

M. Béhier, the Senior Professor of Clinical Medicine in Paris, in his opening lecture at the Hôtel Dieu for the session, dwelt upon the necessity of clinical observation, and expressed his regret at seeing the young school more exclusively devoted to physico-chemical researches. These, he said, were very necessary, and indeed indispensable, for the judicious prosecution of medical studies; but the one should not be fostered at the expense of the other; both should go hand in hand, or otherwise the science and art of healing must be reduced to the level of the most abject empiricism. After these preliminary considerations, M. Béhier presented three patients of his ward, all of whom had one symptom in common—jaundice, which, although the same in appearance in all three, was very different in its nature and origin. The first was a case of simple jaundice, the other two were the result respectively of hypertrophy of the liver and spleen.

At the Charité Hospital, Professor Sée entertained his hearers with a few short prefatory remarks on several cases of neuroses in his ward, as he intends lecturing this session on diseases of the cerebro-spinal system. But, before going any further into the subject, he presented some very interesting cases, and made on each of them most instructive observations. Among them were several cases of albuminuria, complicated with divers affections, and a very curious case of hysterical paralysis of a transitory character, and simulating an attack of apoplexy. He then made a few remarks on some asthmatic patients, and intends continuing the subject.

In a subsequent lecture, M. Sée treated of angina pectoris—a disease well known, and, in general, easily recognised by medical men. Symptomatically and nosologically, he stated, the disease was perfectly defined, but its pathology was still involved in obscurity. Various theories have been propounded as to its pathology, which may be summed up as follows:—The theory known as the English theory, which is to the effect that angina pectoris is always the result of a lesion of the heart or large vessels; the old German theory, which attributes it to the gouty diathesis; and the French theory, which consists of a painful neurosis or neuralgia of the cardiac plexus of nerves, which neuralgia is sometimes idiopathic or spontaneous, sometimes symptomatic. M. Sée does not admit the existence of angina pectoris without a lesion, and would, therefore, be more favourably disposed to accept the English theory. The following case, which has presented itself in his ward, would seem to justify his preference for the English theory. A patient was admitted in October last with marked symptoms of anxiety and dyspnoea; the latter did not resemble the dyspnoea of asthma, nor that dependent on disease of the heart; notwithstanding the distressed state of the patient from the dyspnoea, the rhythm of the respiration was regular, without any appreciable disturbance in the act of inspiration or of expiration. The patient complained of the two symptoms characteristic of the disease, which in fact may be considered pathognomonic, particularly the second; viz., pain in the præcordial region and pain in the left shoulder. On auscultation, a *bruit de souffle* was heard at the base of the heart, and also, though slightly, at its apex. The paroxysms occurred at first at lengthened intervals; the intervals became gradually shorter, until at length he had five or six attacks a day, and finally the pain was almost constant. In the intervals of the paroxysms, there was not the slightest dyspnoea. The patient was free from dropsy or any sign of pulmonary congestion. He had nothing in fact that would lead one to suspect disease of the heart. Feeling somewhat relieved by his stay in hospital, he asked permission to leave; but he was not long out when he applied for readmission, and in three days after he was carried off in one of the paroxysms. The following is a summary of what was found at the necropsy.—The heart was dilated and hypertrophied, particularly the left ventricle. The aorta was atheromatous, nearly cartilaginous; the atheroma caused a considerable swelling above the sigmoid valves. In consequence of this swelling, the orifice of the coronoid artery was extremely hard and contracted, it had lost its elasticity, and its calibre was reduced to nearly half its normal size. One of the principal carnea columnæ of the heart was hard and diminished in thickness, which, with the dilatation of the heart, contributed to produce comparative insufficiency of the mitral orifice. Finally, the coronary artery was contracted throughout its length, and was even completely obliterated at a certain point of its course. This would explain the *bruits de souffle* which were heard during life. It is principally by the existence of this lesion that the mode of death in this case may be explained. The coronary artery not being able to convey a sufficient quantity of blood to the heart, the condition of the latter being in consequence considerably modified, it ceased suddenly to act; hence fatal syncope. The nervous system of the heart was not examined. As it is, the *post mortem* examination, though incomplete, is full of interest, and the case is worthy of more profound study, which M. Sée intends prosecuting with the aid of his able *chef de laboratoire* Dr. Cornil.

ASSOCIATION INTELLIGENCE.

COMMITTEE OF COUNCIL.

NOTICE OF MEETING.

A MEETING of the Committee of Council will be held at the Office of the Association, 36, Great Queen Street, London, on Thursday, the 14th day of January next, at 3 o'clock in the afternoon.

FRANCIS FOWKE,
General Secretary.

36, Great Queen Street, London, December 23rd, 1874.

CORRESPONDENCE.

THE PHYSIOLOGY OF SPASM AND PALSY OF THE LARYNX.

SIR,—In your report of the discussion on my paper at the Royal Medical and Chirurgical Society, I am made to say, with reference to Dr. Broadbent's difficulty as to the explanation of bilateral palsy of the larynx, "If the connection between the nuclei can be found, it must be so". What I did say was, that if the nuclei of the spinal accessory and vagi nerves, and their commissural fibres be found to have undergone structural change, the bilateral palsy will be fully explained. It is manifest that irritation of one vagus nerve can cause spasm or palsy of the laryngeal muscles on the opposite side only by an influence transmitted through the nervous centre; and, at the central origin of the nerves concerned, we must look for evidence of structural change when bilateral palsy of the larynx has existed during life.

Allow me to add, that in the abstract of my paper in your last number, p. 790, in the nineteenth line from the top of the second column, the word "efferent" is a misprint for "afferent".

I am, etc.,

Savile Row, December 19th, 1874.

GEORGE JOHNSON.

THE CONTAGIOUS DISEASES ACTS.

SIR,—In reference to my letter on the Contagious Diseases Acts in your last number, permit me to state, with a view of preventing future mistakes, that the "mean strength" of the army, as given in the first pages of Dr. Balfour's *Annual Reports*, is always more (some 3000 to 10,000 men) than the "mean strength", as given in the "Abstract" which I used. Dr. Balfour has explained the reason of the difference, which arises from various small bodies of men employed on isolated duties, not making returns or not sending their sick into hospital; and, in addition, regiments serving only a portion of the year in the United Kingdom are excluded from the "Abstract". The point in no way affects my argument; but, as in going over the Reports this difference might be noted, I think it well to mention it.

I am, etc.,

Netley, December 19th, 1874.

E. A. PARKES, M.D.

SIR,—Your elaborate criticism of my "statement" on the Contagious Diseases Acts demands a careful reply, which the pressure of other engagements has prevented my sending earlier.

There are one or two general observations necessary before replying in detail. The first is one which affects the *bona fides* of the "statement" and my character for honesty of quotation; and the second relates to the evidently official hand which has furnished you, as an advocate of the Acts, with minute information respecting the health of the Army so late as the 21st of last month, whilst the medical profession and the public generally, including myself, have been unable to obtain information of more recent date than 1871, until the publication last month of the Army Health Return for 1872, which was not issued at the time my "statement" was prepared. This information from private sources cannot be verified or compared with responsible official statistics; and it must, therefore, be taken for what it is worth.

First, then, with respect to my quotations, of which you say, "This quotation, like *some others*, is so changed by omission of context, that a different meaning from that of the full text is conveyed"; and you have selected, "for example," one paragraph (105 a) about the resort by strangers to protected districts for purposes of safety; and you say that I have omitted the context, "There is some slight evidence", which precedes the further remark in the Royal Commission's Report, "that the protected districts are resorted to by strangers for the purpose of safe indulgence". I acknowledge the omission, and will take care that

petent toxicologist, in one or other, and probably in all, the reactions of opium, if it had been the cause of death, would have been obtained. This was not done, and we contend it ought to have been done. Such cases as these show how sad may be the results of unsatisfactory investigations by unpractised hands when the issue of the trial is life and death.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

Mr. E. M. Thompson of Billingham, near Sleaford, Lincolnshire, has received a grant of £8 14s. for successful vaccination, making the fourth grant during the last eight years.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

SUNDERLAND.—In a report issued by Dr. Yeld, medical officer of health to the borough of Sunderland, several points bearing upon the sanitary condition of towns are dealt with in a manner which is calculated to be of considerable use to the Sanitary Authority, to whom it is addressed. The ventilation of the sewers is first discussed, and the various plans adopted in several large towns in the north of England appear to have been subjected to a personal inspection before any conclusion was arrived at. The principal means adopted in Sunderland, is to convey the foul air above the level of the house-tops by tall chimney-shafts, and by down spouts in direct communication with the sewers; and the extension of this plan is the one recommended for adoption. The Corporation are asked to insist on all water-closet soil-pipes in new houses being provided with means of ventilation, and they are further requested to recommend the adoption of the same system in all existing houses. Wherever the water-closet system prevails, the carrying out of this plan is attended with good results, provided it is universal, and the size of the ventilating-shaft is not too small. Respecting the registration of tenement or sublet houses, Dr. Yeld speaks highly of the results attained in Liverpool, where nearly 11,000 such houses are registered, and where they are periodically inspected both by day and night by a staff of inspectors. Discretion is used in selecting the houses to be registered, and hitherto but little opposition has been met with, for the landlords now find that, when their houses are thus registered, they are necessarily kept in a cleanly and healthy condition, and they are doubtless rendered more attractive to the respectable portion of the population who have to seek such houses. To such a town as Sunderland, the registration of houses which are sublet must be a condition essential to the prevention of disease. Overcrowding and dirt, which, especially when combined with destitution, are such fruitful means of spreading typhus, are thereby prevented; general cleanliness and good ventilation are ensured; the necessity of immediate notice being given in the case of any infectious disease arising, tends to prevent its spread; and, in many ways, the comfort and the healthiness of the occupants are provided for. The report also deals with the various methods adopted for the removal of excrement and refuse in towns. In Sunderland, this matter is, with the exception of water-closets, evidently much neglected, for the Authority does not itself undertake the scavenging, except in isolated cases, and this, in such a town, must involve neglect on a large scale. Even if the Rochdale system were adopted, it is calculated that the cost to the ratepayers would be only about one quarter of that which is incurred when each householder pays separately for the removal of his refuse. Dr. Yeld naturally proposes that the Corporation should, without delay, take up the question of the collection and proper disposal of the midden contents. Hospital and mortuary accommodation, and the provision of disinfecting apparatus, are also considered. The whole report has evidently been thoughtfully prepared, and the recommendations it embodies might with advantage be applied to many towns.

POOR-LAW MEDICAL APPOINTMENTS.

FLINN, David E., L.R.C.S.I., appointed Medical Officer for the Lamplugh District of the Whitehaven Union.
GARDNER, Frederick, M.R.C.S.Eng., appointed Medical Officer and Public Vaccinator for No. 7 District of the Barnstaple Union.
LUTTON, Harry, L.R.C.P.Lond., appointed Medical Officer and Public Vaccinator for the Alveston District of the Stratford-on-Avon Union.
MCCARTHY, C. W., L.K.Q.C.P.I., appointed Medical Officer to No. 3 District of the Buckingham Union.
PRYNN, Edward M., M.R.C.S.Eng., appointed Medical Officer to No. 3 District of the Plymouth Union.

MILITARY AND NAVAL MEDICAL SERVICES.

MOVEMENTS OF ARMY MEDICAL OFFICERS.—89th Regiment, Staff-Surgeon F. E. Barrow, attached, has applied for leave to England on medical certificate.—Surgeon-Major T. K. Burne has been appointed to the medical charge of the 66th Regiment.—Surgeon-Major Clarke, 66th Regiment, has returned to Gibraltar to resume duty from leave of absence.—Surgeon-Major Adsetts remains in medical charge of the 2nd Battalion 23rd Regiment, on promotion.—Surgeon-Major Davis, 2nd Battalion, 12th Regiment, has been appointed to the medical charge of the Dalhousie Convalescent Depot, *vice* Surgeon-Major Skues.—Staff-Surgeon K. Hyde has been appointed medical officer of the first Battalion 1st Regiment, *vice* Surgeon-Major Ross, M.D., appointed to the medical charge of the 60th Brigade Depot at Hamilton.—Surgeon-Major Gore has been appointed to the medical charge of the Military Prison at Arbour Hill, Dublin, *vice* Surgeon-Major Tufnell, retired.

OBITUARY.—Deputy Surgeon-General H. B. Buckle, C.B., died on the 12th inst. He obtained his first appointment in the medical service of the Hon. East India Company in March, 1844; attained the rank of surgeon-major in March 1864, and in 1865 was appointed principal medical storekeeper of the Government of the Bengal Presidency. He had served in the Punjab campaign, including the passage of Chenab, and battles of Chillianwalla and Goojerat, and had received the medal and clasps. In recognition of his services he was, in 1865, nominated a companion of the Order of the Bath.—The death of Surgeon-General R. J. O'Flaherty, C.B., principal medical officer of the Queen's troops, has been announced, but no particulars have as yet been received. The vacancy caused by this event will lead in regular course to the promotion of Deputy Surgeon-General Dr. J. G. Inglis, C.B., who is at present serving at Meerut. The removal of Dr. Inglis to Bombay, will necessitate the move of a deputy surgeon-general from England to India.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentlemen were admitted Licentiates on December 21st, 1874.

Andrew, George, St. Bartholomew's Hospital
Benton, Samuel, Woking, Southend
Brewer, Reginald Edward Wormald, Newport, Monmouthshire
Clarke, Henry, Guy's Hospital
Crocker, Henry Radcliffe, University College Hospital
Day, Charles Henry, 12, Doughty Street
Harper, Gerald Samuel, 121, Warwick Street
Homan, George William, King's College Hospital
Lawrence, Thomas George, 3, Rutland Street
Mutch, Robert Samuel, 38, Gower Street
Newman, Charles, 1, Pennywell Road, Bristol
Richardson, John Billingsley, 13, Portsea Place
Ross, George Hamilton, 11, Hart Street
Smith, Henry Hammond, 23, Craven Street
Smith, Herbert Neale, Richmond Villa, Brighton
Spitta, Edmund Johnson, Clapham Common
Talbot, Joseph Bindley, County Asylum, Shrewsbury
Taylor, John William, Charing Cross Hospital
Thomas, Herbert Henry, 26, Rutland Street
Thomson, Peter James, 52, Harrington Street

The following candidates, having passed in Medicine and Midwifery, will receive the College License on obtaining a qualification in Surgery recognised by this College.

Edwards, Roger, University College Hospital
Murrell, William, 12, York Street, St. James's Square

Admitted Member.

Folkard, Henry, 18, Blenheim Crescent

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.—At the ordinary monthly examination meeting of the College, held on Tuesday, Wednesday, and Thursday, December 8th, 9th, and 10th, 1874, the License to Practise Medicine was obtained by—

Burton, Harry
Cooper, John Nield
Duke, Alexander
Duke, Mansergh Pace
Grosholz, Frederick Hermann
Herapath, C. K. C.
Johnston, John Somerville
Murray, Henry George
O'Farrell, Denis Paul
Wilding, William Arthur

The License to Practise Midwifery was granted to—

Burton, Harry
Chester, William Litchfield
Cooper, John Nield
Duke, Alexander
Duke, Mansergh Pace
Grosholz, Frederick Hermann
Johnston, John Somerville
Murray, Henry George
Preston, Augustus Richard Richard

The License to practise as a Midwife and Nurse-tender was granted to—
Carroll, Miss Frances Jane

UNIVERSITY OF CAMBRIDGE.—Third examination for M.B. Degree.
Examined and approved.
Charnley, M.A., St. John's; Edmunds, B.A., St. John's; A. Newington, Caius;
and Ranking, B.A., St. Catharine's.

MEDICAL VACANCIES.

THE following vacancies are announced:—

ABERYSTWYTH INFIRMARY—Surgeon.
ATHY UNION, co. Kildare—Medical Officer and Public Vaccinator. Salary, £120 and fees.
BECKETT HOSPITAL and DISPENSARY, Barnsley—House-Surgeon. Salary, £140 per annum, with furnished rooms, attendance, coals, and gas. Applications on or before January 1st, 1875.
BLACKBURN UNION—Medical Officer for the Harwood District. Salary, £25 per annum.
BLYTHING UNION—Medical Officer for No. 9 District. Salary, £39 per ann.
BRADFORD UNION—Medical Officer for the Workhouse. Salary, £225 per annum.
BRIDGWATER UNION—Medical Officer for No. 2 District. Salary, £70 per annum.
CASTLE WARD UNION—Medical Officer for the Ponteland District. Salary, £20 per annum. Also, the Workhouse. Salary, £30 per annum.
CITY ORTHOPÆDIC HOSPITAL, Hatton Garden—Assistant-Surgeon. Applicants must be F. or M.R.C.S. Applications on or before January 2nd, 1875.
DUNDEE ROYAL INFIRMARY—Resident Medical Officer. Salary, £50 per annum, with board, lodging, and washing. Applications on or before the 30th instant.
DUNNING, Parish of, co. Perth—Medical Officers. Applications on or before January 1st, 1875.
EAST SUSSEX, HASTINGS, and ST. LEONARD'S INFIRMARY—Assistant-Surgeon.
ESSEX LUNATIC ASYLUM—Second Assistant Medical Officer and Dispenser. Salary, £100 per annum, with board, lodging, and washing.
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.
GREENWICH UNION—Workhouse Medical Officer. Salary, £300 per annum. Applications on or before January 7th, 1875.
HARRIS, Parochial Board of—Surgeon. Salary, £66 per annum, including vaccination and medicine for the poor. The gentleman elected will get £50 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.
HOSPITAL FOR INCURABLES, Manchester—Dispenser. Applications on or before the 31st instant.
HOSPITAL FOR WOMEN, Soho Square—Surgeon and Assistant-Physician. Applications on or before January 4th, 1875.
INDIAN MEDICAL SERVICE—Twenty appointments as Surgeon. Examination in February 1875.
LEEK UNION—Medical Officer for the Workhouse. Salary, £85 per annum.
LICHFIELD UNION—Medical Officer for the Alrewas District. Salary, £35 per annum.
LLANELLY UNION—Medical Officer and Public Vaccinator for the Kidwelly District. Salary, £20 per annum, and fees. Applications to be sent in on or before January 6th, 1875.
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 HOSPITAL—Surgical Registrar. Applications on or before January 8th, 1875.
MIDDLESEX LUNATIC ASYLUM, Hanwell—Assistant Medical Officer.
MITFORD and LAUNDITCH UNION—Medical Officer for the Workhouse. Salary, £45 per annum.
MORVEN (Parish of), Argyleshire—Medical Officer. Salary, £100 per annum. Testimonials to be sent in on or before the 30th December, to H. A. Fraser, Morven, Fort William, N.B.
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.
REDDITCH and DISTRICT MEDICAL ASSOCIATION—Medical Officer. Salary, £150 per annum, with fees and unfurnished house.
RICHMOND (Surrey) UNION—Medical Officer for the Richmond District. £100 per annum.
RISBRIDGE UNION—Medical Officer for the Fourth District.
RYDE DISPENSARY—Physician.
ST. BARTHOLOMEW'S HOSPITAL—Assistant Physician.
ST. LUKE'S HOSPITAL FOR LUNATICS—Second Clinical Assistant. Board and furnished apartments.
ST. PANCRAS UNION—Medical Officer for No. 8 District. Salary, £120 per annum. Applications not later than 10 A.M. on the 29th instant.
SHEFFIELD PUBLIC HOSPITAL and DISPENSARY—House-Surgeon. Salary, £100 per annum, with board, lodging, gas, and washing.

SLEAFORD NION—Medical Officer for the Sleaford District and the Workhouse. Salary, £50 and £30 per annum respectively.
SMALBURGH UNION—Medical Officer for the Ludham District. Salary, £52:14 per annum.
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.
TENDRING UNION—Medical Officer for the First and Second Districts. Salary, £97 per annum.
TORPHINS in the Parish of Kincardine O'Neil, Aberdeenshire—Parochial Medical Officer: £45 per annum. Applications to Chairman of Parochial Board.
TRINITY COLLEGE, Dublin—Professor of Chemistry: £500 per annum, and fees. Applications to the Rev. Dr. Haughton, Trinity College.
TYNEMOUTH UNION—Vaccination Officer.
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.
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.

BLACKMORE, H. P., M.D., elected Physician to the Salisbury Infirmary, *vice* J. Roberts, M.D., resigned.
CARRE, George E., M.D., appointed Resident Medical Officer to the Castlebar District Lunatic Asylum.
LEE, F. F., M.B., elected Physician to the Salisbury Infirmary.
PIRIE, Gustavus F., L.R.C.P. Ed., appointed Attending Physician to the Ulster Hospital for Children, Belfast.
POWELL, Joshua, M.R.C.S., appointed Senior House-Surgeon to the Royal Free Hospital, Gray's Inn Road, *vice* H. W. Saunders, F.R.C.S., resigned.
PRINCE, Frederick T., M.R.C.S. Eng., appointed Resident Medical Officer to the St. George's (Hanover Square) Dispensary, *vice* E. S. Lee, M.R.C.S. Eng., resigned.
PURDON, Edward, L.R.C.P. Ed., appointed Assistant Medical Officer to the North Riding Lunatic Asylum, Clifton, Yorkshire, *vice* H. C. Gill, M.R.C.S. Eng.
RAYNER, Edwin, M.D., appointed Analyst to the Borough of Stockport.
SMITH, W. A., Esq., appointed House-Apothecary to the Bridgwater Infirmary, *vice* J. W. Gilbert, Esq., resigned.

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.

BIRTH.

WHITLING.—On December 14th, at Croydon, the wife of *H. Townsend Whitling, Esq., of a son.

MARRIAGE.

GREEN-YATES.—On December 16th, at Milton Church, Stourport, by the Rev. W. Lea, Vicar of St. Peter's, Droitwich, and the Rev. B. Gibbons, Vicar of the parish, William Edward Green, Surgeon, Neath, to Emily Baldwin Yates, adopted daughter of T. J. Baldwin, Esq., of Stourport.

DEATH.

THURSFIELD.—On December 14th, at 39, High Street, Bridgnorth, aged 36, Mary, the dearly beloved wife of *William Thursfield, M.D.

TESTIMONIAL.—The inhabitants of Wrexham are subscribing to a testimonial to Mr. T. T. Griffith, of that town, in acknowledgment of the zeal and energy which he has shown for a period of forty-two years in aiding and supporting the infirmary of that town. As Mr. Griffith will, in the course of next month, attain his eightieth year, his friends think that to be the most appropriate season to make the presentation, which will consist of his portrait in oil.

TESTIMONIAL TO MR. H. A. REEVES.—At a meeting of the students of the London Hospital Medical College, held on December 11th, Mr. H. A. Reeves, Assistant-Surgeon and Demonstrator of Anatomy, was presented with a very handsome *post mortem* case and a set of bone forceps, of exquisite design. Mr. Berdow, in a brief address, expressed, on behalf of his brother students, that the testimonial carried the good feeling of every student in the dissecting-room; and added that old members were not backward in contributing towards a testimonial to one whose ability, perseverance, and kindness could only be measured by his courtesy. Mr. Reeves, in accepting the testimonial, thanked the students, and assured them that no effort would be wanting on his part to advance them in their studies; and it would always be his aim to preserve that proficiency which had so long existed in the Medical College of the London Hospital. At the conclusion of the meeting, a vote of thanks was passed to Messrs. Berdow, Burnes, Dalton, and White, for the manner in which they discharged their duties in connection with the testimonial fund.

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.

THURSDAYSt. 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.

FRIDAYRoyal 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.

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

NOTICES TO CORRESPONDENTS.

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

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

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

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

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

COMMUNICATIONS respecting editorial matters, should be addressed to the Editor: those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the General Manager, at the Office, 36, Great Queen Street, W.C.

TEETHING POWDERS.

SIR,—The BRITISH MEDICAL JOURNAL for November 14th has some remarks on "teething powders" and the supposed deaths by their means of four children at Romford. As these cases were carelessly reported in the daily papers, from which you obtained your information, perhaps a short account of the circumstances will be of some interest.

On October 27th, I was sent for to see a child named Keeble, supposed to have croup. I found it suffering from symptoms of narcotic poisoning. Being told that a "teething powder" had been given to the child, and knowing that teething powders, as a rule, contain opium, my impression was that the child, suffering probably from some hyperæmia of the cerebral vessels as a consequence of teething, had received what, in such a condition, would be a fatal dose of opium. The child died, and I refused a certificate of the cause of death until I knew what the powder contained. This led to a conference with the chemist from whose establishment the powder was obtained, and to the discovery that, instead of the ordinary teething powder, hydrochlorate of morphia had been given by mistake. On the same day, I saw another child (Adams), also suffering from narcotic poisoning, and which child had also had from the same shop what was supposed to be a teething powder. In this case, I used the stomach-pump, and detected in the contents of the stomach unmistakable evidence of the presence of morphia by means of the nitric acid test. The matter was now placed in the hands of the police, and the deaths of two more children (Copesey and Brazier) ascertained to have followed the administration of teething powders obtained from the same source as the others. *Post mortem* examinations were made in all the cases (upon Keeble, Adams, and Brazier, by myself, and on Copesey by its own medical attendant). The appearances in all the cases were identical; viz., distension of the right side of the heart with fluid blood, and extreme cerebral congestion. The result of the *post mortem* examination, the similarity of the symptoms in all the cases, and the detection of morphia in the contents of the stomach of Adams (obtained by means of the stomach-pump), as given in evidence at the inquest, were considered by the jury as sufficient evidence of the cause of death, without submitting the contents of the stomach, etc., to the analysis of an expert; and a verdict was rendered to the effect that the four children died from the effects of narcotic poisoning administered by mistake.

Romford, November 17th. I am, etc., ALFRED WRIGHT.

II. M. (Manchester).—The fault is your own. Had you referred to our advertising columns, you would have seen when the examination took place. It commenced on Tuesday last, and was brought to a close this day (Thursday).

THE TREATMENT OF HABITUAL DRUNKARDS.

SIR,—It may be of interest to your readers to know that the legislature of Victoria, Australia, has recently passed an Act for the restraint of "habitual drunkards." During a recent visit to the colony, I found the Act generally approved of by the people there, and great good was expected from it. The government had provided a suitable asylum, with a medical superintendent, for the reception and treatment of such cases. In January last, there were six patients under treatment in this institution; but the Act was too recently in force to judge fairly of its effects. The form that is gone through in order to commit a drunkard is much the same as we have in this country for lunatics, and I believe the period of discharge is left to the discretion of the medical officer and committee. I am, etc.,

November 1874. DUNCAN TURNER, L.R.C.P. Lond.

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.

THE PHYSIOLOGICAL AND CHEMICAL ACTIONS OF ALCOHOL.

SIR,—It would appear from comments on my paper on Alcohol, in a recent issue of your JOURNAL, that I have not explained my views clearly enough to be understood. In the main, I aimed to direct the attention of the profession to the causes producing the stimulant and narcotic symptoms following the administration of doses of alcohol. I do not deny that both are manifested, but I do maintain that they result from different exciting causes. I maintain that the two series of nerves—cerebro-spinal and ganglionic—act in antagonistic ways, and that the former are urged into action by stimulants, and manifest stimulant or excitatory phenomena; while the ganglionic are acted upon by narcotics, and exhibit lowering or depressor phenomena. The two series of nerves act and react upon each other, and are designed to maintain the functions of the body in a healthy equilibrium. Hence in disease, when the cerebro-spinal nerves are severely stimulated, as in fevers, the true and common-sense plan must be (after endeavouring to remove the cause) to act on the antagonistic nerves—i.e., to give sedatives or gentle narcotics. When again nature is exhausted, and the disease is chronic or asthenic, the treatment (after endeavouring to remove the cause) should be to gently stimulate the defective powers. In all cases, the nutrition of the body should be carefully sustained, but at the same time the powers of the stomach to digest the nourishment should be studiously considered. A short time ago, I was attending a child suffering from acute bronchitis. I allowed it weak milk-and-water and very weak beef-tea. When convalescent, I was sent for suddenly: the child was flushed, breathing hard, and appeared as if about to suffer from epileptic convulsions. On making inquiries, I found that the friends had made a very strong beef-tea, which they had given to the child to strengthen it. On relieving the symptoms, and enforcing the lighter regimen, the child rapidly got well and regained strength.

It is a difficult matter to prove deep problems in the necessarily limited space afforded to a letter in a public journal: I hope, however, shortly to be able to prove to the profession that all medicines act physiologically in one way only. They act by calling into action certain nerves, and the action is modified or increased according to the strength of the dose given. If given, however, in doses incompatible with the healthy performance of the functions of the body—i.e., in poisonous doses—nature, by innate power, calls into action the antagonistic nerves, so as to re-establish healthy equilibrium. If the poison-dose be increased, nature is defeated and life succumbs. To explain my theory, aconite tincture in very small doses—1-12th or minus, to 1 minim or plus, lowers the heart's action: 1 to 15 minims, or plus doses—act as a poison. The direct effect would be to stop the heart's action, and so destroy life. The opposite system of nerves is thus indirectly called into action, and the symptoms are excitatory. If now the dose of aconite be increased, the power of such dose over the sympathetic is so great that it cannot be overcome by the efforts of nature, and the patient sinks. In all the doses the aconite acted as a narcotic; but in the medium, nature endeavoured to right herself, and to preserve life. All medicines thus act physiologically in one way only. They may have other actions, but these are chemical or mechanical. Thus all alcohol acts as a stimulant. If given in strong enough doses, it stimulates to death, the victim often dropping down, as if struck by lightning. This has been described as shock, but such term is unscientific, and conveys no physiological explanation. If the theory of over-stimulus to a portion of the brain, and subtraction of the nerve-currents from the lower part of the spine, be incorrect, and believed by few except myself, why is it that when I drew the currents down the spinal cord by strichnine, a rabbit was enabled to live under such a severe dose of alcohol (equal to seven or eight pints of spirit for a man), and neither drop down dead nor get drunk? I shall not give up my belief because of dogmatic denial, nor until I have shown to me a more feasible explanation. As to the carbonic acid, I should expect, if I injected the veins with carbonic acid, that the operation would be followed by stupor or sleep. Is there not an increase of carbonic acid after food, and especially after dinner, when, if a person have not active exercise, he is apt to sleep? Is there not, also, an increase of carbonic acid in the night time, when it is more easy to sleep than in the day? Is sleep to death not brought on by accumulation of carbonic acid in drowning; and of carbonic acid and carburetted hydrogen in choke- or after-damp in colliery explosions? And, seeing that alcohol burns off in the body, is there anything to prevent the accumulation of carbonic acid and other impurities—compounds of carbon, hydrogen, and oxygen—in the blood? That alcohol is a stimulant, is shown by its effects on different people. The greater the nerve-power or strength, or the less the respondent power (through continued use) in the nerves, to the alcoholic stimulus, the less is the liability to drunkenness. When, however, the brain cannot sustain the stimulus (exhausted), and the nerve-currents are withdrawn from the lower part of the body, the carbonic acid has greater power, and drunkenness and insensibility set in. Thus the stimulant action is the result of the alcohol acting on the nerves; and when these nerves can bear the strain without succumbing (exhausted), or when the stimulant action is modified (by use or by stimulating distant parts, as with strychnine), there is no drunkenness. When, however, these nerves are over-stimulated (exhausted), the antagonistic (ganglionic) nerves endeavour to restore the equilibrium, and especially under the influence of the carbonic acid, which under the circumstances induces sleep. The narcotic symptoms are not the direct result of the alcohol, as some people who are continuously drinking never seem to get drunk, and as was shown in the case of the rabbit. They are the result of the carbonic acid on the exhausted animal. I fail to see any analogy between the action of alcohol and that of a kite. The latter would fall to the ground because of the law of gravitation; but it would not rise because of an increased gravitation, but because of the action of the currents of air and the reaction of its induced resistance. I repeat, then, that undecomposed alcohol is a pure stimulant, but that when the system is exhausted, the carbonic acid generated by its decomposition narcotics. I also maintain with Mr. Editor, that alcohol may tide over a difficulty, as in the case of the lady of Engadine; but to say that it is the correct remedy in fevers, is to fall into the homœopathic error, and say "like cures like". I am a firm believer in *contraria contrariis curantur*, and forbear, in acute diseases, exciting a higher state of fever by giving further stimulants. The profession have a perfect right to prescribe alcohol, if necessary, but let them prescribe it pure, and thus know the doses, etc. Brandy and port wine *ad libitum* is not prescribing—it is reckless play, ill becoming intelligent men.

December 11th, 1874.

THOMAS P. LUCAS.

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.

MEDICAL DEGREES AND TITLES.

SIR,—I would urge those practitioners who desire to obtain the degree of Doctor of Medicine, to sign a petition requesting some British University to admit candidates possessing medical and surgical qualifications to an examination without residence. Most continental Universities grant degrees in this manner. If the examination were made a searching one, no injustice would be done to the graduates who have "resided." It may be stated, in answer to my remarks, that the London University is open to all, but, owing to its regulations, and the fact than an unusually long course of hospital work and lectures must take place subsequently to matriculation, it is practically barred to most ordinary students, with limited time and capital, and whose parents are probably not cognisant of the value of its degree. In conclusion, it is most certainly a fact that the bulk of the British public attach an extraordinary and undue importance to the M.D. degree, from whatever source it may be obtained; hence the anxiety of so many well-to-do practitioners to secure it. I am, etc., LLEWELYN THOMAS.

SIR,—I graduated in 1862, since which time I have been actively engaged in my profession: I read hard, work hard, and am as successful at the bedside as most men. For some years I have practised as a physician; but as I did not know in the early part of my career what line I should take up, I did not seek the M.R.C.P. on account of its prohibitory clauses. Now that I am virtually a physician, and am never likely to dispense, I am anxious to have this College of Physicians' degree: but, as matters stand, it is almost, if not quite, an impossibility. I am just a year too late to be examined under the special arrangement of the College, and therefore I must undergo four consecutive days' examination. Now, sir, I am happy to say I am far too busy to be able to spare the necessary time either for systematic preparation or for this lengthy examination. Latin I have not studied for sixteen years, and some other matters would require brushing up. I am prepared to undergo any practical test that the College could impose in one afternoon or evening, and I think two hours' oral and half-an-hour of clinical work should be sufficient to show whether a man already in active practice is fitted to hold the degree with honour to the College and credit to himself. Any one of good status, of over ten years' standing in his profession, and holding a first-class medical degree, should certainly, I think, be able to obtain the four coveted letters without having to undergo a four days' examination. The title in no way makes an M.D. a better physician, and would be practically a supernumerary degree to a man already licensed to practise medicine if certain appointments were not reserved for holders of the M.R.C.P. Possibly a more liberal policy may soon supervene, and the best man win whatever are his degrees. I am, etc., M.D. Edin.

November 1874.

SIR,—In the voluminous correspondence on this question which has recently occupied much of your space, one important point appears to have been overlooked—namely, What really constitutes a physician? Certainly not the degree of M.D. in itself. The academic distinction confers no legal right either to practise or to recover fees. The graduate in medicine is not necessarily a physician, any more than the M.C. is a surgeon, or the B.C.L. or LL.D. is an attorney or a barrister. To entitle him to the designation of a physician, a surgeon, or an apothecary, the practitioner must possess the diploma or license of one or other of the Colleges or Societies authorised by charter or other statutory endowment to confer the right to practise in either or in all of those capacities. Under the old régime, before the Medical Act had still further complicated medical titles, this was clearly recognised; and the now comparatively obsolete race of Oxford and Cambridge M.D.s were not recognised as physicians until they had obtained a diploma or license from a College of Physicians, neither were they entitled to hold appointments in the London hospitals without this latter qualification. If this were more generally understood, it might possibly moderate the self-assertion of certain mushroom graduates in medicine, whose graduation, be it known, is comprehended in a journey across the border, payment of state-fees and stamp-duties, with an examination thrown in, to save appearances. As one of your correspondents quaintly puts it, "A man may be a fool and yet have a title"; or, as Burns has it,

"The rank is but the guinea stamp,
The man's the gowd for a' that."

In the present anomalous and chaotic state of the whole question of medical titles, it is perhaps scarcely worth while to discuss or disparage each other's qualification. A wise man will choose the title which best suits his position and requirements, and leave his neighbours to the same, unmolested and unquestioned. I am, etc., A PHYSICIAN.

November 1874.

SIR,—For a long time the question respecting the use of the title of Dr. has been discussed. It seems to me time that those who are desirous of being admitted to examination at some British University, should put their request into a definite form. Should we fail to obtain what we desire in England, I cannot too strongly second the proposition made by "Cosmopolitan". I am, etc., A COUNTRY PRACTITIONER.

December 1874.

SIR,—While a host of practitioners possessing the license of one or other of the Royal Colleges are craving for the M.D. degree, and loudly declaiming against the stringent University regulations which prevent their obtaining it, it seems a fitting opportunity for introducing a glaring injustice which weighs very heavily upon those whose only qualification is derived from an University: I refer to the rules relating to the appointment of physicians to many hospitals and dispensaries, which provide that those officers must be Licentiates or Members or Fellows of a Royal College of Physicians. Now, sir, can anything be more unjust to an University man? The M.D. degree is the highest qualification in medicine; and, if so, why should one who holds it be expected to add to it what is practically included in it, as the less is the greater. A Doctorate confers more than a license—it qualifies both for practising and for teaching. Many are content with the M.D. degree alone; among whom might be mentioned the author of one of the largest standard works on *The Practice of Medicine*, and another—lately deceased—who a few years ago was President of the British Medical Association. And yet two such eminent men as these are debarred from obtaining the post of physician to the greater part of the hospitals of the country! If the Universities, instead of relaxing their rules and allowing "years of grace", were proudly to hold their own before the entire community, they would be fulfilling more exactly their duty towards those who have the first claim on their own consideration—their own alumni. I am, etc., AN UNIVERSITY MAN.

December 7th, 1874.

SIR,—Whilst I return my warmest thanks to those of your correspondents who have supported and corroborated my former letters, I feel that some reply is necessary to others who have entered upon the discussion in defence of British Universities.

The "cruelty, injustice, and unfairness" of British Universities are apparent as the day, in practically requiring and demanding that men of established reputation, British qualifications, position, and means, should *abandon* or lose practices which have cost nearly or over £1,000 to establish, to say nothing of five, ten, or fifteen years' assiduous toil, simply to comply with (at any rate, in their case) a perfectly unnecessary and vexatious residence-clause. The candidates in question would be simply ruined by it; and, adding to this loss some £200 or £300 more for expenses of residence, class-fees, graduation, etc., the cost of a degree would approach £1,200 to £1,500; and its money-value to most of us, in addition to the diplomas which we already possess, may at the outside, at the commencement of our short professional, be valued at £100 to £150; and when this short span is half run out, or say when we are forty-five to fifty years of age, and the hard battle and struggle have been endured for so many years without, the value is simply half, a third, or in many cases less. Very few men are foolish enough to purchase British degrees at this price; and the more so, as there is not the slightest protection in the use of the doctorate after all this sacrifice, and a position ruined, which is possibly never regained. And all for what? To put money into the pockets of Universities for knowledge which may be gained equally as well by private study. There is a limit to endurance, and a limit to all transactions when the prices asked exceed by ten to twenty or thirty times the value of the commodity offered; nor can University degrees be exceptions to all other things which have a pecuniary value. One seat of learning must be as good as another; and, when the regular curriculum has been passed through, lectures and practice attended for three or four years, it is beyond the reasonable requirement of human nature to ask men of forty or fifty years of age to attend lectures and practice again, and take their seats upon benches with first year's men and youths of eighteen or twenty. Herein are the "cruelty, injustice, and unfairness"; and it seems to me that British Universities have agreed to annihilate or ruin the general registered medical practitioners of this kingdom. Learning alone should be the sole requirement to the registered practitioner of ten or fifteen years' standing, and anything beyond this must be injustice to a large section of the profession. I am, etc., COSMOPOLITAN.

SIR,—Several elderly members of our profession who have repaired to Colleges of Physicians and undergone therein a form of baptism for them of riper years, seem to have returned dubious or oblivious of the new name they have acquired. An ingenious correspondent advises them to assume the title of Doctor of Physic, and to subscribe themselves Ph.D. Would not Pd. be more appropriate and more suggestive of the quiet manner in which the degree had been obtained, and also afford the public a guarantee that their faith and morals had never been contaminated by a University education? I am, etc., AN OLD PRACTITIONER.

December 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; The Sussex Daily News; The Wrexham Advertiser; The Glasgow Herald; The Sussex Coast News; The Finsbury Conservative; The Berkshire Chronicle; etc.

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

Dr. J. Hughes Bennett, Nice; Inspector-General Maclean, C.B., Southampton; Dr. J. Matthews Duncan, Edinburgh; Dr. George Johnson, London; Dr. W. Fairlie Clarke, London; Dr. Finlayson, Glasgow; Dr. Joseph Bell, Edinburgh; Mr. Hall Redwood, Rhymney; Mr. Annandale, Edinburgh; Dr. E. A. Parkes, Netley; Mr. Eytton Jones, Wrexham; Dr. Magnan, Paris; Dr. Edis, London; Our Paris Correspondent; Dr. Williams, Liverpool; Mr. W. Adams, London; Dr. C. Harrison, Lincoln; Dr. Sansom, London; An Associate of Twenty-five Years' Standing; G. S. M.; Mr. W. Hoar, Maidstone; Dr. Yeld, Sunderland; Mr. R. L. Peacock, Lincoln; Mr. Stephen Clogg, East Loos; Dr. Hegewald, Meiningen; Dr. Sinclair, Dublin; Sir Dominic Corrigan, Dublin; Dr. Lyons, Dublin; Dr. Cruise, Dublin; Rev. Dr. Houghton, Dublin; Mr. J. D. Williams, Liverpool; Dr. Hamilton, London; Dr. J. Milner Fothergill, London; Mr. T. Holmes, London; Mr. Eastes, London; Dr. McKendrick, Edinburgh; Our Dublin Correspondent; Mr. Nimrod Walter, London; M.D.; Dr. Thurstfield, Bridgnorth; Dr. Partridge, Stroud; Mr. J. H. Galton, London; Dr. James Gardner, Box; Dr. Inman, Clifton; Sir John Rose Cormack, Paris; M.D. Ed.; 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. Wilks, London; Dr. A. Fleming, Birmingham; Our Edinburgh Correspondent; Mr. T. M. Stone, London; Mr. Hugh Morris, South Petherton; Dr. Williams, Norwich; Mr. Gibbs, Plymouth; Dr. Clay, Plymouth; etc.

BOOKS, ETC., RECEIVED.

Cassell's Family Magazine. Part I. Cassell, Petter, and Galpin: London. Paris, and New York.
Practical Treatise on the Diseases of Women. By T. G. Thomas, M.D. Philadelphia: H. C. Lea. 1874.
Introductory Address delivered at St. George's Hospital, October 1874. By W. Howship Dickinson. London: Longmans, Green, and Co. 1874.
The Sixth Annual Report of the Sanitary Commissioner of the North-Western Provinces for 1873. Allahabad: 1874.
Philosophy of Voice; showing the right and wrong action of Voice in Speech and Song. By Charles Lunn. London: Baillière, Tindall, and Cox. Paris: Baillière. Madrid: C. Bailly-Baillière. 1874.

BRITISH MEDICAL JOURNAL.

Being the Journal of the British Medical Association.

No. 730.]

SATURDAY, DECEMBER 26, 1874.

[Registered as a Newspaper.] 5d.

Contents.

REPORT OF THE COMMITTEE OF THE BRITISH MEDICAL ASSOCIATION TO INVESTIGATE THE ANTAGONISM OF MEDICINES. By J. H. BENNETT, M.D., Chairman and Reporter. VII. Antagonism between Extract of Calabar Bean and Strychnine. VIII. Antagonism between Bromal Hydrate and Atropine.	805
A CRITICAL EXAMINATION OF DR. MUNRO'S VIEWS ON MALARIAL FEVERS AND CHOLERA. By W. C. MACLEAN, C.B., M.D., Surgeon-General, Professor of Military Medicine in the Army Medical School (concluded from p. 766)	806
OTOLOGICAL MEMORANDA: being Clinical Observations illustrative of the Diseases and Injuries of the Ear. By J. P. CASSELLS, M.D., Surgeon to the Glasgow Dispensary for Diseases of the Ear. I. The Presence of Foreign Bodies in the External Meatus. II. Fungus Meatus Auditorii Externi	807
A CASE OF STRANGULATED FEMORAL HERNIA REDUCED by large INJECTIONS of OIL. By W. ADAMS, F.R.C.S., Surgeon to the Great Northern Hospital	809
RETROVERSION OF THE GRAVID UTERUS: Retention of Urine: Recovery. By A. W. ELLIS, M.D., Assistant Obstetric Physician to the Middlesex Hospital	810
THERAPEUTIC MEMORANDA. Local Treatment of Lichen Urticatus. By E. MACKEY, M.D.—Combination of Digitalis with Bromide of Potassium in Delirium Tremens. By R. W. CRICHTON, M.D.—Treatment of Hydrophobia. By C. L. PRINCE, M.R.C.S.	810
CLINICAL MEMORANDA. Influence of Vaccination on the Fœtus in Utero. By A. S. UNDERHILL, M.B.—Notes on a Case of Exophthalmic Goitre. By W. W. WESTCOTT, M.B.	811
HOSPITAL REPORTS. ST. BARTHOLOMEW'S HOSPITAL. Spindle-celled Sarcoma of the Axilla (Mr. Savory)	812
WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL. Cases of Lithotomy (Mr. Jackson and Mr. Kough)	812
REPORTS OF SOCIETIES. OBSTETRICAL SOCIETY OF LONDON	813
EPIDEMIOLOGICAL SOCIETY OF LONDON	815
MEDICAL SOCIETY OF LONDON	816
PATHOLOGICAL SOCIETY OF LONDON	817
CLINICAL SOCIETY OF LONDON	818
REPORTS AND ANALYSES. THE ASPIRATOR-NEEDLE	820
LEADING ARTICLES. MEDICAL TITLES	821
THE REPORT ON THE HOSPITAL SUNDAY FUND	822
THE WEEK	823
THE HAMPSTEAD FEVER HOSPITAL	826
REPORT OF ACCIDENTS CAUSED BY FROST, TREATED AT LONDON HOSPITALS	827
M. MAGNAN'S EXPERIMENTS	828
THE CHEMISTRY OF THERAPEUTICS	829
SPECIAL CORRESPONDENCE. EDINBURGH.—PARIS	829
ASSOCIATION INTELLIGENCE. COMMITTEE OF COUNCIL: NOTICE OF MEETING	830
CORRESPONDENCE	830
PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES	833
MILITARY AND NAVAL MEDICAL SERVICES	833
MEDICAL NEWS	833

IMPORTANT NOTICE.

On and after January 1st, 1875, the price of the BRITISH MEDICAL JOURNAL, will be increased to 6d. per copy.

The Annual Subscription to Non-Members of the British Medical Association will be £1 6s., or £1 8s. post paid.

The Annual Subscription to Members of the British Medical Association will remain at the present amount, viz.—£1 1s., post paid.

The HAMPSTEAD HOSPITAL QUESTION.—VENTILATION of the LAW COURTS.—THE VALUE of WARM CLOTHING. See

The Sanitary Record, No. 26.

Price 4d. Also,
The Sewerage of Towns.—A Sanitary View of Secondary School Buildings.—Death-Rates and Low Temperature.—Typhoid Fever.—Cornish Villages.—Domestic Heating and Illumination.—Notes of the Week.—Law Reports.—Sanitary Patents.—Correspondence.—Appointments.—Vacancies.—Notes, Queries, and Replies, and other Sanitary News.
SMITH, ELDER, & Co., 15, Waterloo Place, S.W.

Now ready, varnished, mounted on canvas and rollers, price 4s. 6d.; unmounted, 1s. 6d.

A Lunacy Chart; being a

Synopsis of the Lunacy Acts, and having special Reference to the Management and Care of Persons of Unsound Mind. By LYTTLETON S. FORBES WINSLOW, M.B., M.R.C.P., D.C.L. Oxon.

By the same Author, price 12s. 6d.
A MANUAL OF LUNACY.

"The book is a most useful compendium of knowledge on a subject on which most medical men are called upon occasionally to act promptly, where the want of such a book of reference may lead, as it often has led, to serious trouble."—*British Medical Journal*.
"A comprehensive digest of every subject connected with the legal care of the insane."—*Medical Times and Gazette*.

London: SMITH, ELDER, & Co., 15, Waterloo Place, W.

Third Edition, much enlarged, 25s., pp. 500, 415 Illustrations.

On Kidney Diseases, Urinary Deposits, and CALCULOUS DISORDERS. By Dr. LIONEL BEALE, F.R.S.
J. and A. CHURCHILL, New Burlington Street.

Now ready, pp. 894, with 61 Engravings on Wood, 8vo, price 15s.

SIXTH EDITION OF
The Diseases of Women.

By FLEETWOOD CHURCHILL, M.D. Dubl. and Edin., Fellow and formerly Professor of Midwifery, with Diseases of Women and Children, in King and Queen's College of Physicians in Ireland, etc., etc.; assisted by FLEETWOOD CHURCHILL, jun., F.K. & O.C.P., etc.

LONGMANS and Co., Paternoster Row, London.
FANNIN and Co., Dublin, and all Medical Booksellers.

Second Edition, preparing,

Affections of the Throat and LARYNX.

"Short and thoroughly practical instructions."—*Medical Times*.

Second Edition, now ready.

Osteology for Students. With

Atlas of Plates. Bound in One vol., 7s. 6d.; in Two Vols. 8s. 6d.

"The handiest and most complete handbook of osteology."—*Lancet*.

By ARTHUR TREHERN NORTON, F.R.C.S., Assistant Surgeon, Surgeon in Charge of Throat Department, and Lecturer on Anatomy at St. Mary's Hospital. BAILLIÈRE, TINDALL, & Cox, 20, King William St., W.C.

Second Edition, cloth, price 2s. 6d.

Throat Hospital Pharmacopœia. Edited by MORELL MACKENZIE,

M.D. Lond., Honorary Medical Superintendent. Contains upwards of 150 Formulæ for Inhalations, Throat-pigments, Lozenges, etc.

"Such a Pharmacopœia has been long wanted, and will prove most useful to the profession."—*Brit. Med. Jour.*

J. & A. CHURCHILL, New Burlington Street.

Now ready, Fifth Edition, Enlarged and Revised, with 25 Plates, and nearly 500 Engravings, crown 8vo, 15s.

The Microscope and its Revelations. By W. B. CARPENTER, M.D.

F.R.S.
J. & A. CHURCHILL, New Burlington Street.

Now ready, Second Edition, Revised and Enlarged, crown 8vo, 2s. 6d.

A Manual for Hospital Nurses

and OTHERS ENGAGED in ATTENDING on the SICK. By EDWARD J. DOMVILLE, L.R.C.P., M.R.C.S., Devon and Exeter Hospital.
J. & A. CHURCHILL, New Burlington Street.

8vo, 10s. 6d.

Clinical Medicine:

Lectures and Essays.
By BALTHAZAR FOSTER, M.D., F.R.C.P., Professor of Medicine in Queen's College, Physician to the General Hospital, Birmingham.

Contents: Ulcer of the Stomach—Cyanosis—Ethere in Phthisis—Digitalis in Heart Disease—Rupture of Heart Valves—Acute Rheumatism—Diabetes—Pseudo-hypertrophic Paralysis—The Sphygmograph and Cardiograph—Thoracentesis by Aspiration.

J. & A. CHURCHILL, New Burlington Street.

8vo, 4s.

A Manual of the Pathology

and TREATMENT of ULCERS and CUTANEOUS DISEASES of the LOWER LIMBS. By JOHN KENT SPENDER, M.D. Lond., Surgeon to the Mineral Water Hospital, and to the Eastern Dispensary, Bath.

"Dr. Spender gives in this work a clear and broad view of the principles on which the treatment of ulcers should be based."—*Practitioner*.

J. & A. CHURCHILL, New Burlington Street.

With numerous Engravings on Wood, 8vo, 9s.

Injuries and Diseases of the

KNEE-JOINT, and the Treatment by Amputation and Excision Contrasted. Jacksonian Prize Essay, by WILLIAM PAUL SWAIN, F.R.C.S., Surgeon to the Royal Albert Hospital, Devonport.

"We cannot conclude the notice of this most valuable essay without expressing our high admiration of it, and congratulating the author upon the great success he has achieved."—*Med. Times and Gaz.*

"It has that practical style about it which can only be acquired by a thorough acquaintance with the subject, gained by long and careful observation."—*Lancet*.

By the same Author, price 6d., by post 6½d.

PRELIMINARY MEDICAL EDUCATION AT PROVINCIAL HOSPITALS.

"We could wish that all first year's men who are coming up in October had been submitted to such instruction as Mr. Swain has here sketched out."—*Lancet*.
J. & A. CHURCHILL, New Burlington Street.

With numerous Engravings. 8vo, 10s. 6d.

The Deformities of the

HUMAN BODY: a System of Orthopædic Surgery. By BERNARD E. BRODHURST, F.R.C.S., Surgeon to the Royal Orthopædic Hospital; late Orthopædic Surgeon to, and Lecturer on Orthopædic Surgery at, St. George's Hospital.

By the same Author, Second Edition, Revised and Enlarged, with Engravings, royal 8vo, 7s. 6d.

CURVATURES of the SPINE: their Causes, Symptoms, Pathology, and Treatment.

Also, Third Edition, much Enlarged, 8vo, 4s. 6d.

On the DISEASES of the JOINTS involving ANCHYLOSIS, and on the TREATMENT for the RESTORATION of MOTION.

Also, with Engravings on Wood, 8vo, 4s. 6d.

On the NATURE and TREATMENT of CLUB-FOOT and ANALOGOUS DISTORTIONS involving the TIBIO-TARSAL ARTICULATION.

J. & A. CHURCHILL, New Burlington Street.