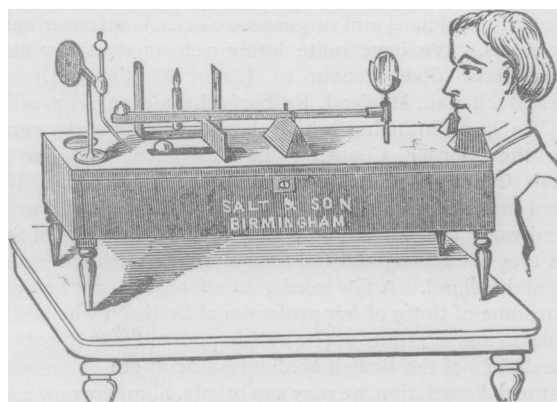


instrument figured in the woodcut. Finding, after repeated trials, that it works well and easily, and believing it to possess some advantages besides that of cheapness, I venture to bring it under the notice of the profession.

The body of the instrument consists of an oblong, black wooden box, two feet four inches in length, raised upon four legs to such a height that, when standing upon an ordinary table, it supports the chin of the



patient. The legs, as well as the various parts which stand upon the box, can be removed and packed inside it, when not in use, so as to render the instrument portable. A perforated glass mirror of twelve inches focus, on a metal support, which permits its steady adjustment in any position, stands at one end of the instrument; at the other end are two chin-supports, which steady the patient's head. The object-lens, two inches in diameter and of four-inch focus, is held in a spring clip on the end of a lever. By means of this lever, the observer has complete command over the object-lens, causing it to approach or retire from the patient's eye, or to move upwards, downwards, or to either side, as may be necessary. The lever, and with it the object-lens, is retained in the desired position by means of an adjustable support beneath the lever, midway between the fulcrum and the observer. The height of the lens necessary for each patient is obtained approximately by raising or lowering the clip in the end of the lever. The support before mentioned rises or falls on a little wedge, and acts as a fine adjustment for the position of the lens. Light is supplied by a small candle near to the mirror. Two metal shades shield both patient and observer from all direct light. One of these shades moves on a pivot, so as to cut off the light from the mirror when desired. By this means the patient's eye can be protected from unnecessary illumination during the time occupied by the observers in changing places. A white ball on a wire, which travels to either side of the mirror, is used to direct the patient's eye. When the unilluminated eye is fixed on this, the disc of the fellow eye places itself in full view.

The instrument is made by Messrs. Salt and Son, instrument-makers of Birmingham, who have spent much time and pains in perfecting its details.

SELECTIONS FROM JOURNALS.

MEDICINE.

PERIPLEURITIC ABSCESS.—Inflammation and suppuration in the connective tissue between the costal pleura and the ribs has been described by Wunderlich. In the *Deutsches Archiv für Klinische Medizin*, Professor Bartels gives an account of four cases under his observation, and makes some practical remarks on the diagnosis between primary peripleuritic abscesses and empyema. Subpleural abscesses have little tendency to burst into the pleural sac; they are frequently implicated with diffuse nephritis, and, what is more intelligible, frequently also with pericarditis. In both subpleural abscess and empyema, the diseased side of the chest is enlarged, acts imperfectly or not at all in respiration, gives a dull or quite empty sound on percussion; over the region of dullness, the vocal fremitus and vesicular breathing are lost. In empyema, however, the ribs in the whole region of dullness are equally pressed outwards, and all the corresponding intercostal spaces are distended; while, in peripleuritic abscess, the muscles in some intercostal spaces are more rapidly infiltrated with pus than others, so that the spaces gape more widely and the ribs project, while other (upper) ribs are pressed more closely together than those of the

sound side. This does not occur when an empyema has perforated the costal pleura. In subpleural abscess, the extent of dullness is not affected by the position of the patient or by the ascent or descent of the diaphragm. A similar condition to that of subpleural abscess may occur when a pleuritic exudation is encapsuled between the upper and lower lobes of the lung; here, however, the lower lobe is compressed, and does not take part in respiration. In subpleural abscess, the neighbouring organs are not pressed on; in one case only the heart was pressed outwards by the exudation in the mediastinum. In all the cases, fluctuation was detected in one of the intercostal spaces, with tension diminished during inspiration, and increased during expiration. In empyema, these symptoms are only observed when the costal pleura has been perforated. Professor Bartels says that the pus of a peripleuritic abscess is of higher specific gravity (1042) than that of empyema (1028 to 1032). The prognosis is unfavourable. Of eight cases described, four have died (two of pyæmia, one of nephritis, one of pericarditis). In two cases, recovery was so far imperfect, that there was marked contraction of the affected side of the chest. In the treatment, it is necessary to give exit to the pus as soon and as completely as possible, in order to prevent the extension of purulent infiltration. Puncture is insufficient and even dangerous; the pus must be let out by a broad incision. In some cases, further incisions are necessary, and drainage is useful. If the pus be of offensive smell, Dr. Bartels recommends the washing out of the abscess with a mixture of equal parts of fresh filtered oxgall and water.—*Wiener Medizinische Wochenschrift*, No. 21, 1874.

THERAPEUTICS.

NEW METHOD OF ADMINISTERING RAW MEAT.—Raw meat is a very repulsive medicinal agent, under what form soever it be given to invalids. The solid form is by no means advantageous, and its administration is impracticable with young children and convalescents. By M. Yvon's process, a product is obtained which may be administered in either a solid or liquid form. He takes of raw beefsteak, 250 parts; blanched sweet almonds, 75 parts; bitter almonds, 5 parts; white sugar, 80 parts. The almonds are first blanched, and then pounded up with the meat and sugar in a marble mortar, so as to obtain a homogeneous paste. To obtain a nice-looking product, and to retain at the same time the few fibres which may have escaped the action of the pestle, this paste may be reduced to pulp. When it has undergone this process, it is of a pale pink colour, and has a very agreeable flavour, not in the least like raw meat. It will keep without change for some time, even in summer, if it be placed in a cool dry place. If it be desired to give it in a liquid form, it will be enough to dilute a certain quantity of it with water, according to the degree of fluidity required. The emulsion may also be prepared at once, as follows: Raw meat, 50 parts; blanched sweet almonds, 15 parts; bitter almonds, 1 part; white sugar, 16 parts, are all pounded in a mortar as in the first formula; the quantity of water needed is added by degrees; and all is then passed through a sieve. Whichever mode of preparation be adopted, the emulsion will keep for at least four-and-twenty hours; and when it separates, at the end of that time, a slight shaking will re-establish the suspension. Some yolks of eggs will make this emulsion more nourishing. (*Journal des Connaissances Médicales*). M. Taillier, the head apothecary at the asylum of Quatre-Mares-Saint-Jon, employs the following preparation for the insane patients to whom it is necessary to administer raw meat (*Répertoire de Pharmacie*): Grated raw meat, 100 parts; powdered sugar, 40 parts; wine, 20 parts; tincture of cinnamon, 3 parts. The sugar is incorporated with the raw meat in a marble mortar, and then the wine and tincture are added. A mixture like marmalade is obtained, having an agreeable flavour, and possessing all the requisites of a tonic and revivifying diet. This preparation has many recommendations, though it does not possess all the advantages of the one recommended by M. Yvon.

OBSTETRICS.

TREATMENT OF UTERINE TUMOURS BY SUBCUTANEOUS INJECTION OF ERGOTIN.—Hildebrandt, in *Beiträge zur Gynäkologie und Geburtskunde*, vol. iii, relates a number of observations on the treatment of fibroma and myoma of the uterus by the subcutaneous injection of ergotin. He believes that the most favourable conditions for this treatment are the following: when the consistence of the tumour is that of an elastic fibroma rich in muscular tissue; when its seat is submucous; when the walls of the uterus are healthy and capable of contraction, neither thinned, nor rendered rigid by exudation; and when there has been no inflammation in the vicinity.

also, we think, proved that the connection of the hospital with the University has not been, in the eyes of the working classes, any objection to it as a public institution. It had been thought by some that a feeling might exist against a hospital whose medical officers were all "professors" in the University, on account of the popular aversion to being experimented on. It is now clear that no such feeling has any appreciable existence, and, doubtless, the rational view, that men who have attained a distinguished position in a school of medicine are most likely to have the best knowledge of disease, has prevailed. The opening of the new hospital is also, we believe, likely to have a good effect on the Medical School. The classes this year are, we are informed, larger than ever, and there seems no reason to doubt that the close connection between the two institutions will cause the Medical School of Glasgow University to shoot rapidly ahead. If once the Western Infirmary were finished according to the original plan—that is, by the addition of two hundred beds—the impetus to the School would be still greater.

Two small tracts have recently been issued from the Sanitary Office of Glasgow, which seem to us calculated to be of great service in the enlightenment of the working classes in matters which nearly concern them. It may be stated here that the thoroughly sensible and practical, but unostentatious, manner in which the medical officer of health is conducting the work of that department is surely gaining for him the esteem and confidence of the entire community. In these tracts, which are intended for general distribution throughout the populous parts of the city, Dr. Russell endeavours to instruct the people as to matters of precaution which lie within their own power. They are suggested by the prevalence in the city of scarlet fever, and one of them is entitled *Hints about the Prevention of Scarlet Fever*. Under the two divisions of *Isolation and Disinfection*, directions are given how to prevent the spread of the disease. The other tract gives a sketch of *The Law about Infectious Diseases*, and lays down in clear terms the various infringements which lay persons open to the penalties of the law. It is rare that recourse to the law is made in Glasgow in this matter, and this itself says much for the judicious manner in which the thing is managed at the Sanitary Office. The issue of this tract, by showing the powers possessed, will probably be of service in reconciling people to the necessary precautions.

ASSOCIATION INTELLIGENCE.

BORDER COUNTIES BRANCH: AUTUMNAL MEETING.

THE autumnal meeting of this Branch was held at Dumfries on Friday, October 30th. Previously to the commencement of the ordinary proceedings of the meeting, the members visited the Crichton Royal Institution and the Southern Counties Asylum, and were entertained at a *déjeuner* by Dr. Gilchrist. They subsequently assembled in the Board Room of the Dumfries and Galloway Royal Infirmary; Dr. GREEN of Kendal presided, and there were present twenty-five members and six visitors.

New Members.—The following members of the Association were elected members of the Branch:—W. Marshall, M.D., J. Smith, M.D., W. Scott, M.D., and W. S. Kerr, M.D., all of Dumfries. The following gentlemen were elected members of the Association and Branch:—A. D. Barrie, M.B. Dumfries; W. A. F. Browne, M.D., Dumfries; T. Logan, M.D., Penpont; J. L. Milligan, M.D., Hayfield; and J. L. Ffoulkes, L.R.C.P. Ed., Patterdale.

Election of Office-bearers.—It having been agreed that the office-bearers should be elected by nomination, it was moved by Dr. TIFFEN, seconded by Mr. SYME, and unanimously agreed to—"That Dr. W. A. F. Browne be the President-elect". Dr. Barnes of Carlisle and Dr. J. Smith of Dumfries were elected Secretaries; and the following gentlemen were elected the Council for the ensuing year, on the motion of Dr. MCGREGOR, seconded by Dr. W. A. F. BROWNE, viz.: Dr. I'Anson, Whitehaven; Dr. Taylor, Penrith; Dr. Dodgson, Cockermouth; Dr. Campbell, Garlands; Dr. Maclaren, Carlisle; Dr. Scott, Dumfries; Dr. Bruce, Dumfries; Dr. Tiffen, Wigton; Dr. Gilchrist, Dumfries.

Papers.—The following papers were read.

1. *Pathology of the Brain.*—Dr. CLOUSTON, of the Edinburgh Royal Asylum, Vice-President of the Branch, read a paper on Recent Advances in Cerebral Pathology, which was illustrated by a large number of drawings. He referred to Hughlings Jackson's and Ferrier's researches and hypotheses in regard to convulsions, contending that by means of them we were able to form a better conception of true epilepsy. He next described the various *progressive* degenerations of nerve-tissue,

on which much light had been thrown in late years, e.g., the various forms of so-called brain-sclerosis, locomotor ataxy, general paralysis, and optic neuritis. Tumours and syphilis of the brain, and the observations of Laycock as to thermal and trophic neuroses were also touched on. The recent observations of Westphal, Meynert, Lockhart Clarke, Rindfleisch, Rutherford, Tuke, Kesteven, Dickson, and Major as to the pathological changes found in the brain in insanity, were described and illustrated. Dr. Clouston contended that we were at present in the position of having more facts than hypotheses in regard to the pathology of the brain, a sound and safe condition. He then propounded a theory as to the essential pathological nature of an ordinary case of recent acute maniacal excitement, expressing the opinion that in such a case the origin of the process was in the brain-cells, which, from an inherited or acquired weakness in their power of nutrition, lost the power of absorbing from the blood their proper pabulum; that this process was accompanied by congestion of the capillaries; and ultimately then paralysis or stasis of the blood-current, and an adherence of the white corpuscle to the inside of the vessels. He said that in the so-called typhoid cases of acute mania he had found masses of white organised corpuscles and fibrin in the vessels of the brain quite distinctly from the *post mortem* white clots. He contended that in the cases that become demented afterwards there is a process of atrophy of the brain-tissue. He showed the different effect the congestion had on the bone and membranes from its effect on the brain-tissue, attributing this to the former being secondary and accidental, while the latter was an essential part of the process. It was his opinion that the pathological process in acute maniacal excitement is very analogous to acute inflammation, but at the same time different from it.

2. *Fæcal Fistula.*—Dr. MACLAREN of Carlisle read notes of the case of a woman, aged 74, who had for thirty-seven years a fæcal fistula, which followed an operation for strangulated femoral hernia of the right side. In 1862, she was admitted a patient to the Cumberland Infirmary with a strangulated piece of bowel protruding through this fistula; this was removed by Mr. Brown, and she recovered with the fistula patent, but passing the most of the contents of her bowel *per anum*. Six weeks ago, the bowel again prolapsed through the fistula, and twenty-four hours afterwards she was seen by Dr. Maclaren in consultation with Dr. Rigg of Burgh. The protrusion was four inches long; it consisted of invaginated ileum, the outer part of which was gangrenous, the inner healthy. Dr. Maclaren enlarged the fistula, reduced the healthy bowel, and sewed the end to the wound; the gangrenous part slit up was left outside and sloughed away. The patient, though still weak, had recovered. All fæces passed by the fistula, the edges of which were not yet quite healed.

3. *Exostosis of the Femur: Removal.*—Dr. MACLAREN also described the case of a young woman, aged 17, admitted to the Cumberland Infirmary on May 6th, 1874. She had an exostosis of the lower end of the femur at the inner side close to the knee-joint. It gave rise to much pain when she walked, and rendered her unfit for work. It was removed by incision through the soft parts, and dividing its base with the chain saw. The wound was dressed antiseptically and kept aseptic. In a fortnight, the deep wound was healed. A month after the operation, as only two small ulcers were left at each end of the wound, water-dressing was used. During the following six weeks, these showed no signs of healing, though several varieties of treatment were used. Antiseptic dressings were resumed, and she was discharged well in a fortnight. From the sixth day after the operation, her temperature was normal. The tumour, a cast of which was exhibited, was composed of cancellated bony structure, partly covered with cartilage, and containing much fat; it measured two inches in the long by an inch and a half in the short diameter. Dr. Maclaren remarked that the removal of exostoses had a very high mortality from the frequent occurrence of diffuse suppuration, erysipelas, and pyæmia, and he attributed the satisfactory progress of this case to the fact that the wound was kept aseptic. He also pointed out that such exostoses had not so broad a base as might be supposed from external examination. In this case, though the mass felt almost sessile, the attachment only measured half an inch by three-quarters of an inch, but the tumour curved downwards, so as to lie almost in contact with the femur for double that distance. If the treatment by fracture proposed by Dr. Chiene should prove successful, the idea that any exostosis had a too broad attachment need not deter the surgeon from attempting it.

4. *Cases of Melancholia.*—Dr. CAMPBELL of Carlisle read an account of two cases of melancholia presenting similar mental manifestations, evidently the result of visceral lesion. The patients were brothers. The mental symptoms were identical in both cases, viz., great depression, suicidal longings, feelings of abdominal discomfort, and a persistent belief that the bowels were never moved. At the *post mortem* examination, in the one case, the bile-duct was found occluded, the pancreas had

a separate duct opening into the duodenum. In the other case, there was found a stricture of large intestine two inches above sigmoid flexure. The stricture was six-tenths of an inch in diameter, while two inches above the stricture the gut was two inches in diameter. Dr. Campbell remarked that hereditary predisposition might be an element in those cases, though not traceable. The age of the patients (between 60 and 70) rendered them more likely to be affected mentally by their physical state. He considered the effect of the lesions in each case ample to account for the mental state. Probably the stricture was the result of a dysenteric ulcer, and the occluded bile-duct the result of former inflammatory mischief, but he was unable to obtain a history of the patient's former health. (A portion of gut with the stricture was exhibited.)

5. *Intestinal Concretion*.—Dr. W. S. KERR (Dumfries) exhibited a specimen of intestinal concretion formed of the beards of oats.

Short discussions followed the reading of the papers; and, owing to want of time, a paper on Artificial Alimentation by Dr. W. A. F. BROWNE was deferred until next meeting.

A *Vote of Thanks* to the Directors of the Dumfries and Galloway Royal Infirmary terminated the proceedings at the ordinary meeting; and the members and their friends afterwards dined together at the King's Arms Hotel. Dr. Green of Kendal occupied the chair, and Dr. Bruce of Dumfries acted as *croupier*.

CORRESPONDENCE.

DR. NEVINS AND THE CONTAGIOUS DISEASES ACTS.

SIR,—I had no opportunity until to-day of reading Dr. Nevins's "statement" why he opposes the Contagious Diseases Acts. I find he lays great stress on the fact, that in the Army the admissions from primary syphilis and from gonorrhoea had commenced to fall before the Acts were passed; he attributes this result to sanitary improvements, establishment of libraries, cultivation of useful pursuits, and greater personal cleanliness. And he thinks that "these improved sanitary arrangements", and the continuous improvement they produce, "are uniformly ignored by the supporters of the Acts". It is no doubt the case that a large decline in venereal diseases in the Army occurred in the years before the Acts came into force; and Dr. Balfour, who was of course well aware of this fact, told me that it made him cautious in judging of the operation of the Acts. But the explanation is not that which Dr. Nevins gives, but is to be found, chiefly at any rate, in another direction. The fullest and best statistics to use in examining this point are those given by Dr. Balfour in the yearly Army Medical Department Reports under the head of "Appendix No. 1; abstract showing the admissions into hospital, and deaths among the troops serving in the United Kingdom". This abstract gives also the mean yearly strength of all the troops furnishing the admissions into the military hospitals. From it I have compiled the following table.

Troops in United Kingdom.

Years.	Mean Strength.	Total Admissions.		Admissions per 1,000 of Strength.	
		Primary Syphilis.	Gonorrhoea.	Primary Syphilis.	Gonorrhoea.
1859.....	71,706	10,898	10,713	152.0	149.4
1860.....	83,386	10,907	10,424	130.6	125
1861.....	81,500	9,712	9,100	119	111.6
1862.....	76,029	7,771	9,117	102.3	119.8
1863.....	70,819	7,131	7,554	100.7	106.6
1864.....	63,153	5,720	6,529	90.6	103.4
1865.....	62,911	5,350	6,483	85.5	103
1866.....	59,758	4,693	5,882	78	98.4
1867.....	62,901	5,444	7,290	86.5	115.9
1868.....	68,350	5,476	7,996	80.1	117
1869.....	68,962	5,429	7,111	78.5	103
1870.....	70,131	4,805	6,476	68.5	92.3
1871.....	87,142	5,183	9,183	59.4	105.4
1872.....	85,722	5,910	8,465	68.9	99

If the reader will now glance down the column of mean strength until the year 1866, he will see that the Army was constantly declining in numbers; and, if he will look at the adjacent columns, he will observe that the admissions from both primary syphilis and gonorrhoea also fell, but in a greater ratio than the strength. The parallelism of

the figures shows that there must be a connection between the numbers of men and the venereal admissions; but the ratios also show that the relation is not a merely numerical one.

The table at once suggests the real explanation, which I believe to be this. When our Army is ordered to be reduced in numbers, as was the case in the year 1862 and afterwards, both fewer recruits are taken and more men are discharged. I do not know the number of recruits in 1859, but in 1860 nearly 21,000 recruits passed the medical inspection, and in 1861 nearly 7,000; while in 1862 only 4,603 passed inspection, and in the next four years 35,000 passed inspection, or a mean of 8,800 per year. Now, recruits always furnish an undue proportion of venereal cases; up to a recent date, they enlisted on bounty, and therefore had money at command, and they are always placed in a position of unusual temptation. At some stations, as at Woolwich, it has been supposed in former years that hardly any recruit escaped an attack of either syphilis or gonorrhoea in his first year. It is certain indeed that, other conditions being equal, when an army recruits largely, its venereal rate will rise, and, when it lessens recruiting, the venereal rate will fall.

But an army lessening in numbers, as ours did from 1860 to 1866, gets rid of men by discharge, and commanding officers will always take the opportunity of getting rid of the idle, dissolute, drunken men who furnish so large a share of venereal cases. The men who are retained are therefore more largely men of steady good conduct, and hence another reason why the venereal rate lessens when an army is lowering its numbers.

Such seem to me the great causes, perhaps the only one, of the facts which have made such an impression on Dr. Nevins. The history of venereal admissions after 1866 seems to prove it. In 1867, the rate of decrease in venereal admissions was checked, and the rate rose, again, however, subsequently to fall to a point so low, that in 1871 the primary syphilis admissions were two and a half times less than in 1859. This transient rise of admission occurred about the same time as the Acts began to work, and is used by Dr. Nevins as an argument to prove their failure.

Now, in 1867, recruiting became more active, in consequence of the German war, and in that year nearly 12,000 recruits passed inspection; hence I believe the check in the rate of fall. But, if so, why was not this rise in the venereal rate maintained, as in subsequent years, especially in 1870 and 1871, recruiting was large, and as the Army was also augmented by men brought home from the colonies? Of two things, we must choose one—either the explanation of the previous decrease is erroneous, or a fresh modifying condition must have come into play. Before surrendering the explanation, let us see if any influence can be assigned to a modifying condition; viz., the influence of the Contagious Diseases Acts, which, commencing on a very small scale in 1865, gradually affected more and more men in the Army, until, in 1870, it was acting to the fullest extent the law allows. To test this condition, we have most careful figures by Dr. Balfour, to whom Dr. Nevins does much injustice. In his evidence before the Royal Commission, Dr. Balfour explained his method, and his tables are given there fully, as well as in the *Army Medical Department Reports*. He shows, it seems to me without a flaw, that, taking all the troops who were not influenced by the Acts, the venereal rate increased after 1866, while among the troops who were influenced by the Acts the rate declined. I do not want to weary your readers with statistics, but a portion of the table given at page 811 of the second volume of the Royal Commission Report will show what I mean. I have added the years 1871 and 1872 to it.

ADMISSIONS OF PRIMARY SYPHILIS PER 1,000 OF STRENGTH.

Years.	At Stations not under Acts.	At Stations under Acts.
1864	108.6	...
1865	99.9	...
1866	90.9	...
1867	108	...
1868	106.7	...
1869	111.9	...
1870	111.3	...
1871	94	...
1872	123	...
1864 ... ..	...	120*
1865 ... ..	...	90.5
1866 ... ..	...	86.3
1867 ... ..	...	72.1
1868 ... ..	...	60.9
1869 ... ..	...	54.5
1870 ... ..	...	51
1871 ... ..	...	54

As in the former table, the admission ratio is seen to fall in the year 1866 in the unprotected stations, and then to rise in and after 1867; while, in the stations where men were brought under the influence of the Acts, the fall continued, until, as the number of these stations increased, it gradually lowered the venereal rate of the Army at large, as shown in the first table.

I cannot conceive any demonstration more complete than the

* In this case, the Acts were applied very imperfectly, and only to a small body of men.

middle of the base, an artery of the size of a crow-quill was opened into, and was found on examination plugged by a clot. The artery was afterwards made out to be one of the branches of the hepatic artery.

PATHOLOGICAL SOCIETY OF DUBLIN.

SATURDAY, NOVEMBER 28TH, 1874.

ROBERT D. LYONS, M.D., President, in the Chair.

Injury of Leg.—Mr. G. H. PORTER presented the leg of a boy which he had amputated through the femoral condyles, in consequence of an extensive lacerated wound of the leg, with fracture of the tibia. The injuries were caused by the wheel of a cart passing over the limb. The fibula was not broken.

Pachydermatocoele.—Mr. W. STOKES, jun., showed a remarkable specimen of this rare form of tumour, called by Virchow "*Fibroma Molluscum*". He had removed the growth from the head of a fully developed healthy man, aged 33. It first appeared when he was six years old. The base of the tumour was wide, and extended from the right ear to the occipital protuberance, and thence to the vertex. It was pendulous, reaching to the shoulders. Its surface was nodular, without discoloration, and it was thickly covered with dark hair. In the operation of removal, terrific hæmorrhage placed the patient's life in imminent peril, but Nélaton's procedure of inverting the body was followed with good effect, and the man rallied. The tumour was benign, due to simple hypertrophy of the skin and normal tissues. The name "*Pachydermatocoele*", had been given to this form of growth by Professor V. Mott of New York. Mr. Stokes also laid on the table some photographs of a patient of Mr. Pollock, on whose body were several small tumours of this kind. They were removed by ligature.

Nasal Tumour.—Dr. BIGGER exhibited a small polypoid growth, which he had taken away from the posterior nares of a man, aged 71. It had a history of thirty-five years. It was attached by a slender pedicle to one of the turbinated bones, and was moulded into a cast of the nasal cavity. Suffocation threatened, when Dr. Bigger succeeded in removing the mass.

Subject for the Society's Gold Medal.—The President announced that the subject selected by the Council for competition for the Society's gold medal, to be awarded at the close of the session was, "*The Human Entozoa*".

Election of Officers.—The following office-bearers for the session 1874-5, were elected. *President*: Robert Mac Donnell, M.D., F.R.S. *Vice-Presidents*: Sir Dominic Corrigan, Bart., M.D., Robert Adams, M.D., J. T. Banks, M.D., Joliffe Tufnell, A. H. M'Clintock, M.D., Edward Hamilton, M.D. *Council*: A. H. Corley, M.D., A. W. Foot, M.D., S. Gordon, M.B., T. Hayden, F.K.C.P., H. Kennedy, M.B., J. Little, M.D., B. G. M'Dowel, M.D., W. Moore, M.D., J. M. Purser, M.D., W. Stokes, jun., M.D., J. H. Wharton M.B., G. F. Yeo, M.D. *Secretary*: William Stokes, jun., M.D. *Secretary and Treasurer*: E. H. Bennett, M.D. *Secretary for Foreign Correspondence*: Robert D. Lyons, M.D.

Resolutions.—It was proposed by Dr. ATTHILL, seconded by Dr. MAC SWINEY, and resolved "that the Council do not nominate members to fill the vacancies annually occurring on the Council". It was proposed by Dr. HAYDEN, seconded by Mr. PORTER, and resolved, "that it is desirable to erect a bust, or other suitable memorial, to the late distinguished secretary, Dr. R. W. Smith". A committee was appointed to carry this object into effect; its members being the proposer and seconder, Drs. W. Stokes, jun., Bennett, J. Hamilton, Tufnell, and Cryan.

Vote of Thanks.—Dr. Lyons having left the chair, and Dr. McDonnell the new President having taken it, a vote of thanks to the retiring President was proposed by Mr. Porter, seconded by Mr. Tufnell, and carried unanimously. Dr. Lyons returned thanks.

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF CAMBRIDGE.

THE DOWNING PROFESSOR OF MEDICINE (Dr. Latham) gives notice that he will deliver a course of lectures on *Materia Medica* and *General Therapeutics* during the ensuing Lent and Easter Terms. The lectures will be delivered in Downing College on Tuesdays, Thursdays, and Saturdays, at 9 A.M., commencing on Tuesday, February 2nd. Fee for the course, £3 3s. The Professor further gives notice that he will attend at Addenbrooke's Hospital for the purpose of Clinical Instruction during the three months next ensuing on Mondays, Wednesdays, Thursdays, and Fridays, at 10 A.M., commencing on Monday, January 4th.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

SUPERANNUATION ALLOWANCES.

COMPLAINTS continue to reach us from the Poor-law medical officers of the sister isle of the insufficient amount of remuneration allowed by some local sanitary authorities to their sanitary officers under the new Public Health Act (Ireland). Cases have come to our knowledge where the dispensary doctor has been appointed sanitary officer with the magnificent salary of £10 a-year as the *honorarium* for the arduous, distasteful, and onerous duties imposed upon him by the statute. In another instance, the dispensary doctor has been appointed sanitary officer at £20 *per annum*, whilst the relieving officers are appointed sub-sanitary officers at £15 and £12 annually respectively. The Wexford Rural Sanitary Authority at their last meeting reconsidered the question of the salaries of the sanitary officers at the request of the Local Government Board; and passed a resolution, by a large majority, to the effect, that they did not see why they should make any different order on the subject.

It is said, that the Local Government Board think the salaries for the sanitary officers inadequate, they having made the mistake of fixing a maximum salary instead of a minimum one. The course which boards of guardians in Ireland are pursuing respecting salaries under the Public Health Act, shows the position union officers will occupy when obliged to seek for a superannuation. As the law stands at present, an officer applying for it must have resigned five weeks ere he knows what allowance he may get, if any, it being discretionary with boards of guardians to give or not to give; whilst any amount so given is more in the nature of out relief than accorded as a matter of right. After a certain length of service, a medical officer should certainly know to what he would be entitled, and this amount should be defined by law on the principles of the civil service, and not be left optional with boards of guardians, as it is at present.

The circumstances of the unions in Ireland and England are different, and therefore require different arrangements. The guardians in England, owing to the valuation of unions being high, can afford to be more generous than those in Ireland, as a superannuation allowance will be less felt; while in Ireland, it would appear like a burden on an union, the valuation being comparatively so low, that the cry is, the "poor ratepayers" cannot bear it, and are unable to pay. In any future modification of the Public Health Act (Ireland), it would, therefore, be desirable, to consider the propriety of the law being made compulsory as regards superannuation allowances.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

BIRMINGHAM.—Dr. Hill, the medical officer of health and analyst to the borough of Birmingham, reports that, in the thirteen weeks ending July 4th, the birth-rate of Birmingham was 42.9 and the death-rate 23.04 per 1000 of the population. Both birth-rate and death-rate were greater than in the corresponding period of last year. The increased death-rate was principally caused by the increased number of deaths from zymotic diseases being nearly double what they were in the corresponding quarter of 1873 (*i.e.*, 528 against 275). Both small-pox and scarlatina were very fatal, but especially the former. No fewer than 1303 cases of small-pox are reported for the quarter, or, in other words, double the number in a fourth part of this year that occurred in the whole of last year. Of the 1303 cases, 196 died; of the 1303 cases, 1158 were said to have been vaccinated, 136 not vaccinated, whilst in 9 cases it was doubtful; of the 196 that died, 129 were said to have been vaccinated, 63 not vaccinated, and in 4 it was doubtful. Dr. Hill is careful in using the words "reputed to be vaccinated"; that is, they may or may not have been vaccinated, or they may have only been vaccinated in infancy, and not since; and we know very well how inefficiently until lately vaccination was performed. As Dr. Hill remarks, "much of the so-called vaccination is not worthy the name". The four unmistakable scars, the standard of the National Vaccine Board, are seldom found in the vaccinations of ten years ago. Dr. Hill expresses strongly his belief in vaccination, and urged, at the very commencement of the outbreak, its universal adoption as the only means of combatting the disease. But his advice, in the first instance, unfortunately does not seem to have been adopted, and he does not hesitate to express his belief that, had the active measures been taken early in the outbreak that the force of circumstances have rendered essential now, the number of deaths from

MEDICAL NEWS.

UNIVERSITY OF LONDON.—B.S. Examination. Examination for Honours.

First Class.

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

APOTHECARIES' HALL.—The following gentleman passed his examination in the science and practice of medicine, and received a certificate to practise, on Thursday, December 3rd, 1874.

Hentsch, John Page, The Dispensary, Lambeth

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

Morgan, William, St. Thomas's Hospital

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

Brewer, Reginald Edward Wormald, Newport, Monmouthshire

Davis, Henry, 1, Euston Square, N.W.

Gresham, Frederick Charles, Erskine Street, Liverpool

Hughes, William Lewis, Carmarthen, South Wales

Jepson, Edward, Durham

Kirby, Samuel John James, High Wycombe, Bucks

Synnot, John Gillespie, Halifax

MEDICAL VACANCIES.

THE following vacancies are announced:—

ABERYSTWYTH INFIRMARY—Surgeon.

ATHY UNION, co. Kildare—Medical Officer and Public Vaccinator. Salary, £120 and fees.

AXBRIDGE UNION—Medical Officer for the Second District. Salary, £30 per annum.

BASFORD UNION—Medical Officer for No. 1 District. Salary, £40 per annum.

BLACKBURN UNION—Medical Officer for the Harwood District. Salary, £25 per annum.

BLYTHING UNION—Medical Officer for No. 9 District. Salary, £39 per annum.

BRIDGWATER UNION—Medical Officer for No. 2 District. Salary, £70 per annum.

CARLISLE FEVER HOSPITAL—Resident Medical Officer. Applications to the Clerk of the Urban Sanitary Authority, Carlisle.

CASTLEBAR DISTRICT LUNATIC ASYLUM—Resident Medical Superintendent.

CASTLE WARD UNION—Medical Officer for the Ponteland District. Salary, £20 per annum. Also, the Workhouse. Salary, £30 per annum.

CHORLTON UNION—Resident Medical Officer. Salary, £250 per annum. Assistant Medical Officer. Salary, £120 per annum. Residence and attendance to each officer. Applications on or before the 22nd instant.

DUNDEE ROYAL INFIRMARY—Resident Medical Officer. Salary, £50 per annum, with board, lodging, and washing. Applications on or before the 30th instant.

EAST SUSSEX, HASTINGS, and ST. LEONARD'S INFIRMARY—Assistant-Surgeon.

EVELINA HOSPITAL FOR SICK CHILDREN, Southwark Bridge Road—Physician. Applications to be sent on or before January 1st next.

FIFE AND KINROSS DISTRICT ASYLUM—Assistant Physicianship. Salary, £80, with board, etc. Apply to Dr. Fraser, Medical Superintendent, Cupar-Fife.

GLOUCESTER INFIRMARY—Surgeon and Assistant-Surgeon. Applications on or before the 31st instant.

GREAT NORTHERN HOSPITAL, Caledonian Road—One Physician and one Surgeon. Applications to be sent in on or before January 12th, 1875.

HANTS COUNTY LUNATIC ASYLUM—Junior Assistant Medical Officer. Salary, £100 per annum, with board, lodging, and washing. Applications to the Medical Superintendent, on or before the 22nd instant.

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.

HEADINGTON UNION—Medical Officer for the Wheatley District. Salary, £70 per annum.

INDIAN MEDICAL SERVICE—Twenty appointments as Surgeon. Examination in February 1875.

LICHFIELD UNION—Medical Officer for the Alrewas District. Salary, £35 per annum.

MANCHESTER UNITY OF ODD FELLOWS MEDICAL DISPENSARY, Hull—Surgeon. Salary, £175 per annum, with house, coals, and gas. Applications on or before the 26th instant.

MIDDLESEX LUNATIC ASYLUM, Hanwell—Assistant Medical Officer.

MITFORD and LAUNDITCH UNION—Medical Officer for the Workhouse. Salary, £45 per annum.

MORVEN (Parish of), Argyshire—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.

NEWCASTLE-UPON-TYNE BOROUGH LUNATIC ASYLUM—Assistant Medical Officer. Salary, £100 per annum, with board and lodging. Applications on or before the 26th instant.

NORTH BRIERLEY UNION—Medical Officer for the Seventh District.

NORTH-EASTERN HOSPITAL FOR SICK CHILDREN, Hackney Road, E.—House-Surgeon. Salary, £100 per annum, with attendance, rooms, coals, and light.

PLOMESGATE UNION—Medical Officer of Health. Salary, £100 per annum. Applications on or before the 26th instant.

PLYMOUTH UNION—Medical Officer for No. 3 District.

RICHMOND (Surrey) UNION—Medical Officer for the Richmond District. £100 per annum.

RISBRIDGE UNION—Medical Officer for the Fourth District.

ROYAL INFIRMARY FOR CHILDREN and WOMEN, Waterloo Bridge Road—Resident Medical Officer. Salary, £66 per annum, with board and lodging. Applications on or before the 21st instant.

RYDE DISPENSARY—Physician.

ST. BARTHOLOMEW'S HOSPITAL—Assistant Physician.

ST. LUKE'S HOSPITAL FOR LUNATICS—Second Clinical Assistant. Board and furnished apartments.

SCARBOROUGH UNION—Medical Officer for the Sherburn District. Salary, £30 per annum.

SHEFFIELD PUBLIC HOSPITAL and DISPENSARY—House-Surgeon. Salary, £100 per annum, with board, lodging, gas, and washing.

SLEAFORD UNION—Medical Officer for the Sleaford District and the Workhouse. Salary, £50 and £30 per annum respectively.

STRATHKINNESS, Village and District of—Medical Officer. Salary, £10 from Parochial Board, with £110 from a workmen's club, exclusive of midwifery fees. Apply to Mr. A. Cowper, Kincaid, Cupar Fife.

SURREY DISPENSARY—Additional Surgeon. Applications on the 22nd inst.

SWANSEA URBAN AND PORT SANITARY DISTRICT—Medical Officer of Health. Salary, £200 per annum, and fees.

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. Haughton, Trinity College.

UNIVERSITY OF EDINBURGH—Additional Examiner in Medicine.

WESTERN DISPENSARY, Broadway, Westminster—Resident Medical Officer. Salary, £105 per annum, with apartments, coals, and gas. Applications on or before the 31st instant.

WESTERN OPHTHALMIC HOSPITAL, Marylebone Road—Honorary Surgeon. Applications on or before the 25th instant.

WEST RIDING ASYLUM, Wakefield—Assistant Medical Officer and Pathologist.

WOOLWICH UNION, Kent—Assistant Medical Officer to the new Infirmary at Plumstead. Salary, £60 per annum, with board, lodging, and washing. An additional salary of £20 per annum will be given for dispensing for the poor of the Plumstead District.

WORKSOP DISPENSARY—Resident Surgeon. Salary, £100 per annum, with furnished apartments, coals, gas, and attendance. Applications on or before January 1st, 1875.

MEDICAL APPOINTMENTS.

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

BROWN, George, M.R.C.S.Eng., appointed Surgeon to the Islington and North London Provident Dispensary.

CLARKSON, John W., L.R.C.P.Lond., appointed House-Surgeon to St. Thomas's Hospital.

DEBLY, William, M.D., appointed Medical Officer to the Malton Dispensary, *vice* W. T. Colby, M.R.C.S.Eng., resigned.

GILL, Henry C., M.R.C.S.Eng., appointed Medical Superintendent of the York Lunatic Asylum, Bootham, York.

HARVEY, A., L.A.H., appointed Apothecary to the Rathmines Dispensary.

LANGARD, Alfred, M.R.C.S.Eng., appointed House-Physician to St. Thomas's Hospital.

MACKENZIE, George H., M.B., appointed Assistant-Surgeon to the Gateshead Dispensary.

MURCHISON, Finlay, M.B., appointed Assistant Medical Officer to the Crichton Royal Institution, Dumfries.

ROSSITER, George F., M.R.C.S.Eng., appointed House-Surgeon to St. Thomas's Hospital.

STOCKER, Charles J., M.R.C.S.Eng., appointed Resident Medical Officer to the East London Hospital for Children.

TAYLOR, Christopher M., L.R.C.P.Lond., appointed Medical Accoucheur to St. Thomas's Hospital.

THOMSON, S. J., M.R.C.S.Eng., appointed House-Surgeon to the Kent and Canterbury Hospital, *vice* Atkins, resigned.

THORPE, George, E. K., M.R.C.S.Eng., appointed Surgeon to the Public Hospital, Sheffield, *vice* T. Chesman, F.R.C.S.Eng., deceased.

WOLFERSTAN, Sedley, L.R.C.P.Lond., appointed Medical Officer to the Plymouth Police, *vice* J. W. Stevens, M.R.C.S.Eng., deceased.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths, is 3s. 6d., which should be forwarded in stamps with the communication.

BIRTHS.

DAVSON.—On December 10th, at Broadstone House, Dartmouth, the wife of *F. Adams Davson, M.D., C.M., of a son.

EWART.—On December 9th, at Limefield House, Cheetham Hill, Manchester, the wife of *J. H. Ewart, Esq., of a son, still-born.

WORLEY.—On December 11th, at Brooke Lodge, De Beauvoir Road, N., the wife of *W. C. Worley, L.R.C.P.Lond., M.R.C.S.Eng., of a son.

DEATH.

EWART.—On December 14th, at Limefield House, Cheetham Hill, Manchester, Emily Matilda Christine, wife of *J. H. Ewart, Esq., aged 28.—Friends will kindly accept this intimation.

DR. J. W. HICKS has been elected to a Fellowship at Sidney Sussex College, Cambridge. Dr. Hicks was Senior in the Natural Science Tripos, and third among the Senior Optimes in 1870. He for some time held the Lectureship in Botany at St. Thomas's Hospital, and is now Demonstrator of Chemistry in the Cambridge University Laboratory.

1875.

THE BRITISH MEDICAL ASSOCIATION.

President.—EDWARD COPEMAN, M.D., F.R.C.P., Senior Physician to the Norfolk and Norwich Hospital.

President Elect.—SIR ROBERT CHRISTISON, Bart., M.D., D.C.L., LL.D., F.R.C.P.Ed., F.R.S.Ed., Professor of Materia Medica in the University of Edinburgh.

President of Council.—GEORGE SOUTHAM, F.R.C.S.Eng., Surgeon to the Manchester Royal Infirmary.

Treasurer.—R. WILBRAHAM FALCONER, M.D., D.C.L., F.R.C.P., Physician to the Mineral Waters Hospital, Bath.

Editor of Journal.—ERNEST HART, Esq.

General Secretary.—FRANCIS FOWKE, Esq.

The ANNUAL MEETING of the Association for 1875 will be held in EDINBURGH under the Presidency of

SIR ROBERT CHRISTISON, BART., M.D., D.C.L., LL.D., F.R.S.Ed.

The ADDRESS in MEDICINE will be delivered by JAMES WARBURTON BEGBIE, M.D., F.R.C.P.Ed.

The ADDRESS in SURGERY will be delivered by JAMES SPENCE, F.R.C.S.Ed., F.R.S.E., Professor of Surgery in the University of Edinburgh.

The ADDRESS in PHYSIOLOGY will be delivered by WILLIAM RUTHERFORD, M.D., F.R.S.E., Professor of the Institutes of Medicine in the University of Edinburgh.

THE HASTINGS GOLD MEDAL, Value Twenty Guineas,

Will be awarded for the best Essay "On the Treatment of Aneurism".

The objects of the Association are—the promotion of Medical Science, and the maintenance of the honour and interests of the Medical Profession. The Subscription to the Association is One Guinea annually; and each Member on paying his Subscription is entitled, in addition to the other advantages of the Association, to receive weekly, post free, the "BRITISH MEDICAL JOURNAL: BEING THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION". The Subscription is payable, in advance, on the 1st January in each year.

Gentlemen desirous of becoming Members of the Association should communicate their wish to the HONORARY LOCAL SECRETARIES, or to the General Secretary, F. FOWKE, Esq., 36, Great Queen Street, Lincoln's Inn Fields, London, W.C.

GRANTS in AID of ORIGINAL RESEARCHES in MEDICINE and the ALLIED SCIENCES.

The date for sending in applications for Grants is extended to the 27th day of DECEMBER instant. Applications, stating the nature and objects of the intended research, should be sent before the above-mentioned date to the General Secretary, at the Office of the Association, 36, Great Queen Street, W.C.

THE BRITISH MEDICAL JOURNAL for 1875,

Edited by ERNEST HART, Esq.

The JOURNAL includes the earliest *scientific, social, and political* information on all subjects interesting to the Profession; LEADING ARTICLES and Editorial Comments on the Subjects of the Week; ORIGINAL ARTICLES and LECTURES by the most eminent authorities; MEMORANDA and RECORDS of DAILY PRACTICE by Hospital and General Practitioners; Extracts from British and Foreign Journals; Reports of the Practice of the Hospitals of Great Britain and Ireland; Full Reports of the Proceedings of the British Medical Association and of its Branches and Committees; SPECIAL CORRESPONDENCE from the principal cities and localities of Great Britain, Ireland, and the Continent; Reports of the Principal Medical Societies in England, Scotland, and Ireland; REPORTS on NEW INVENTIONS; SPECIAL REPORTS ON SANITARY AND MEDICO-LEGAL QUESTIONS; REVIEWS OF BOOKS; a Department devoted to the PUBLIC HEALTH and POOR-LAW SERVICES; a Department devoted to the MILITARY and NAVAL MEDICAL SERVICES; University Intelligence; Lists of Vacant Appointments; Obituaries of Medical Men; NOTICES and ANSWERS to CORRESPONDENTS.

The Department devoted to the interests of the **PUBLIC HEALTH and POOR-LAW MEDICAL SERVICES** has been largely developed, and the services of gentlemen of the highest authority and largest experience have been obtained. The Department includes notices and answers to questions from Medical Officers of Health and Poor-Law Medical Officers, and is intended to assist and support them in the performance of their difficult duties.

The Department this year opened, which is devoted to the interests of the **ARMY and NAVY MEDICAL SERVICES**, is intended to fulfil similar functions in respect to those services. It has been established at the request of the increasing number of officers who desire to place themselves in union and sympathy with the Association, and to bring the affairs of the Services under frequent professional notice. It includes News, Comments, Correspondence, and Critical Discussions on all questions affecting the position of medical officers, and on the scientific, social, and professional matters which specially interest them.

Arrangements have been made for the further extension of the **SPECIAL CORRESPONDENCE** from **SCOTLAND, IRELAND, and the PROVINCES of ENGLAND**, as well as from **THE CONTINENT**.

For the Annual Subscription of One Guinea, paid in advance, the **BRITISH MEDICAL JOURNAL** is forwarded weekly, free by post. Orders enclosing remittances should be addressed to FRANCIS FOWKE, Esq., at the Office of the Journal, 37, Great Queen Street, London, W.C.

In the forthcoming volumes will be published **REPORTS** and **ABSTRACTS** of—

THE LUMLEIAN LECTURES, delivered at the Royal College of Physicians of London, on **Life, and on Vital Actions in Health and Disease**. By **Lionel S. Beale, M.B., F.R.C.P., F.R.S.**, Physician to King's College Hospital.

THE CROONIAN LECTURES, delivered at the Royal College of Physicians of London, on **Addison's Disease**. By **E. Headlam Greenhow, M.D., F.R.C.P., F.R.S.**, Physician to and Lecturer on Medicine at the Middlesex Hospital.

THE GOULSTONIAN LECTURES, delivered at the Royal College of Physicians of London, on **Puerperal Fever**. By **Robert James Lee, M.A., M.D.**, Assistant Obstetric Physician and Joint Lecturer on Midwifery at St. George's Hospital.

THE LECTURES ON ANATOMY, delivered at the Royal College of Surgeons of England. By **William Turner, M.B., F.R.S.E.**, Professor of Anatomy in the University of Edinburgh.

THE LECTURES ON SURGERY, delivered at the Royal College of Surgeons of England. By **Henry Lee, F.R.C.S.Eng.**, Surgeon to St. George's Hospital, and Professor of Surgery to the College.

A Course of Lectures on the **OCCURRENCE of ORGANIC FORMS in CONNECTION with CONTAGIOUS and INFECTIVE DISEASES**, delivered at Owens College, Manchester. By **John Burdon Sanderson, M.D., F.R.S.**, Professor of Physiology in University College, and Superintendent of the Brown Institute, London.

In the belief that at the present moment a thorough review of the scientific methods, rational principles, and practical application of **THERAPEUTICS** is particularly opportune, arrangements have been made for the publication in the forthcoming Volumes of

- I.—A Continuation of the Series of Lectures on the **EXPERIMENTAL INVESTIGATION of the ACTION of MEDICINES**. By **T. Lauder Brunton, M.D., F.R.S.**, Lecturer on Materia Medica at St. Bartholomew's Hospital.
- II.—A Series of **REPORTS** on the **CHEMISTRY of THERAPEUTICS**. By **J. G. McKendrick, M.D., F.R.S.E.**, Lecturer on Physiology, Edinburgh.
- III.—**PRACTICAL NOTES on the THERAPEUTICS of RECENTLY INTRODUCED REMEDIES**. By **Sydney Ringer, M.D.**, Professor of Materia Medica in University College, London.
- IV.—A Series of **EDITORIAL ARTICLES** on the **PRINCIPLES of RATIONAL THERAPEUTICS**.

There will also be published in these volumes—

SELECTED LECTURES on the PRACTICE of SURGERY. By **George Buchanan, M.D.**, Professor of Clinical Surgery in the University of Glasgow.

REPORTS and ABSTRACTS of CLINICAL LECTURES, by **Sir William Jenner, Bart., K.C.B., M.D., F.R.C.P., F.R.S.**; **Sir William Gull, Bart., M.D., F.R.C.P., F.R.S.**; **Sir James Paget, Bart., F.R.S.**

PAPERS on ARTERIO-CAPILLARY DEGENERATION (FIBROSIS). By **Sir William Gull, Bart., M.D., D.C.L., F.R.S.**, Consulting-Physician to Guy's Hospital; and **Henry G. Sutton, M.B., F.R.C.P.**, Assistant-Physician to the London Hospital. [In preparation.]

Lectures and other Contributions from the following Members of the Profession.

T. CLIFFORD ALLBUTT, M.A., M.D., Physician to the General Infirmary, and Lecturer on Medicine in the School of Medicine, Leeds.—**OBSERVATIONS on OVERSTRAIN of the HEART.**

WILLIAM ALLINGHAM, F.R.C.S. Eng., Surgeon to St. Mark's Hospital.—On **PRURITUS ANI** and its **TREATMENT**.

JULIUS ALTHAUS, M.D., Physician to the London Infirmary for Epilepsy and Paralysis.—1. On the **ETIOLOGY of NERVOUS AFFECTIONS**. 2. On the **PATHOLOGICAL CONNECTION** between **EPILEPSY** and **IDIOCY**.

THOMAS ANNANDALE, F.R.C.S. Edin., F.R.S. Edin., Surgeon to the Edinburgh Royal Infirmary, and Lecturer on Clinical Surgery.—**CLINICAL LECTURES and REPORTS on SURGICAL CASES.**

BUSHILL ANNINGSON, M.A., M.B.—**THE PATHOGENY of COMMUNICABLE DISEASE.**

HENRY ARNOTT, F.R.C.S. Eng., Assistant-Surgeon to, and Lecturer on Morbid Anatomy at, St. Thomas's Hospital.—**SURGICAL DIAGNOSIS.**

LOMBE ATTHILL, M.D., Fellow and Censor of the King and Queen's College of Physicians in Ireland.—**Contributions in MIDWIFERY and DISEASES of WOMEN.**

GEORGE G. BANTOCK, M.D., Physician to the Samaritan Hospital.—**NOTES of OUTPATIENT PRACTICE.**

EDGAR G. BARNES, M.D.—**The LONG FORCEPS, the SHORT FORCEPS, and the VECTIS.**

THOMAS H. BARTLEET, F.R.C.S., M.B., Surgeon to the General Hospital, and Professor of Anatomy and Physiology in Queen's College, Birmingham.—1. On **FLUCTUATION as a SIGN of FLUID in SURGICAL CASES**. 2. A **MODIFICATION in RHINOPLASTY.**

JOHN BASSETT, M.D., Professor of Midwifery in Queen's College, Birmingham.—On the **PUERPERAL STATE.**

H. CHARLTON BASTIAN, M.A., M.D., P.R.C.P., F.R.S., Physician to University College Hospital, and Professor of Pathological Anatomy in University College.

E. BUCHANAN BAXTER, M.D., Professor of Materia Medica in King's College, London, and Assistant-Physician to King's College Hospital.—**PAPERS on SUBJECTS CONNECTED with THERAPEUTICS and CLINICAL MEDICINE.**

JOSEPH BELL, F.R.C.S. Ed., F.R.S.E., Surgeon to the Royal Infirmary, Edinburgh.—**SURGICAL CASES and OBSERVATIONS.**

J. B. BRADBURY, M.D., Linacre Lecturer on Medicine in the University of Cambridge, and Physician to Addenbrooke's Hospital.—**NOTES on CASES occurring in HOSPITAL PRACTICE; with COMMENTS.**

W. H. BROADBENT, M.D., F.R.C.P., Physician to, and Lecturer on Medicine at, St. Mary's Hospital.—**CLINICAL LECTURES on CASES of CEREBRAL DISEASE.**

J. CRICHTON BROWNE, M.D., F.R.S.E., Medical Superintendent of the West Riding Lunatic Asylum, Wakefield.—1. **SCROFULOUS INSANITY.** 2. **The ACTION of NARCOTICS.**

T. LAUDER BRUNTON, M.D., D.Sc., F.R.S., Lecturer on Materia Medica at, and Assistant-Physician to, St. Bartholomew's Hospital.—**The PHYSIOLOGICAL SIGNIFICATION of CERTAIN SYMPTOMS.**

GEORGE W. CALLENDER, F.R.C.S. Eng., F.R.S., Surgeon to and Lecturer on Surgery at St. Bartholomew's Hospital.—LECTURES ON CLINICAL SURGERY.

JAMES P. CASSELLS, M.D., Surgeon to the Dispensary for Diseases of the Ear, Glasgow.—OTOLOGICAL MEMORANDA; being PRACTICAL CONTRIBUTIONS to AURAL MEDICINE and SURGERY.

THOMAS CHAMBERS, M.R.C.P., Physician to the Chelsea Hospital for Women.—1. Case of RETROFLEXION of the GRAVID UTERUS. 2. Case of COMPLETE INVERSION of the UTERUS.

W. B. CHEADLE, M.A., M.D., F.R.C.P., Senior Assistant-Physician and Lecturer on Pathology at St. Mary's Hospital.—ASCITES OCCURRING IN INFANCY as a RESULT of AFFECTION of the VISCERA in CONGENITAL SYPHILIS.

JOHN CHIENE, F.R.C.S. Ed., Lecturer on Surgery, and Assistant-Surgeon to the Royal Infirmary, Edinburgh.

ANDREW CLARK, F.R.C.S. Eng., Assistant-Surgeon to the Middlesex Hospital.

J. LOCKHART CLARKE, M.D., F.R.S., Physician to the Hospital for Diseases of the Nervous System.—On PARALYSIS and other DISEASES of the NERVOUS SYSTEM.

JOHN CLELAND, M.D., F.R.S., Professor of Anatomy and Physiology in Queen's College, Galway.—An ACCOUNT of the ENTIRE CONVERSION of a LUNG INTO ONE VOMICA; with REMARKS on the VARIETIES and TREATMENT of PHTHISIS.

THOMAS J. CLOUSTON, M.D., Physician-Superintendent of the Royal Edinburgh Asylum.

JOSEPH S. CLOVER, F.R.C.S. Eng., On SOME IMPROVEMENTS in the ADMINISTRATION of CHLOROFORM.

JOSEPH COATS, M.D., Lecturer on Pathology in the University, and Pathologist to the Royal Infirmary, Glasgow.—CONTRIBUTION in PATHOLOGY and PATHOLOGICAL ANATOMY.

EDWARD COPEMAN, M.D., F.R.C.P., Senior Physician to the Norfolk and Norwich Hospital.—THERAPEUTICAL or OBSTETRICAL MEMORANDA.

R. PAYNE COTTON, M.D., F.R.C.P., Senior Physician to the Hospital for Consumption at Brompton.—NOTES on CONSUMPTION.

GEORGE COWELL, F.R.C.S. Eng., Surgeon to and Lecturer on Surgery at the Westminster Hospital.—NOTES on SURGICAL THERAPEUTICS.

W. JACKSON CUMMINS, M.D., Physician to the Cork South Infirmary.—SPONTANEOUS CURE of an OVARIAN CYST.

W. B. DALBY, M.B., F.R.C.S. Eng., Aural Surgeon and Lecturer on Aural Surgery at St. George's Hospital.—CONTRIBUTIONS on EAR-AFFECTIONS.

N. DAVIES-COLLEY, M.A., M.B., M.C., F.R.C.S. Eng., Assistant-Surgeon to Guy's Hospital.—SURGICAL CASES.

RICHARD DAVY, F.R.C.S. Eng., Surgeon and Lecturer on Anatomy at the Westminster Hospital.—OBSERVATIONS on URETHRAL SURGERY.

R. W. DAY, M.D., Cork.—CASE of CARDIAC EMBOLISM OCCURRING TWICE in the SAME SUBJECT; GANGRENE; AMPUTATION; RECOVERY.

F. S. B. DE CHAUMONT, M.D., Assistant-Professor of Hygiene in the Army Medical School, Netley.—On ZYMOTIC DISEASES: the THEORIES of their ORIGIN, and their MODES of PROPAGATION.

VICTOR DE MERIC, F.R.C.S. Eng., Surgeon to the Royal Free and German Hospitals.—On HEREDITARY SYPHILIS in the ADULT.

WALTER DICKSON M.D., R.N., Medical officer to H.M. Customs.—MEDICO-STATISTICAL COMPARISON of the HEALTH of the CUSTOMS OFFICERS in LONDON and LIVERPOOL, and general SANITARY CONDITION of these two PORTS.

NELSON C. DOBSON, F.R.C.S. Eng., Surgeon to the General Hospital and Lecturer on Anatomy in the Medical School, Bristol.

THOMAS S. DOWSE, M.D., Medical Superintendent of the Central London Sick Asylum, Highgate.—CASE of FIBRO MULEATED TUMOUR of the DURA MATER of the SPINAL CORD.

C. R. DRYSDALE, M.D., Physician to the North London Consumption Hospital.—TERTIARY SYPHILIS in PHYSICIANS' CASES.

ALFRED B. DUFFIN, M.D., F.R.C.P., Physician to King's College Hospital.

J. MATTHEWS DUNCAN, M.D., President of the Obstetric Society of Edinburgh.

C. M. DURRANT, M.D., F.R.C.P., Senior Physician to the East Suffolk and Ipswich Hospital.—1. THOUGHTS on the MANAGEMENT of INCURABLE CHRONIC HEART-DISEASE. 2. HOSPITAL REPORTS.

T. H. EDMONDS, M.R.C.S. Eng., The CAUSES of DEATH after OPERATION for STRANGULATED HERNIA.

ROBERT FARQUHARSON, M.D., Physician to the Belgrave Hospital for Children and Lecturer on Materia Medica at St. Mary's Hospital.—SOME CLINICAL POINTS in the PNEUMONIA of EARLY LIFE.

SIR WILLIAM FERGUSSON, BART., F.R.S., Surgeon to King's College Hospital.—On CLEFT PALATE.

DAVID FERRIER, M.D., Professor of Medical Jurisprudence in King's College.—CONTRIBUTIONS to the PHYSIOLOGY and PATHOLOGY of the NERVOUS SYSTEM.

JAMES FINLAYSON, M.D., F.F.P.S.G., Assistant in Professor Gairdner's Clinique in the Royal Infirmary, Glasgow.—CONTRIBUTIONS to CLINICAL MEDICINE; RENAL DISEASES, &c.

GUSTAVUS FOOTE, M.R.C.S. Eng., CASE of DISLOCATION of HEAD of HUMERUS with FRACTURE of the NECK of the BONE.

BALTHAZAR FOSTER, M.D., F.R.C.P., Professor of Medicine in Queen's College, and Physician to the General Hospital, Birmingham.—CLINICAL LECTURES on VASCULAR DISEASES of the HEART.

J. MILNER FOTHERGILL, M.D., The SYSTEMIC INDICATIONS of CHRONIC BRIGHT'S DISEASE.

EDWARD LONG FOX, M.D., F.R.C.P., Physician to the Bristol Royal Infirmary, and Lecturer on Medicine in the Bristol Medical School.—On TUMOURS of the SPINAL CORD.

TILBURY FOX, M.D., F.R.C.P., Physician to the Skin Department, University College Hospital.—1. On MORPHEA ALBA (Addison's Keloid). 2. On ITCH and its PECULIARITIES in PRIVATE and PUBLIC PRACTICE RESPECTIVELY. 3. On TUBERCULAR LEPROSY. 4. On XANTHELASMODÆ (an undescribed form of disease). 5. On ACUTE GENERAL LICHEN PLANUS. 6. On the RARE DISEASE, PEMPHIGUS FOLIAREUS.

J. D. GILLESPIE, M.D., F.R.C.S. Ed., Consulting Surgeon to the Royal Infirmary, Edinburgh.

THOMAS R. GLYNN, M.B., Physician to the Royal Infirmary, Liverpool.—CLINICAL REPORTS.

CLEMENT GODSON, M.D., Physician to Samaritan Hospital.—The INDICATION of PRE-MATURE LABOUR.

ROBERT GREENHALGH, M.D., Physician Accoucheur and Lecturer on Midwifery at St. Bartholomew's Hospital.—CLINICAL OBSERVATIONS on the DISEASES of WOMEN.

G. de GORREQUER GRIFFITH, L.R.C.P., London, Senior Physician to the Pimlico Hospital for Women and Children.—On a NEW and EFFECTUAL METHOD of ADMINISTERING CHLORAL and BROMIDE of POTASSIUM in DISEASES of WOMEN.

THOMAS W. GRIMSHAW, M.D., F.R.C.C.P.I., Physician to and Lecturer on Materia Medica at Steevens's Hospital, and Senior Physician to the Cork Street Fever Hospital, Dublin.

GEORGE HARLEY, M.D., F.R.S., MEDICAL PAPERS.

ALEXANDER HARVEY, M.D., Professor of Materia Medica in the University of Aberdeen.—CLINICAL REMINISCENCES.

J. WARRINGTON HAWARD, F.R.C.S. Eng., Assistant-Surgeon to the Great Ormond Street Hospital for Children.—On SCROFULA.

J. R. HAYES, M.D., NOTES of a CASE of REMOVAL of RIGHT PARIETAL and HALF FRONTAL BONE.

J. D. HEATON, M.D., F.R.C.P., Senior Physician to the Royal Infirmary and Lecturer on Medicine in the School of Medicine, Leeds.—CONTRIBUTIONS to CLINICAL MEDICINE.

J. BRAXTON HICKS, M.D., F.R.C.P., F.R.S., Physician-Accoucheur to, and Lecturer on Midwifery at, Guy's Hospital.—CONTRIBUTIONS in OBSTETRICS and OBSTETRICAL MEDICINE.

T. HOLMES, M.A., F.R.C.S. Eng., Surgeon to, and Lecturer on Surgery at, St. George's Hospital.—CONTRIBUTIONS to CLINICAL SURGERY.

CARSTEN HOLTHOUSE, F.R.C.S., Senior Surgeon to the Westminster Hospital.—CASES from HOSPITAL PRACTICE.

HENRY G. HOWSE, M.S., M.B., F.R.C.S., Assistant-Surgeon to Guy's Hospital.

G. M. HUMPHRY, M.D., F.R.C.S., F.R.S., Professor of Anatomy in the University of Cambridge and Surgeon to Addenbrooke's Hospital.—DOUBLE POPLITEAL ANEURISM.

J. HUGHLINGS JACKSON, M.D., F.R.C.P., Physician to the London Hospital and to the Hospital for Epilepsy and Paralysis.—1. LECTURES on SOFTENING of the BRAIN.—2. On PARALYSIS of the VOCAL CORDS in INTRACRANIAL DISEASE.

T. R. JESSOP, F.R.C.S. Eng., Surgeon to the General Infirmary, Leeds.—CASES in HOSPITAL PRACTICE.

GEORGE JOHNSON, M.D., F.R.S., Professor of Medicine in King's College and Physician to King's College Hospital.—CLINICAL LECTURES on CASES occurring in HOSPITAL PRACTICE.

SYDNEY JONES, M.B., F.R.C.S. Eng., Surgeon to and Lecturer on Surgery at St. Thomas's Hospital.—CASES in GENERAL SURGERY.

THOMAS JONES, M.D., Assistant-Physician to the Victoria Hospital for Sick Children.—CASES and OBSERVATIONS on SOME DISEASES of CHILDREN.

FURNEAUX JORDAN, F.R.C.S. Eng., Surgeon to the Queen's Hospital and Professor of Surgery in Queen's College, Birmingham.—SURGICAL OBSERVATIONS.

KELBURNE KING, M.D., Surgeon to the General Infirmary, Hull.—TWO CASES of PUNCTURED FRACTURE of the CRANIUM, in which TREPHINING was PERFORMED, with REMARKS.

ROBERT KING, M.D., Assistant-Physician to the Middlesex Hospital.—MEDICAL CONTRIBUTIONS.

JAMES R. LANE, F.R.C.S. Eng., Surgeon to St. Mary's and the Lock Hospitals.—CLINICAL REMARKS on FRACTURES and DISLOCATIONS.

J. WICKHAM LEGG, M.D., Casualty Physician to St. Bartholomew's Hospital.—The COMPLICATIONS of JAUNDICE.

RICHARD LIEBREICH, M.R.C.S., Ophthalmic Surgeon and Lecturer on Ophthalmic Surgery at St. Thomas's Hospital.—CONTRIBUTIONS in OPHTHALMIC SURGERY.

ROBERT LIVEING, M.A., M.D., Physician to the Middlesex Hospital.—CLINICAL REMARKS and LECTURES on DISEASES of the SKIN.

EDWARD LUND, F.R.C.S.Eng., Surgeon to the Royal Infirmary and Professor of Surgery in Owens College School of Medicine, Manchester.—INCISION VERSUS EXCISION of the KNEE in CHILDREN.

JOHN G. McKENDRICK, M.D., F.R.S.Ed.,—PAPERS on the PHYSIOLOGY of HEARING.

EDWARD MACKEY, M.D., Physician to the Queen's Hospital and Professor of Materia Medica in Queen's College, Birmingham.—On the TREATMENT of CHRONIC SKIN-DISEASES by GALVANISM.

CHARLES MACLEAN, M.D.,—SOME POINTS in the DIAGNOSIS of BRIGHT'S DISEASE.

GEORGE H. B. MACLEOD, M.D., F.R.C.S.Ed., Surgeon to the Royal Infirmary and Professor of Surgery in the University, Glasgow.—CONTRIBUTION to CLINICAL SURGERY.

HENRY M. MADGE, M.D.,—MOLLITIES OSSIUM.

JOHN MARSHALL, F.R.C.S.Eng., F.R.S., Professor of Surgery in University College and Surgeon to University College Hospital.

ALFRED H. MARTIN, M.B., Assistant Medical Officer to the Joint Counties Asylum, Carmarthen.—CASE of TUMOUR of the BRAIN SIMULATING APOPLEXY.

SAMUEL MARTYN, M.D., F.R.C.P., Senior Physician to the General Hospital and Lecturer on Medicine in the Medical School, Bristol.—HOSPITAL REGISTRATION.

FRANCIS MASON, F.R.C.S.Eng., Senior Assistant-Surgeon and Lecturer on Anatomy at St. Thomas's Hospital.—CASES in HOSPITAL PRACTICE.

ALFRED MEADOWS, M.D., Physician-Accoucheur and Lecturer on Midwifery at St. Mary's Hospital.—PAPERS on DISEASES of WOMEN.

JOHN MEREDITH, M.D.,—On a RARE FORM of INFANTILE PARALYSIS.

S. W. MOORE, L.R.C.P.Ed., Lecturer on, and Demonstrator of Physiological Chemistry at St. George's Hospital.

JOHN E. MORGAN, M.A., M.D., F.R.C.P., Professor of Medicine in Owens College, and Physician to the Royal Infirmary, Manchester.—REMARKS on SOME of the FUNCTIONAL DISORDERS of the NERVOUS SYSTEM.

HENRY MORRIS, M.A., M.B., F.R.S.C.Eng., Senior Assistant-Surgeon and Lecturer on Anatomy at the Middlesex Hospital.—REPORTS of CLINICAL CASES, with REMARKS.

CLAUD MUIRHEAD, M.D., F.R.C.P.Ed., Assistant-Physician to the Edinburgh Royal Infirmary.—On FEVER.

JOHN A. NUNNELEY, M.B., M.R.C.S. Senior Ophthalmic and Aural Surgeon to the Leeds Royal Infirmary.—CASES in OPHTHALMIC and AURAL PRACTICE.

JOHN W. OGLE, M.D., F.R.C.P., Physician to St. George's Hospital.—PAPERS on SUBJECTS CONNECTED with CLINICAL MEDICINE.

EDMUND OWEN, M.B., F.R.C.S.Eng., Assistant-Surgeon to St. Mary's Hospital.—REPORTS OF CASES with REMARKS.

EDMUND A. PARKES, M.D., F.R.C.P., F.R.S., Professor of Military Hygiene in the Army Medical School.

GEORGE H. PHILIPSON, M.A., M.D., F.R.C.P., Physician to the Newcastle-on-Tyne Infirmary, and Lecturer on Medicine in the University of Durham College of Medicine.—On LYMPHÆMIA.

JAMES EDWARD POLLOCK, M.D., F.R.C.P., Physician to the Hospital for Consumption at Brompton.—CLINICAL NOTES on CHEST-DISEASE.

JOHN B. POTTER, M.D., Obstetric Physician to, and Lecturer on Obstetric Medicine at, the Westminster Hospital.—TREATMENT of DISEASES of WOMEN.

R. DOUGLAS POWELL, M.D., F.R.C.P., Assistant-Physician to the Hospital for Consumption at Brompton; Assistant-Physician to, and Lecturer on Materia Medica at, Charing Cross Hospital.—CLINICAL REMARKS on CASES of CHEST-DISEASE.

RICHARD QUAIN, F.R.C.S.Eng., F.R.S., Surgeon-Extraordinary to the Queen; Emeritus Professor of Clinical Surgery in University College.—OBSERVATIONS in CLINICAL SURGERY.

J. S. RAMSKILL, M.D., F.R.C.P., Senior Physician to the Hospital for Paralysis and Epilepsy; Physician to the London Hospital.—On SOME of the RARER FORMS of DISEASES of the NERVOUS SYSTEM.

ARTHUR RANSOME, A.M., M.D., Lecturer on Hygiene in Owens College School of Medicine, Manchester.

ADOLPH RASCH, M.D., Physician for Diseases of Women to the German Hospital.—1. The DIAGNOSIS of EARLY PREGNANCY. 2. PLACENTA PRÆVIA, with CASES.

HENRY A. REEVES, F.R.C.S.Ed., Assistant-Surgeon to the London Hospital.—1. PRINCIPLES of ORTHOPÆDIC SURGERY. 2. CONTRIBUTIONS to AURAL SURGERY. 3. SURGICAL CASES.

JOHN RINGLAND, M.D., Master of the Coombe Lying-in-Hospital, and Lecturer on Midwifery in the Ledwich School of Medicine, Dublin.

FREDERICK T. ROBERTS, M.D., Assistant-Physician to University College Hospital, and to the Hospital for Consumption at Brompton.—On DISEASES of the HEART and LUNGS.

ALEXANDER ROBERTSON, M.D., F.F.P.S.G., Physician to the Town's Hospital and Asylum, Glasgow.—The SENSORY and MOTOR PRODOMATA of INSANITY.

D. ARGYLL ROBERTSON, M.D., F.R.C.S. Ed., Ophthalmic Surgeon to the Edinburgh Royal Infirmary.—OPHTHALMIC CASES.

W. TINDAL ROBERTSON, M.D., F.R.C.P., Physician to the General Hospital, Nottingham.—INTESTINAL OBSTRUCTION.

JAMES ROUSE, F.R.C.S.Eng., Assistant-Surgeon to, and Lecturer on Anatomy at, St. George's Hospital.—SURGICAL CONTRIBUTIONS.

JAMES RUSSELL, M.D., F.R.C.P., Physician to the General Hospital, Birmingham.—CLINICAL REPORTS.

A. ERNEST SANSOM, M.D., Physician to the City Road Hospital for Diseases of the Chest.—INFECTION and DISINFECTION.

LEONARD W. SEDGWICK, M.D.,—CASE of RUPTURE of MUSCLES, with UNUSUAL SYMPTOMS and PULMONARY EXTRAVERSION.

T. CLAYE SHAW, M.D., Medical Superintendent of the Metropolitan Asylum, Leavesden.

R. SHINGLETON SMITH, M.D., Physician to the Royal Infirmary and Lecturer on Anatomy and Physiology in the Medical School, Bristol.—CLINICAL and PATHOLOGICAL MEMORANDA.

J. W. F. SMITH-SHAND, Physician to, and Lecturer on Clinical Medicine in, the Royal Infirmary, Aberdeen.—CONTRIBUTIONS on IN-TRATHORACIC TUMOURS and other SUBJECTS.

MICHAEL H. STAPLETON, F.R.C.S.I., Senior Surgeon to the Jervis Street Hospital, Dublin.

A. B. STEELE, L.K.Q.C.P., Lecturer on Midwifery in the Liverpool Royal Infirmary School of Medicine.—PAPERS on OBSTETRICS and GYNECOLOGY.

CHARLES STEELE, F.R.C.S., Surgeon to the Bristol Royal Infirmary.—On SKIN-GRAFTING.

T. GRAINGER STEWART, M.D., F.R.C.P.Ed., Physician to the Royal Infirmary, Edinburgh.—CLINICAL OBSERVATIONS.

ALFRED S. TAYLOR, M.D., F.R.C.P., F.R.S., Professor of Medical Jurisprudence at Guy's Hospital.—PAPERS on MEDICO-LEGAL SUBJECTS.

E. SYMES THOMPSON, M.D., F.R.C.P., Physician to the Hospital for Consumption, Brompton.—CLINICAL LECTURES on the VARIETIES of PHTHISIS.

HENRY M. TUCKWELL, M.D., Physician to the Radcliffe Infirmary, Oxford.—FRACTURE of PARIENTAL BONE; CONVULSIONS; ASPHESIA; HEMIPLEGIA.

J. BATTY TUKE, M.D., F.R.C.P.Ed., Morrisonian Lecturer on Insanity to the Royal College of Physicians of Edinburgh.—CONTRIBUTIONS on CEREBRAL PATHOLOGY, INSANITY, etc.

AUGUSTE VOISIN, M.D., Physician to the Salpêtrière Hospital, Paris.—The TROUBLES of SPEECH in the GENERAL PARALYSIS of the INSANE.

WILLOUGHBY F. WADE, M.B., F.R.C.P., Physician to the Birmingham General Hospital.—1. HYSTERICAL MIMOSIS. 2. NEUROTIC RELATIONS of SKIN-DISEASES.

W. W. WAGSTAFFE, F.R.C.S., Assistant-Surgeon and Lecturer on Anatomy in St. Thomas's Hospital.—On CERTAIN DISEASES of BONE.

J. H. WATHEN, L.R.C.P.Ed.,—CAN CHLOROFORM be LONG RETAINED in the SYSTEM AFTER ITS ADMINISTRATION?

EBEN WATSON, M.D., Surgeon to the Royal Infirmary, Glasgow.—CLINICAL ILLUSTRATIONS of THROAT-DISEASES.

HERMANN WEBER, M.D., F.R.C.P., Physician to the German Hospital.—NOTES on the USE of CLIMATES.

SPENCER WELLS, F.R.C.S.Eng., Surgeon to the Samaritan Hospital.—NOTES at the BED-SIDE in the SAMARITAN HOSPITAL.

J. G. WILSON, M.D., F.R.S.E., Professor of Midwifery in Anderson's University, Glasgow.

JOHN WOOD, F.R.C.S.Eng., F.R.S., Professor of Surgery in King's College and Surgeon to King's College Hospital.—CLINICAL LECTURES on CASES.

W. BATHURST WOODMAN, M.D., Physician to the North-Eastern Hospital for Children, and Assistant-Physician to the London Hospital.—STUDIES of SKIN-DISEASES.

FREDERICK W. WRIGHT, M.R.C.S.Eng.,—DECOLLATION as a MODE of DELIVERY in SHOULDER PRESENTATIONS.

HENRY J. YELD, M.D., Medical Officer of Health for Sunderland.—The HEALTH and MORTALITY of TOWNS and VILLAGES as AFFECTED by SANITARY LEGISLATION.

I. BURNEY YEO, M.B., M.R.C.P., Assistant-Physician to King's College Hospital and the Hospital for Consumption at Brompton.—A PRACTICAL REVIEW of the TREATMENT of PHTHISIS in its different FORMS, STAGES, and COMPLICATIONS.

OPERATION DAYS AT THE HOSPITALS.

MONDAYMetropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.

TUESDAYGuy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—West London, 3 P.M.—National Orthopaedic, 2 P.M.

WEDNESDAY ..St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.30 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—St. Thomas's, 1.30 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Cancer Hospital, Brompton, 3 P.M.—King's College, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.

THURSDAY ...St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.

FRIDAY.....Royal Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.—Royal South London Ophthalmic, 2 P.M.

SATURDAY ...St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.—East London Hospital for Children, 2 P.M.—Hospital for Women, 9.30 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 9.30 A.M.—Royal Free, 9 A.M. and 2 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8 P.M. Mr. W. F. Teevan, "A Review of the Modern Methods of Treating Stricture". Mr. G. Henry Pedler will show his new instrument, the Pneumatograph. Mr. Spencer Watson will exhibit a patient with Displacement of the Eyelids, Nose, and other features, resulting from a severe injury, and partly remedied by Plastic Operation.

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*.

AUTHOR, 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.

CORONERS' INQUESTS.

SIR.—Though there is some uncertainty as to the cases in which inquests ought to be held, it seems to me that the coroner who decided not to hold one in the case mentioned in the letter signed "Stillborn", at p. 727, was evidently wrong. The body of an infant was found under such suspicious circumstances, that a medical examination was deemed necessary to decide whether it had lived or not—i.e., whether or not murder might have been committed, or a birth criminally concealed; and because the surgeon was of opinion that the child was not viable, no inquest was held. That was not the question. However certain I may be that a man will die to-morrow, I should be guilty of homicide if I kill him to-day. However certain it may have been that the infant in question could not have been reared, whoever shortened its life, however little, or left it to die by exposure, was guilty of infanticide; and whoever secretly left the body of a child that had lived was guilty of concealment—probably of criminal concealment—of the birth. There need be no hostile proceeding either in this or in any of the similar cases that frequently arise. What is wanted is authoritative decisions in cases now disputed, that coroners may have clearer guidance than they now have, when to hold and when not to hold inquiries so important. I am, etc., P. H. HOLLAND.

INJURY OF THE MILK-TEETH.

SIR.—I should be very glad to receive, through the columns of our *JOURNAL*, advice on the following case from any Associate who has had practical experience in similar cases. Some four months since, a little girl fell on her mouth when ascending a stone-staircase. She cut her tongue considerably; and the consequent hæmorrhage at the time only attracted attention, as there was no apparent injury to any of her teeth. In consequence of a bulged and swollen appearance of the right side of the upper lip, which attracted attention some weeks subsequently, an examination of the gum corresponding thereto led to the discovery of a fistula at the base of the right upper central incisor. This tooth admitted of very slight motion, causing no pain. The parents have had the opinion of the best local surgeon and dentist in the French town in which they reside. The former unhesitatingly advises the immediate extraction of the tooth, which he considers to be the cause of the irritation, which, he says, if continued, will destroy the germ of the permanent tooth (she is now four years and a half old) to follow. The surgeon-dentist, however, on the other hand, is quite opposed to extraction, which he conceives at her age would result in absorption of the corresponding alveolar process, and a consequent distorted permanent tooth. He recommends local remedies. This very conflicting advice is most perplexing; and as I am the parent, with no special knowledge in this branch of the profession, I should be most thankful for the experience of any member of our Association who will and can throw light on the case. I am, etc., W. B.

Avranches, France, December 1874.

CORRESPONDENTS are particularly requested by the Editor to observe that communications relating to Advertisements, changes of address, and other business matters, should be addressed to Mr. Francis Fowke, General Secretary and Manager, at the Journal Office, 36, Great Queen Street, W.C., and not to the Editor.

LEPROSY IN CANADA.

SIR.—In the *JOURNAL* for November 21st, p. 656, is a notice from the *Toronto Globe*, in which are statements that appear to me somewhat incorrect. Referring to the writer's description of the mode of origin of leprosy in Tracadie, and the idea that it is purely hereditary, I beg to give the following quotations from the Report on Leprosy by the Royal College of Physicians, 1867, page 1: "The disease was brought into the colony by an emigrant family from St. Malo" (Dr. Bayard). "Leprosy has been known in New Brunswick since 1815" (Dr. Nicholson); and at p. 29) "it has been confined to the French population (in Tracadie), with the exception of four persons". The Lieutenant-Governor states: "I believe there is authentic evidence of some few English settlers having fallen victims to this terrible malady." Dr. Benson admits (p. 3) "that a Scotchman, named Stewart, had the disease: and his descendants are likewise affected". Dr. Gordon says, "individuals of different races living in the same house with the lepers have become affected and died of the disease".

According to the Report, therefore, it is not purely hereditary, but has spread, as much as might be expected in a sparsely settled district, from people isolated by language from their fellow-colonists, and from cases carefully kept in isolation. Further on, the writer of the paragraph says: "It would seem that leprosy is on the increase in 'many' of the British dependencies. In some parts of India one person in every hundred is a leper. In some parts of the West Indies, as well as the Sandwich Islands, this disease is very prevalent." Now, leprosy was imported into the Sandwich Islands about 1848, and has spread with a rapidity which only the theory of contagion can account for; but in India, while in a few small villages there may be 1 in 100 a leper, the highest statistical proportion given in the Report is in August, 1 in 347 (16 in 5,550). Dr. H. Carter of Bombay believes (p. 111) that "leprosy is not on the increase at present, but probably the reverse". The latest census returns (1869) gives 93,231 lepers in India; but census returns are sure to omit many, so that at least 100,000 would be nearer the truth: and this in 121 millions, would be 1 leper in about 1,200 of the population, not nearly so high a proportion as in many other places. It is probable that a temporary increase may have been caused by the famine in Bengal.

In the West Indies, in Jamaica, in 1861, the census showed 1 leper in 567; in 1871, 1 in 676 of the population (Milroy's *Report on Leprosy and Yaws*, 1873). This, though no doubt under the real number, may safely be used for comparison, as the errors would in both years be of the same nature, and balance each other. As is seen, a decrease is shown.

In St. Kitts, by careful inquiry among official and other records, I found that among 20,149 slaves, there were, in 1817, at least 95 confirmed lepers, or 1 in 212; while in April 1872, by personal effort, aided by the clergymen, medical men, the police, and friends living in each district, I only discovered 72 (in a population of 28,000, or 1 in 389). In 1854, the census showed 53 lepers (in 20,700 inhabitants), or 1 in 390—practically the same, apparently, as in 1872; but from the very special nature of my own inquiries (I include one case of only a few months' duration), I have no doubt that cases would be omitted in the hurried taking of the 1855 census, such as would be included by me; therefore I believe that leprosy has decreased in St. Kitts since 1855, but that decrease is not so marked as in the period 1817-55, there being now free intercourse (which was strictly prevented by the slave-owners) between lepers and others, and the people having become more crowded into the towns and villages—a fact which in itself accounts, by bringing lepers more into notice, for the idea held by some that it is increasing.

As to the other West Indian islands, there are no statistics of leprosy, and the opinions emitted by the medical men are without value, and generally contradictory (see answers to Interrogatory 14 in the Report of 1867).

Demerara—in which there was 1 leper in 280 of the population (see Report, p. 114)—is the only colony in which five medical men unanimously report that it is increasing, and attribute this increase to "free intercourse", in which the importation of Coolies (?), Portuguese, Chinese, and Africans, may have assisted. But the increase cannot be taken as proved until comparative statistics of two separate periods are brought forward to support them. Even in Jamaica, the two reporters, Drs. Fiddes and Bowerbank, were of opinion (in 1862) that it was increasing (Report, p. 13)—an opinion not supported by the statistics given above.

There is evidently, then, no ground for the confident assertion "that leprosy is on the increase in many of the British dependencies", Dr. Carter's opinion for India (so far as it goes, though opinions are of no great value in such a matter), and the statistics I have put forward for the West Indies, pointing to an opposite conclusion.

I am, etc., W. MUNRO, M.D., C.N.,
late Medical Officer for St. Kitts, West Indies.

Cupar-Fife, November 21st, 1874.

FOREIGN DEGREES.

SIR.—I see that a correspondent is asking information concerning the M.D. degree of Foreign Universities. I can give him this much, that at Giessen the examination is in English, and lasts three hours. I would strongly advise him to go to Brussels. The examination is a thoroughly practical one, and lasts a week. Heidelberg, Erlangen, etc., examine in German, and they require a thesis to be written and printed.

M.R.C.P.s should write to Professor James, the University, Brussels; or else to Dr. Eschardt, Giessen, Hesse Darmstadt. I am, etc.,
December 13th, 1874. A PHYSICIAN.

MEDICAL FRIENDLY SOCIETIES.

SIR.—I have looked with much interest, but in vain, for a reply to the inquiry made by "An Associate" in the *JOURNAL* for November 7th last, "Is there any sick club or friendly society connected with the medical profession which, for an annual payment, guarantees pecuniary relief to medical men in time of sickness? If not, which is the best of the many friendly societies to join?" I hope you will kindly allow the question to reappear in the Notices to Correspondents, and that it may elicit the desired information. I am, etc., SURGEON.

* This was also stated thirty years ago by Boyle (*London Medical Gazette*, quoted by Hirsch, *Histor. Geograph. Pathologie*, p. 322). The idea has also been mooted that it came from the West Indies (Report, p. 8), but this is only conjecture.

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

SIR,—Which of those possessing the following degrees—viz., M.R.C.S. and L.S.A. Lond., or M.B. and C.M. Edin., stands highest in the medical profession? and can either recover debts in the County Court *without* being duly registered? and can either legally have "Doctor" put upon their door?
December 1874. I am, etc., X. V. Z.

* * 1. M.B. and C.M., being University degrees, rank higher than the M.R.C.S. and L.S.A. 2. For recovery of debts in a court of law, a medical practitioner must be registered. 3. Neither is legally entitled to the title of "Dr.", which is the peculiar property of an M.D.

THE CONTAGIOUS DISEASES ACTS.

SIR,—Permit me to draw your attention to two errors of detail, which have crept in during the discussion on the Contagious Diseases Acts now going on in the **JOURNAL**. 1. Through an error in calculation, or a printer's mistake, the annual ratio per 1,000 of admissions for primary syphilis in the 1st Battalion of the Coldstream Guards between September 3rd, 1870, and March 3rd, 1871, is put too low in Mr. Myers's letter of the 5th instant. Calculating on the data supplied in the letter, it should have been 94.28, and not 74.28, as stated. 2. In your editorial comments on Dr. Nevins's letter of November 25th, you have, by an oversight, adopted Mr. Myers's number of admissions for Windsor, as stated in his letter of October 31st, instead of the corrected number, which appeared in the **JOURNAL** of the following week. The words in the first letter were, "Thus during the whole period only four cases of one disease and three of another were contracted in Windsor." The correction, as published among the Notices to Correspondents in the following week, is as follows: "Thus during the whole period, only six of the cases of primary syphilis and two of gonorrhoea were contracted in Windsor." I am, etc., Wm. CARTER.

74, Rodney Street, Liverpool, Dec. 7th, 1874.

* * The insertion of 74.28 instead of 94.28 was a misprint which was not detected till too late.

SIR,—Mr. Stansfeld may congratulate himself on possessing as a champion so able a letter-writer as Dr. Nevins. After reading the reply of the latter gentleman to Mr. Myers's comments on the working of the Contagious Diseases Act, many of your readers must have been considerably exercised as to how Mr. Myers would be able to dispose of Dr. Nevins's propositions and figures. In the **JOURNAL** of December 5th, we have Mr. Myers's final accounts, which show that much more good has been effected by the Act, even in this early stage of its working, than its most sanguine supporters had any right to expect. But not only is more time required before the public can derive much real knowledge from the inspection of facts and figures elicited from military surgeons, but a much wider extension of the area in which the Act is enforced is to be desired. For instance, London is within so short a distance of Windsor by rail, that not a few of the sores contracted "in and out of the district", in all probability, took their origin outside the protected area. All such cases score hardly against the Act itself.

There is one feature in Mr. Myers's tables worthy of special notice. In six months of the year 1868, when the Act was in its earliest infancy, 64 men from an average strength of 608 came under treatment at Windsor for primary venereal sores. And on referring to the fourth paragraph of Mr. Myers's letter, it is found that the battalion numbering so many wounded had followed immediately, or at a short interval, the Scots Fusilier Guards, in which regiment the soldiers were not then inspected for venereal disease. To reduce the number of soldiers and sailors affected by venereal disease to a minimum, there should be a co-operation on the part of army and naval surgeons with the civil medical inspectors. And those men for whose protection the Act was framed should be subjected to periodical medical inspection such as obtains in the Coldstream Guards. Such a practice would, moreover, remove an objection, which is raised with more vehemence than logic by many who are opposed to an important step in sanitation—namely, that restrictions are unjust which do not affect the men as well as the unfortunate women. I am, etc., EDMUND OWEN.

Cleveland Square, W., Dec. 7th, 1874.

MEDICAL DEGREES AND TITLES.

SIR,—I perceive from your correspondence columns that the old bone of contention—the title of Doctor—has again been dragged into the light, with the usual threadbare arguments *pro* and *con*, *usque ad nauseam*. I should not have contributed to the fray, had I not observed some statements in the **JOURNAL** for November 21st, from M.D. Edin., calculated—I suppose in ignorance—to convey a false impression as to the requirements of the Royal College of Physicians of Edinburgh for their license. The statements to which I refer are contained in the last paragraph, in which M.D. Edin. imagines he had a more severe examination to undergo for his degree than he would have had to pass for the license at the College of Physicians. I can assure him that he is quite mistaken. No "mere one or two hours' examination in two or three subjects" will ever get anyone the diploma of L.R.C.P. Edin.; on the contrary, with the exception of botany and natural history, the examinations are, and always have been, identical, so far as the number of subjects go, the length of time required, the mode—written and oral—"not to name classics, etc.", which are quite as essential for the L.R.C.P. Edin. as for the M.D. Edin., and as indispensable. Nor does it necessarily follow that because a man can write himself M.D. Edin., he would find it any the less difficult to write himself L.R.C.P. Edin. on that account. When I passed in August 1865, a gentleman who had just graduated as M.D. Edin., was plucked for the L.R.C.P. & S. Ed.; and this is by no means a solitary case, and is incapable of refutation. I have proved, then, that the L.R.C.P. Edin. is as thorough a test of medical, classical, etc., knowledge as the M.D. Edin., and not to be so easily obtained as your correspondent lightly and without warrant affirms. It is quite on a par, as far as examination goes, with any other Scotch medical qualification. As to the title of Doctor, that is of no importance. The public gives the English prefix of Doctor to every medical man who possesses a legally qualified medical title, as distinguished from, or in conjunction with, a surgical one; and the Irish College of Physicians does so by law, as well as by courtesy. A courtesy title is no new thing in English history. I presume the Marquis of Rute does not consider himself defrauded or insulted by the assumption of the title by the Marquis of Lorne, although the latter has no legal right to it; consequently I do not see any reason why M.D. Edin. should be so wroth with L.R.C.P. Edin. for putting the English courtesy prefix "Dr." before his name, instead of the more legal but more inconvenient Physician after it: it is the difference between tweedledum and tweedledee. November 23rd, 1874. I am, etc., L.R.C.P. Edin.

SIR,—With respect to the above question, I am afraid that your correspondents, "Cosmopolitan" and "A Country Practitioner", in your issue of October 24th, have not as yet informed themselves on the subject of the examinations, etc., for British University degrees. They seem to take for granted that the degree of M.D. can be obtained at one grasp, by one examination, as that of St. Andrew's (before 1863 or), under existing regulations, for senior practitioners. The properly worked for, and the only University medical degrees in Great Britain of any real worth, are obtained after (1) an extended preliminary educational examination, as compared with that required for diplomas and licenses to practise; and (2) after a series of professional examinations (in my own case, four)—the curriculum of lectures, etc., in most if not all cases being more extensive for graduation—then the candidate only qualifies as M.B. The residence required by some Universities is not by any means the essential difference between the two classes of qualification. That medical men, who have been in practice for some years with, say the licence of a College of Physicians to practise medicine, should be allowed, as one of your correspondents suggests, to get the degree of M.D. by one step, and with little or no trouble, is simply an absurdity, and would be the grossest injustice to graduates who had toiled through what I above represent. The examination-tests for licenses of Colleges of Physicians are, I believe, no more strict than those for the L.S.A.; and in the case of the L.R.C.P. Edin., there is one subject less—viz., botany. Your correspondent "Justice" will see in your **JOURNAL** of November 8th, 1873, that a Licentiate of the Irish College of Physicians has no right to call himself Dr. So far from agreeing with "Cosmopolitan" about the St. Andrew's M.D., I believe that, if justice were done to existing properly educated medical graduates, the General Medical Council would take away the power of that University to grant the above degree, except after the same course of study and extent of examination required by the other British Universities. My opinion is, that men, when joining the profession, should select what qualifications they aspire to, work for, and get them then, instead of grumbling when they are older, because no British University will grant them its M.D. almost for the mere asking, and feel itself honoured in so doing. I am, etc., HONESTAS.

November 6th, 1874.

WE are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Birmingham Daily Gazette; The Western Daily Press; The Manchester Guardian; The Ulster Advertiser; The Sussex Coast Mercury; The Broad Arrow; The Surrey Advertiser; The Bedale and Northallerton Times; The Hackney Express; The Liverpool Porcupine; The Scotsman; The Liverpool Mercury; The Glasgow Herald; The Stroud News and Gloucestershire Advertiser; The Bradford Observer; The Morpeth Herald; The Portsmouth Times; The Western Daily Press; The York Herald; The Sheffield Evening Star; The Brighton Guardian; etc.

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

Mr. W. S. Savory, London; Dr. J. Matthews Duncan, Edinburgh; Dr. T. L. Brunton, London; Dr. Sibson, London; Mr. T. Holmes, London; Dr. J. Hughes Bennett, Nice; Dr. Ferrier, London; Mr. T. H. Bartlett, Birmingham; Dr. J. Bell, Edinburgh; Dr. Mackey, Birmingham; Dr. Crighton, Tavistock; Dr. A. B. Steele, Liverpool; Inspector-General Maclean, C.B., Southampton; M.D.; Mr. Karkeek, Torquay; Dr. Rutherford, Edinburgh; Mr. J. R. Lynch, London; Dr. Batty Tuke, Edinburgh; Mr. T. P. Lucas, London; Charitas; Dr. J. F. Charles, Belfast; Mr. G. T. Pirrie, Belfast; The President of the Statistical Society, London; Dr. W. H. Middleton, Willetton; Dr. Edis, London; Dr. Birkbeck Nevins, Liverpool; Dr. Clement Godson, London; Mr. John S. Wilson, Inverurie; Dr. McKendrick, Edinburgh; Dr. J. B. Sanderson, London; Dr. J. W. Langmore, London; Dr. Ringer, London; Mr. Wm. Fairlie Clarke, London; Dr. H. Charlton Bastian, London; Dr. Bowling, Nashville; Dr. C. J. B. Williams, London; Mr. Henry Lee, London; Cosmopolitan; Dr. Alfreys, St. Mary Cray; A Liverpool Associate; Dr. Copeman, Norwich; Dr. Spender, Bath; Dr. Bartley, Bristol; Mr. W. Carter, Liverpool; Dr. Grabham, Earlwood; A. S. G.; Dr. Griffiths, Sheffield; Dr. Day, Cork; Dr. Rorie, Dundee; Dr. Hayes, Tralee; An Old Practitioner; Dr. Henry Barnes, Carlisle; A Physician; M.; Dr. Macnaughton Jones, Cork; Mr. A. T. Norton, London; The Secretary of Apothecaries' Hall; The Registrar-General of England; The Registrar-General of Ireland; Mr. Wanklyn, London; The Registrar of the Medical Society of London; Dr. A. Fleming, Birmingham; Dr. Wilks, London; Our Glasgow Correspondent; Mr. H. Burdett, London; Our Dublin Correspondent; Dr. Vesey, Magherafelt, Londonderry; Dr. Moore, Harlesden; Dr. Goldie, Leeds; Mr. Eastes, London; Mr. T. M. Stone, London; Our Edinburgh Correspondent; Dr. E. A. Parkes, Southampton; Grandmother; Mr. W. M. Harmer, London; Mr. T. K. Underwood, London; Mrs. Canet, Waterford; Dr. Desmond, Liverpool; Dr. Thomson, Priestgill; Dr. Balthazar Foster, Birmingham; Hope Deferred; Mr. H. M. Morgan, Lichfield; F. E. Z.; Dr. R. J. Lee, London; Dr. Rumsey, Cheltenham; Dr. More Madden, Dublin; Sir W. Fergusson, London; Dr. Claye Shaw, Levensden; Dr. Henderson, Great Malvern; Mr. A. H. Martin, Carmarthen; Dr. Morell Mackenzie, London; Dr. Collie, London; Mr. Scattergood, Leeds; Mr. Hutchinson, Scarborough; etc.

BOOKS, ETC., RECEIVED.

A Systematic Treatise on the Action and Uses of Medicinal Agents, including their Description and History. By Alfred Silić, M.D. Fourth edition, revised and enlarged in two volumes. Philadelphia: Henry C. Lea. London: Triebner and Co. 1874.
The Histology and Histochemistry of Man. By Heinrich Frey. London: J. and A. Churchill. 1874.
Statement of the Reasons why the Contagious Diseases Acts are Opposed. By J. Birkbeck Nevins, M.D. London: John Churchill and Sons. Liverpool: Adam Holden. 1874.
Cassell's Illustrated History of the United States of America. Part 1. Cassell, Petter, and Galpin: London, Paris, and New York.