

adhesions, and the surface of the lung was covered with red soft lymph. The left lung was first removed, then the right lung, together with the diaphragm and liver, care being taken to preserve the track of the wound which had remained open to the last. Corresponding very much to the situation of the gall-bladder was seen an immense cyst, in the walls of which there was a cartilaginous looking material. The liver seemed tilted over to the left, and the left lobe was so much hypertrophied that, although the liver was of fully normal size, the right lobe had almost disappeared. Springing from the edge of the liver and from its under surface were two immense cysts, adjoining each other, but not communicating. The upper (outer and posterior) one of these, which would hold more than a cricket-ball, contained a part of the thick walled parent cyst, deeply bile-stained, and scarcely any fluid. The wound that remained open to the last communicated with this cyst. The upper part of this cyst was attached to the diaphragm, and corresponding to this point of attachment there was an attachment of the base of the right lung. This latter attachment was torn through, and also a part of the lung which was much broken down, where a slight cavity was seen, and into this there opened a small bronchus. The hole in the diaphragm corresponding to this point was found to communicate with the large cyst. The second cyst, which was also about as large as a cricket-ball, was attached to, but, as previously stated, did not communicate with the first cyst. It was quite hard, and, on being opened, a large mass was seen of hydatids, broken down and deeply stained with bile, some being almost black—the whole forming a large, hard, dryish mass of yellow or blackish *débris*. The right lung generally was fairly healthy. At the base, however, there remained some evidence of the former bronchopneumonia, and some small pieces when placed in water sank. The spleen was of normal size, but very pulpy. The right kidney had several cysts in the cortical portion. The left kidney and the heart were quite healthy.

[To be continued.]

SELECTIONS FROM JOURNALS.

OBSTETRICS.

TREATMENT OF UTERINE FIBROID BY HYPODERMIC INJECTIONS OF ERGOTINE.—Dr. Theophilus Parvin records (*American Practitioner*, May, 1874) three cases of uterine fibroid, in which marked benefit followed the hypodermic administration of ergot. In all the cases heretofore treated, so far as Dr. Parvin knows, the ergotine has been administered with glycerine, which Dr. J. T. Bowls of Knightstown, Indiana, states to be a needless, and maybe injurious, addition, causing in some cases painful inflammation and threatening abscesses, which was not observed when the glycerine was omitted, and the efficiency of the injection was not found to be lessened.—Dr. A. Reeves Jackson reported to the Chicago Society of Physicians and Surgeons (*Chicago Medical Journal*, June, 1874) five cases of fibrous tumour of the uterus treated by the method of Hildebrandt, and in three of them with decidedly favourable results. Dr. Jackson obtained the best results from a solution prepared according to the following form. "Fifty grains of the extract (Squibb's) are dissolved in two hundred and fifty minims of water, the solution filtered and made up to three hundred minims, by passing water through the filter to wash it and the residue upon it. It represents ergot, grain for minim, free from alcohol or other irritating substance." Latterly, he has used this solution exclusively, and thus far has seen no irritation, pain, or inflammation result from it. He no longer selects the abdomen as the site for injection. Although some parts of the abdominal wall—as about the umbilicus, for example—may be less sensitive to puncture than others, yet all parts of it are more sensitive than the deltoid region; and, inasmuch as the latter is more convenient, and the injections placed there equally efficacious, he now habitually selects the arm in preference to any other part of the body.—Another case was reported to the Society by Dr. J. H. Etheridge, three by Dr. H. P. Merriman, and one by Dr. S. Fisher, in all of which beneficial results followed the hypodermic use of ergotine.—*American Journal of Medical Sciences*, July 1874.

OBSERVATIONS ON THE NORMAL PULSE, RESPIRATION, AND TEMPERATURE OF PUERPERAL WOMEN.—Dr. G. Wilds Linn, late Resident Physician to the Philadelphia Hospital, reports his temperature observations in twenty-four normal puerperal cases occurring in the Philadelphia Hospital. The observations were begun immediately after delivery, and continued for nine days, during which time the patients were kept in bed. The temperature was observed in the axilla at 9 A.M. and 8 P.M. While the cases were under observation, no alcoholic stimulants were allowed. The diet consisted of milk, eggs, beef-

tea, and mutton, with coffee or tea, and bread, toasted or plain, with butter. The conclusions deduced from these observations are the following. 1. The normal temperature of the puerperal woman is only about 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 18 to 20 per minute. 4. The generally received opinion that the secretion of milk is attended by an increase in temperature of one or more degrees, and an increase in the frequency of the pulse of 10 or 12 beats per minute is erroneous. 5. That a temperature of 100 Fahr., or a pulse of 100 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.—*Philadelphia Medical Times*, May 9th, 1874.

TWO CASES OF EXTRAUTERINE PREGNANCY, FOLLOWED BY RECOVERY.—M. Gerpouillot de Menthin reports, in the *Archives de Tocologie* for 1874, a case of extrauterine pregnancy terminating at the end of fourteen years by the expulsion of the entire skeleton of the fœtus by the rectum. The case was that of a woman who, after having presented all the signs of pregnancy, was not delivered at the presumable termination of gestation. The abdomen diminished in size so much as only to present a small development, which was attributed to the presence of an intra-abdominal fibrous tumour. Fourteen years afterwards, after having felt somewhat acute pains in the abdomen, this woman expelled by the rectum all the parts of the skeleton of a fœtus in succession. In two days, she was in her usual state of health. A second case is reported by Dr. Woodbury, and refers to a woman, 30 years old, who, after twelve years of marriage, complained of a very painful tumour situated in the left lumbar region. The neck was large and open. Ergot of rye was given, so as to bring on the expulsion of a product of conception which was supposed to be enclosed in the uterus. A month subsequently, a discharge of blood from the rectum occurred, followed by the expulsion of a child's arm. The next day, the patient felt something in the rectum which she could not expel. It was extracted and found to be the greater part of a fœtus, the placenta, and the umbilical cord which had remained attached to it. The patient completely regained her health.

PATHOLOGY.

DUODENAL ULCER OPENING INTO THE ABDOMINAL AORTA.—E. Stich reports in the *Deutsches Archiv für Klin. Med.*, 1874, the case of an old woman who in eighteen days died from repeated attacks of hæmatemesis. In the lower transverse portion of the duodenum was a roundish ulcer, at the base of which was an opening that would admit an ordinary probe, communicating directly with the aorta about two inches above the bifurcation. It was slightly plugged with a fresh clot. The inner coat of the aorta showed extensive atheromatous changes; and at the point of perforation was an irregularly round atheromatous ulcer. There was no evidence of aneurismal formation at this point.—*Centralblatt für die Medicin. Wissensch.*, July 18th, 1874.

THERAPEUTICS.

PODOPHYLLIN FOR ACUTE RHEUMATISM.—Dr. R. F. Dyer of Ottawa, Illinois, says that about five years ago he discovered that the active principle of podophyllum peltatum promptly relieved the pains in acute rheumatism. He usually follows it with the "alkaline treatment", and, if the pains return, he recurs to the podophyllin. He commences with light doses, combined with Dover's powder at intervals of two to four hours until the bowels are moved very freely several times, and has been frequently astonished at the amount required to effect this. In some cases, he has given it in broken doses for three days before it took effect. The more severe the case, the more it is required. While the bowels could be acted upon easily by other remedies, the action of this was delayed. Sometimes two or three evacuations relieved; at others it required eight or ten. After the bowels are evacuated, if relief be not obtained, he continues the use of the medicine in broken doses, not large enough to produce vomiting. If the pain return in two or three days, he repeats the treatment. He has thought that perhaps it was the free purgation that afforded relief, but upon trying active catharsis from other remedies, he is fully satisfied that there is some specific influence exerted by the podophyllin. Having fully tested this remedy in the past five years, he now recommends it to the profession.—*American Journal of Medical Sciences*, July 1874.

ASSOCIATION INTELLIGENCE.

NOTICE OF MEETING.

THE First General Meeting of the British Medical Association, incorporated under the Companies' Acts 1862-1867, will be held at the Queen's Hotel, London and North Western Railway Station, Birmingham, on Wednesday, the 4th day of November next, at five o'clock in the afternoon.

Dated this 22nd day of October, 1874.

FRANCIS FOWKE,
General Secretary.

COMMITTEE OF COUNCIL.

NOTICE OF MEETING.

A MEETING of the Committee of Council will be held at the Queen's Hotel, Birmingham, on Wednesday, the 4th day of November next, at a quarter past 3 o'clock in the afternoon.

FRANCIS FOWKE,
General Secretary.

36, Great Queen Street, London, October 8th, 1874.

SOUTH-EASTERN BRANCH: WEST SUSSEX DISTRICT MEETING.

THE autumn meeting of the above District will be held at the Board Room of the Infirmary, Chichester, on Tuesday, October 27th, at 3 P.M.; Dr. TYACKE in the Chair.

The dinner will take place at the Dolphin Hotel, at 4.45 P.M. precisely. Charge 5s., exclusive of wine.

WM. J. HARRIS, *Honorary Secretary.*

Worthing, October 10th, 1874.

WEST SOMERSET BRANCH.

THE autumnal meeting of this Branch will be held at the Railway Hotel, Taunton, on Thursday, October 29th, at 5 o'clock.

The following question has been settled by the Council as the one on which each member should be asked to express his opinion at the meeting after dinner: "What is your opinion as to the best treatment of whooping-cough?"

W. M. KELLY, M.D., *Honorary Secretary.*

Taunton, September 29th, 1874.

BORDER COUNTIES BRANCH.

A MEETING of the above Branch will be held at Dumfries on Friday, October 30th, under the Presidency of Dr. GREEN of Kendal.

Gentlemen intending to read papers or take part in the proceedings are requested to give early notice to the Secretary of their intention.

HENRY BARNES, M.D., *Honorary Secretary.*

Carlisle, October 14th, 1874.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: PATHOLOGICAL AND CLINICAL SECTION.

THE annual meeting of the above Branch will be held at the Midland Institute, on Friday, October 30th, at half-past Three.

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

Birmingham, October 19th, 1874.

SHROPSHIRE SCIENTIFIC BRANCH: ANNUAL MEETING.

THE Annual Meeting of this Branch took place in the museum of the Natural History Society, Shrewsbury, on September 9th. There was a large gathering of members present.

President's Address.—The President, W. EDDOWES, jun., Esq., read a short address, in which some of the advances in medicine and surgery during the past year were noticed. He commented on, particularly, Sir James Paget's remarks on the treatment of acute diseases by bleeding. The abuses of hospitals and dispensaries were also considered.

Papers.—1. Mr. T. L. WEBB read a paper on a case of Hydrophobia, occurring in his practice.

2. Mr. WOOD gave the history of another case of Hydrophobia, and reviewed the varieties of this disease; the remedies used in its treat-

ment, and their apparent effects in modifying it. He wished to raise this question for discussion: As the period of incubation of the hydrophobic poison lay dormant so long in the system, and as there was usually some pain or uneasy sensation in the bitten part previous to the manifestation of the earliest symptoms of the disease, may it not, like the virus of vaccination, lay dormant in the part during the interval from the insertion of the poison until the system begins to shew symptoms of the disease? and, if so, may not the bitten part be excised with some hope of cure?

3. Mr. STOWERS read a paper on a case of Morphæa Alba, which was exhibited. (See page 517.)

4. Mr. HARRIES brought for observation a bad case of Onychia Maligna, treated with Nitrate of Lead.

5. Mr. W. EDDOWES showed a case of recovery from extensive Burn over the chest, abdomen, and genitals of a child, aged five years.

6. Dr. ALFRED EDDOWES brought a preparation of Malignant Growth upon the Epiglottis.

Votes of Thanks.—The usual votes of thanks were passed to the retiring President, the Council and other officers of the Branch. The new Council and officers were then elected.

Dinner.—In the evening the members and friends, including the Mayor, dined together at the George Hotel.

SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT MEETINGS.

A MEETING of the above District was held on Friday, September 25th, at the Maiden's Head Hotel, Uckfield; present, twenty-three members and one visitor. In the absence of Mr. Henry Holman of East Hoathley through illness, the Chair was taken by Mr. G. F. HODGSON of Brighton, the President of the Branch.

Papers.—The following papers were read.

1. Dr. Henry Moon (Brighton), On a Case of Cardiac Hyperæsthesia.

2. Dr. Withers Moore (Brighton), On Hydrophobia. Dr. Moore commenced by reading a brief account of one of two cases of hydrophobia, which had occurred very recently in his practice. The case brought before the Society was remarkable for the shortness of all the stages of the disease (death occurring three weeks after the bite) and for the absence of the melancholic stage, the patient being at the Aquarium within thirty-six hours of his death. The inhalation of chloroform, the hyperdermic injection of morphia, and the administration of drachm-doses of chloral in nutrient and stimulating enemata, were tried; but the patient succumbed within twenty-four hours. The subject of hydrophobia was then treated with special reference to its pathology. Morbid anatomy was held to give but very uncertain aid. Dr. Clifford Allbutt's specimens, and his remarks thereon, were duly noted; and reference was made to the enlargement of the spleen in Dr. Allbutt's case, and also in Mr. Hulke's two cases, in which last the kidneys were found to have been acutely inflamed, pointing to toxæmia. Rudnew, in an article on the Pathology of Hydrophobia, held that, like almost all other infectious diseases, rabies was connected with a profound disturbance of all the important organs. The kidneys in all his cases showed there had been a highly developed parenchymatous inflammation, affecting alike both cortical and pyramidal portions. Rudnew thinks it extremely probable that the uræmia may be the cause of many of the symptoms. The opinion of Jaccoud as to the lesions of the nervous system was also quoted, that they are neither constant nor characteristic. Reference was then made to the morbid appearances described by Klebs as occurring in a recent case, all the glands being found intensely red, Peyer's patches presenting great distension and redness of the follicles; in all the glands was found a deposit of finely granular refractive bodies of pale brown colour, usually stellate. The views of various authorities as to the nature and action of the poison were then discussed. According to Fuch, the poison of rabies acts upon the periphery of the nerve-branches of the wounded part, and the excitement following the course of the wounded nerve is carried to the pons Varolii. As antagonistic to the foregoing, Sir Thomas Watson's opinion, as set forth in his lecture on hydrophobia, was quoted and shown to be more worthy of support. Much stress was laid upon the statement of Bollinger, that dogs, in the incubation stage, and before they had themselves manifested any signs of rabies, can give the disease to other dogs and to man; hence the obvious necessity for tying up all dogs bitten until the usual period of primary incubation has been passed over, and the desirability of some prophylactic treatment being adopted in man. The most novel views were those of Schivardi of Milan, who, while acknowledging the existence of a ferment, probably a microphyte capable of decomposing the urea of the blood,

says "that the disease shows itself at first in nervous symptoms, during which the patients nearly always die, and that, though these symptoms may be dissipated by means of electricity, the dyscrasic affection continues, leading to the second, or uræmic, stage of the disease". Schiavardi has found in the blood of hydrophobics the *torula urex* of von Theigheim. Romberg points out that the difficulty of deglutition depends "less upon the impossibility of swallowing than upon its being prevented by a sudden stoppage of breathing". The patient feels at the moment of attempting to swallow a suffocation and choking. Dr. Moore then maintained that rabies was most allied, pathologically, to syphilis of all the contagious diseases. Reference was made to the writings of Bäumler of Erlangen, John Hunter, Wilks, and Lee on the Pathology of Syphilis, and arguments were deduced therefrom in support of this hypothesis. Although all authorities agreed that the removal of the indurated part in syphilis will not arrest the constitutional symptoms, still it was shown from John Hunter's writings that "the shortening of the duration of the chancre shortens the period of absorption", and from this it was argued that in rabies it would be well, in all cases where effectual cauterisation might be doubtful, to excise the cicatrix even in the stage of recrudescence. Early and effectual cauterisation was insisted upon, and excision under certain circumstances. Arguing from Bollinger's statement and the *post mortem* appearances described by Klebs, the administration of mercury to moderate salivation was recommended during the primary and even the secondary incubation periods, and, during the latter one, in anticipation of the depressing effects of the poison and while the power of swallowing remained, stimulants and nutrient food were to be freely administered. In the acute stage, every variety of remedy had been in vogue since Celsus' time, and more especially blood-letting, which was deprecated on the grounds of being inapplicable, if not hurtful. Mercury was considered useless in this stage of the disease. Schiavardi's trial of electricity on a young girl at Milan was then detailed. Under its influence, the violent excitement was calmed down, all the distressing symptoms disappeared; she had a long tranquil sleep, and she ate, drank, and conversed. By the sixth day, all the hydrophobic symptoms had ceased, leaving great prostration and extreme weakness, with irresistible somnolence. These symptoms were caused by urinæmia, which killed the child three days later. In summing up, the writer suggested that, if it should be possible to tide their patient over the first stage by electricity, attention must then be directed to the alleviation of the urinæmic condition. Magendie's plan of injecting large quantities of water into the veins was recommended to be tried, with the addition of half an ounce of bromide of potassium and ten grains of chloral, to be supplemented by nutrient enemata containing drachm doses of chloral, or an equivalent dose of croton-chloral. These means failing to relieve the inspiratory spasm or general convulsions, the inhalation of nitrite of amyl was to be tried as a *dernier ressort*.

3. Mr. C. L. Prince (Crowborough), On the Treatment of Hydrophobia. He said that, in the case of a person recently bitten by a mad dog, he would at once apply either fluid caustic potash or nitric or acetic acid to the wound, in order to secure a rapid and effective destruction of the poisoned surface. The prophylactic medicine advised by him in the JOURNAL of May 16th should be administered as quickly as possible. In the case of a person who was seized with the early symptoms of hydrophobia, he would endeavour to establish a rapid and thorough salivation. The best preparation for this purpose, under these circumstances, was the subsulphate of mercury or "turpeth mineral", of which he would administer from one to two grains (mixed with a little powdered white sugar and placed upon the tongue) every four hours. Ointment of nitrate of mercury should be rubbed over the glands of the neck and axillæ every hour, until symptoms of salivation commenced. An ointment of veratria (eight grains to one ounce) ought to be applied over the cervical vertebrae. The herb-decoction must be taken in ounce doses every four hours, and the patient should be wrapped in heated flannel or blankets for several hours, in order to favour the absorption of the mercury as well as to promote the action of the skin. With respect to the operation of *worming* dogs, as one of the preventives to hydrophobia, he purposed offering a few remarks shortly.

An interesting discussion took place, which was shared in by Sir J. C. Burrows, Dr. A. Hall, Mr. W. Wallis, etc.

Dinner.—Twenty-four members and visitors dined together at the Maiden's Head Hotel, under the presidency of Mr. W. Wallis of Hartfield.

Meetings in the District.—It was agreed upon that no alteration should be made in the number of meetings held in this District; viz., four annually. The next meeting will be held, in conjunction with the West Sussex District, at Brighton, on the last Wednesday in November; Sir J. Cordy Burrows in the Chair.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: ORDINARY MEETING.

THE first ordinary meeting of the session 1874-5 was held on October 8th, at the Midland Institute, Birmingham: present, Mr. W. C. GARMAN, President, in the Chair, and forty-nine members and visitors.

New Members.—Mr. W. R. Brunton (Tamworth), Mr. J. A. Lycett (Wolverhampton), Dr. Slimon (West Bromwich), Mr. E. T. Burton, Mr. F. F. Hopkins, Mr. W. L. Le Sage, and Mr. Walter Ottley, M.B., of Birmingham, were elected members of the Branch.

Special Meeting.—It was resolved that a special meeting of the Branch be called for October 22nd, for the adjourned discussion on the report of the Committee on Medical Education.

Secretaryship.—The PRESIDENT read a letter from Mr. T. H. Bartleet resigning his office as one of the Honorary Secretaries of the Branch. It was resolved, "That the resignation of Mr. Bartleet be accepted with much regret; and that the most cordial thanks of the Branch be given to him for his zealous, energetic, and valuable services during the ten years he has held the office of Secretary to the Birmingham and Midland Counties Branch." The latter part of the resolution having been put separately, it was carried by acclamation. It having been decided to proceed with the election of a successor to Mr. Bartleet, it was unanimously resolved, "That Dr. James Sawyer be elected one of the Honorary Secretaries of the Branch."

Communications.—1. Mr. LAWSON TAIT showed a young woman who presented the anatomical rarity of a Cervical Rib.

2. Mr. TAIT also showed the intestines in a case of Grouse Disease in which there were no parasites. Mr. Tait had examined a number of cases, and found the parasites in a small minority.

3. Dr. RUSSELL read a valuable paper on Alcoholism from a Clinical Point of View.

At the conclusion of Dr. Russell's paper, it was resolved, on the motion of the PRESIDENT, seconded by Dr. RUSSELL, "That a Committee of the Branch be appointed to consider the best means of furthering legislation for the care and restraint of habitual drunkards; and that the Committee consist of the following members of the Branch: Mr. W. C. Garman, Dr. Russell, Dr. Thomas Underhill, Dr. James Thompson, Dr. Harrison, Mr. F. Manby, Mr. J. Manley, Mr. Lawson Tait, Dr. Fowler Bodington, Dr. Rickards, Mr. Watkin Williams, Mr. Solomon, Dr. Wade, Dr. Johnston, Mr. V. Jackson, Dr. Parsey, Mr. West, Dr. B. Foster, and Dr. Sawyer."

In the discussion on Dr. Russell's paper, Mr. George Yates, Dr. Thomas Underhill, Dr. Fowler Bodington, Mr. T. Watkin Williams, and others, took part.

CORRESPONDENCE.

THE ASPIRATOR IN TAPPING THE CHEST.

SIR,—My attention has only recently been called to some comments on a case reported by me in a contemporary, which appeared in the BRITISH MEDICAL JOURNAL of September 19th, but which escaped my notice at the time in consequence of my absence from home.

The case was one of acute pericarditis accompanying acute articular rheumatism, in which copious and sudden effusion took place, threatening speedy death from failure of the heart. The condition was one of such imminent peril, and the indication for treatment was so obvious, that I had no hesitation in asking my colleague Mr. Steele to perform paracentesis pericardii. The operation was at once performed, as Mr. Steele fully endorsed my view of the case in considering that active interference was urgently needed. The instrument used was Weiss's aspirator of Dieulafoy, in which the larger tubes have not pointed extremities, but are arranged on the trocar and cannula principle. The trocar and cannula were introduced, the trocar at once withdrawn, and the tube of the aspirator inserted into the orifice of the cannula, being retained by means of a screw. Of course a few drops of fluid escaped in withdrawing the trocar; but there is very little risk of air entering at this period of the operation when the tension on the fluid-cavity is considerable. Mr. Godrich assumes that an *unguarded needle* was used, and that I had never heard of any other instrument, or it would have been used in this case. Now, I do not conceive that my friend Mr. Steele would have been so rash as to retain a sharp-pointed needle in the pericardium, rubbing against the walls of the constantly moving heart during the time occupied by the sucking away of the fluid. If such a proceeding had been proposed, I should certainly have been bound to protest against it. The danger to be anticipated from the unguarded needle in the case of pericardial effusion is too obvious to

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF CAMBRIDGE.

APPOINTMENTS OF EXAMINERS.—The following appointments have been made: *First M.B. Examination*—W. P. Hiern, M.A., and R. Apjohn, M.A. *Second M.B. Examination*—J. B. Bradbury, M.D., J. N. C. Davies-Colley, M.C. *Third M.B. Examination*—T. Clifford Allbutt, M.D., P. J. Hensley, M.D. *Master in Surgery*—John Wood, F.R.S., F.R.C.S., Christopher Heath, F.R.C.S. Dr. J. W. Ogle has been appointed assessor to the Regius Professor of Physic.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

At the quarterly meeting of the Council, on the 15th instant, the Council considered a communication from the late Dr. Anstie, dean of a School for the education of Ladies for the Medical Profession, requesting to know, amongst other matters, whether a list of gentlemen, proposed for teachers, would meet with their approval. The Council decided—That whilst they take no objection to the list of names submitted to them in the letter of the late Dr. Anstie as teachers in the proposed school, they are not prepared to imply a readiness to recognise a school which is incomplete, and respecting which they have so little information.

It was resolved, on the motion of Mr. Simon—That it be an instruction to the Committee on Bye-laws to prepare for consideration of the Council a formula for a new bye-law, under section 18, to define the privileges of the fellows and members respectively to hold meetings within the College, and to arrange the necessary provisions for holding such meetings.

Other motions by Mr. Erichsen, Mr. Henry Lee, Mr. Gay, and Sir James Paget were deferred to a future meeting.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, October 15th, 1874.

Buckland, Alfred George, New Zealand
Steavenson, William Edward, Addlestone, Surrey

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

Prowse, William Byass, London Hospital

MEDICAL VACANCIES.

THE following vacancies are announced:—

BAILIEBOROUGH UNION, co. Cavan—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Crossbane Dispensary District. Application, 7th November, to Patrick Morgan, Hon. Sec., Lisnabantry, Virginia.
BELGRAVE HOSPITAL FOR CHILDREN—Physician. Applications, 31st instant, to the Honorary Secretaries.
BIRMINGHAM and MIDLAND FREE HOSPITAL FOR SICK CHILDREN—Surgeon. Application, 4th November, to the Medical Board.
CENTRAL LONDON OPHTHALMIC HOSPITAL, Gray's Inn Road—Assistant Surgeon. Application, 7th November, to the Secretary.
CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park—Resident Medical Officer. Application, 26th instant, to William Jones, Secretary, 24, Finsbury Circus.
COUNTY AND COUNTY OF THE BOROUGH OF CARMARTHEN INFIRMARY—Resident Medical Officer: £100 per annum, board, etc., or £120 per annum, lodging, etc., without board. Application, 16th Nov., to Howell Howells, Secretary.
DERBY AMALGAMATED FRIENDLY SOCIETIES' MEDICAL ASSOCIATION—Assistant-Surgeon: £150 per annum. Application, 27th instant, to J. Bullivant, Secretary, 58, Abbey Street, Derby.
EAST SUSSEX, HASTINGS, and ST. LEONARD'S INFIRMARY—Assistant-Surgeon.
ENNISCORTHY DISTRICT LUNATIC ASYLUM—Resident Medical Superintendent.
FARRINGDON GENERAL DISPENSARY and LYING-IN CHARITY, Bartlett's Buildings—Physician. Application, 27th instant, to Samuel Green, Honorary Secretary, 10, St. Swithin's Lane.
FYLDE UNION, Lancashire—Medical Officer for the Blackpool District: £43.10 per annum.
HINCKLEY UNION, Leicestershire—Medical Officer for the Earl Shilton District: £30 per annum.
HORTON INFIRMARY, Banbury—Resident Dispenser and Secretary: £50 to £70 per annum, board and lodging. Application to G. A. Hewett, Hon. Sec.
HOSPITAL OF THE INSANE, Santiago, Chili—Head Physician: £600 per annum, board and lodging, and first-class travelling expenses. Application to the Secretary of the Chilean Legation in France, 54, Rue de Monceau, Paris.
JERSEY GENERAL DISPENSARY—Resident Visiting and Dispensing Medical Officer: £120 per annum, furnished rooms, etc. Applications to the Rev. P. A. Le Feuvre, Honorary Secretary.

KENT and CANTERBURY HOSPITAL—House-Surgeon: £80 per annum board, lodging, etc. Application, 30th instant, to Thomas Southee, Secretary.
KENT LUNATIC ASYLUM, Chartham, near Canterbury—Medical Superintendent: £600 per annum, house, etc. Application, 28th instant, to John Cal-laway, Clerk to the Committee, Canterbury.
LANCASHIRE GAOL, Lancaster Castle—Surgeon. Application, 31st instant, to Messrs. Birchall and Co., Deputy Clerks of the Peace, Preston.
LEOMINSTER DISPENSARY—Medical Officer.
LINCOLN MEDICAL INSTITUTE OF THE M. U. ODD FELLOWS—Medical Officer: £150 per annum, house, and 10s. 6d. each case of Midwifery. Applications, 1st November, to Mr. Samuel Gadd, 247, High Street, Lincoln.
MANCHESTER ROYAL LUNATIC HOSPITAL—Assistant Medical Officer: £120 per annum to commence, apartments, board, etc. Application to G. W. Mould, Resident Medical Superintendent.
NEWMARKET UNION—Medical Officer for the Workhouse: £50 per annum and midwifery fees. Applications, 26th instant, to Thomas Ennon, Clerk.
NORTH WALES COUNTIES LUNATIC ASYLUM—Medical Superintendent: £350 per annum to commence, house, coals, gas, vegetables, and washing.
ROYAL FREE HOSPITAL, Gray's Inn Road—Junior House-Surgeon. Application, 28th instant, to James S. Blyth, Secretary.
ST. GEORGE DISPENSARY, Mount Street—Resident Medical Officer: £150 per annum, with residence. Application, 31st instant, to G. H. Leah, jun., Secretary, 75, Park Street, W.
SCHOOL OF PHYSIC, Dublin—Professor of Chemistry.
SEAMEN'S HOSPITAL (late *Dreadnought*), Greenwich—Visiting Surgeon. Application, 7th November, to H. C. Burdett, Secretary.
STRANORLAR UNION, co. Donegal—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Stranorlar Dispensary District: £100 per annum, and fees. Application, 26th instant, to John Gunning, Hon. Sec.
SURREY LUNATIC ASYLUM, Brookwood—Assistant Medical Officer.
TOWCESTER UNION—Medical Officer for the Blakesley District: £60 per annum, and fees. Application, 26th instant, to W. Whitton, Clerk.
UNIVERSITY COLLEGE, London—Professor of Comparative Anatomy and Zoology. Applications, 31st inst., to John Robson, B.A., Secretary to Council.
WALSALL UNION, Staffordshire—Medical Officer for the Workhouse and the Borough District: £80 and £45 per annum respectively.
WESTMINSTER GENERAL DISPENSARY, Gerrard Street, Soho—Honorary Surgeon.
YORK COUNTY HOSPITAL—House-Surgeon: £100 per annum, board, and lodging. Application, 31st instant, to Robert Holtby, Secretary, 5, New Street, York.

MEDICAL APPOINTMENTS.

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

ADDERLY, John, M.D., appointed Resident Medical Officer to the Fever Hospital, Cork.
ARMSTRONG, Henry G., M.R.C.S.Eng., appointed House-Surgeon to the Royal Berkshire Hospital, Reading, *vice* K. Galpin, M.R.C.S.Eng., resigned.
*BEATTY, T. Carlyle, jun., L.R.C.P.Ed., appointed House-Surgeon to the Seaham Harbour Infirmary.
DIXON, J., M.B., appointed Surgeon to the French Hospital.
FENN, Ernest Harold, M.R.C.S.Eng., appointed Senior House-Surgeon to the Middlesex Hospital.
GARD, William J., M.R.C.S.Eng., appointed Junior Surgeon to the Royal Albert Hospital, Devonport, *vice* J. Wilson, M.D., deceased.
*GAMBER, Arthur, M.D., appointed Assistant-Physician to the General Hospital for Sick Children, Manchester, *vice* J. Gwyther, M.B.
*GILL, Henry C., M.R.C.S., appointed Medical Superintendent of the York Lunatic Asylum, *vice* F. Needham, M.D.
HUNTER, W., M.B., appointed Assistant Medical Officer to the Barnhill Lunatic Asylum and Poor House, Glasgow.
*MCKENDRICK, John G., M.D., appointed Professor of Physiology at the Edinburgh Royal Veterinary College.
SMITH, Henry B. L., M.B., appointed House-Surgeon to the Dorset County Hospital, *vice* — Davidson, resigned.
TURNER, Robert, M.D., appointed Resident Medical Officer to the Infirmary, Newport, Monmouthshire, *vice* G. A. Davies, L.R.C.P., resigned.
*WILLS, Thomas M., L.K.Q.C.F., elected Honorary Surgeon to the Bootle Borough 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.

MARRIAGE.

BARNES-SNELL.—On October 15th, at St. Mary's, Stoke Newington, by the Rev. T. Jackson, rector, Edgar G. Barnes, M.D. Lond., of Eye, Suffolk, to Emma Elizabeth, third daughter of the late James P. Snell, of Holloway.

DEATHS.

DUFFIN, Edward Willson, M.D., F.R.C.S., in the 75th year of his age, at 18, Devonshire Street, Portland Place, on October 17th.
GOODALL.—On September 26th, at Clay Cross, Derbyshire, twelve days after severe injuries received during the performance of his professional duties, Richard Thomas Goodall, Surgeon, aged 40, deeply lamented.
WILSON, Frederick Wm., M.R.C.S.Eng., at Forest Hall, Long Benton, Northumberland, aged 80, on October 8th.

NORFOLK AND NORWICH HOSPITAL.—Notice has been given that, at the next quarterly meeting, it will be moved "That a Committee be appointed to inquire and report as to the necessity of appointing a superintendent of hospital nurses, and whether a combined system of hospital, private, and district nursing could be advantageously adopted in this, as it has been in other, large towns."

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.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8 P.M. Mr. P. V. Gowland will show a specimen of a rare form of Polypus of the Rectum. Mr. Francis Mason: A Case of Successful Operation on Webbed Fingers; and a Case of Primary Infecting Sore on Thigh. Dr. J. Milner Fothergill, "On the Relation of Disease of the Heart to the Diseases of the Respiratory Organs".

TUESDAY.—Royal Medical and Chirurgical Society, 8.30 P.M. Dr. Bakewell, "Abdominal Aneurism of unusual size"; Mr. Lawson Tait, "Successful removal of Large Fibro-myoma of the Fundus Uteri"; Mr. Barwell, "Recovery after removal of Foreign Body impacted for twenty months in Female Pelvis".

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.

F.R.S.—As a matter of fact, THE BRITISH MEDICAL JOURNAL, we understand, circulates 1,500 copies weekly more than the *Lancet*. Which is the best medium of publication is, we imagine, deducible from figures.

DR. W. HINDS (Birmingham).—We shall be happy to receive any suggestion.

SURGEON-MAJOR.—A list of all medical appointments, as they become vacant, is already published, so far as we become aware of them.

MR. T. LAWRENCE READ.—The Royal Albert Asylum for Idiots at Lancaster.

MR. G. MEADOWS (Darlington).—1. The Medical Act came into operation on January 1st, 1859. It does not actually order that all students shall pass a preliminary examination; but the General Medical Council, appointed under the Act, have recommended strongly the universal institution of such examination, so as to prove the attainment of a certain amount of general knowledge, and this recommendation has been carried into effect by all the Medical Examining Boards. 2. All Acts of Parliament are to be obtained of Messrs. Spottiswoode, Little New Street, E.C. 3. Ask for the Medical Act (1858).

TREATMENT OF BRONCHITIS AND ASTHMA.

SIR,—In answer to "Inquirer," I would state that the "usual doses of the various drugs mentioned" are as follows: $\frac{1}{2}$ Potassii iodidi gr. v; ammoniæ carbonatis gr. v; tinctura belladonnæ min. xv; spiritus chloroformi min. v; vini ipecacuanhæ min. v; infusi gentianæ $\frac{1}{2}$ l. This is given for a dose. It is as well to mention that I never read Tanner's *Index of Diseases*, nor Dr. Headlam Greenhow's work, so that the above is quite original. I found it out entirely from my own observation.

In conclusion, I would add that "Inquirer" might have subscribed his real name, and that Dr. Boulton (my "friend") is an utter stranger to me.

I am, etc.,

W. H. SPURGIN, M.R.C.S., L.S.A.

Maryport, October 17th, 1874.

GERMAN VACCINATION REGULATIONS.

We are much obliged to Dr. Hegewald (Meiningen) for his courteous attention to the request of our correspondents. The copy of regulations for vaccination in the German Empire has been forwarded to Dr. Munro. We have a copy at the office for J. C. L. if he will write or send for them.

NOTICES of Births, Deaths, Marriages, and Appointments, intended for insertion in the BRITISH MEDICAL JOURNAL, should arrive at the Office not later than 10 A.M. on Thursday.

MEDICAL TITLES.

SIR.—The subject of medical titles now under discussion in your JOURNAL is one of considerable interest both to the profession and the public, and, with your permission, I should like to say a little upon the question.

The assumption of the title of "Dr." by licentiates of the three Colleges of Physicians of London, Dublin, and Edinburgh, is an abuse of modern origin. It has become very general and very obtrusive since the year 1862, and is simply the natural result that any one with any foresight might have predicted of the cruel and unjust regulations which practically closed for ever the doors of a certain northern university upon the registered practitioners of this kingdom. Little or no abuse of the kind complained of existed before; and when a qualified man sought a degree, he went to the seat of the University, passed an examination creditable and honourable to himself, and came away with a title to which he had every legitimate right. Now, no such opportunity exists. The more modern assumption of the title by ungraduated licentiates has given rise to a good deal of ill feeling amongst the graduates of the Universities, who feel themselves naturally deeply aggrieved and injured after the prolonged and expensive course of study to which they have been subjected, and in the use of which titles they should by every principle of equitable right have been protected. The number of foreign graduates, too, has been within the last few years considerably increased, and more particularly since the year 1862. Cause and effect are here as apparent as noon-day. Stop the supply of a legitimate demand, and the result is apparent. Here is the *fons et origo mali*. Hundreds of practically qualified and well-deserving men, who have already given ample proof of their knowledge before one, two, or three examining boards of Great Britain (any one of which requires a curriculum and examination equal to that of M.D., though by a singular anomaly they are deprived of the title), find a degree in medicine essential or desirable; they naturally look about them in their own country, and find the portals of every University hopelessly barred against them by the residence clauses of one or two years (which may be well enough to youths or young men whose time is of no value), which would simply ruin the older and established ones: for no one can leave an established practice for that time, with the competition of the present day, without losing it, and necessarily sacrificing the position and prospects which he has to gain by years and years of hard work, to say nothing of the hundreds of pounds usually invested in it. Almost all these men would with pleasure fly to the arms of any University at home who would receive them without residence, pass any examination, pay any fees, and do credit to their *Alma Mater*. But whilst nothing but the barricade and practically insuperable obstacles are presented to them, it is unreasonable to suppose that they will abandon their legal privileges of assuming any title so long as they are on the *Medical Register*. In fact, men do it and will do it under present circumstances, and they are less to be blamed than the cruel and unjust measures which force them to act in this way. Carry out the wholesome principle of removing the cause, and the effect will cease.

The regulations of the University of St. Andrew's for senior and registered practitioners are totally inadequate to meet the demand: they are, moreover, cruel, unfair, and unjust. Why should a man be deprived of a degree until the best years of his life have passed away, and with them the energy, hope, and strength of his youth have begun to decay? This regulation is the most cruel of all, and it practically means that he must be forty-five years of age; for I recently wrote to them when I was over forty years of age, and I found that their lists of applicants were full for years to come. By this time the very need and stimulus of a degree have gone. The practitioner, after having struggled through the heat and burden of the more oppressive part of the day, has attained a position in which he may regard a degree with indifference. It can be little or no aid to him, and knowing how to estimate its value to a nicety, he prudently refuses to submit to such terms.

I turned my attention to foreign countries, and there found Faculties who had the power and were willing to confer the degree of M.D. upon me, not for a mere pecuniary consideration, but after an examination which would have done credit to the University of London. Thither I would direct many of my professional brethren who need degrees, and there they will meet with justice and reasonable treatment. Since my graduation, I have been treated with the greatest deference both by the profession and the public: I have been thought equally as well of as if I possessed the best British degree. The degree of M.D. is current throughout the civilised world, and it was only secondarily introduced into England; and I am advised that no power or laws will take my foreign degree from me so long as I am on the *Medical Register*, with other qualifications, and I may say that I possess the *three* London ones. The Universities of Great Britain are the servants of the nation, and should be made to conform to the present age and its requirements; and if the profession were united and exerted their power, British Universities might in a short time be brought to their senses. The profession think too much of degrees, and the public too little; and we live in an age of free trade, where injustice, conspiracy, and monopoly are not usually tolerated.

October 1874.

I am, etc.,

COSMOPOLITAN.

SIR.—When I read the letter of Scrutator in the JOURNAL of October 10th, it put me in mind of the Fable of the *Cat and Mice*. It may be proposed to deprive Licentiates of the College of Physicians of Edinburgh of their rights of calling themselves Doctors, but it is very questionable whether it can be carried out. If such a petition should be made, as proposed, it would be but fair that those who should lend their names to it should be known to the medical profession.

It seems strange that the College of Physicians of Edinburgh should be always questioned about its rights, and nothing said of the King and Queen's College of Physicians of Dublin, whose Licentiates also take the title of Doctors.

It is not long ago that a County Court Judge decided that Licentiates of the College of Physicians of Edinburgh were not entitled to recover for medicine; but the Council of the College, not being satisfied, sought the opinion of Sir George Jessel and Mr. J. H. Lloyd, which was in favour of the College.

If Scrutator and the County Court Judge were correct in their opinions, a Licentiate of the College of Physicians of Edinburgh could neither claim for medicine supplied, nor entitle himself Doctor, and the consequence would be that the diploma would not be worth having.

October 1874.

I am, etc.,

JUSTICE.

SIR.—In reply to Scrutator's strictures on the use of the prefix Dr. (which does not necessarily mean M.D.) by the L.R.C.P.E.s, allow me to inform him that in so