

## ASSOCIATION INTELLIGENCE.

### BATH AND BRISTOL BRANCH.

THE second ordinary meeting of the session will be held at the York House, Bath, on Thursday evening, December 3rd, at 7.30 P.M.; F. MASON, Esq., President.

R. S. FOWLER,  
EDMUND C. BOARD, } *Honorary Secretaries.*

Bath, November 1874.

### MIDLAND BRANCH.

A SPECIAL general meeting of this Branch will be held at Lincoln, on Friday, December 18th; T. SYMPSON, F.R.C.S., President; A. H. DOLMAN, M.R.C.S., President-elect.

*Business.*—To elect an Honorary Secretary and Treasurer, and eight ordinary Members of Council, according to Rules 7 and 8.

Papers will be read and other business transacted.

C. HARRISON, M.D., *Honorary Secretary.*

Lincoln, November 23rd, 1874.

### SOUTH-EASTERN BRANCH: EAST SURREY DISTRICT.

THE next meeting will be held at the Greyhound Hotel, Croydon, on Thursday, December 10th, at 4.30 P.M.; H. T. LANCHESTER, M.D., in the Chair.

The following papers are promised. Dr. Moxon: On Paralytic Tremor as a Symptom. Dr. Walters: Cases of Naso-Pharyngeal Polypus; and Poisoning by Arsenic and Hydrocyanic Acid. Dr. Ilott: Clinical Cases and Specimens from Croydon General Hospital.

The Chairman kindly invites members and their friends to lunch at Park House, Croydon, at 2 P.M.

Dinner at 6 P.M., at the Greyhound Hotel; charge, 7s., exclusive of wine.

JOHN H. GALTON, M.D., *Honorary Secretary.*

November 25th, 1874.

### GLOUCESTERSHIRE BRANCH: ANNUAL MEETING.

THE annual meeting of this Branch was held at Gloucester on Tuesday, November 17th. The officers for the coming year were elected.

*Papers.*—Dr. WASHBOURN (President) read a paper on the Advantages and Disadvantages of the (so-called) Higher Education of Women. Mr. T. S. ELLIS read a paper on the Influence of Muscular Action in the Prevention and Cure of Flat Foot.

Various new Sanitary Appliances were exhibited by Dr. Bond.

The members afterwards supped together at the Bell Hotel.

### WEST SOMERSET BRANCH: AUTUMNAL MEETING.

THE autumnal meeting of this Branch was held at the Railway Hotel, Taunton, on Thursday, October 29th, at five o'clock. Fourteen members were present. H. W. RANDOLPH, Esq., President, in the Chair.

*New Member.*—John W. Norman, Esq., of Dunster, was elected a member of the Branch.

*Whooping-Cough.*—After dinner, the following question, as previously settled, was discussed—viz., "What is the best Treatment for Whooping-Cough?" The Secretary read written replies from Messrs. H. Adams, Hugh Norris, J. Pranker, and E. Stephens, who were prevented from attending the meeting. After which, each member present, in answering the question, related his favourite plan of treatment, the same being based either upon experience only, or on some theory to fit the practice; and finally the Chairman summed up the discussion, which had proved very diversified and interesting.

*Paper.*—Dr. CORDWENT read a paper on "What is a Tonic?" The author began by stating that medicines termed "tonics" had most seductive attributes—some of which were clearly impossible, and others equivocal. Most writers on *materia medica*, even of the present day, stated in effect that they were medicines having the power of gradually increasing the tone of the muscular fibre when relaxed, and the vigour of the body when weakened by disease. If it were so, he did not see why medical men prescribed other medicines, because "to give tone to the muscular fibre when relaxed, and vigour to the body when weakened by disease, was, in its true meaning, the science of all medical treatment". It was difficult, he argued, to understand how a patient, weakened, for instance, by fever, wherein the weakness resulted from, or was concurrent with, much loss in several different tissues, and each embodying a

variety of elements, how a drug could restore these elements, though it might, and sometimes did, unquestionably add a quatum of influence. It was said, also, that tonics stimulated the appetite and increased digestion; but appetite might be stimulated, or a sense of hunger induced, by many vegetable bitters, without the power of digestion being in the least increased. In many cases of debility, as especially after fevers, to stimulate the appetite beyond its normal return, must be, he thought, a very questionable advantage, when usually the eliminating functions were weakened almost in the ratio of the bodily attenuation. The kidneys, the skin, and lining membrane of the bowels had ordinarily suffered, hence the aptitude of surfeit, and the instinctive desire for changed food. That only could, in fact, be a tonic which added or caused to be added that of which the system failed, or subtracted or caused to be subtracted that which was offensive. Iron was a tonic in chlorosis, because it added to the blood an element, without sufficient of which, in convenient form, due oxygenation of tissue failed. So albumen was tonic to the man exhausted by muscular exercise; so water to one drained by perspiration; so, again, of two scrofulous patients—one thin and irritable, the other fat and phlegmatic—cod-liver oil was a tonic to the one, because supplying an element deficient, but to him already fat it would be an uncompensated abomination. He did not argue that only to be a tonic which supplied nutriment, or caused it to be supplied; and instanced quinine, which appeared to do great good in anæmia, by arresting that abnormal migration of cells from the capillaries, when, by its lowered condition, the serum of the blood had lost its healthy standard and affinity: but if quinine were not food, modern research, with that most refined of inquisitors the prism, had led, on very well sustained evidence, to the "supposition that man and all animals possessed in every part of the body the most characteristic peculiarity of the bark of the cinchona tree" (Bence Jones); and many diseases might arise from deficiency in the system of this "animal quino-dine".

*Future Business Arrangements.*—A long debate followed, as to the desirableness or otherwise of continuing the present plan of having a question fixed by the Council on which each member would be expected to express his opinion at the ensuing meeting; and also, if a question be propounded, whether papers, of which due notice had been given, should not take precedence of such question. It was resolved, as to the first point, that, at the meetings of the Branch, the discussion of the subject proposed by the Council shall be general, and not obligatory on such member; and, as regards the second point, without coming to a definite resolution, it was arranged that the Secretary should endeavour to ascertain, from members intending to read papers, the titles of the papers, and give due notice of the same in his circular announcing the intended meeting, when the said papers would be brought forward.

### SOUTHERN BRANCH: SOUTH HANTS DISTRICT.

A MEETING of the above District was held at the School of Science and Art, Portsmouth, on Tuesday, November 17th. Twenty-five members were present, and W. H. GARRINGTON, Esq., J.P., occupied the chair.

*Papers, &c.*—1. Inspector-General SMART, M.D., C.B., read a paper on the Secondary Epidemics of Cholera in Europe. A long discussion on the question of contagion followed.

2. 3. Dr. KEALY and Dr. AXFORD read papers on Rupture of the Uterus.

4. Dr. KNOTT exhibited a child labouring under hypospadias.

5. Mr. G. TURNER (Medical Officer of Health for Portsmouth) described a new and ready method of Estimating the Quantity of Urea in Urine.

6. Dr. WARD COUSINS brought a patient before the members labouring under Locomotor Ataxy with Amaurosis.

7. Dr. COUSINS exhibited: *a.* Photographs of a patient, taken before and after an operation for the removal of an Extensive Epithelioma, which involved both lips and the chin; *b.* Three Calculi recently removed by Lithotomy; two of them were very irregular, and covered with blunt-pointed processes; *c.* A large Stone, weighing eleven ounces, together with the bladder, removed from a patient, aged 60, who died of suppuration of the kidney. The lateral operation was performed after death, but the stone could not be extracted even with a very free division of the prostate. It was readily removed by the suprapubic method. The calculus completely filled the bladder. It was oblong and regular in form. The large diameter measured three inches and a-half, the short diameter three inches, and the circumference corresponding to the long diameter, ten inches. The right kidney was wholly disorganised and converted into an abscess. The ureters were

much dilated. The bladder was thickened in every part. The mucous membrane was superficially ulcerated, and covered with phosphatic deposit. About an inch behind the orifice of either ureter, the internal surface of the bladder was marked with a round opening, leading into a large sacculus. These sacculi were equal in size, and each was capable of holding three or four ounces of urine.

The next District Meeting will be held at Portsmouth on December 15th.

## REPORTS OF SOCIETIES.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, NOVEMBER 24TH, 1874.

C. J. B. WILLIAMS, M.D., F.R.S., President, in the Chair.

#### CASES OF SYPHILITIC REINFECTION, WITH REMARKS. BY GEORGE G. GASCOYEN, F.R.C.S.ENG.

IN this paper were given the details of eleven cases of syphilitic reinfection which had passed under the observation of the author, seven of which he had himself treated on both occasions. Ten of them had previously had general syphilis, and in six of these constitutional symptoms again manifested themselves; while, in four, an indurated chancre only was the evidence of a second contamination. The remaining case was one of well marked indurated chancre with inguinal adenopathy for the first disease, but the reinfection showed itself as an indurated chancre, followed by tertiary lesions, without the intervention of any of the secondary affections. The importance of these cases was dwelt upon, as evidence that the diathesis created by syphilis may completely wear out and leave the individual free from all trace of his former attack, so that he may become the parent of healthy offspring, and also liable to contract again the disease if exposed to contagion. That examples of syphilitic reinfection cannot be so rare as is commonly supposed, was shown by a table, in which sixty cases were collected, from various sources; and, as in most of them, as well as in those which formed the subject of the communication, a full mercurial treatment had been employed, they were considered to afford strong testimony to the value of the drug, not only as a remedial, but actually as a curative, agent. The author endeavoured to show from these cases what is the real meaning of the induration which commonly accompanies an infecting chancre. He did not regard it as one of the strictly local processes attendant upon, or essential to the development of, such a sore, but as the first of the so-called secondary symptoms—the earliest expression of a constitutional contamination—which usually manifests itself at the point of inoculation, and which is as pathognomonic of a general taint as any of the affections admitted to be secondary. In most of the cases related, the sore followed at once upon intercourse; and it was urged that a period of incubation is by no means necessary to the evolution of an indurated chancre. Much difference of opinion exists on this point, and the author considered that the presence or absence of incubation is determined by the nature of the lesions whence the chancre has been derived, whether from an infecting sore still suppurating and in full local activity, or from an indurated chancre which has become indolent and ceased to form pus, or from some other constitutional affection. In the former case, which is an example of *primary syphilitic* inoculation, no incubation preceded the pustular origin of the chancre; but, in the latter, which constitutes an example of *secondary syphilitic* inoculation, a period of incubation always precedes the papular development of the resulting sore; and, as the phenomena which have been observed to follow the inoculation of an indurated sore, are precisely the same as those which attend the successful inoculation of mucous tubercles, or of syphilitic blood, in a person previously healthy, this fact was considered to afford an additional reason for placing a non-suppurating indurated chancre in the category of secondary syphilitic accidents. Some of these cases of reinfection, the author observed, threw light upon the position which the more remote lesions following upon syphilis really occupy with regard to the disease. Six of the cases recorded occurred in persons suffering at the same time from tertiary syphilis; and it was sought from the circumstance to show that some of the more advanced symptoms must be the sequelæ of a past, and not the manifestations of a still existent disease. For, since it is impossible to believe that two distinct attacks of general syphilis can take place in the same individual at the same time, these later manifestations, characterised by cachexia, ulceration, etc., which existed when the second contagion took place, must be due to the injury inflicted upon the economy by a previous disease; and the fact that a fresh infection can take place under such circumstances,

would seem to be convincing proof of the accuracy of such an assumption.

Mr. HENRY LEE regarded Mr. Gascoyen's paper as a highly valuable one. His own experience entirely agreed with what Mr. Gascoyen had stated as to the reinoculability of syphilis on a person who had already had the disease. He was rather surprised to hear that there were so few cases in English literature. He thought that he had published two cases where reinfection had occurred. In cases of reinfection, the character of the sore differed from that produced in a previously healthy subject; it was small, and ran through its course quickly. The period of incubation was not so long as in an original sore; the glands were not so definitely enlarged, and suppuration occurred. The secondary symptoms after reinfection were of the same character as those following original infection, but were milder, and yielded more readily to treatment. He could not draw a distinct line at the period at which a person having had syphilis could be said to be free from the disease: the passing off of the influence took place gradually, like, for instance, that of vaccination. He had treated a patient for syphilis, followed by slight secondary eruption, who, seventeen years afterwards, was reinfected. On the second occasion there was a small pimple, with enlarged and suppurative glands, followed lately by the development of well defined copper-coloured blotches. He had also seen a case where there was general enlargement and suppuration of the glands, and which was probably one of reinfection. According to Mr. Gascoyen, induration was essentially a constitutional symptom; hence, if there were no induration, there was no constitutional affection. The results of inoculation after reinfection did not seem to be the same as those of inoculation from a soft sore. He had lately seen some inoculations by Mr. Morgan of Dublin, in which the cicatrix was raised rather than depressed.—Mr. ACTON said that there was no doubt that reinfection could take place; but he could not understand that this occurred so often as was stated. He had not seen more than ten or eleven cases. He was often called to cases of supposed reinfection; but hardness, not necessarily the result of reinfection, might come on in the site of a primary sore years after the first infection. He had met with a case where a man, supposed to have recovered from syphilis for ten years, again presented symptoms of the disease. Such a case, according to Mr. Gascoyen, if induration were present, would be regarded as one of reinfection. It was an important practical observation, that in cases of reinfection the secondary symptoms were recovered from almost with the mere use of tonics, without mercury. With regard to inoculation from secondary syphilis, he thought that it was a question of great difficulty. Persons having secondary symptoms cohabited for months without producing infection. He had seen attempts made to inoculate secondary syphilis; but the process was a difficult one. It was said that it was very easy to prove that reinfection occurred frequently. Was he to understand that, in order to prove this, surgeons had undertaken the responsibility of inoculating healthy persons? Unless this were done, there was a want of data that could be depended on.—Dr. DRYSDALE had been long on the look-out for cases of reinfection; but he had only met with one case, in which a gentleman who had a primary sore followed by sore-throat and eruption in 1861, having recovered, was reinfected in 1870. He did not think that induration was a sufficient sign of reinfection; for tertiary induration might be mistaken for that of a primary sore, and he believed that many authors had probably made this mistake. He did not agree with Mr. Hutchinson's view that the tertiary symptoms were not really syphilitic. He thought that, to prove that two attacks of syphilis had occurred in the same person, it would be necessary to show that there had been roseola on both occasions. Such writings as those of Mr. Gascoyen tended to shake the dualistic theory of syphilis, which he believed correct. He would ask Mr. Gascoyen whether syphilitic men ever begot syphilitic children without first infecting the mother. Inoculation from secondary manifestations had always resulted in syphilis. Infection had in some cases taken place by the mouth. Prostitutes must sometimes infect by secondary symptoms; it was scarcely possible that there could be sufficient primary syphilis among them to account for all the cases of infection.—Dr. THIN said that the influence of iodide of potassium in tertiary syphilis indicated that it was not merely due to the wearing down of the constitution.—Mr. TROTTER said that his experience in a regiment for twenty years confirmed the existence of reinfection. It had several times occurred that a man had a hard chancre, and recovered under treatment; and that, after remaining well for five, six, or seven years, he became reinfected. In the interval, he had been examined at the regular inspections, so that any sign of disease would have been detected. He was rather surprised that so few cases of the kind were recorded.—Mr. MYERS had for fifteen years looked on reinfection as of common occurrence. He had also noticed cases where, after the healing of an indurated sore, induration was again produced by some irrita-

Mr. Myers' veracity, and it is impossible to read his letter without being impressed by his earnestness and the *bona fides* of his statements; and yet, when they are brought to the touchstone of a much wider experience, they prove to be fallacies and misleading, *because they are based upon a far too limited area both in time and number of men*; and this is a fallacy which inevitably lessens the value of most of the reports, for the troops are generally moved from year to year, and, therefore, few medical officers have more than a year's experience in any one place; and the same remark applies to the navy. The consequence is that, reading the army and navy reports consecutively, this feature is very striking; for strongly favourable opinions are continually expressed upon an experience of two or three months (in one case of less than three weeks) and seldom extending so far as a year. Now, the fluctuations of disease from year to year are so great both in the army and navy, and and both in protected and unprotected places, that an experience of months is perfectly worthless, except as contributing towards a whole. An experience of a year is quite as likely as not to be contradicted by the next year, and nothing short of an experience of several years can furnish any reliable information as to its condition of disease in any particular place, or the effect of the presence or absence of the Contagious Diseases Acts. I will now give an illustration for several years from a protected and an unprotected town from the army reports, and from a protected and an unprotected station from the navy reports; and, lastly, an illustration of the *quarterly* fluctuations in Portsmouth from the Navy List Health Reports for 1870.

Manchester (unprotected).—1860: Ratio per 1,000 was 289, rose to 487, fell to 452, fell to 327, fell to 311, rose to 381, rose to 570, fell to 381.

Shorncliffe.—Ratio, 82, fell to 68, fell to 57, fell to 42. Act applied: rose to 77, fell to 61, rose to 101, fell to 31.

Mediterranean (protected).—Venereal sores: 1866: Ratio 24, then up to 30, up to 47, down to 38, down to 34, up to 53.

Australia (unprotected).—1866: Ratio 32, up to 42, down to 22, down to 18, down to 9, up to 13, up to 39.

Quarterly fluctuations.—Navy, 1870, p. 22: On board the *Excellent*, in Portsmouth, and under the Act the whole time: 1868, 1869, 1879, first quarter et subs., 15, 8, 5, 6, 3, 6, 13, 16, 17, 3, 2, 1.

The whole subject of these Acts as sanitary measures is, however, considered more fully in the statement for the Home Secretary, to which I have alluded above, a copy of which I have now the pleasure of forwarding to you.

I am, etc., J. BIRKBECK NEVINS, M.D.Lond.  
Liverpool, November 1874.

\* \* To refute the statements contained in the letter of Mr. Myers, Surgeon to the Coldstream Guards, in the JOURNAL for October 31st, Dr. Nevins puts forward a quotation from the Army Medical Returns that has no relation to Mr. Myers' statement, for it refers to something very different. Mr. Myers, whose battalion is alternately quartered in Windsor and in the metropolis, in his letter, compared the amount of venereal disease contracted by the soldiers under his care while quartered in the metropolis with the amount contracted when at Windsor. In the metropolis the Contagious Diseases Acts are not in force; at Windsor they have been in operation since 1868. The battalion arrived at Windsor on April 26th last, carrying with it seventeen cases of primary syphilis and two of gonorrhoea. During the next two months, fourteen more of primary syphilis and thirteen of gonorrhoea were sent to hospital, of which only one of the primary syphilis and only two of the gonorrhoea were contracted at Windsor. In the remainder of the stay at Windsor, four more cases were admitted, all being charged against that district. This made nineteen cases imported on the arrival of the corps, twenty-four others imported during the early part of its sojourn at Windsor, but only seven due in five months to contagion within the district; that is, forty-three to London and seven to Windsor. The battalion then returned to London. Dr. Nevins maintains that this experience extends over too short a time to be trustworthy, overlooking Mr. Myers' further statement that, though this is a marked example of the much greater freedom of the Guards from venereal disease in the protected district of Windsor than when in London, "it is only one of an ever recurring series on a change of quarters from London to Windsor". Figures supporting this assertion have in previous years been published both in this JOURNAL and in a contemporary. It lies now with Dr. Nevins to prove that this great disparity between Windsor and London, or something approaching to it, existed when Windsor was "unprotected", as London still is. This he has not done; but, to show that great fluctuations are common, which no one familiar with returns of disease doubts, Dr. Nevins quotes the entries for venereal sore at Windsor during the years 1867 to 1871 inclusive, wishing us to infer the great difference between London and Windsor to be an accidental fluctuation. However, they do not apply to Mr. Myers. They simply show the

annual ratios of the men from *several* corps sent to hospital for venereal sore at Windsor during a term of years, without distinguishing between the cases contracted in Windsor and those imported into the town when fresh troops came in. Mr. Myers' figures deal only with the health of a single corps in two different stations, one under, the other not under, the Acts. Statistics so essentially different do not affect each other. The evidence of Mr. Myers has another important bearing. Set in juxtaposition with the entries in the statistical tables, it helps to explain why the entries for Windsor remain so high. It would appear that by far the greater part of the disease attributed to Windsor really belongs to an unprotected station, London, being contracted there and carried to Windsor by the frequent changes of the Guards and Household Cavalry. Dr. Nevins also disparages the testimony of the army and navy surgeons whose personal experience is quoted in the blue books, on the score of the limited opportunities for observation those gentlemen enjoy while moving from place to place with their regiments or ships. This is probably true if they attempt to show the general effect of the Acts; but their migration from districts under the Acts to others not under the Acts enables them to do what Mr. Myers has done, and furthermore to distinguish between the quality of the disease contracted in the protected districts and that of the unprotected districts better, perhaps, than those who only study statistical tables. Indeed, the tables corroborate their evidence in this respect, for in the protected districts the ratio of constantly sick from venereal sore is just *one half* that in the unprotected districts. For many reasons, we have no reliance on Dr. Nevins' comparison between Manchester and Shorncliffe, or between the Mediterranean and Australian ports, even were it properly made; but, if Dr. Nevins will again refer to the official returns, he will find he has taken for Manchester the ratios of venereal disease of *all kinds*, and for Shorncliffe the ratios of primary venereal sore only.

## MEDICAL NEWS.

UNIVERSITY OF LONDON.—Second M.B. Examination. Examination for Honours.—Medicine.

### First Class.

Gould, Alfred Pearce (Scholarship and Gold Medal), University College  
Duncan, Andrew (Gold Medal), King's College  
Eastes, Thomas, Guy's Hospital  
Duncan, Peter Thomas, University College

### Second Class.

Sturge, William Allen, University College  
Rigby, James Arthur, Guy's Hospital  
Crocker, Henry Radcliffe, University College

Obstetric Medicine.

### First Class.

Gould, Alfred Pearce (Scholarship and Gold Medal), University College  
Duncan, Andrew (Gold Medal), King's College  
Eastes, Thomas, Guy's Hospital

### Second Class.

Rigby, James Arthur, Guy's Hospital  
Duncan, Peter Thomas, University College  
Sturge, William Allen, University College  
Branfoot, Henry Seymour, Guy's Hospital  
Crocker, Henry Radcliffe, University College } equal

### Third Class.

Nicholson, Arthur, King's College  
Harris, Vincent Dormer, St. Bartholomew's Hospital } equal  
Whittle, Edward George, University College

Forensic Medicine.

### First Class.

Crocker, Henry Radcliffe (Scholarship and Gold Medal), University College  
Gould, Alfred Pearce (Gold Medal), University College  
Duncan, Peter Thomas, University College

### Second Class.

Duncan, Andrew, King's College  
Eastes, Thomas, Guy's Hospital

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having passed the required examinations for the diploma, were duly admitted members of the College last week.

Anderson, William S., M.B.Glasg., Middlesborough  
Barker, Henry Martyn, Bedford  
Barlow, John, Manchester  
Bate, George, L.S.A., Camelford, Cornwall  
Bedford, Charles F., Sleaford  
Blackmore, George H., Hammersmith  
Brummitt, Robert, L.S.A., Banbury, Oxon  
Buckell, Ernest H., Chichester  
Bull, William H., Hammersmith  
Calcott, James T., Newcastle-on-Tyne  
Carey, John T., Guernsey  
Carr, William Ward, M.D., Lee, Kent  
Chadwick, Alfred, Manchester

Cobb, Robert, Rochester  
 Collet, Golding Bird, Worthing  
 Derington, John M., Leicester  
 Dryland, William, Dulwich  
 Eastall, Henry F., L.S.A., Blackheath  
 Ellerton, John F. H., Huddersfield  
 Ferrier, John C., Dublin  
 Fox, Richard H., L.S.A., Stoke Newington  
 Gibb, Robert C., Jamaica  
 Gill, Edmund R., L.R.C.P. Edin., Torquay  
 Gravely, William Holmwood, Horsham  
 Hart, Philip Neville, M.B., Catton Vicarage, Norwich  
 Herapath, Charles K. C., Bristol  
 Hoffmeister, John Bates, Cowes  
 Johnston, Wingate K., Anerley, Surrey  
 Joseph, Sidney W. J., St. Leonards  
 Kebbell, William, Brighton  
 Lamb, William, L.R.C.P. Lond., Northampton  
 M'Creevy, John A., M.D., New York  
 Mackenzie, John K., L.R.C.P. Edin., Bristol  
 Maples, Reginald, Spalding, Lincolnshire  
 Ockendon, Arthur John, Brighton  
 Parkinson, John Rendall, Preston  
 Phillips, Arthur Owen H., Newcastle-Emlyn  
 Potts, Edward, L.S.A., Birmingham  
 Powell, Harold M., L.S.A., Wandsworth, Surrey  
 Poynder, George F., Brandon, Norfolk  
 Roberts, Theophilus L., Alfreton  
 Roe, Frederic L., Eccles, Lancashire  
 Ross, William Abraham, Alderney  
 Rossiter, George F., L.S.A., Taunton  
 Rygate, Brougham R., L.S.A., Cannon Street Road  
 Sandiford, Robert F., L.R.C.P. Edin., New Ormond Street  
 Scatliff, John M. E., M.B., Brighton  
 Sheehy, William H. P., Claremont Square  
 Smith, Herbert N., L.R.C.P. Lond., Brighton  
 Squire, William, L.S.A., Hanwell  
 Stelfox, John B., Leigh, Lancashire  
 Stewart, William R. H., Weymouth Street  
 Swift, William J. C., Ely, Cambridgeshire  
 Symonds, Horatio P., L.S.A., Oxford  
 Taylor, Daniel P. H., Sierra Leone  
 Thomas, George H. W., Stoke, Plymouth  
 Tomlin, Robert F., L.S.A., Devonport  
 Treharne, John L., L.S.A., Weston-super-Mare  
 Treves, Edward, King Edward's Road  
 Vereo, Joseph Cooke, Chelsea  
 Waller, William B., L.S.A., Sydenham  
 Wandby, William, Mile End Road  
 Whitworth, Edward, St. Agnes, Cornwall

**APOTHECARIES' HALL.**—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, November 19th, 1874.

Johnson, Chadd Moore, Lancaster  
 Lingard, Alfred, Derby  
 Nicholls, Frederick, Cornwall Terrace, Stockwell  
 Rawlings, Alfred, Plympton, Devon  
 Reynolds, Edward Osmund, Appledore, North Devon  
 Treves, Frederick, King Edward Road, South Hackney  
 Young, Arthur, Hawkhurst, Kent

The following gentlemen also on the same day passed their primary professional examination.

Badcock, George Sainthill, Charing Cross Hospital  
 Champneys, Henry Lawrence, Guy's Hospital

#### MEDICAL VACANCIES.

The following vacancies are announced:—

ABBEYLEIX UNION—Apothecary for the Workhouse. Salary, £30 per annum.  
 ASHTON-UNDER-LYNE DISTRICT INFIRMARY—House-Surgeon: £80 per annum, board and residence. Applications on or before December 14th.  
 AXBRIDGE UNION—Medical Officer for the Second District. Salary, £30 per annum.  
 BRIDGEWATER INFIRMARY—Dispenser. Salary, £40 per annum, with board, lodging, and washing. Applications to be sent to Mr. E. Lilley, the Honorary Secretary, Bridgewater.  
 BRISTOL DISPENSARY—Medical Officer. Salary, £150 for first and second years; £180 for the third and fourth years; afterwards, £200 a year. Applications to be sent in on or before December 3rd.  
 BUCKINGHAM UNION—Medical Officer for No. 3 District: £105 per annum.  
 CASTLEBAR DISTRICT LUNATIC ASYLUM—Resident Medical Superintendent.  
 CITY OF LONDON UNION WORKHOUSE—Resident Medical Officer.  
 CORK FEVER HOSPITAL—Physician.  
 CROOM DISPENSARY AND WORKHOUSE—Apothecary: £30 and £20 per annum. Applications on or before December 3rd.  
 EAST SUSSEX, HASTINGS, and ST. LEONARD'S INFIRMARY—Assistant-Surgeon.  
 EXETER DISPENSARY—Surgeon.  
 FIFE AND KINROSS DISTRICT ASYLUM—Assistant Physicianship. Salary, £80, with board, etc. Apply to Dr. Fraser, Medical Superintendent, Cupar-Fife.  
 HARRIS, Parochial Board of—Surgeon. Salary, £66 per annum, including vaccination and medicine for the poor. The gentleman elected will get £90 per annum for attending the ratepayers and cottars within South Harris. Applications to be made to the Chairman of the Parochial Board of Harris.  
 LEXDEN and WINSTREE UNION—Medical Officer for No. 2 District: £36 per annum.

MALTON DISPENSARY—Medical Officer: £100 per annum. Applications to Mr. H. Pickering, Honorary Secretary.  
 MORVEN (Parish of), Argyleshire—Medical Officer. Salary, £100 per annum. Testimonials to be sent in on or before the 30th December, to H. A. Fraser, Morven, Fort William, N.B.  
 NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, Bloomsbury—Medical Registrar. Salary, £50 per annum. Applications to the Secretary on or before December 2nd.  
 NORTHAMPTON GENERAL INFIRMARY—Assistant House-Surgeon. Applications on or before 28th instant.  
 NORWICH FRIENDLY SOCIETIES MEDICAL INSTITUTE—Surgeon.  
 OAKHAM RURAL SANITARY DISTRICT—Medical Officer of Health; £60 per annum.  
 ROYAL FREE HOSPITAL, Gray's Inn Road—Senior House-Surgeon. Salary, £104 per annum, with board and residence in the Hospital. Testimonials to be sent in to the Secretary on or before December 9th.  
 RYDE DISPENSARY—Physician.  
 ST. BARTHOLOMEW'S HOSPITAL—Assistant Physician.  
 ST. PANCRAS UNION—Non-resident Dispenser. Salary, £80 per annum, with dinner daily. Candidates must be L.S.A., or duly registered under the Pharmacy Act (1868), or some other authority of law in that behalf. Applications on or before December 8th.  
 SALISBURY INFIRMARY—Two Physicians. Candidates must be Graduates in Medicine, or a Fellow, Member, or Licentiate of one of the Colleges of Physicians in the United Kingdom. Applications must be sent to the Secretary on or before December 10th.  
 SEVENOAKS UNION—Medical Officer and Public Vaccinator for No. 2 District. Salary, £70 per annum.  
 STRATFORD-ON-AVON UNION—Medical Officer for the Alverton District. Salary, £50 per annum.  
 TORPHINS in the Parish of Kincardine O'Neil, Aberdeenshire—Parochial Medical Officer: £45 per annum. Applications to Chairman of Parochial Board.  
 TRINITY COLLEGE, Dublin—Professor of Chemistry: £500 per annum, and fees. Applications to the Rev. Dr. Houghton, Trinity College.  
 WEM UNION—Medical Officer for the Shawbury District. Salary, £40 per ann.  
 WESTERN GENERAL DISPENSARY, Marylebone Road—Physician in Ordinary. Honorary Physicians must be Fellows or Members of the Royal College of Physicians of London, and duly registered. Applications must be made to the Secretary on or before December 14th.  
 WESTMINSTER—Medical Officer of Health and Analyst. Salary, £150 as Medical Officer of Health, and £50 as Analyst. Applications, on or before December 9th, to George Buzzard, Vestry Clerk.

#### MEDICAL APPOINTMENTS.

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

\*DAVIES-COLLEY, J. N. C., M.B., appointed Visiting Surgeon to the Seamen's Hospital, Greenwich. *vice* R. Rendle, F.R.C.S., resigned.  
 DENHOLM, Andrew, M.B., appointed Assistant-Physician to the Western Infirmary, Glasgow.  
 EDMUNDSON, Joseph, M.D., appointed Resident Medical Superintendent of the Ennisconny District Lunatic Asylum, *vice* T. W. Shiell, M.B., deceased.  
 FOULIS, David, M.B., appointed Assistant-Surgeon to the Western Infirmary, Glasgow.  
 ROUSE, Ezekiel, L.R.C.P. Ed., appointed Surgeon to the Bideford Infirmary, *vice* E. Cox, M.R.C.S., resigned.  
 SABERTON, Frederick W., M.R.C.S. Eng., appointed House-Surgeon to the Burton-on-Trent Infirmary.  
 SCOTT, William J., M.B., appointed Assistant-Surgeon to the Western Infirmary, Glasgow.  
 SNELL, George, L.R.C.P. Ed., appointed House-Surgeon and Registrar to the Victoria Hospital for Sick Children, Chelsea, *vice* H. G. Brigham, Esq., resigned.  
 \*THOMPSON, John, M.D., appointed Surgeon to the Bideford Infirmary, *vice* D. King, M.R.C.S. Eng., deceased.  
 TICEHURST, Augustus Rowland, M.R.C.S. Eng., appointed Surgeon to the East Sussex, Hastings, and St. Leonard's Infirmary, *vice* G. B. Turner, M.D., resigned.  
 \*WILLIAMS, William, M.B., appointed Medical Superintendent of the North Wales Counties Lunatic Asylum, Denbigh, *vice* G. T. Jones, Esq., resigned and superannuated.

#### 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.

WILSON-BUCHANAN.—On November 4th, at 2, Sandyford Place, Glasgow, by the Rev. Dr. Roxburgh, of Free St. John's Church, assisted by the Rev. George Reith, of Free College Church, J. G. Wilson, M.D., F.R.S.E., Professor of Midwifery, Anderson's University, Glasgow, to Edith Gray, youngest daughter of the Rev. Robert Buchanan, D.D., Glasgow.—No cards.

##### DEATHS.

HAWKINS, James Stilwell, M.R.C.S., at Bow, aged 37, on November 8th.  
 JAY.—On November 19th, at St. Stephen's Square, Norwich, Mary, relict of S. Jay, M.R.C.S. Eng., of Great Yarmouth, and daughter of the late Daniel Hook, Esq., of Great Yarmouth, aged 61.  
 PEARLESS, Charles D., M.R.C.S. Eng., at Sevenoaks, of diphtheria, aged 32, on November 19th.  
 WARD.—On November 23rd, at Penistone, Elizabeth, wife of John Ward, Esq., Surgeon.

TESTIMONIAL.—Mr. William Wilkinson of Sheffield has been presented with a handsome marble timepiece, purchased by subscription, on which is inscribed, "Presented to Wm. Wilkinson, Esq., M.R.C.S.E., and L.S.A., in testimony of the high esteem in which he has been held during thirty-nine years by the inhabitants of Harthill, Thorpe-Salvin, Wales, and Todwick, as their medical adviser, friend, and neighbour: 1874."

## 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. J. Astley Bloxam, "A living specimen of Spontaneous Congenital Dislocation of the Patella, and another from whom a Fibro-cystic Growth and portion of the Styloid Process has been removed"; Mr. Richard Davy, "Resection of the Knee-joint in young subjects".

**TUESDAY**.—Pathological Society of London, 8 P.M. Mr. Butlin: Chondroma of Lachrymal Gland. Mr. Butlin: Osteoma of Superior Maxilla. Dr. Dickinson: Obscure Abdominal Tumour. Dr. Cayley: Round-celled Sarcoma of the Cerebral Pia Mater. Mr. Hulke: Popliteal Aneurysm cured by Pressure, associated with Aortic Aneurysm. Mr. W. Adams: Parts after Resection of the Hip and Elbow-joints. Dr. Dowse: Cardiac Aneurysm. Dr. Dowse: Aneurysm of Aorta. Dr. Ralfe: Tattooing in Colours. Mr. Godlee: Rupture of the Trachea.

**WEDNESDAY**.—Obstetrical Society of London, 8 P.M. Discussion on Dr. Gervis's paper on "Retroversion of the Gravid Uterus"; Dr. Hoggan, "On the Dysmenorrhoeal Membrane" (illustrated); Dr. Bathurst Woodman, "On the Treatment of Mammary Abscess by Rest"; Dr. Madge, "On a Case of Labour complicated by Pelvic Tumour and by Convulsions"; Mr. Ashburton Thompson, "On Zinc Phosphate in Cases of Amenorrhoea"; and other communications.

**THURSDAY**.—Harveian Society of London, 7.15 P.M.: Special Meeting of Council. 8 P.M.: Mr. J. R. Lane (the President), "On the Modern Treatment of Syphilis".

## 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.

## BRAND'S ESSENCE OF BEEF.

THE preparations to which we last week referred as Brand's are, we find, known as "Concentrated Beef-Tea" and "Essence of Beef" respectively. They are manufactured by Messrs. Brand and Co., No. 11, Little Stanhope Street, Mayfair, London.

THE Lincoln County Hospital Fund now amounts to £17,701 : 8 : 4. The Committee in consequence have determined to commence building as soon as they have decided upon a suitable site.

## ADVERTISING QUACKS.

THE Glasgow authorities have an effective method of dealing with advertising quacks, and in this respect show a good example to the metropolitan and other municipal powers. A man named James James was brought before Bailie Morrison, of the Central Court, Glasgow, on the 20th instant, charged with having caused the distribution of obscene circulars. The defendant admitted the offence, and the presiding "bailie" mulcted the "Dr." in a 40s. penalty, and his servant, who had been engaged in distributing the pamphlets, in 10s. This Scotch plan of punishing the chief offender is far preferable to the English system, which punishes the bill-distributor only, and allows the chief offender to go unpunished.

WE are obliged to defer several correspondents' letters and other matter till next week.

MR. JAMES STEWART, L.R.C.P. (Mexborough).—Weybridge would, we think, be the most suitable locality within the radius named.

## TESTS FOR ANILINE DYES.

SIR,—R. M. J. will find the tests for aniline dyes and arsenic in Miller's *Elements of Chemistry*. These are the products so extensively used in dyeing wearing apparel; and, as arsenic enters largely into the composition of some of them, it is this which should be sought for. I am, etc., S. M. MOORE.

Physiological Laboratory, St. George's Hospital, S.W., November 1874.

WE are indebted to correspondents for the following periodicals, containing news, reports, and other matter of medical interest:—The Birmingham Daily Gazette, Nov. 23rd; 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 Macclesfield 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; The Halifax Evening Reporter; The Elgin Courier; The Sheffield Daily Telegraph; The Hampshire Telegraph; The Sheffield and Rotherham Independent; The Standard; The Portsmouth Times; The Armagh Guardian; The Morpeth Herald; The Bradford Observer; The Stroud News and Gloucestershire Advertiser; The Glasgow Herald; The Liverpool Mercury; The Liverpool Porcupine; The Scotsman; The Hackney Express; The Bedale and Northallerton Times; The Broad Arrow; The Surrey Advertiser; The Sussex Coast Mercury; The Ulster Advertiser; etc.

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

Dr. J. Hughes Bennett, Nice; Dr. C. J. B. Williams, London; Dr. G. Johnson, London; Dr. J. Smith, Dumfries; Dr. J. C. Bucknill, Rugby; Mr. Joseph Bell, Edinburgh; Mr. J. E. Ingpen, London; Dr. Finlayson, Glasgow; Dr. J. Wilson, Chatteris; Dr. J. Wilson, Liverpool; Dr. Robert J. Lee, London; M.D.; 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. R. P. Cotton, London; Dr. Beale, London; Dr. Headlam Greenhow, London; Mr. R. Liebreich, London; Dr. Buchanan, Glasgow; The Secretary of the Statistical Society, London; The Secretary of the Clinical Society; Dr. R. Maclaren, Carlisle; Dr. F. J. Brown, Rochester; Amicus certus in re incerta cernitur; Mr. E. Halse, London; Dr. Desmond, Liverpool; Dr. Galton, Woodside; Mr. H. E. Armstrong, Newcastle-upon-Tyne; Dr. Arthur Graham, Weybridge; Dr. R. Jackson, Birkenhead; Dr. Ringland, Dublin; Dr. de Chaumont, Netley; Dr. Stevens, Liverpool; L.R.C.P. Edin.; Dr. Bell Taylor, Nottingham; Another Discontented Surgeon; Mr. R. Glyn Griffith, Aden; Dr. Parsons, Dover; Mr. Francis Parsons, Bridgwater; Mr. J. A. Nunneley, Leeds; Dr. Cheadle, London; Dr. Pavy, London; Mr. Aldersey, Havant; Dr. Wickham Legg, London; Dr. Hilton Fagge, London; Mr. S. W. Moore, London; Dr. Copeman, Norwich; Dr. Argyll Robertson, Edinburgh; Dr. Thomas Jones, London; Dr. Wilson Fox, London; Dr. Arthur Farre, London; Mr. Howse, London; Mr. Francis Mason, London; Mr. G. Cowell, London; Dr. Paterson, Louth; Mr. Bowman, London; Dr. Clouston, Edinburgh; Dr. Duffin, London; Dr. Batty Tuke, Edinburgh; Dr. Althaus, London; Dr. G. Buchanan, Glasgow; Sir James Paget, London; Mr. Thomas Smith, London; Mr. R. Davy, London; Sir William Gull, London; Dr. J. W. Ogle, London; Dr. Matthews Duncan, Edinburgh; Dr. Clifford Allbutt, Leeds; Dr. G. Harley, London; Dr. E. B. Baxter, London; Dr. Theodore Williams, London; Mr. Spence, Edinburgh; Mr. Griffith, Grosnant; Dr. R. Liveing, London; Mr. E. Owen, London; Dr. F. J. Mouat, London; Dr. Athill, Dublin; Dr. Humphry, Cambridge; Dr. Wade, Birmingham; Dr. F. T. Roberts, London; Dr. A. S. Taylor, London; Mr. J. T. Clover, London; Dr. McKendrick, Edinburgh; Dr. Mackay, Birmingham; Dr. Shingleton Smith, Clifton; Our Dublin Correspondent; Inspector-General Maclaren, Netley; Mr. T. M. Stone, London; Our Edinburgh Correspondent; Mr. B. Hill, London; Mr. Partridge, Stroud; Dr. Kraus, Vienna; Mr. Garner, Stoke-upon-Trent; An Old African Officer; Mr. James Stewart, Mexborough; Mr. Walter Pearlless, Sevenoaks; Dr. L. W. Sedgwick, London; Mr. Burdett, Greenwich; Dr. Symes Thompson, London; Mr. T. P. Teale, Leeds; Dr. Grainger Stewart, Edinburgh; Dr. T. W. Grimshaw, Dublin; Dr. W. B. Woodman, London; Mr. Rushton Parker, Liverpool; Dr. Durrant, Ipswich; Mr. Spencer Wells, London; Mr. Wagstaffe, London; Dr. H. M. Madge, London; Dr. Cassells, Glasgow; Dr. Julius Pollock, London; Mr. J. W. Howard, London; Mr. J. Foster, London; etc.

## BOOKS, ETC., RECEIVED.

Autobiography of A. B. Granville, M.D., F.R.S. Vols. I and II. London: Henry S. King and Co. 1874.

The Maintenance of Health. By J. Milner Fothergill, M.D. London: Smith, Elder, and Co. 1874.

Physiological Chemistry. By S. W. Moore. London: Smith, Elder, and Co. 1874.

A Handbook of Therapeutics. By Sydney Ringer, M.D. Fourth Edition. London: H. K. Lewis. 1874.

Pathological Anatomy of the Nervous Centres. By E. L. Fox, M.D. London: Smith, Elder, and Co. 1874.

The Common Frog. By St. George Mivart, F.R.S. London: Macmillan and Co. 1874.