falling off in activity. At the autumn meeting, a proposal was made by the Secretary to extend the limits of the Branch, so as to include members of the profession residing in the adjoining border counties, and a committee was appointed to make the necessary inquiries, and report on the feasibility of the scheme. Your Council, viewing with great satisfaction this proposal, are gratified to find that it has met with the hearty approval of a large number of gentlemen residing in the counties of Dumfries, Kirkcudbright, Wigtown, Roxburgh, Selkirk, and Peebles; and that at this meeting certain alterations in the rules will be submitted to carry out the object in view. From the financial statement appended, it will be seen there is a considerable surplus in hand. The Council, having had various plans under consideration, beg to recommend that a donation from the Branch of £10 be made to the British Medical Benevolent Fund.

Financial Statement.—The balance in hand at the commencement of the year was £12 10s. 8d. The amount of subscriptions and arrears received was £5 10s.; total, £18 0s. 8d. The expenditure was £5 16s., leaving a balance in hand of £12 4s. 8d. The report was unanimously adopted.

Medical Benevolent Fund.—The CHAIRMAN moved that a donation of £10 be paid out of the funds of the Branch to the British Medical Benevolent Fund.—Dr. CAMPBELL seconded the motion, and it was unanimously agreed to.

Travelling Expenses of the Secretary.—Dr. CONNELL moved that it be recommended to the Council to take into consideration the payment of the travelling expenses of the Secretary to the meetings of the Committee of Council, as well as to the general meetings of the Branch.—Dr. CAMPBELL seconded the motion, and it was unanimously carried.

Public Health Section.—In the absence of Dr. Page, it was resolved that no further steps be taken in regard to the formation of a Public Health Section.

Alteration of Rules.—The subcommittee appointed for this purpose reported that they had met to consider the alterations in the rules necessary to carry out the extension of the Branch, and Dr. TIPPEN moved the alterations agreed upon. In Rule 1, line 1, it was proposed to read "border counties", in place of "Cumberland and Westmorland". The effect of this was to change the title of the Branch.—The motion was seconded by Dr. CAMPBELL.—Dr. TAYLOR moved, and Dr. LELAND seconded, that the title of the Branch be "Cumberland and Westmorland and Border Counties Branch". After some discussion, the amendment was withdrawn and the motion carried. The other alterations were carried unanimously, and were as follows: In Rule 1, line 2, after Westmorland, read "Dumfries, Kirkcudbright, Wigtown, Roxburgh, Selkirk, and Peebleshire". In Rule 11, line 2, read "these counties", in the place of "the locality". In Rule 111, line 2, read "two honorary secretaries, one of whom shall also act as treasurer,

and nine other members", in the place of "an honorary secretary, who shall also act as treasurer, and six other members".

After the adoption of these alterations, Dr. Tiffen vacated the chair, and introduced the President elect, Dr. GREEN of Kendal.

New Members.—The following gentlemen were then elected members of the Branch: Robert Cory, M.B., Carlisle; Wm. J. Carlyle, M.D., Langholm; Jos. Barber, M.B., Johnstown Bridge, Lockerbie; Wm. Macinsloe, M.D., Lockerbie; Ed. Hoggan, M.D., Thornhill; James J. Hardesty, L.R.C.P. and S.E., Galashiels; Walter Lorraine, M.D., Castle Douglas; J. Brydon, M.D., Hawick; C. Ford, M.D., Mains Riddell, Dumfries; J. Nichol Cox, L.R.C.S.E., Gatehouse-on-Fleet; S. Grierson, M.R.C.S., Roxburgh District Asylum, Melrose; J. M. McCulloch, M.D., Dumfries; J. Connell, M.D., Peebles; J. Bruce, M.D., Casbledgykes, Dumfries; W. E. B. Athill, M.R.C.S., Waterbeck; J. Gilchrist, M.D., Dumfries; John S. Muir, M.B., Selkirk; Alex. Thomson, M.D., Dumfries; D. McLeod, L.R.C.S., Hawick; J. Munro, M.D., Moffatt.

Election of Office-Bearers.—Dr. CAMPBELL moved, and Dr. TIFFEN seconded, that the election of office-bearers be deferred until the autumn meeting, and that the present officers conduct the affairs of the Branch until that time. The object of this was to give the new members an opportunity of taking part in the election. This was agreed to.

Election of a Vice-President.—Dr. TAYLOR moved, and Dr. CAMPBELL seconded, that Dr. Tiffen be elected a Vice-President, in accordance with Rule IV. The motion was carried unanimously.

Representatives to the General Council.—The SECRETARY reported that last year's representatives had been nominated by the Council, as the new laws of the Association required the names to be forwarded to the General Secretary before June 18th. The nomination was confirmed.

President's Address.—Dr. GREEN delivered his inaugural address on Public Health, the new Sanitary Laws, and Officers of Health. At its conclusion, a vote of thanks was cordially awarded to him.

Dinner.—The members and their friends afterwards dined together.

CORRESPONDENCE.

TAPPING THE CHEST.

SIR,—I wish to draw the attention of your readers to the fact, that not only in tapping the chest, but in most other operations where the aspirator is used, the present unprotected needle is a source of danger; in fact, my own attention was first drawn to the fact in the case of an old gentleman whose bladder I had to tap several times for retention of urine; each time that I did so, towards the end of the operation, I drew away nearly pure (florid) blood; and, as the patient was in a very low condition, I have but little doubt that this loss hastened his end.

In the *Lancet* of last week, a case of hydrops pericardii is reported, where Dr. S. Smith, of the Bristol Royal Infirmary, used the aspirator. "One of the largest-sized tubes of Dieulafoy's aspirator was plunged into the chest; several ounces of perfectly clear serous fluid were drawn off by suction; but the fluid became gradually more and more coloured till it appeared to be mere blood. Ten ounces of fluid were removed. The area of cardiac dulness had considerably diminished, and the dyspnoea was much relieved for a few minutes; but the dulness increased again in about ten minutes after the removal of the instrument, and the patient had still considerable difficulty in breathing. The last few ounces of fluid looked like undiluted blood, and the whole quantity of fluid became a coherent mass of coagulum after standing." I think anyone reading this account must come to the conclusion that, after the removal of the serum, the point of the needle must have come into contact with and pierced or scratched the walls of the beating heart itself. Although the patient recovered, I cannot conceive that any good could possibly have been done by the operation. Blood was substituted for serum in the pericardium, rendering, I should think, the process of absorption more difficult than it was before.

I assume, of course, that an unguarded needle was used in the case; and if, as Mr. Brown, in your last week's JOURNAL, asserts, guarded trocars have been manufactured for more than twelve months, may I ask why such an instrument was not employed in a case in which its use was so prominently indicated? I must assume that Dr. Smith, like myself, had never heard of them. Mr. Brown makes no mention of how the trocar is guarded, nor what precautions are taken to prevent the entrance of air.

Dr. Powell suggests a modification of Thompson's trocar. Although he does not seem to have ever used it with the aspirator, yet I have no

doubt it would be effectual. The great objection I see to it is, that it would require one person's entire attention to hold and steady the trocar when partly withdrawn from the cannula, and on this account would be much more troublesome to manage than a double needle. I cannot believe, with Mr. Brown, that any amount of suction would be sufficient to rupture any vessels, however delicate. The natural state of all serous cavities is one of complete exhaustion; and, as the vessels of membranes lining these cavities do not naturally bleed, I do not see that any amount of suction by the aspirator can make them do so.

I have sent one of my needles for your inspection. By a slight rotation, the needles are locked, both when the outer needle is in advance ready for insertion, and also when retracted and shielded by the inner one. The small central notch is to admit of the inner needle being removed from the outer to allow of cleansing the instrument, as also of placing a small quantity of some fat between the needles, and thus doing away with any small chance there may be of air passing in between them.

As you will see, the point is of steel, and the needle, by being double, is so strong, that there cannot arise the least chance of its bending—an inconvenience which often occurs with needles as at present constructed.

I am, etc.,
ALFRED GODRICH.
140, Fulham Road, August 29th, 1874.

MILK-ABSCCESS IN CHILDREN.

SIR,—I would have hesitated before sending you my case of milk-abscess, if I had known that it was so common as it appears to be from the letters of your numerous correspondents. Yet I may observe that what I wished principally to establish is the fact, that the secretion occasionally seen in the breasts of infants is truly milk, as determined by microscopical observation, and not, as Dr. Barnes says, "some sebaceous matter essentially resembling milk". *Sebum* is tallow or suet, and how could that essentially resemble milk? Most of your correspondents attribute mammary abscess in children to rough usage by the nurse in her endeavours to improve the nipples. Such a custom is, I think, unknown at least in any part of Scotland where I have been. I have asked a gentleman who has been in very extensive practice for about fifty years, and it was unknown to him. This may account for the comparative rarity of mammary abscess in infants in Scotland, although the retention of milk may occasionally produce it. The gentle evacuation of this fluid by a person's mouth seems to me to be the best way of getting rid of the milk, although I altogether protest against any rough usage. I may mention that my case got rapidly well by treatment on general principles. This early lactation is not mentioned in Dr. Carpenter's fifth edition of the *Principles of Human Physiology*, or any other work which I happen to possess. I do not quite understand Mr. W. G. Davis, when he says: "The old adage occurs to me when I reflect on the matter as looked upon scientifically—*parturiunt montes*, etc." This rather trite quotation would indicate that we had all been making "much ado about nothing". Now, a little before, he tells us that in many cases he thought death would occur to his little patients from the rough usage to which they had been subjected, and that he made a "strong declamation against the practice", etc., with the effect of putting a stop to it. When the mountains were in labour on that occasion, the mouse that was born must have been a venerable mouse, the very king of mice. Possibly, being a Scotchman, I naturally fail to see the joke; but it is no joke to the poor innocents who are subjected to such barbarous treatment as this discussion has been indirectly the means of making known.

I am, etc.,
WILLIAM STEPHEN, M.D., M.A.
Fettercairn, August 1874.

ON THE ANTISEPTIC TREATMENT OF PUERPERAL PYÆMIA.

SIR,—It may interest Dr. Macleod and others to know that intra-uterine injection of permanganate of potash has been found useful by others in the treatment of puerperal pyæmia. I have been accustomed to prescribe it frequently during the last two or three years, and with the most satisfactory results. The usual prescription has been two drachms of solution of permanganate of potash to a pint of water at 90 deg., to be injected with a Higginson's syringe night and morning. I have recently seen a case of intrauterine abscess, in a girl of 16. After an incision followed by a copious discharge of pus, the permanganate was injected daily through a catheter into the uterus, until the solution came away clear; and the case has terminated in entire convalescence.

I am, etc.,
FRANCIS H. PARSONS, M.D.
Admiralty Sick Quarters, Barking, Aug. 31st, 1874.

Edinburgh, but after he had been a short time in practice, he took his degree of M.D. at St. Andrew's. On obtaining his surgeon's diploma, he went as ship's surgeon to several ports on the Coast of Africa, mainly with the view of recruiting his health. Having practised two years at Wishaw, he removed to Dunse, and shortly afterwards accepted an appointment under one of the Oriental shipping companies, in which capacity he made several voyages to the chief seaports of India. At the outbreak of the Crimean war, he joined the extra medical staff, and rose to be a Staff-Surgeon of the First Class in the Turkish Contingent. Having gone through the whole of the Crimean war, he was at its close honoured by having the Imperial Order of the Medjidie conferred upon him. On his return home, he first settled in Manchester; but, after a residence of less than two years there, he returned to Morpeth, where he practised his profession with ability and success for sixteen years. He held several appointments under the Board of Guardians, among others, medical officer to the union workhouse.

Dr. Paton married a daughter of the late James Watson, Esq., writer, of Dunse. Mrs. Paton and a family of six sons and three daughters survive.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, September 3rd, 1874.

Murrell, William, Yorke Street, St. James's Square
Norman, Joseph Clement, Swinton, Yorkshire
Smith, Sydney Lloyd, 281, Brixton Road

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

Phelps, William, Guy's Hospital

The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, September 10th, 1874.

Crétin, Eugène, St. Bartholomew's Hospital
Fox, Richard Hingston, Stoke Newington
Higgs, Augustus Wm., 320, Marylebone Road
Vanes, Arthur Bayly, Carrs Lane, Birmingham
Wright, John Sydney Albert, Horsham

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

Howard, Edwin, St. George's Hospital

MEDICAL VACANCIES.

THE following vacancies are announced:—

- ATKINSON-MORLEY CONVALESCENT HOSPITAL**—Resident Medical Officer: £75 per ann., furnished rooms, and board. Applications, 7th October, to Charles L. Todd, Secretary, St. George's Hospital.
- BEDFORD GENERAL INFIRMARY**—House-Surgeon: £100 per ann., board, rooms, etc. Applications, 3rd October, to the Chairman of the Weekly Committee.
- BELGRAVE HOSPITAL FOR CHILDREN**—Physician.
- BLACKBURN AND EAST LANCASHIRE INFIRMARY**—House-Surgeon: £100 per annum, board, lodging, etc. Applications, 22nd inst., to Joseph Eastwood, Secretary.
- BRISTOL GENERAL HOSPITAL**—Physician's Assistant: £50 per annum, board, lodging, etc. Applications, 24th inst., to Henry Fox, R.N., Secretary.
- BURY ST. EDMUNDS INCORPORATION**—Medical Officer for the Workhouse: £30 per annum, and fees.
- CARNARVONSHIRE AND ANGLESEY INFIRMARY, Bangor**—House-Surgeon: £80 per annum, board and lodging. Applications, 13th October, to the Secretary.
- CUMBERLAND INFIRMARY, Carlisle**—Resident Pupil, Assistant to the House-Surgeon. Applications to John Laver, Secretary.
- DORSET COUNTY HOSPITAL**—House-Surgeon: £70 per annum, with £10 per annum additional as Secretary, apartments and board. Applications, 23rd instant, to C. W. Bingham, Chairman.
- GLASGOW MEDICAL MISSION**—Superintendent: Not less than £250 per annum.
- KENT**—Public Analyst: 21s. per analysis for the first hundred; 10s. 6d. per analysis for the second hundred; 6s. per analysis beyond. Applications, 12th October, to F. Russell, Clerk of the Peace, Maidstone.
- LANCASTER CASTLE**—Surgeon. Applications to the Clerk of the Peace, Preston.
- IANGPORT UNION, Somersetshire**—Medical Officer and Public Vaccinator for No. 1a District: £80 per annum, and fees. Applications, 22nd instant, to J. F. H. Warren, Clerk.
- LINCOLN UNION**—Medical Officer for No. 6 District: £30 per annum.
- LIVERPOOL DISPENSARIES**—Hon. Medical Officer to the North Dispensary. Two Assistant House-Surgeons: £108 per annum, increasing to £128, furnished apartments, etc. Applications, 23rd instant, to Wm. Lister, Secretary, Moorfields, Liverpool.
- LUTTERWORTH UNION**—Medical Officers for No. 1 District and the Workhouse: £85 per annum and fees, and £30 per annum. Applications, 23rd inst., to James Driver, Clerk.
- METROPOLITAN FREE HOSPITAL, Devonshire Square**—Assistant House-Surgeon: Board, washing, rooms, etc. No salary.

MITCHELSTOWN UNION, co. Cork—Medical Officer and Public Vaccinator for the Galbally Dispensary District: £100 per annum, and fees. Applications, 23rd instant, to the Honorary Secretary.

NORTHAMPTON FRIENDLY SOCIETIES MEDICAL INSTITUTE—Assistant Medical Officer: £100 per annum. Applications, to George Knight, Secretary, 22, Cromwell Street, Northampton.

OLDCASTLE UNION, co. Meath—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Virginia Dispensary District: £100 per ann., and fees. Applications, 24th instant, to John O'Reilly, Honorary Secretary.

ROTHERHAM HOSPITAL AND DISPENSARY—Resident Pupil.

ROYAL UNITED HOSPITAL, Bath—House-Surgeon, £60 per annum, board, and residence. Applications, 21st instant, to W. L. Saunder, Secretary.

QUEEN'S COLLEGE, Birmingham—House-Surgeon: £250 per annum, board, lodging, and washing.

ST. GEORGE'S HOSPITAL—Visiting Apothecary. Applications, 14th October, to C. L. Todd, Secretary.

ST. MARYLEBONE—Medical Officer for the Christchurch District: £230 per annum. Applications, 23rd instant, to Joseph Bedford, Clerk.

ST. MARY'S HOSPITAL AND DISPENSARY FOR WOMEN AND CHILDREN, Manchester—Medical Officer to attend patients at their homes: £60 per annum, board, and residence. Applications, 2nd October, to Joseph Barber, Secretary.

SALFORD—Public Analyst: 21s. per analysis.

SHEFFIELD PUBLIC HOSPITAL AND DISPENSARY—Out-door Dispenser: £75 per annum to commence. Applications to Dr. J. C. Hall, Honorary Secretary.

SOUTHPORT CONVALESCENT HOSPITAL—Resident Medical Officer and Superintendent: £80 per annum, rising to £100, board, lodging, etc. Applications, 21st instant, to the Chairman.

SUNDERLAND AND BISHOPWEARMOUTH INFIRMARY AND DISPENSARY—Junior House-Surgeon: £60 for first year, yearly increase of £10, board and residence. Applications, 24th instant, to J. Kitto, Secretary.

THREE COUNTIES' LUNATIC ASYLUM, Arley—Resident Medical Superintendent: £600 per annum, furnished house, etc. Applications, 21st inst., to F. G. Butler, Clerk to Committee of Visitors, St. Neots, Hunts.

TWICKENHAM URBAN SANITARY DISTRICT—Medical Officer of Health: £50 per annum, for three years. Applications, 23rd inst., to W. Ruston, Clerk.

WALSALL UNION, Staffordshire—Medical Officers for the Workhouse and the Borough District: £80 and £45 per annum.

WESTMINSTER HOSPITAL—Physician.

WESTMINSTER HOSPITAL MEDICAL SCHOOL—Lecturer on the Principles and Practice of Medicine.

WEST NORFOLK and LYNN HOSPITAL—Surgeon.

YORKSHIRE LUNATIC ASYLUM—Resident Medical Superintendent: £300 per annum, house-rent and taxes free; coals, gas, vegetables, milk, and washing provided; £150 will be expended on substantial furniture. Applications, 19th instant, to the Committee, under cover to R. D. Horne, Clerk.

MEDICAL APPOINTMENTS.

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

***FOTHERGILL, J. Milner, M.D.**, appointed Junior Physician to the West London Hospital, *vice* D. Ferrier, M.D., resigned, on appointment as Assistant Physician to King's College 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.

BIRTHS.

ANDERSON.—On July 25th, at Yedo, Japan, the wife of Wm. Anderson, F.R.C.S. of a son.

KING.—On September 14th, at 48, Harley Street, the wife of Robert King, M.B., of a son.

MARRIAGES.

MESSER.—On Tuesday, the 15th instant, at the Church of St. James the Great, Devonport, by the Rev. R. Dunning, M.A., assisted by the Rev. S. W. Payne, LL.D., R.N., John Cockburn Messer, M.D., Staff-Surgeon, R.N., H.M.S. *Implacable*, to Elizabeth, eldest daughter of Joseph May, F.R.C.S., J.P., of Nelson Villas, Devonport.

PARSONS.—On the 8th instant, at St. Cuthbert, Darlington, by the Rev. Lyndhurst B. Towne, Vicar of Coatham (brother-in-law of the bride), assisted by the Rev. T. E. Hodgson, Vicar of the parish, Thos. Ed. Parsons, M.R.C.S. Eng., of Sunnyside, Wimbledon, to Emmaline, youngest daughter of the late Joseph Forster, of Harewood Hill, Darlington.

SMITH.—On September 10th, at St. Paul's Church, Clifton, Bristol, by the Rev. Canon Mather, *R. Shingleton Smith, M.D., of Rokeby House, Clifton, to Elise, only daughter of the late H. Cox Dowson, Esq., of Bayonne.

TAYLOR.—On Thursday, September 3rd, at St. John's Church, Mansfield, Notts, by the Rev. Frank Stanley Taylor, brother of the bridegroom, assisted by the Rev. A. F. Ebsworth and the Rev. W. Bartlett, *Herbert Owen Taylor, M.B., son of Henry Taylor, Esq., Surgeon, Nottingham, to Mary Anne Alcock, eldest daughter of the late Joseph Whitaker, Esq., formerly of Ramsdale House, Notts. No cards.

DEATHS.

DOWLING, James H., M.D., at Newcastle West, County Limerick, aged 60, on August 19th.

GIBBES.—On June 27th, at Napier, New Zealand, Florence Ethel Murray, daughter of Dr. J. Murray Gibbes, M.B., M.R.C.S., aged 24 days.

BEQUEST.—The late Mr. David Kidd of Work Lane bequeathed £500, free of duty, to the Royal Infirmary of Edinburgh.

THE executors of the late Miss Hannah Brackenbury have contributed £200 out of the sums at their disposal, in aid of the funds of the Royal National Hospital for Consumption at Ventnor.

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.—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.

NOTICES TO CORRESPONDENTS.

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

PUBLIC HEALTH DEPARTMENT.—We shall be much obliged to Medical Officers of Health if they will, in forwarding their Annual and other Reports, favour us with *Duplicate Copies*.

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

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

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

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, 36, Great Queen Street, W.C.

E. R. T.—The subject in question has been fully elucidated by Dr. Jago of Truro, in his work on *Entoptics, with its Uses in Physiology and Medicine*.

MR. R. EDDOWES.—We are not aware of any record of a dislocation of the malar bone pure and simple; if displaced, it is usually so in conjunction with fracture of an adjoining bone.

C. N.—A Licentiate of the Society of Apothecaries of London is legally entitled to receive the coroner's fee of £2:2 for making a *post mortem* examination and giving evidence before the jury.

LIABILITY FOR MIDWIFERY ENGAGEMENTS.—"Institute" asks whether a medical practitioner, duly qualified, can recover the fee for which he has engaged to attend a woman in her confinement, if after engaging him she does not send for him, and yet gives him no notice that his services will not be required. Perhaps some of our readers will be able to refer us to cases in which a legal decision has been given on this question.

DIPLOMA OF L.M.—Will any reader inform me how a M.D. and M.Ch. of the Queen's University in Ireland can obtain with most speed and least expense the diploma of L.M., or a certificate of proficiency in Midwifery, such as would satisfy the Local Government Board of Ireland?—B.

REGISTERED MEDICAL PRACTITIONERS AND JURIES.

SIR,—I am a M.R.C.S.E. and L.S.A., registered, but not in general practice. The parish authorities insist on placing my name on the Jury List; and last year the magistrates would not strike my name off. Will you kindly say what I am to do; and should I be compelled to serve on the jury if they still insist on keeping my name on the list? I am, etc., P. C. S.

*** A qualified surgeon can claim exemption from serving on juries.

MEDICAL TITLES.—H. asks for information on the following subjects.

1. Granting that an L.R.C.P. gets the title of Dr. by courtesy, is an M.R.C.S. entitled to the same?
2. An L.R.C.P. puts Dr. on his door-plate, can an M.R.C.S. do so?
3. Does an M.R.C.S. ever do so?

*** 1 and 2. Not with propriety. 3. Not within our knowledge.

LEAD-POISONING.

SIR,—A Pharmaceutical Chemist has informed me he had seen a person whose medical adviser ascribed his symptoms to the use of one of the lead and sulphur hair-washes prominently advertised. As the question is often put to me: "Are they injurious?" I should feel obliged if any of your correspondents have seen symptoms to be ascribed to the above. I am, etc., Gower Street, September 7th, 1874. MEDICUS.

THE PERIOD OF INFECTION IN SMALL-POX.

SIR,—Will you very kindly oblige by stating how soon after an attack of variola a patient may be allowed to travel? I have had a case here, and my patient has been out of doors for the past fifteen days, and wants to return home. I am ignorant of the English law; and, wishing to be perfectly safe, have hesitated before allowing him to travel. I am, etc., September 1874. CINCHONA.

NOTICE TO ADVERTISERS.—Advertisements for insertion in the BRITISH MEDICAL JOURNAL, should be forwarded direct to the Printing Office, 36, Great Queen Street, W.C., addressed to Mr. FOWKE, not later than *Thursday*, twelve o'clock.

AN APPEAL.

IN answer to Dr. D. de Berdt Hovell's appeal on behalf of the widow and daughters of the late Dr. T. C. Lewis, the following sums have been received by the Editor of this JOURNAL.

Dr. Heath, Colchester	£ s. d.
Mr. C. Druce, Oxford	0 5 0
Mr. Wilson	0 2 6
R. McK	0 5 0
Mrs. Gurney Barclay, per R. McK	1 0 0
G. H. F.	0 12 0
J. D. C.	0 2 6
Mr. W. Y. Martin, Walkden	0 10 6
	<hr/>
	3 17 6

THE TEST FOR NITRATES, ETC., IN WATER.

SIR,—My attention has been called to a paragraph at page 317 of last week's BRITISH MEDICAL JOURNAL, having reference to some experiments made by Dr. Fullerton at the late Norwich meeting for readily detecting nitrates and nitrites in drinking-water. Not seeing my name associated with that test, which, in justice to the inventor, ought to have been given, particularly as Dr. Fullerton only acquired the knowledge of the process from me, whilst he was on a visit to Cheltenham a few weeks ago, I therefore take the opportunity of informing you that, so far from its being new, I published it many years ago, and have had it in constant use ever since. It will be found fully described in the *Chemical News* of June 6th, 1863, and is known as Horsley's pyrogallic acid test for nitrates and nitrites.

I am, etc., JOHN HORSLEY, F.C.S.,
Cheltenham, Sept. 12th, 1874. *Analyst to the County of Gloucester.*

"MATERNAL IMPRESSIONS."

A MAN aged 22, otherwise well formed, has both upper extremities congenitally and equally undeveloped. The clavicles are of nearly natural size, but the scapula and other bones are not larger than those of a boy of 10: all the muscles are very small, so that the arms and hands appear to consist of almost nothing but bones and skin; the joints permit very limited movements, and any attempt to straighten the arms is arrested by the tightness of the skin in front; the hands cannot be rotated; the arms hang forwards and inwards; the elbows are turned outwards, and the hands are flexed and turned inwards. From the appearance of the arms, one might suppose they are practically useless; but the man is able to feed himself, to lift chairs, and to carry baskets. His mother states he is the result of her first pregnancy, and that at about three and a half months she suddenly saw a man in the convulsions of epilepsy, with his hands turned like her son's, and was very much terrified. She states her labour lasted ten days (with cephalic presentation), and that she was insane for three or four days after it. She has never noticed anything mentally deficient in her son. The subsequent children are naturally developed.

A girl of 19 has a raised dark-brown patch of skin, as large as a sheep's kidney, and of irregular shape, with a quantity of dark-brown hair, about half an inch in length, upon it, situated over the upper part of the sacrum: her other hair is of a light-brown colour, and her complexion is fair. Her mother attributes the "mole" to being frightened during pregnancy (at about four and a half months) by a rat, disturbed in its nest of young, springing upon her shoulder.

Malvern, September 10th, 1874. STANLEY HAYNES, M.D.

THE TREATMENT OF BRONCHITIS AND ASTHMA.

SIR,—Having had so many letters as to the doses and formula I use in the treatment of bronchitis and asthma, that it is quite impossible for me to reply to each. I shall be very much obliged if you will kindly allow me through your medium to mention that I give the usual doses of the various drugs mentioned.

I am, etc., W. H. SPERGIN, M.R.C.S. Eng., L.S.A.
54, Senhouse Street, Maryport, September 7th, 1874.

WE are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Birmingham Daily Gazette, Sept. 14th; The Lincoln Gazette; The Lincoln, Rutland, and Stamford Mercury; The Leeds Mercury; The Blackburn Times; The Leicester Advertiser; The Cork Constitution; The Lincolnshire Chronicle; The Carlisle Patriot; The Maclesfield Advertiser; The Auckland Times and Herald; The Northampton Mercury; The Knaresborough Post; The Wrexham Advertiser; The Northern Daily Express; The Eastern Daily Press; The Western Daily Mercury; The Ulster General Advertiser; The Brighton Examiner; The Lincolnshire Chronicle; The Melbourne Argus; The Isle of Wight Observer; The Accrington Times; The Leighton Buzzard Observer; The Lincolnshire Chronicle; The Daily Telegraph; The Durham Chronicle; etc.

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

Mr. W. H. Flower, London; Dr. J. B. Bradbury, Cambridge; Dr. George Johnson, London; Mr. J. H. Wathen, Fishguard; Dr. Acland, Oxford; The Director-General of the Army Medical Department; Dr. Yeo, Dublin; Dr. Stanley Haynes, Malvern; Dr. Bryan, Northampton; Justitia; Mr. H. O. Taylor, Ventnor; Mr. F. W. Parsons, Wimbledon; Mr. Cutler, London; G. H. F.; An Associate; J. D. C., Woolwich; Mr. F. Boldero, Penkridge; Our Edinburgh Correspondent; Mr. Mann, Manchester; Mr. E. J. Cooke, Sheffield; Dr. Eade, Norwich; M.D.; Mr. C. W. Kriedel, Wiesbaden; The Director-General of the Naval Medical Department; Dr. G. M. Humphry, Cambridge; Mr. Thurston, Ashford; Dr. Marcet, Nice; Dr. R. McKelvie, Cromer; Mr. N. H. Humphreys, London; Mr. H. Greenway, Plymouth; Dr. T. M. Bennett, York; Mr. Horsley, Cheltenham; Mr. J. P. Lockwood, Mirfield; Mr. G. Guthrie, Lichfield; Mr. W. F. Hunt, Belford; Dr. Bradbury, Cambridge; Dr. Grimshaw, Dublin; Dr. W. H. Griffiths, Dublin; X. Y. Z.; Mr. J. Fox, Cockermouth; Dr. Edis, London; 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; Dr. Heath, Colchester; Mr. Eastes, London; Dr. Charles, Belfast; Dr. A. G. Burness, London; Dr. C. R. Drysdale, London; Mr. J. A. Thompson, London; Mr. T. L. Read, London; etc.