

replies on paper to questions. The only articulate sound he made was "Ah". He was able to cry and laugh. There was difficulty in co-ordinating the muscles of mastication and of the first part of deglutition. He died from the cardiac disease. At the necropsy, there was found aortic regurgitation, with some congenital (?) disease. There was embolism of both middle cerebral arteries, producing very limited and exactly symmetrical softening of the lower part of the ascending frontal and of the inferior and middle frontal convolutions. This agreed with Ferrier's researches on the brains of the monkey as to the localisation of centres for the movements of articulation, etc., and with Broadbent's doctrine as the bilateral symmetry of the brain. As long as one part only was damaged, the other side was able to take on the functions of the damaged side; but, when the identical spots on the two sides were damaged, there was nothing to replace them. The case was valuable on account of the extreme limitation of the lesions and the very definite character of the symptoms.—Dr. GOWERS remarked on the peculiar bilateral symmetry of the disease, induced as it was by the coarsest of pathological processes.

A Case of Idiopathic Anæmia treated unsuccessfully by Phosphorus: Death: Necropsy. By J. B. BRADBURY, M.D.—The case was described by the author as an example of the condition described by Addison as "idiopathic anæmia", and by others as "progressive pernicious", or "essential" anæmia. The patient was a man, aged 40, who was admitted into Addenbrooke's Hospital on June 7th. He had had ague twenty-three years previously, but had afterwards enjoyed good health up to eighteen months before his admission, when he had jaundice, giddiness, and nausea, with some vomiting; also loss of appetite and weakness. From this he recovered; but a sudden attack occurred in January, and a more severe one in May, on account of which he was admitted. There was no history of hæmorrhagic discharge or of syphilis. After his admission, there was no evidence of jaundice beyond sallowness of the skin; but this was the sallowness of anæmia, not of jaundice. Giddiness, somnolence, and epileptiform attacks occurred towards the close of the illness. A few days before his death (which occurred on June 25th) he had hæmorrhage from the nose. At the necropsy, no ecchymoses of the skin or mucous membrane were found; but there were slight ones of the right pleura, and of the membranes of the brain over a circumscribed spot on the right hemisphere. Phosphorus was given, as recommended by Dr. Broadbent in the *Practitioner* for January 1875. The patient was a little better for a few days after its administration, but the improvement did not continue.—The PRESIDENT remarked on the obscurity of these cases, and asked for the experience of others.—Dr. LONG FOX narrated the case of a medical man in whom intense anæmia was associated with spinal sclerosis, mitral disease, and latent tubercular affection of the left lung. After death, extreme atrophy of the brain was found, with great increase of cerebro-spinal fluid, a dilated condition of the central canal of the spinal end, with marked granular degeneration, together with the presence of amyloid bodies, more especially in the posterior columns. Dr. Radcliffe, who saw the case, was disposed to regard these lesions as the primary cause of the symptoms observed.—Dr. BARLOW related the case of a child, seven years of age, in whom most intense anæmia seemed directly to follow a severe fright; and Dr. BRADBURY, in reply, mentioned a somewhat similar case reported to him by Dr. Bond of Cambridge.

On the Successful Treatment of Dilated Heart. By J. MILNER FOTHERGILL, M.D.—Dr. Fothergill commenced by pointing out the leading principles of treatment. First was the reduction of all demand upon the heart by the enforcement of rest, as far as could be attained. Then came the question of the improvement of the general nutrition in which the heart partakes. And, thirdly, the action of agents which possess a special power over the heart, of which digitalis was the best known instance. By the combined use of these measures, much may be effected towards the restoration of a dilated heart to its normal dimensions, complete or incomplete restoration being achieved according to the peculiarities of each case. The paper was illustrated by records of cases. The first was a favourable case of apparently complete restoration to the norm in a case of simple dilatation. The second was a case of recurring cardiac dropsy, where the man still worked hard, and yet had nearly lost all of his objective and subjective symptoms. The third was a case complicated with mitral regurgitation in a growing youth, where all evidence not only of dilatation, but of the mitral mischief had disappeared, while the boy continued his occupation. The fourth was a case of double aortic disease in a girl aged 20; this case being now in St. Mary's Hospital, under Dr. Broadbent, the dilatation being much reduced, and great general improvement inaugurated. The fifth was a case of yielding hypertrophy, probably due to fatty degeneration. Here great relief was obtained, and the patient was enabled to resume his work; though, of course, the prognosis was very bad.

Some of the Causes of Granular Kidney. By T. CLIFFORD ALBUTT, M.A., M.D.—The author said that for some years he had been led to believe that depressing passions are among the chief causes, if not the chief cause, of granular kidney. He had published this opinion already, and he now found that Dr. Dickinson and Dr. Brookhouse of Nottingham hold a like opinion. He believed that gout is more often the first sign than the cause of granular kidney, as persons with old gouty histories do not often end in this way; and persons of gouty family, and suffering from masked gout, often have high arterial tension for years, and die of or with thickened irregular hearts, yet with urine non-albuminous, and of normal specific gravity. He urged the importance of impressing upon people not to entangle themselves in selfish desires leading to disappointment, nor even in unselfish efforts to waste their lives in fretfulness and apprehension. He thought that a consciousness of earnest unselfish effort, and of patient abiding of results, even if aiding in defeat, was less likely to end in bodily or mental disease, than the bitterness of blighted pride, or of thwarted avarice, or self-indulgence. Those cases of granular kidney occurring early in life, like the diabetes of early life, the author had found to be more rapidly fatal, and he had found likewise that such persons always came of unhealthy families. Intemperance seemed distinctly to have caused granular kidney in three cases out of thirty-five, mental distress in twenty-four, three were cases in early life, and the rest presented no special or unfamiliar feature. He could offer no explanation of the connection between depressing passions and granulation of the kidney.

SELECTIONS FROM JOURNALS.

THERAPEUTICS.

ALBUMINURIA, INDUCED BY TINCTURE OF IODINE.—Dr. Simon attempted to treat the scald-head of children with a mixture of tincture of iodine and glycerine without previous depilation. He one day found a small girl, who had been treated in this way, manifesting all the symptoms of iodism. Analysis of the urine showed a considerable amount of iodine. Eleven others treated in the same manner had iodine in their urine, and that of four of these contained also albumen. To determine positively the origin and cause of the albuminuria, he analysed the urine of three girls, one suffering from porrigo, another from phthisis, and the third from white swelling, and found neither albumen nor iodine. After the external application of the tincture of iodine, he demonstrated presence not only of iodine, but also of albumen in their urine. The treatment was discontinued, and in a few days their urine was entirely free from these articles, both of which again appeared on resuming the applications. From these observations, Simon concludes: (1) that iodine externally applied is absorbed, and afterwards excreted by the urine; (2) that when thus applied it may lead to iodism; (3) that in a large proportion—perhaps half—of cases, albuminuria may be produced.—*Allg. Wiener Med. Zeit.*, May 16th, 1876, and *France Médicale*.

SURGERY.

SUCCESSFUL SUPRAPUBIC LITHOTOMY.—Dr. G. Bell reports (*American Practitioner*, March, 1876) the case of a boy, aged 3½, who, six months previously, had had a vesical calculus the size of a pea removed from his bladder, and who had again symptoms of stone. Dr. Bell therefore performed suprapubic lithotomy, the patient being completely under the influence of chloroform. The stone, which was of the size of a large bean, and having abundant crystals on its surface, was removed with the index-finger; the incision in the bladder was closed by a single silk suture, silk sutures were used for the abdominal incision, and an ointment, containing carbolic acid and morphine, applied externally to the wound. In two hours some bloody urine was passed by the urethra, and the patient slept moderately well the first night succeeding the operation. On the 25th, followed considerable fever and nervousness; on the 26th, the superficial sutures were removed, and the wound emitted a decidedly gangrenous odour; and on the 29th, urine escaped freely through the now opened wound. On November 1st, the gaping edges of the wound were brought together with adhesive plaster, and soon after the urine resumed its natural channel. At the end of the month a small fistula existed, but it healed spontaneously.

A CENTENARIAN.—Mrs. Billing died at Newquay, Cornwall, on Tuesday, the 1st instant. She was born on August 3rd, 1775.

58 per cent. of the cases there was no reference to vaccination. The co-operation of the medical profession in this matter is as indispensable as it is desirable. Of the 110 deaths from small-pox registered last quarter out of Lancashire, 26 occurred in London, 4 at Northfleet, 13 in Bristol and Clifton, 9 at Bulkington, 6 at Macclesfield, 5 near Wakefield, and 5 at Llanberis. Many of the fatal cases of small-pox in different parts of England and Wales were directly traced to infection from Manchester and Salford, or Liverpool, which have recently been the two principal centres of infection in England."

ASSOCIATION INTELLIGENCE.

NORTH WALES BRANCH: ANNUAL MEETING.

The twenty-seventh annual meeting of this Branch was held at the George Hotel, Bangor, on Tuesday, June 20th; JOHN RICHARDS, Esq., President, in the Chair. Twenty-one members, with Dr. Williams, of Rodney Street, Liverpool, were present.

In the absence of the President, the President-elect was introduced by the Honorary Secretary, Dr. Eyton Jones, and delivered an able address.

Report of Council.—The Honorary Secretary read the Report of Council.

"Your Council, in laying before you their twenty-seventh annual report, may still congratulate the Branch on the continued efficiency of the JOURNAL of the Association. It has, during the past year, supplied the members with many excellent articles on subjects pertaining to the general welfare of the profession, with able reports on the various discussions that have taken place at the different medical societies, notably those on cancer, syphilis, and puerperal diseases, at the Pathological and Obstetrical Societies, and with full accounts of cases and operations that have occurred in public and private practice throughout the kingdom; and for this we again have to thank our able editor, Mr. Ernest Hart. Through the attention that he has drawn to the subject, many of the Branches have, by resolutions, condemned the practice of advertising medical works in non-medical papers.

"The Obstetrical Society still perseveres in its efforts to obtain an education for midwives; and the sad results witnessed in cases attended by ignorant midwives make us hope that a Bill for this purpose will soon be passed.

"The Army Medical Warrant has at last been issued; and though, as to rank and pay, it appears satisfactory, yet the fact that the contract ceases at the end of ten years, and a surgeon, however able, is liable to be discharged without any assignable reason, makes it questionable whether the admissions into the service, hitherto far inadequate, will be increased by it.

"It is to be hoped that the Medical Defence Association will continue its useful career, and that the amendment of the 40th section of the Medical Act, suggested by its members to the Medical Council, will soon be carried into law, and that the Society of Apothecaries will, in all successful cases, dispense with their right of claiming, as they have recently done, half the penalty.

"May we not hope that ere long no deaths will be allowed to be registered except by the practitioner's certificate? for, in default of this precaution, the number of uncertified deaths in some of our Welsh districts are as high as 50 per cent.

"We think that medical officers of health should at all times receive, from their brethren, the earliest possible intimation of cases of infectious disease occurring in their practice, and that the obligation should be made compulsory.

"The Habitual Drunkards Bill, apparently forgotten since the death of the late Mr. Dalrymple, is again coming to the surface; and your Committee think that, though some advise the drink should be locked up and not the drunkard, yet, when drunkenness ceases to be a vice and becomes a disease, some care should be taken of the inebriate, who, labouring under this curse, destroys his property, wrecks his happiness, and is a burden to his relations; for how many lives may be saved by judicious treatment and careful isolation our private inebriate asylums can surely testify. Shall stimulants be abolished in our union workhouses is a question that is now being keenly discussed all over the kingdom; and, as the example has been set in the Wrexham Workhouse, your Committee think that this is a question upon which some decision should be arrived at, particularly as in various unions in the Principality it is being urged upon parochial surgeons by the guardians.

"When we regard the great value of the discoveries of Harvey, Bell, Brown-Séquard, Marshall Hall, and others, we agree with the Medical Council in regarding the Cruelty to Animals Bill as being a misnomer;

for, whilst physiologists and surgeons labour for the relief of human suffering and the enlightenment of the human race, crimping of salmon, cutting off foxes' and rats' tails, skinning birds for ladies' bonnets, and the manufacture of dock-tailed horses, are tacitly allowed, to gratify either personal vanity or human pleasure. In most instances of vivisection, anæsthetics are used. It is to be hoped that each member has signed the petition enclosed in the JOURNAL, and forwarded it to the General Secretary.

"Since our last annual meeting, we have lost many good and worthy representatives of the Association, notably, Dr. Hughes Bennett, Sir Cordy Burrows, President-elect, Mr. George Southam, President of Council, and Dr. Parkes, whose profound address so delighted all who heard it at the London meeting in 1873; but they have left us noble and brilliant examples in their labours, undertaken solely for the benefit of the human race.

"The Branch numbers seventy-one members."

Vote of Thanks to the Council.—Dr. LODGE moved, and Dr. DAVIES seconded, "That the Report of Council be received and adopted; and that a vote of thanks be presented to the Council for their services during the past year."

President-elect for 1877.—It was proposed by the PRESIDENT, and seconded by Dr. REES, "That Dr. Roberts of Portmadoc be appointed President-elect for 1877; that Barmouth be the place for holding the next annual meeting; that the intermediate meeting be held in Wrexham in February 1877."

Council of the Branch.—The following gentlemen were appointed the Council of the Branch for 1876-77: J. Davies, L.R.C.P.Ed., Cerrigy-druidion; S. Griffith, M.D., Portmadoc; R. Hughes, Esq., Bala; R. O. Jones, Esq., Bala; H. J. Lloyd, L.R.C.P.Ed., Barmouth; J. R. Walker, Esq., Corwen; H. Ll. Williams, Esq., Dolgelley.

Representatives in the General Council.—The following were appointed: Ll. Lodge, L.R.C.P.Ed., St. Asaph; J. Richards, L.K.Q.C.P., Bangor; W. Williams, M.D., Mold.

Representatives in the Parliamentary Committee.—Dr. Davies Hughes, of Menai Bridge, was elected.

The Honorary Secretary and Treasurer were re-elected.

New Members.—Dr. Williams, of Rodney Street, Liverpool, was elected a member of the Branch.

Papers and Cases.—The following were read:

1. Intraperitoneal Hæmatocele and Chronic Inversion of the Uterus. By Dr. Roberts, Chester.
2. Bony Tumour springing from the Left Orbital Cavity, weighing 9 oz. 76 grains. By Dr. Greig Hughes, Bangor.
3. Perforation of Ileum, and Death; also a case of Vegetations on the Mitral Valve. By Dr. Williams, North Wales Lunatic Asylum.
4. Calculus of Kidney: Atrophy: Pyæmia and Death. By Dr. Hughes, Denbigh.
5. Uric Acid Calculus removed by Dr. Turnour of Denbigh.

Interesting discussions took place on the above cases, together with other matters reserved for the next meeting.

Dinner.—The members and their friends afterwards partook of an excellent dinner, when the usual loyal and other toasts were duly honoured.

CORRESPONDENCE.

ACTIONS FOR MALPRACTICE.

SIR,—Our orator in surgery, Mr. Favell, delighted his audience at Sheffield with words such as these:—"Surely, gentlemen, these considerations should teach us a lesson; they should teach us to look very charitably upon alleged failures in treatment, or upon so-called cases of malpractice. It is one thing to criticise the treatment of a deformed or distorted joint weeks, or perhaps months, after the receipt of the injury, when all immediate effects of such injury have disappeared, but it is a very different thing when contusion, inflammation, swelling, and pain obscure the injury and interfere with manipulation so to direct our treatment as always to insure a satisfactory result." These words would find an echo in the hearts of every hearer in his presence. Almost at the same time, an unfortunate brother practitioner was held in the bonds of suspense as to the result of an action for just such a case which was waiting to be tried at the Leeds assizes. I enclose my card, and am, sir, yours obediently,

ONE WHO HEARD THE TRIAL.

* * A commentary on the trial referred to by our correspondent will be found on another page.

MEDICAL NEWS.

UNIVERSITY OF LONDON.—First M.B. Examination, 1876. Pass List. Entire Examination.

First Division.

Baddeley, Charles Edward, King's College
Boyd, James Stanley Newton, University College
Clark, Charles Alfred Dagnall, St. Bartholomew's Hospital
Collier, Mark Percell Mayo, St. Thomas's Hospital
Gabb, James Percy Alwyne, University College
George, George Aldridge, University College
Heath, William Lenton, St. Bartholomew's Hospital
Lory, William Manley, University College
Matthews, Valentine, King's College
Neale, John Edward, University College
Phillips, Sidney Philip, University College
Saunders, John Charles, Downing College, Cambridge, and St. Bartholomew's Hospital
Sheppard, Charles Edward, St. Thomas's Hospital
Smith, Kenneth Rawlings, University College
Stewart, Howard Douglas, King's College
Uthoff, John Caldwell, Guy's Hospital
Wainwright, Robert Spencer, Guy's Hospital
Whitney, Neville Scott, University College
Williams, David James, University College

Second Division.

Andrews, William Stratford, University College
Berry, Frederic Haycraft, Guy's Hospital
Culhane, Frederick William Slater, University College
Dymott, Donald Frederick, University College
Faulkner, John Thomas, Owens College
Hadden, Walter Baugh, Liverpool School of Medicine
Jewell, Charles Coleman, University College
Jones, Roger Hughes, Liverpool School of Medicine
Juler, Henry Edward, St. Mary's Hospital
London, Alfred Austin, University College
Mackern, George, Guy's Hospital
Manby, Herbert Lynsey, Guy's Hospital
Marsh, Joseph Henry, St. Thomas's Hospital
Notley, William John, B.A., University of Edinburgh
Russell, George Hannah, Guy's Hospital
Salter, John Reynolds, University College
Sheldon, Thomas Steele, Guy's Hospital
Tuke, William Samuel, University College

Excluding Physiology.

First Division.

Meek, John William, Guy's Hospital

Second Division.

Barker, Frederick Rowland, St. Thomas's Hospital
Clark, James Richardson Andrew, University College
Hughes, Richard, Owens College
Shaw, George, Westminster Hospital
Vinrace, John Hinks, Queen's College, Birmingham
Williams, Dawson, University College

Physiology only.

First Division.

Blake, William Henry, University College
Cumming, Charles Henry, University College
Plumbe, Samuel Thomson, St. Bartholomew's Hospital

Second Division.

Drysdale, Alfred Edgar, University College and Liverpool School of Medicine
Pickup, William James, University College
Ryley, James, University College
Smith, Herbert Urmson, St. Thomas's Hospital

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, August 10th, 1876.

Griffin, Charles Thomas, Ledbury
Howat, George Rutland, The Poplars, Bounds Green
Hudson, James, 50, Maitland Park Road
Le Page, William, Brandon, Co. Durham
Morgan, John, Strata Florida, South Wales
Smith, William, Great Avenham Street, Preston
Thain, Leslie Lachlan, Devonport
Wilkinson, Arthur Thomas, King Street, Oldham

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

Barker, Frederick Rowland, St. Thomas's Hospital
Cannock, Charles Wathyn, St. Thomas's Hospital
Ogle, Charles John, St. Bartholomew's Hospital
Wilson, Joseph Henry, University College Hospital

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH: DOUBLE QUALIFICATION.—The following gentlemen passed their first professional examination during the July and August sittings of the examiners.

Joseph Grealy, Galway; Robert Stewart Reid, New Zealand; Alfred Haynes Mason, Kent; Arthur Robert Roberts, Worcestershire; Frank Trevor Paine, Cardiff; Samuel Kennedy, county Down; Arthur Dobson, Leeds; Edward M'Callum, Edinburgh; Joseph William Christie, Stirling; John Service,

Kilwinning; Alexander Leiper, Stonehouse; Robert Parkyn Simpson, Boston; Rajaonah, Madagascar; Andrianaly, Madagascar; Edward Arthur Whiteley, Wakefield; Lombard John Newman Tanner, Cork; Andrew Eddowes Legat, South Shields; John Henry Parry, North Wales; John Garbutt Hutchinson, Cumberland; and James Frederick Witz, Tobago.

The following gentlemen passed their final examination, and were admitted L.R.C.P.Ed. and L.R.C.S.Ed.

Horatio Ross Brown, Folkestone; James Payne Baker, Maidstone; John Patrick Balbirnie, Leamington; Edward Salisbury Brander, India; Robert Kirk, Bathgate; Samuel Biggar Giffen M'Kinney, Belfast; Joshua Edward Bull, Cork; James May Elliott, Dungannon; Thomas Sanctuary, Dorsetshire; Hugh Wallis, Sussex; John Alexander Erskine Stuart, Berwickshire; Frederick Alexander Campion Fletcher, Yorkshire; George Sainthill Badcock, Brighton; Frederick Lord, Kent; William Edward Scott, Northamptonshire; William Percy Blumer, Sunderland; James Shorten, county Cork; Francis Henry Wood, Wakefield; Alfred Dawson Williams, London; Alfred Kay, London; Joseph Henry Richard Wallace Lucas, Liverpool; William Calwell, Ballyrough; James M'Glade, Kent; Jean Aristide Clément Darutz, Mauritius; William Oliver Deacon, Armagh; James Eld Hiffernan, Mal-low; Albert Green, Bradford; Thomas M'Guire Roberts, Dublin; Alexander Morrison, Linlithgowshire; Cecil Anthony Perrier Osburne, Cork; and John Alexander Dockeray, Rathvilly.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—The following gentlemen passed their first professional examination during the July sittings of the examiners.

Richard Gordon, jun., Sligo; Charles Henry Thatcher, Edinburgh; James Thompson Nichol, Newcastle-upon-Tyne; Kenneth Maclean, Ross-shire; Francis James Beresford, Leicester; and Mark Francis Ryan, Kilconly.

The following gentlemen passed their final examination, and were admitted Licentiate of the College.

Donald MacRitchie, Inverness; James Magill, Derry; Henry Hunter, county Derry; James Alexander Greer Hamilton, county Tyrone; William Maull, Auchterarder; James Thompson Nichol, Newcastle-upon-Tyne; Richard Hill Norris, Birmingham; Robert William Irvine, Blair Athole; Peter Fraser, Hamilton; Duncan Forbes, Dumfries; Robert Hardie, Leith; William Smith, Preston; Samuel Aird Jolly, Portarlinton; and Rufus Willard, Illinois.

MEDICAL VACANCIES.

THE following vacancies are announced:—

BRIGHTON and HOVE DISPENSARY—Resident Medical Officer and Dispenser. Salary, £130 per annum, with furnished apartments, etc. Applications on or before September 4th.

GENERAL INFIRMARY, Leeds—House-Surgeon. Salary, £100 per annum, with board, residence, and washing. Applications on or before September 6th.

HOSPITAL FOR WOMEN, Soho Square—House-Physician. Applications on or before August 31st.

NORTHAMPTON GENERAL INFIRMARY—Surgeon. Applications on or before August 28th.

NORTH STAFFORDSHIRE INFIRMARY, Stoke-upon-Trent—House-Surgeon. Salary, £120 per annum, with furnished apartments, etc.—Also, House-Physician. Salary, £80 per annum, with furnished apartments, etc. Applications on or before August 30th.

SUSSEX COUNTY HOSPITAL, Brighton—House-Surgeon. Salary, £80 per annum, with board and lodging. Applications on or before August 23rd.

THINGOE UNION—Medical Officer for the Eighth District. Salary, £18 per annum.

WESTERN GENERAL DISPENSARY, Marylebone Road. Resident House-Surgeon. Salary, £100 per annum, with residence, coals, light, and attendance. Applications on or before the 25th instant.

WORKSOP UNION—Medical Officer for the Anston District. Salary, £25 per annum.

MEDICAL APPOINTMENTS.

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

BINDLEY, Philip, M.B., appointed Resident Medical Officer to the Birmingham General Hospital, *vice* A. H. Carter, M.D.

CLUTTON, H. H., M.R.C.S.Eng., appointed Resident Assistant-Surgeon to St. Thomas's Hospital.

FRASER, Wm., M.D., appointed Resident Medical Officer to the Royal National Hospital for Consumption, Ventnor, *vice* J. M. Williamson, M.D., resigned.

HAWKINS, F. M., M.B., appointed House-Physician to the Wolverhampton General Hospital, *vice* C. A. Nankivell, M.B., resigned.

HOUGHTON, W. B., M.B., appointed Medical Registrar to the Charing Cross Hospital, *vice* A. Duncan, M.B., resigned.

JONES, Richard, L.R.C.P.E., appointed Assistant Medical Officer to the Warwick County Asylum, *vice* W. H. Seed, M.B., resigned.

LEIGH, Thomas, M.R.C.S.Eng., appointed Surgeon to the Hospital for Sick Children, Brighton, *vice* J. Beavan, F.R.C.S., 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.

PARAMORE.—On August 12th, at 18, Hunter Street, Brunswick Square, W.C., the wife of Richard Paramore, M.R.C.S.Eng., etc., of a son.

DEATH.

RYAN, John, M.D., LL.D., formerly Lecturer on Chemistry at the Charlotte Street School of Medicine, Professor of Chemistry at the Polytechnic Institution, and some time Editor of the *London Medical Gazette*, aged 65, at 16, Lonsdale Square, Islington, on August 7th.

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.—Hospital for Women, 2 P.M.—St. Thomas's (Ophthalmic Department), 3 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.—Guy's, 1.30 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.—East London Hospital for Children, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 9.30 A.M. and 1.30 P.M.—Royal Free, 9 A.M. and 2 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

FRIDAY.—Quekett Microscopical Club (University College, Gower Street), 8 P.M. Ordinary Meeting.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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

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.

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.

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.

CURIOUS FACTS.

SIR,—Has any one yet recorded the antagonism of *emplastrum belladonnae* and *emplastrum lyttæ*? Several times I have found that I could not get a blister to rise on a surface which had been previously subjected to the action of a *belladonna* plaster. I do not attempt to explain the reason.

Another curious fact I found out by accident, and proved it by two subsequent accidents. I split some liquefied carbolic acid on a part of my hand, and found that for two or three days afterwards there was complete local cutaneous anaesthesia on the parts touched by the acid. The effect was most peculiar.

Lichfield.

Yours, etc., HERBERT M. MORGAN.

CRUELTY TO ANIMALS.

THE following is from the *Irish Times* of August 5th:—"A correspondent informs us that yesterday he witnessed at a poulterer's shop in one of the principal markets of Dublin, an act of cruelty as barbarous as any ever practised by vivisectionists. The poulterer seized a fowl, and having pulled its legs in one direction, and its neck in the other, beat the head of the creature against a block of wood, and then struck it with a knife across the throat. His next proceeding was to place the fowl under his left arm, and with his right hand to strip off the feathers, the creature struggling and screaming in agony until it could cry out no more. Our informant was sickened at the sight; but he should have called in one of the police force, and prosecuted the unfeeling savage. We believe that the feathers can be more easily plucked from the body of a fowl while still warm than after it is cold in death; but this is no reason why a helpless creature should be flayed alive. Possibly such cruelty may be frequently perpetrated with impunity: the eye-witness preferring to be silent rather than to appear as prosecutor in a police court. We will only say, that we place the strongest reliance upon our informant."

DIPLOMAS IN MIDWIFERY.

SIR,—I find, by the report of Dr. Atthill's Address in Obstetric Medicine delivered at the opening of that Section at the late meeting in Sheffield, that he draws attention to the diploma in obstetric medicine about to be granted by the University of Dublin, which, he says, is the first British University which has recognised the position gained by obstetric medicine. This mistake has also lately been made by Professor Haughton. I would beg to draw the attention of those gentlemen to the diploma in midwifery granted by the Queen's University in Ireland in 1872 and each year since, which University was thus the first to recognise the position of obstetric medicine.—Yours obediently,

A LICENTIATE IN MIDWIFERY OF THE QUEEN'S UNIVERSITY, IRELAND,
AND ROTUNDA HOSPITAL, DUBLIN.

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.

It is particularly requested that, during the months of August and September, communications for "The Editor of the BRITISH MEDICAL JOURNAL" be so addressed, and not to any person by name.

CHRONIC DIARRHOEA.

SIR,—In cases of "chronic diarrhoea" of a most obstinate nature, I have found the old koumiss, or No. 3, of any consistency, answering admirably. In a gentleman's case, over eighty years old, it not only checked the diarrhoea completely, but restored the strength, which was gradually sinking to a dangerous point; the nervous tremor of feet and hands disappeared in twelve hours from its first dose, and digestion, sleep, and nutrition improved gradually.

Should a "A Young Practitioner" prescribe a course of whey koumiss, he would do well to exclude all milk and fruits from his patient's diet; and should his patient be thin and nervous, a thorough abstinence from tea and coffee will accelerate the cure. An answer as to the result will oblige.—I am, sir, yours truly.

KOUMISS EXPERTUS.

August, 1876.

SIR,—A Young Practitioner will probably speedily cure his patient by the following plan of treatment: One fourth of a grain of nitrate of silver, with extract of lettuce, night and morning; after food, a little nitric acid, with decoction of oak-bark, and an enema of cold water daily. I have in several instances found speedy recovery by these means when neither rectum or stomach appear to be the *causa mali*.—I am, sir, yours faithfully,

WALTER HAXWORTH.

Wetherby, August 7th, 1876.

UNQUALIFIED ASSISTANTS.

SIR,—“M. H.” is anxiously seeking redress for the body of students to whom he belongs; but I think the case of the unqualified man, who takes away the livelihood of the duly qualified practitioner, claims the attention of the profession in the first instance. What does M. H. think of a case like the following? In my neighbourhood, a man practises who never was nearer the teaching of the healing art than his father's surgery, and is, to my certain knowledge, scarcely capable of more than distinguishing glycerine from castor-oil. His father was a qualified practitioner for many years in the village in the county where this son was born. At the father's death, he and his sister (one of the olden time) "set up" as successors to him, before any legally qualified man came, and their success has been all they could wish for. In the brother's absence, she will dispense, extract teeth, or visit, as occasion requires. They keep a splendid establishment, with carriage and two horses. One qualified assistant, and sometimes two, attend most of the county families in the neighbourhood; and if Sir James Paget were to come from London to try to secure for himself a practice, he would find himself only disappointed. The qualified practitioners around this man only get the crumbs, so to speak. So much for the credulity of the public. And what makes matters much worse, many of the consulting physicians of the chief town of the county meet this man in consultation when he desires it, though they object to meet such men in the town. Why? because in a largely populated town they probably fear it might damage their consulting practice, from becoming known to the several members of the profession; but I daresay they think it makes little difference about leaving us out in the cold, as in any isolated case in the country there is less chance of its reaching the ears of the qualified practitioner; and the cases in which we must necessarily be able to put a fee in their pocket are in comparison few and far between. The principle is bad. I, who have spent all my capital in my education, may well ask if nothing can be done to protect me and my brethren around me. I am fond of my profession, but so disgusted am I with the laws (if you choose to call them so) that regulate it, that if I could but recover part of the money expended on the attaining of the necessary education for it, I'd "throw physic to the dogs; I'd none of it!"—I am, sir, yours truly,

ANTI-HUMBUG.

August 1876.

SIR,—Having seen the letter of M. H. in your publication of July 29th, I think perhaps a little further evidence with regard to the fact that some practitioners do employ assistants who have not had any teaching at a medical school may be useful. Not far from where I am now residing, a practitioner had a man taking charge of a branch practice, who told me personally that he had obtained his medical knowledge by "practice", and that he had never had any teaching at a medical school; he also told me that he saw his principal, who lived some miles away, about once in six weeks.

In my opinion, the reason why practitioners prefer "shop-boys" to *bonâ fide* medical students as assistants, is simply as follows: they can get "shop-boys" to do certain menial work that medical students would not stoop to do.—Yours faithfully,

August 1st, 1876.

J. G. B.

CORONERS' INQUESTS.

SIR,—Would you kindly inform me in your JOURNAL whether an inquest was necessary in the two following cases, or the attendance of a medical man?

The first case is that of a carrier, who, when leaning over the side of his cart to light his pipe, fell to the ground, and sustained severe internal injuries (which it is not necessary here to specify), from the effects of which he died two days afterwards. My father and I were in constant attendance upon him. I was in the house when he breathed his last. An inquest was held the following day by the coroner.

The second case is that of a man who received fracture of the base of the skull, from the effects of which he died shortly afterwards. My father saw him before he expired. An inquest was held also in this case; and in neither of these two cases was it deemed necessary by the coroner to produce medical testimony as to the cause of death. The coroner is not a medical man, but the late one was, who always employed a doctor.—Yours truly,

ROBERT M'BRIDE, M.B., etc.

Gilford, Co. Down, July 18th, 1876.

P.S.—In the second case, the person fell from a runaway horse. R. M'B.

** It was right to hold an inquest; and a medical witness should have been called in in each case.

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

MEDICAL TITLES.

SIR,—One point in this controversy has escaped the general notice of your correspondents. It is the fact that most English practitioners (*i.e.*, men educated at English Medical Schools) hold diplomata, not degrees, since the large London hospitals do not form integral parts of Universities, as do most of the Scotch and Irish schools. They are only connected with the Colleges of Physicians and Surgeons; therefore to assume that the majority of men who hold the L.R.C.P. Lond., M.R.C.S., and L.S.A. are not so well educated as the majority of Scotch and Irish graduates are, is incorrect; the probability lies just the other way. At Trinity College, Dublin, and in the Queen's University, Ireland, even at the present time, the student has only to undergo a course of four years' study; he attends fewer courses of lectures than English students: no special instruction in pathology, diseases of women and children (as distinct from the practice of physic or midwifery), nor certificates of dressership or clinical clerking are required. On the other hand, at T.C.D., a course of zoology is required, and at the Q.U.I. a course of lectures on one modern language, and on physics. True, at T.C.D. a graduate in medicine must be an A.B., but this is not necessarily nearly so stringent a test of a man's general knowledge as is the London University matriculation; since, if a man fail, say, in two out of five subjects, he is nevertheless passed for these, and at the next examination only has to take up the three subjects in which he was previously rejected. I have heard that the M.B. may be likewise taken in easy instalments.

In Scotch Universities the prescribed period of study is also four years, though, since the winter sessions only begin on November 1st, four months' study is lost. The curricula are similar to the Irish ones, but they include courses on diseases of women and children, and morbid anatomy. Here too, however, no certificates of dressership or clinical clerking are required.

I fully agree with your correspondent, Dr. Garstang, that the public would be less liable to be misled if graduates wrote the letters M.D., M.B., after their name; but then I would also advise the addition of the university, since I, for one, think that the value of a degree depends solely on the university granting it. I would, therefore, suggest that writing "W. Garstang, M.D. St. And., M.R.C.P.," would be less likely to mislead the public into the doubtless trivial error of considering that "W. Garstang, M.D., L.R.C.P. Lond.," was a graduate of the University of London. Dr. Garstang writes, that "the doctorate in an university is the mark appropriated to those of its alumni who are officially declared to have attained the highest point therein taught in things of medicine."

I ask the profession whether Dr. Garstang's first qualification is a title part the guarantee of his having attained to the "highest point taught in things of medicine," that the M.R.C.P. Lond. is. They well know that it is not, and yet the R.C.P. expressly forbids a member to call himself "Dr." on the strength of their diploma. I take it, Sir, that Dr. Garstang rests his case on an entirely false issue. The whole question really lies in a nutshell: English students go through a course of professional education almost identical with that undergone by their Scotch and Irish fellow-students, excepting that a London student spends nearly double the money over his education that the provincial one does, and they naturally think it just a little hard that men of, at best, only like parts with themselves, presuming on popular ignorance, should push themselves forward on the mere accident of the place of professional education, as though they really possessed a superior degree of professional knowledge. Especially as most of them can recall to mind numerous cases of men who "knocked about town" for years, doing no work; and then either went north of the Tweed, or paid a visit to the Sister Isle, and soon afterwards returned and strutted among their studious but disgusted old fellow-students, as full-fledged graduates. Certainly every practitioner of forty years of age has not the *sans froid* to go up to St. Andrew's, pay fifty guineas, undergo a "satisfactory examination", and so return home one of a batch of ten real M.D.'s.

In truth, instead of the possession of the title M.D. or M.B. being necessarily an earnest to the public that a surgeon is possessed of a superior degree of knowledge, it merely indicates that he is probably either a Scotch or Irish student, since English university graduates are few and far between. It is to be regretted that the title "Dr." is not dropped by all English practitioners (even by those who are graduates), and restricted to men practising as pure physicians.—Yours, etc., M.R.C.S.

July 24th, 1876.

A QUESTION OF ETIQUETTE.

SIR,—When out, the other day, a patient called for my advice, but, not finding me at home, went to a neighbouring practitioner. Will you kindly favour me with your opinion as to whether the practitioner to whom the patient went has a right to silently keep the patient, or should inform me of the fact that the patient had (finding me from home) been to him?—I am, sir, yours truly,

A MEMBER.

** The practitioner to whom the patient went ought, if he knew that "A Member" was the ordinary medical attendant, to inform him that he had seen the case.

MR. FAVELL'S ADDRESS.

SIR,—As I am the individual referred to under the initials A. B., by W. F. Favell, Esq., in his Address in Surgery, published in your last issue (August 5th), perhaps you will allow me to correct, as briefly as possible, one or two little errors as to facts into which he has fallen. I never had a splint of any kind applied. Within three days certainly, if not before, I complained to the surgeon attending me of shortening and inversion, and continued to complain every time he came; and it was because of my complaints that the third surgeon was called in, five weeks after the accident. Instead of agreeing with the treatment, he changed it completely. He found me kept at rest on my back, painting the hip with iodine. He ordered me to discontinue the iodine; to use liniment of turpentine and acetic acid, with strong friction, three times a day; to get up immediately and begin to walk, and not to be afraid of using or hurting my leg. These orders I faithfully obeyed, under the superintendence of the other surgeon, who continued to attend me for seven weeks longer. I must add that Mr. B. (the surgeon in constant attendance), in filling up my application to the Accidental Insurance Company, wrote "partial dislocation." I believe that paper is still in existence at the Company's office in Cornhill.—Yours, etc., A. BALMFORTH.

5, Pershouse Terrace, Ardwick, Manchester, August 1876.

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.

MR. SNELL (Sheffield) is thanked for his communication; which, however, we are unable to insert in this week's JOURNAL.

REGISTRATION OF FOREIGN DEGREES.

SIR,—M.D. Brussels can hardly say that I "rushed" into print, for my reply did not appear for a fortnight after his letter of July 1st. As to his statements that I did not read over his letter carefully, and that I lacked the amount of information requisite to reply to it, your readers can judge for themselves. I will be as concise as possible.

1. In my letter I maintained, against M.D. Brussels, that *Justitia* was right when he said that a foreign degree could be got for two or three days on the Continent. This he passes over in silence; facts are against him.

2. M.D. Brussels asserted (*vide* his letter of July 1st) that there was no difference in position between an M.D. and an M.R.C.S.; he now says that all he meant was, that they are on a par in that they can both "practise their profession." In connection with this, he asks me to inform him "how many of the Scotch M.B.s proceed to the M.D., and how many are content with it." It would be difficult to ascertain, and besides, it is quite irrelevant.

3. M.D. Brussels says: "I never said I had not heard that hygiene is a subject required in the medical schools." I never affirmed that he did; but he did say that some of the foreign universities required "extra" subjects, and instanced hygiene. He now admits that hygiene is taught at Guy's and University College, and required for the College of Physicians; but he might have given other instances.

4. M.D. Brussels, in his letter of July 1st, said: "I have not yet heard of one of the ten annual men at St. Andrew's being rejected"; plainly insinuating that there had been no rejections. W. D. H. has shown that there have been; and M.D. Brussels, in his last letter, admits it.

5. With all due respect for the opinions of M.D. Brussels, I do not consider that I am in honour bound to bring before the public the name of a personal friend who had made a confidential statement to me, without his permission. To you, Mr. Editor, I enclose the name of an M.R.C.S., a mutual friend, who can testify to the truth of my statement.

6. M.D. Brussels still maintains that operations on the dead body does not form a portion of the examination for diplomas in these countries; and I suppose, to prove triumphantly that he at any rate has not "rushed" into print without the requisite amount of information, mentions the names of four Colleges of Surgeons where it is not required; but in three out of the four he is wrong, apparently hopelessly so.—I am, sir, yours, etc., M.B.

August 3rd, 1876.

IGNORAMUS.—The habit of chewing lead would be, in our opinion, decidedly objectionable.

WE are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Birmingham Daily Post; The Leeds Mercury; The Glasgow Herald; The Manchester Courier; The Hull News; The Hastings and St. Leonard's Independent; The Nottingham Daily Guardian; The Worcester Chronicle; The Islington Gazette; The Bolton Weekly Journal; The Brighton Examiner; The Hastings and St. Leonard's Observer; The Metropolitan; The Whitehall Review; The Yorkshire Post; The Bromsgrove, Droitwich, and Redditch Weekly Messenger; The Redditch Indicator; The Cambrian; The Bristol Daily Times; The Southport Daily News; The Jewish World; etc.

* * We shall be greatly obliged if correspondents forwarding newspapers will kindly mark the passages to which it is desired to direct attention.

COMMUNICATIONS, LETTERS, &c., have been received from:—

Mr. Jonathan Hutchinson, London; Dr. G. M. Humphry, Cambridge; Mr. T. Holmes, London; Dr. J. C. Hall, Sheffield; Dr. J. C. Souter, London; Our Dublin Correspondent; Mr. G. Eastes, London; Dr. Diver, Kenley; Dr. J. Milner Fothergill, London; The Secretary of Apothecaries' Hall; Mr. T. M. Stone, London; Mr. A. O. Francis, Derby; The Registrar-General of Ireland; Dr. Joseph Bell, Edinburgh; Dr. J. Wickham Legg, London; Dr. Protheroe Smith, London; Dr. Bradbury, Cambridge; Dr. J. Finlayson, Glasgow; The Registrar-General of England; Dr. J. W. Moore, Dublin; Dr. W. H. Al'chin, London; Dr. Webb, Wicksouth; Dr. J. T. Evans, jun., Hertford; Mr. H. M. Morgan, Lichfield; Dr. Kelburne King, Hull; Mr. Chiene, Edinburgh; Dr. R. Spence, Burntisland; Dr. Banham, Sheffield; Mr. R. B. Carpenter, London; Mr. Lennox Browne, London; Mr. Rhodes, Birmingham; Mr. J. B. Unwin, Wigan; Dr. de Gorquer Griffith, London; Dr. J. Bell, Edinburgh; Mr. J. H. Scott, Newent; Dr. Chadwick, Tunbridge Wells; Dr. Sandberg, Northrepps, Norwich; Dr. Allan, Glasgow; Dr. F. J. Bevan, Rochester; Mr. W. S. Wanes; A Member; Dr. Mackay, Inverness; Dr. Rabagliati, Bradford; D. B.; Dr. Rutherford, Edinburgh; Mr. C. H. Newby, London; Our Paris Correspondent; Our Edinburgh Correspondent; A Victim of Indian Service; A Licentiate in Midwifery of the Queen's University; Dr. Grattan, Carbury; Mr. R. Torrance, Mafren; Dr. Liveing, London; Ignoramus; Mr. W. W. Hughes, Grays; Mr. P. Martin, Abingdon; Mr. Ryall, London; Mr. Snell, Sheffield; Dr. H. Charlton Bastian, London; Dr. Elder, Nottingham; Dr. Seaton, Nottingham; Dr. Caton, Switzerland; The Secretary of the Quekett Microscopical Club; etc.

BOOKS, &c., RECEIVED.

Inhalation: its Therapeutics and Practice. By J. Solis Cohen, M.D. Second Edition. London: Trübner and Co. 1876.
The Medical and Surgical History of the War of the Rebellion. By George A. Otis. Part 2, vol. ii. London: Trübner and Co. 1876.