

## SPECIAL CORRESPONDENCE.

## MANCHESTER.

[FROM OUR OWN CORRESPONDENT.]

*Fresh Students.—Manchester Royal Infirmary.—Cases of Aneurism.—Lecture at the Literary and Philosophical Society.—Manchester and Salford Sanitary Association.*

FORTY fresh students have entered at the medical school, which, although two more than last year, must yet be regarded as a small number when the vast population of Lancashire is considered and the advantages offered to the medical student in this metropolis of the North are called to mind. Doubtless, the distance between the school and the hospital operates disadvantageously upon the number of entries; but, as the removal of the infirmary may now be looked upon as an accomplished fact, we may hope ere long that this drawback and physical hindrance to the growth of our school will be removed.

It is true that the final decision of the general body of trustees has not yet been taken upon this question of removal; but the reports of the Finance Committee, of Mr. Netten Radcliffe, and of Mr. Field upon the sanitary condition in general, and the drainage in particular, are so completely *en rapport* in their condemnation of the present building, that it would be quite impossible for any opposition to make a stand against such statements of fact. It is roughly estimated that a minimum of £500,000 will be obtained for the present site, of which perhaps £200,000 would be required for the erection of the new hospitals, the remaining £300,000 going to increase their endowment. The huts which it was decided to erect within the present infirmary enclosure for temporary purposes are in the meantime completed, and are constructed to receive a hundred patients; but it unfortunately happens that, though quite finished, they prove so damp as to be utterly unfit, in their present condition, for the purpose assigned. This annoyance might probably have been obviated if the simple precaution had been taken of leaving a space between the brickwork, which is just a foot in height, and the boarding to permit of a free horizontal circulation of the air.

Some interesting cases of aneurism have recently been under treatment in the wards of the infirmary. Dr. Simpson has had under his care three cases of aortic aneurism treated by electrolysis. Of the result in two cases, it is premature to speak, but one may be pronounced as almost completely cured. In the surgical wards, Mr. Heath and Mr. Bradley have each had a case of popliteal aneurism, in both of which Esmarch's bandage was applied for upwards of an hour. In Mr. Heath's case, the aneurism was small and the patient a healthy man of middle age. The elastic bandage was carried up to the ham, then a pad of lint was placed over the popliteal space and the bandage very lightly continued upwards until the tumour was surmounted, when firm constriction was again commenced and carried up to the groin. The pressure was kept up for fifty minutes, and, before removal, Cartes's tourniquet was adjusted over the femoral artery. On removing the bandage, it was found that pulsation had ceased and the tumour felt much firmer. The next day, there was no return of the pulsation, and the aneurism was quite hard to the touch: in a word, the man was cured. In Mr. Bradley's case, which occurred previously, this method of treatment did not prove successful, which was possibly due to a slight variation in the application of the bandage. The patient, aged 35, was a fairly healthy man, who had never suffered from syphilis, and who had only had symptoms of popliteal aneurism for about seven weeks. On admission, the tumour was as large as an orange, and a tourniquet was applied over the femoral artery. After three days' rest in hospital, the limb was compressed by an Esmarch's bandage for fifty minutes; but the whole of the knee and popliteal space were left quite uncovered, all the blood being retained in the vessels. On removing the bandage, the pulsation almost immediately returned, and in less than a minute was as vigorous as ever. After another week, during which he almost continuously wore a Cartes's tourniquet, the same plan was adopted, this time the bandage being left on for sixty-five minutes, and very gradually removed at the end of the time. As before, the blood found its way into the tumour almost directly, and in a very short time the pulsation was thoroughly re-established. Two days later, Mr. Bradley ligatured the femoral at the apex of Scarpa's triangle, and the man left the hospital perfectly cured in about a fortnight. The different result obtained by the use of the elastic bandage in these two cases can only be accounted for by the different management of the popliteal vessel. In the successful case, some pressure certainly was made, and, therefore, some emptying of the aneurismal sac ensued; in the unsuccessful case, no pressure was

exerted over the region of the tumour, so that all the blood which was in it prior to bandaging remained there throughout the period of strangulation.

At the last meeting of the Microscopical Section of the Medical Society, Dr. Ross and Dr. Dreschfeld showed some beautiful specimens of the spinal cord in states of health and disease; and the latter gentleman, in a paper on Progressive Muscular Atrophy, supported the view that the disease is due to a primary atrophy of the large motor ganglia of the anterior horns of the spinal cord; with other secondary changes in the lateral columns and in Goll's fibres, and not to any primary lesion in the muscles affected, or in the anterior roots of the spinal nerves affected: the hypertrophy of the neuroglia he regarded as concurrent and coincident rather than causal of the nervous lesion.

Mr. T. Harrison delivered, at the Literary and Philosophical Society last week, a lecture on Food and its Adulteration, in which he demonstrated by experiments how common the custom still was of adulterating bread with alum, milk with water, tea with refuse leaves and iron-filings, and vinegar with sulphuric acid. In almost every instance, the impure articles were obtained from small shops at low prices, and this taste for cheapness was, he thought, largely the cause of the adulteration practised. In speaking of the water-supply, he mentioned that Liverpool has endeavoured to prevent the contamination of her water with lead by lining the pipes with tin; but he showed by experiments that, at all events in the specimen supplied, this was not successful, as the water which it contained was very highly impregnated with the poison, though he did not know whether this was due to destruction of the tin coating by galvanic action or to erosion of the lining from its extreme thinness.

Typhoid fever has been prevalent in many districts in the neighbourhood of Manchester and Salford for some months past, and, in consequence of the continued virulence of the plague, the Manchester and Salford Sanitary Association has issued a circular to the surrounding boards of health, in which they point out the probable spread of the disease through the milk-supply, and, therefore, urge the necessity of periodical inspection of all dairy-farms.

## ASSOCIATION INTELLIGENCE.

## SOUTH DEVON AND CORNWALL BRANCH.

The quarterly meeting of this Branch will be held at Truro, on October 31st, at 3 P.M.

Members having papers to read, or desiring to attend the dinner, must give the Secretary one week's notice. Tickets for dinner, 5s., exclusive of wine.

WM. SQUARE, F.R.C.S., *Honorary Secretary.*

Plymouth, October 7th, 1876.

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

A MEETING was held on October 12th, at the White Hart Hotel, Reigate; C. HOLMAN, M.D., in the chair. Twenty-seven members and eight visitors were present.

*Next Meeting.*—It was agreed that the next meeting should be held at Croydon; Dr. Strong in the chair.

*Communications* were made by Dr. Holman, Dr. Walters, Mr. Durham, Mr. R. Steele, Mr. Hawken, and Mr. Maunder.

*Dinner.*—Twenty-four members and three visitors dined together; Dr. Holman in the chair.

## SOUTH MIDLAND BRANCH: AUTUMNAL MEETING.

THE autumnal meeting of this Branch was held at the Town Hall, Woburn, on Friday, October 13th, 1876, at 3.30 P.M.; H. W. SHARPIN, Esq., President, in the chair.

*New Members.*—The following gentlemen were proposed and elected unanimously, viz.: Wm. Henry Bull, Esq., Stony Stratford; Dr. John Denton, Steeple Claydon, Bucks; W. L'Heureux Blenkarne, Esq., Buckingham; and Edward Swinson, Esq., Turvey.

*Secretary's Report.*—The Branch continues flourishing, with ninety members, and £4 balance in hand.

*Papers.*—The following papers were read.

1. Dr. PRIOR: The Woburn District: its Physical Characteristics and Sanitary History.

2. Dr. BUSZARD: Some Cases of Cancer presenting unusual features.

3. Mr. G. D. GOLDSMITH: Notes on a Case of Herpes Zoster.

4. Mr. R. R. KINSEY: Notes on a Case of Intussusception.

A *Vote of Thanks* was given to the readers of papers, and to the President and Honorary Secretaries; also for the use of the Town Hall.

*Dinner.*—The members then adjourned (twelve in number) to an excellent dinner at the Woburn Arms. The usual loyal and other toasts were given. Previously to the meeting, all gentlemen present went over Woburn Abbey and grounds.

The *Next Annual Meeting* is to be held at Northampton in June 1877, under the presidency of Wm. Moxon, Esq.

#### THAMES VALLEY BRANCH: ORDINARY MEETING.

A MEETING took place at the Richmond Infirmary on October 18th.

*Papers, etc.*—1. Dr. THOROWGOOD read a paper on Spasmodic Asthma, which was followed by a discussion.

2. A debate took place as to the Treatment of Burns.

3. Mr. MAUNDER exhibited two patients, who had been submitted to Osteotomy with the chisel and mallet.

*New Members.*—Two gentlemen were elected members of the Branch.

*Dinner.*—After the meeting, the members and friends (thirteen in number) dined together at the Greyhound Hotel

## CORRESPONDENCE.

### THE REPRESENTATION OF THE UNIVERSITIES OF GLASGOW AND ABERDEEN.

SIR,—I regret that the suggestions contained in my letter of September 16th, respecting the chance opening up to us of securing a medical candidate for the representation of the conjoint Universities of Aberdeen and Glasgow, should, through the superior organisation of the lawyer, have fallen through. Had such medical candidate gone to the poll (although a Liberal from conviction), I should have urged every Poor-law medical officer in the three kingdoms who had a vote to vote for him, irrespective of the political principle such candidate might have held, because, above all things, it is most desirable that we should obtain some influence in the House, where at present we have none.

As, however, we have a Liberal and a Tory legal candidate before the constituency, the next best thing to be done is to vote for such gentleman as will render the most essential service to us; and, therefore, with your permission, I will point out the respective promises of each, leaving my professional brethren to exercise their discretion in selecting which of them they consider most likely to serve them.

Mr. Watson, the Conservative candidate, in his address on October 23rd, at Aberdeen, entered largely into the position which the medical service should occupy if sanitary questions are to be treated effectively; and he further promised to take up and carry through the Scotch Poor Bill, which, founded on the report of the Select Committee on Scotch Poor Relief, was originally brought before the last Parliament by the Chairman of the Committee, Mr. Crawford (Liberal), but which was lost. It was again taken up in the last Session by Lord Advocate Gordon, but was made a dropped measure by the Government. The medical clauses of that Bill are so drawn that, should it ever become law, it will contain all the provisions for which I have contended in my efforts to improve the medical administration of the English Poor-laws.

Turning to the Liberal candidate, Dr. Kirkwood, I learn from his published opinions that he considers it essential that very considerable modifications should be made in the laws relating to the medical profession; that he is an earnest advocate of efficient sanitary reform under its natural leaders; and, equally with the Lord Advocate, would urge forward Poor-law Medical Reform, with this essential difference, that he would extend such reform where necessary to the three kingdoms; as is proved by the following telegram, which I received from him on October 24th.

“Dr. Kirkwood, Glasgow, to Dr. Joseph Rogers, London.

“I regret that the state of my health prevents me from writing you at length. I generally approve of the principles laid down in your pamphlets; and I would give all the assistance in my power to have them carried into effect, if elected.”

In conclusion, I may, perhaps, be permitted to state that the principles contained in the pamphlets referred to would, if adopted, make

very radical changes for the better in the condition of the Poor-law medical officers generally, and would get rid of the chaotic state into which our sanitary arrangements have been permitted to fall.

I am, Sir, yours obediently,  
JOSEPH ROGERS.  
Dean Street, Soho, October 26th, 1876.

### THE PROSECUTION OF UNQUALIFIED PERSONS PRACTISING MEDICINE.

SIR,—Readers of the JOURNAL will already have seen that the Council of the South Wales and Monmouthshire Branch of our Association have recommended the establishment of a Branch of the Medical Defence Association for South Wales and Monmouthshire. The following gentlemen have already given their adhesion to the movement, viz.: Our President, Dr. Andrew Davies, and Dr. Griffiths, of Swansea; Drs. Taylor, Maurice Evans, Sheen, and Price, of Cardiff; Dr. Ball, Blaenavon; Messrs. Davies, Cymer; Llewellyn, Caerphilly; Samuel, Llanelly; George A. Brown, Tredegar; and Nell, Penarth. These names are proof of the movement being supported by men of weight and position in this district; and, with those already members of the Medical Defence Association, are more than sufficient to form a Branch (twelve being necessary). As the current year is so near its close, it is not proposed to formally inaugurate the Branch until January next; in the meantime, I shall be happy to forward copies of the rules of the Medical Defence Association to any gentleman residing in South Wales or Monmouthshire, and receive the names of those proposing to join the movement.—I am, sir, your obedient servant,

J. HANCOCKE WATHEN, Honorary Secretary *pro tem*.

Castle Hill, Fishguard, October 18th, 1876.

\*\*\* We should be very glad to see a “Defence Committee” formed in connection with every Branch of the British Medical Association. It is in the power of each Branch in this matter to act for itself, as Mr. Hoar suggested, and this would probably be the most convenient course.

### ISOLATION OF FEVER-CASES.

SIR,—While thanking you for your excellent and well-timed article on the propriety of sewer and other local authorities arranging for the reception of their fever-stricken inhabitants at the London Fever Hospital, permit me to say that at St. Marylebone the guardians have for some years had such an arrangement. On the production of a certificate from any legally qualified practitioner, to the effect that a patient is suffering from fever, the relieving officer of the district is empowered to send the sick person at once to the hospital. All this is done on the distinct understanding that there is no suspicion of pauperism in the transaction; and I have repeatedly been enabled thus to send fever-cases to the hospital, and thereby prevented the affliction from being the means of pauperising either the patient or any member of his family. So anxious are the guardians to carry out this excellent system, that they provide a fever-ambulance, which can be used without charge, if the patient and friends be really unable to pay the small fee charged for the hire. No parochial medical examination is required; the simple production of the before-mentioned certificate from the private practitioner in charge of the case being all that is necessary. This system has worked remarkably well in Marylebone, and has frequently proved the means of arresting a local outbreak in particular courts and streets.—I am, sir, faithfully yours,

NORMAN KERR, M.D.

42, Grove Road, Regent's Park, N.W., October 14th, 1876.

### THE FEES AT UNIVERSITY COLLEGE HOSPITAL.

SIR,—All who are interested in the subject of medical education will thank you for your powerful protest against the present misappropriation of the fees for clinical instruction at the University College Hospital. It is an evil quite great enough, that the labour of seeing out-patients by hundreds should be gratuitous; but the fact that such an immense amount of teaching as is done in the hospital should be also unremunerated, is preposterous. The hardship must press heavily on the junior members of the staff, by whom a large proportion of the work is performed.

The position and prospects of the young consultant and teacher unblest by means are not such as to inspire much envy. He commences on a miserable pittance as a demonstrator, eking out his meagre income with fees for private instruction paid by students often, if possible, in worse condition than himself. In this way he subsists the greater portion of the year, fattening himself in the long vacation for

VORES, William M., M.B., appointed Medical Officer for the North District of Great Yarmouth Parish, *vice* W. J. Palmer, M.R.C.S. Eng., resigned.

WALLIS, Hugh, Esq., appointed Medical Officer for the Fourth District of the Eastbourne Union, *vice* Thomas F. Sanger, M.R.C.S., deceased.

## MILITARY AND NAVAL MEDICAL SERVICES.

### MILITIA SURGEONS.

SIR,—In consequence of the terms of the New Medical Warrant for Militia Surgeons, the following questions were put to the War Office, and answers were received as follows. Yours faithfully,

FREDERICK GOODCHILD, Hon. Sec. Militia Surgeons' Society.  
Warwick, September 25th, 1876.

"War Office, September 21st, 1876.

"I.—*Question.* Whether, in accepting the terms of the New Warrant, the Surgeon relinquishes his present Commission, and will be considered as entering into an entirely new engagement.—*Answer.* In the event of the Surgeon electing to be placed on the Departmental List, he will not relinquish his present Commission; but, in common with other Militia Medical Officers accepting the terms of the recent Royal Warrant, he would, when embodied or out for training, be under the orders of the Director-General Army Medical Department.

"II.—*Question.* Whether, by so accepting, he will relinquish all claim to compensation for the loss of nearly the whole of his professional income, which will result, should the terms of the New Warrant be fully carried out.—*Answer.* His election to be placed on the Departmental List will be without prejudice to any claim he may consider he has to compensation for loss of emoluments."

### THE ARMY MEDICAL WARRANT.

SIR,—I trust I may be permitted to quote from the remarks delivered by Dr. Richards at the meeting of the North Wales Branch of the Association, and reported in the JOURNAL of September 23rd, and comment thereon. "Mr. Hardy now saw that the time for acting had arrived, that the British public would not tolerate their brave soldiers being left without medical attendance, so a new medical warrant has been recently issued, restoring the rank, pay, and privileges which were taken away by Lord Cardwell, but introducing the system of ten years' service." Mr. Hardy's Warrant has secured promotion to the grade of surgeon-major at twelve years' service, but it has not restored a single privilege to those who were deprived of immense advantages by the ruthless Warrant of his predecessor. Had it done so, he would have secured the gratitude of the whole body of surgeons-major who were promoted after April 1873. "We still regard the Warrant of Sydney Herbert as our Magna Charta, and until relative rank shall carry with it all precedence and advantages attaching to the rank with which it corresponds, we shall continue to feel that gross and serious injustice, amounting as it does to a heavy annual deficit in our pay, has been done us, and unceasingly pray for a restoration of those conditions provided for us by the Warrant of the 1st October, 1858." The short-service scheme has, on its first trial, proved a failure, and, with the exception, perhaps, of Mr. Hardy and those who advise him on military medical matters, such a result was looked for by all. It is not a conservative measure, and I do not believe that Mr. Hardy would knowingly take part in any reform that had not the welfare of the soldier at heart, and the interest and wish of the service at large. He has combined with administrators who, in matters medical, are acting in direct defiance to the wish of those most intimately concerned, and therefore unnaturally.

If I were not so thoroughly convinced that things were going from bad to worse, I would not express my views so strongly. It is not too late to retrace steps; but the process of disintegration is now going on so rapidly, that if something be not done the department—its popularity having entirely disappeared—will become a ruin.—I am, etc.,  
S. M., A.M.D.  
September 25th, 1876.

## MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, October 19th, 1876.

Gosling, Charles Edward, Richmond  
Lee, Roger, Lullington, Burton-on-Trent  
Sutton, Thomas Seagrave, Thame, Oxfordshire

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

Potts, James Ashford, Queen's College, Birmingham  
Poynder, John Leopold, St. Bartholomew's Hospital  
Thorn, William H. Perceval, St. Mary's Hospital

UNIVERSITY OF CAMBRIDGE.—The following has been examined in Part I only, and has satisfied the examiners therein.

Skeen, A., M.B., M.C.

The following have been examined in both Part I and Part II, and have satisfied the examiners therein.

Deakin, C. W. S., M.R.C.S.  
Leath, J. C., M.R.C.S.  
Parsons, H. F., M.D.

Tatham, J. F. W., M.D.  
Tomes, A., M.R.C.S.  
Williams, W., M.D.

## MEDICAL VACANCIES.

THE following vacancies are announced:—

BARVAS, Island of Lewis—Parochial Medical Officer. Salary, £150 per annum. Applications to the Inspector of Poor, Stornoway.  
BURY UNION—Medical Officer for the Workhouse. Salary, £130 per annum. Applications on or before October 31st.  
CERES, Fifehire—Parochial Medical Officer. Salary, £23 per annum. Applications on or before November 6th.  
CROYDON GENERAL HOSPITAL—House-Surgeon. Salary, £80 per annum, with board and furnished apartments. Applications on or before November 8th.  
DONCASTER UNION—Medical Officer of Health. Salary, £250 per annum. Applications on or before October 28th.  
EAST LONDON HOSPITAL FOR CHILDREN—Assistant-Surgeon. Applications on or before November 2nd.  
ESSEX and COLCHESTER HOSPITAL—House-Surgeon. Salary, £100 per annum, with board and lodging. Applications on or before November 2nd.  
KENSINGTON DISPENSARY—Resident Medical Officer. Salary, £150 per annum, with furnished apartments. Applications on or before October 28th.  
MIDDLESEX THIRD COUNTY LUNATIC ASYLUM—Medical Superintendent. Salary, £700 per annum, with house, gas, and coals. Applications on or before November 8th.  
NORFOLK and NORWICH ASYLUM—House-Surgeon. Salary, £100 per annum, with board, coals, gas, etc. Applications on or before November 3rd.  
NORTH LONDON CONSUMPTION HOSPITAL—Physician. Applications on or before November 2nd.  
ROYAL LONDON OPHTHALMIC HOSPITAL—House-Surgeon. Salary, £50 per annum, with board and residence. Applications on or before the 31st instant.  
ROYAL SOUTH LONDON HOSPITAL—Honorary District Surgeon. Applications on or before October 31st.  
ST. PETER'S HOSPITAL, Berners Street, W.—House-Surgeon. Applications on or before October 30th.  
SALOP MEDICAL AID ASSOCIATION—Medical Officer. Salary, £150 per annum, with house, coal, and gas. Applications on or before November 4th.  
SHEFFIELD PUBLIC HOSPITAL and DISPENSARY—Assistant House-Surgeon. Salary, £65 per annum, with apartments, washing, and board. Applications on or before October 31st.  
TONBRIDGE UNION—Medical Officer. Salary, £105 per annum. Applications on or before November 2nd.  
WESTERN DISPENSARY, Westminster—Medical Officer. Salary, £105 per annum, with furnished apartments, etc. Applications on or before Nov. 6th.  
WORCESTER GENERAL INFIRMARY—House-Surgeon. Salary, £100 per annum, with board and lodging. Applications on or before November 6th.

## MEDICAL APPOINTMENTS.

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

CLIPPINGDALE, S. D., M.B., appointed House-Physician to the London Hospital, *vice* Kyngdon, resigned.  
FRONGER, Charles E., appointed House-Surgeon to the North Devon Infirmary, Barnstaple, *vice* E. O. Reynolds, M.R.C.S. Eng., resigned.  
SMITH, Robert, M.A., M.B., appointed Assistant Resident Medical Officer to the Leeds Public Dispensary, *vice* S. Chadwick, M.R.C.S., resigned.  
TURNER, W. P., M.R.C.S. Eng., appointed Assistant Medical Officer to the Kent County Lunatic Asylum, *vice* W. Arnold Thomson, L.K.Q.C.P.I., 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 announcement.

### BIRTH.

MOORE.—On October 23rd, at 40, Fitzwilliam Square West, Dublin, the wife of \*John William Moore, M.D. Dubl., of a daughter.

### MARRIAGE.

LITTLETON—LYNE.—On October 21st, at St. Andrew's, Plymouth, by the Rev. J. Erskine Risk, M.A., \*Thomas Littleton, M.B., F.R.C.S., son of the late Nicholas Littleton, M.R.C.S., to Mary Sarah, elder daughter of Lewis Wadham Lyne, Esq.—No Cards.

### DEATHS.

\*BENNETT, T. Marshall, M.D., at Mille Crux House, York, aged 33 years, on October 18th.

CORMACK.—On October 4th, at 7, Rue d'Aguesseau, Paris, suddenly, when apparently convalescent from a severe attack of rheumatic pleurisy, Margaret Jane Anne, daughter of \*Sir John Rose Cormack, M.D.

ROYAL COLLEGE OF SURGEONS.—At the last meeting of the Council, Mr. William Cormick, M.D. St. Andrew's, L.S.A., of Albany Street, Regent's Park, was elected a Fellow of the College, his diploma of membership bearing date July 17th, 1840; and Mr. Edmund Orange Wildman Whitehouse, of Harting, Sussex, having been elected a Fellow at a previous meeting of the Council, was admitted as such, his diploma of membership bearing date June 8th, 1876.

ST. MARY'S HOSPITAL MEDICAL SCHOOL.—Mr. W. A. Smith, B.A. Oxon., has obtained the scholarship in Natural Science; and Mr. R. E. G. Cuffe, formerly of Epsom College, the extra scholarship in the same. Mr. A. Benson, B.A. Oxon., and Mr. L. Roche, were declared equal for the Classical and Mathematical Scholarship. The School Committee therefore increased its value, and divided it equally between the two competitors.

## OPERATION DAYS AT THE HOSPITALS.

MONDAY	Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.
TUESDAY	Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—West London, 3 P.M.—National Orthopaedic, 2 P.M.
WEDNESDAY	St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.30 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—St. Thomas's, 1.30 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Cancer Hospital, Brompton, 3 P.M.—King's College, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.
THURSDAY	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—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.
SATURDAY	St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Royal London Ophthalmic, 11 A.M.—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.

MONDAY	Medical Society of London, 8.30 P.M. Adjourned discussion on Croup and Diphtheria. Mr. Richard Davy, "Degenerative Cysts in Muscle"; Dr. John Brunton, "Pelvic Hematoma".
WEDNESDAY	Obstetrical Society of London, 8 P.M. Mr. Jessop, "Case of Gastrotomy for Extra-uterine Foetation: Mother and Child saved"; Dr. Budin (of Paris), "On a Diagnostic Sign of Vaginal Hemorrhage during Parturition"; Dr. Redmond, "On Secondary Puerperal Hemorrhage"; Dr. Elkington, "On Inversion of the Uterus"; Mr. Hickman, "On Inversion of the Uterus"; and other communications.
THURSDAY	Harveian Society of London, 8 P.M. Clinical Evening. Dr. Symes Thompson, "A Case of Cardiac Disease and Embolism"; Mr. Edmund Owen, "Cases of Psoas Abscess: a New Method of Treatment"; Dr. Wiltshire, "Post Partum Pelvic Cellulitis".

## 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, on 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, 37, Great Queen Street, W.C.; 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., London.

## SAYRE'S SPLINT FOR THE KNEE-JOINT.

SIR,—If Inquirers would like to save himself some trouble, I would refer him to a "note" I published in the *Edinburgh Medical Journal* for March 1876.—I am, etc. A. G. MILLER.

SIR,—In answer to Inquirers's letter in the JOURNAL for October 14th, I beg to inform him that I have used a modification of Sayre's splint for the knee-joint, which I obtained from Archibald Young, the Edinburgh instrument-maker, and the results from it were very satisfactory; in fact, far greater than any I have yet been able to get from the hip-splint.—I am, yours truly,

CHAS. W. THORP, F.R.C.S.I., L.K.Q.C.P.I.

A. L. (Scarborough).—The name does not appear in Churchill's *Directory*. Further inquiries may be made at the office of the General Medical Council, Oxford Street.

## TEXT-BOOKS.

SIR,—Would you or any of your readers kindly inform me what are at present considered the best books to read in anatomy and physiology for the F.R.C.S.E.? Quain's *Anatomy* and Todd and Bowman's *Physiology* used, I believe, to be considered the best, but they may have given place to others.—I am, sir, yours faithfully, SPES.

\* \* For the Fellowship examination, the new edition of Quain and Sharpey well maintains the old reputation of earlier issues; in physiology, the most modern and exact text-book in the language is Hermann's *Physiology*, translated by Dr. Arthur Gamgee. We have not seen the new edition of Carpenter: Kirkes is largely "pre-scientific".

INQUIRERS.—I am registered as M.B., C.M., of Edin. University. Can I recover in a county court for medicine supplied along with attendance?—Yes.

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.

## PAPERS FOR PUBLICATION.

THE papers of Mr. Callender, Surgeon-Major Sinclair, Dr. Williams, and Mr. Parsons will appear, if possible, in the next number of the JOURNAL; and early in the following numbers the lectures and communications of Professor Macleod, Dr. Turnbull, Dr. Hector Cameron, Dr. Burney Yeo, Mr. Reeves, Mr. Nettleship, Dr. Dowse, Dr. Byrom Bramwell, Dr. Wilson, Mr. L. Browne, Dr. Fox, and Dr. Styrap.

We shall postpone till the next volume the publication of the valuable lectures by our lamented Associate Dr. Sibson, delivered before the Harveian Society, of which the MS. has been placed in our hands by Dr. William Ord, who has the charge of Dr. Sibson's medical MSS.; also the lectures of Dr. Burdon Sanderson, both of which we had hoped to be able to publish before the close of the year.

DR. MACKINTOSH (Caistor).—The Secretary of the Medical Defence Association in London is G. Brown, Esq., 12, Colebrooke Row, Islington.

## FELLOWSHIP OF THE ROYAL COLLEGE OF SURGEONS.

SIR,—Would you kindly advise me as to the best books to read for the final Fellowship examination of the College of Surgeons?—I am, etc., A MEMBER.

\* \* Mr. Holmes's new treatise, paying as much attention as possible to the more important papers referred to in the notes; the article on Regional Surgery, by Mr. Holmes, in the *System of Surgery*, vol. v; the chapters on Surgical Anatomy, at the end of Gray's *Anatomy*, together with the Anatomy of the Arteries, and the short account of fractures at the end of the chapter on the Muscles; or Roser's *Surgical Anatomy*, translated by Galton; the first half of Sir J. Paget's work on *Surgical Pathology*, and as much as possible of Billroth's work.

C. J. R. (Chester) is thanked for directing our attention to the article in question.

## PROFESSIONAL CONSULTATIONS.

A. B. has been in practice in one town ever since he qualified as L.R.C.P. and M.R.C.S. fifteen years ago. Y. Z., who qualified as M.R.C.S. in 1873, and L.R.C.P. and L.S.A. in 1874, settled in the same town a few months ago. Both are in general practice, and on perfectly friendly terms with each other, socially and medically. A patient of A. B. (ordinary case of illness) does not make progress, and asks for a second opinion, to which A. B. at once consents, expecting a consultant from the neighbouring medical school; but the patient names Y. Z., the new comer, who is many years junior to A. B. To this proposal A. B. objects, saying that he cannot consent to have another practitioner brought to advise him (except in any very special case) unless the consultant be at least as old in experience as A. B. Y. Z. takes a different view of the matter. Which is right?

\* \* In the multitude of counsellors there is wisdom, and age is not by any means the only factor to be taken into account. But A. B. has undoubtedly a right to express his objection to have a less experienced opinion called in to correct or strengthen his own, if he think it well to do so: and, although as a rule it is very desirable for neighbouring practitioners to meet in consultation freely on terms of perfect equality and mutual friendship and respect, we see nothing in the circumstances stated which need arouse the susceptibilities of Y. Z.

THE letter of Dr. Adams (West Town) has been handed to the General Secretary and Manager.

## OBSTETRICAL SOCIETY OF LONDON.

IN the report of the last meeting of the Obstetrical Society of London, it should have been stated, in reference to the specimen of utero-vaginal rupture shown by Dr. Wiltshire, that the patient was not seen by him during life, the case not having occurred in his practice. He showed the specimen for some friends of his, who had referred the matter to him.

MR. WILLIAM TOWNSEND.—Dr. Gibbons, an eminent physician, was the first to introduce mahogany. It was brought to this country by his brother, a West Indian captain, as ballast, and the first article made of it was a candle-box.

## UNQUALIFIED PRACTITIONERS AND DEATH-CERTIFICATES.

SIR,—I shall feel obliged if you will advise me under the following circumstances. A person calling himself "Dr. —, Surgeon and Accoucheur", commenced practice here recently. I have consulted the *Medical Directory* for 1876, and do not find his name there. I have also written to the Registrars of the General and Branch Medical Councils in London and Edinburgh, and find that, up till September 20th in London and September 22nd in Edinburgh, he was not registered. Having ascertained that he had signed a death-certificate, I made inquiry, and find that he put "Surgeon, etc.", to his name. I accordingly wrote to the Registrar-General of Births, Deaths, and Marriages in London, asking —'s qualifications, and stating that I had already communicated with the Registrars of the General and Branch Medical Councils. The Registrar-General replies that, "as you have already applied to the proper authorities, I can add nothing to the information with which they have furnished you". Would you advise me to take legal proceedings at once, or do you think the Registrar-General will save me the trouble? I shall look for a reply in the BRITISH MEDICAL JOURNAL of October 21st, and am, sir, yours faithfully, CLYDE.

\* \* The Registrar-General of England has no jurisdiction over registration in Scotland, which is entirely under the control of the Registrar-General of Scotland, in Edinburgh. The Treasury, however, does not authorise the Registrars-General of England or of Scotland to take legal proceedings against an unqualified practitioner who assumes to himself the titles of Dr., Surgeon, etc. The Medical Council, moreover, do not hold themselves responsible for such prosecutions. It follows, therefore, that individual members of the profession meet with no assistance or support in instituting a prosecution against an unqualified practitioner, unless a local Defence Committee have been established in the neighbourhood. We advise the formation of such a Committee in connection with every Branch of the Association. A certificate furnished by an unqualified practitioner to a registrar is not accepted as a certificate for the purpose of the death-register, although, in cases where no registered practitioner has been in attendance on the deceased, the cause of death thus furnished may be entered in the register as an uncertified cause of death.—EDITOR.

DR. McBRIDE.—The trustees of the British Museum appoint the "Swiney lecturer", who must be an M.D. of Edinburgh.

## DEGREES.

SIR,—One or two weeks ago, a correspondent (L.R.C.S.I.) replied to a letter of mine, doubting the fact that the licence of the Irish College of Surgeons can be got by instalments. In a copy of their regulations, dated January 1876, are the following words: "When presenting themselves upon a subsequent occasion, a rejected candidate will be required to answer on the subjects only on which he has been remitted" (page 18). What does F.R.C.S.I. make out of this?

A correspondent this week (M.B., F.R.C.S.I.) gives me some information about Pathology being included with Institutes of Medicine. I am not aware that I ever doubted this important fact. I can inform him that the matriculation examination of the University of London is a much more creditable thing than the B.A.T.C.D. An Irish clergyman a few days ago confirmed my statement as to three subjects out of the five passing for the B.A. He was prepared to give names of men privately who had graduated in that manner.—Yours truly,  
October 3rd, 1876. M.D. BRUSSELS.

SIR,—I am quite willing to cry *peccavi*, but at the same time must ask Vindex to echo it. How the shams and delusions contrived to get sheltered between inverted commas I am a loss to divine. I did not intend that they should have been thus protected; nevertheless, the fact remains. If Vindex now turn to the BRITISH MEDICAL JOURNAL of June 17th, he will find this paragraph in Justitia's letter: "I contend that the admission of such as have hurried to the Continent for two or three days (the italics are mine) ought not to be allowed to infringe on the privileges of the British graduate." This, I presume, proves beyond dispute that he is also liable to mistakes.

It is a sad misfortune that some of us were not born a few years sooner than we were. In 1859, if a man were then in possession of a M.D. degree—where he got it, or how obtained, signified but little—he was allowed to register it; but, forsooth, because our nativity did not occur in time for us to enjoy this eventful epoch in medical history, we are told that qualifications of a higher class do not entitle us to any distinction, save "a by courtesy only." The idea is ridiculous, and the argument illogical. A case in point: a leading physician has long held the M.D. degree of Berlin, is registered, and acknowledged as such; his son, however, who has but recently graduated at the same University, is placed, according to the theory of Vindex, simply nowhere. Does not this strike him as somewhat unfair? The liberal profession to which we belong forbids the thought that there exist amongst our numbers one who would lead the public to believe that sailing under false colours is one of the common practices of the followers of the healing art, and who would, like the enterprising but antagonistic tradesman, disclaim any connection with the beggar opposite. How frequently it is forgotten that the leading medical journals form no small part of the daily mental pabulum of our patients, and how significantly these petty quarrels must expose an equally petty jealousy.

In spite of the opinion of Vindex, I shall still entertain the belief, erroneous though it may be, that if a medical man, duly registered, have a foreign M.D. degree, he is legally entitled to describe himself as such, and is *de facto* a doctor of medicine to all the world. Registration enables us to recover medical and surgical charges, nothing more.

A word or two relative to the last paragraph in the letter of Vindex. He assumes correctly that M.D. (Brussels), No. 2, "is proud of his foreign degree"; and if he do me the honour to read my last once more, he will cease to wonder that I think any benefit can be gained by the "fact of registration in England", for the very simple reason that I there put it interrogatively whether the foreign graduate should complain at being debarred the privilege, expressing also a negative opinion.

My nearly seventeen years' experience as a practitioner of medicine makes me see more and more that there is not amongst its members that *entente cordiale* which could be desired. The public know our weak points, hence the position we take as compared with the clerical and legal professions.—I remain, sir, obediently yours,  
M.D. (BRUSSELS), No. 2.

## HÆMORRHAGE FROM THE FUNIS.

SIR,—The case of fatal umbilical hæmorrhage reported by Mr. Lattey in the JOURNAL of July 29th, 1876, and commented upon by Dr. Bruce and Dr. Heywood Smith in the JOURNAL of September 16th, presents features of interest and importance. As Dr. Bruce observes, the account given of the case indicates that the hæmorrhage was from the funis. Hæmorrhage from the funis differs from umbilical hæmorrhage in this, that it is essentially a primary form of hæmorrhage, while hæmorrhage from the umbilicus is virtually a secondary form, hence it is important to distinguish between the two: for hæmorrhage from the funis, if promptly and efficiently dealt with, is a controllable affection. True umbilical hæmorrhage, however, has a far more serious and fatal tendency.

In Mr. Lattey's case, the hæmorrhage may have depended in a measure upon the condition of blood, associated with the imperfect respiration at birth; but the sudden resulting death a few hours after birth, with copious loss of blood, indicate the value and necessity of a careful inspection of the funis after division and ligation thereof. The application of one or more extra ligatures above or below the original one may become advisable. Imperfect ligation, noted by Dr. Bruce, is a much more frequent source of trouble than is generally admitted; and a thick funis much distended with Whartonian jelly will require at least two ligatures.

A "spring clamp", the "elastic ligature", and "laceration", could no doubt be applied to the funis, but, like all ingenious contrivances, would exhibit a marked tendency in unskilled, and perchance in skilled hands, to fail. Laceration of the funis by art is a very potent agency to place in the hands of midwives and monthly nurses, calculated to foster the belief that it matters little whether a ligature be applied or not. In manufacturing districts, such a means is calculated to do irreparable harm, where the lives of so many infants become dependent upon the "experience" of the local midwife.

The time of application of the ligature is important. If tied before pulsation has ceased in the funis, hæmorrhage is more likely to ensue, perchance, if the ligature be insufficient and inefficient; but a far more important point is to wait and see whether the primary flaccidity of the funis, which occurs when respiration commences, continues or not after the respiration and circulation forces balance each other. Then it is that the necessity may arise to supplement the original ligation. Hence it is not sufficient, if the ligature be applied immediately after pulsation has ceased in the funis, to rest satisfied that it will prove a safeguard against hæmorrhage thereafter.

In conditions of extreme exhaustion consequent upon excessive hæmorrhage from the funis, the injection of stimulant enemata, or the hypodermic administration of ether, might prove of service, as the latter has already done, in the hands of Dr. A. V. Macan, in collapse attendant upon accidental and *post partum* hæmorrhage.—Faithfully yours,

H. CRIPPS LAWRENCE, L.R.C.P. Lond.

Queen's Road, Bayswater, September 30th, 1876.

## ADULTERATED CREAM.

ATTEMPTS are constantly being made to purify milk by prosecuting those who adulterate it; but that horrible concoction called by courtesy "cream", which is supplied by milk-dealers to their customers, is seldom criticised too closely—perhaps on the principle of "where ignorance is bliss 'tis folly to be wise". At Glasgow, however, a farmer was charged before Mr. Sheriff Lees by the sanitary authorities with selling to the sanitary inspector's officer a quantity of adulterated cream. The city analyst found the cream to be adulterated with skimmed milk to the extent of 73 per cent.; and in a note to the analysis remarked—"The sample is the same composition as sweet milk enriched by the addition of 20 per cent. of cream." The defence was, that the cream supplied was the best that could be given on the day in question. The sheriff, however, found the charge proven, and, expressing his opinion that "it was a case of the most flagrant kind, and that he thought he should not be doing his duty if he did not inflict a sentence of unusual severity", ordered the accused to pay a modified fine of £10, and failing payment within fourteen days, to undergo forty days' imprisonment.

DR. W. BIRD (York).—The address of the Turkish Ambassador is 1, Bryanstone Square, London, W. A letter may be addressed to him in English.

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; The Cork Constitution; The Broad Arrow; The Allahabad Pioneer; The Sussex Daily News; The Harrogate Herald; The Dumfries and Galloway Standard; The Glasgow News; The Buxton Advertiser; The Wexford Constitution; The Yarmouth Independent; The Islington Gazette; The Manchester Courier; The Newcastle Daily Chronicle; The Sunderland Daily Post; The East Lancashire Echo; The Wigan Observer; The Northampton Herald; The Blackburn Standard; The Architect; The Western Morning News; The Western Daily Mercury; The Hereford Times; The Liverpool Porcupine; The Liverpool Daily Post; The Royal Cornwall Gazette; The Liverpool Mercury; 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, ETC., have been received from:—

Dr. Peacock, London; Dr. F. De Chaumont, Netley; Dr. George Johnson, London; Dr. J. W. Moore, Dublin; Mr. H. Eales, Birmingham; Mr. W. H. Bull, Stony Stratford; Dr. Fenwick, Montreal; Dr. Williams, Liverpool; Dr. J. Milner Fothergill, London; Dr. C. Harrison, Lincoln; Dr. Lombe Atthill, Dublin; Dr. Ewens, Bristol; Dr. Cassels, Glasgow; Dr. Ashburton Thompson, London; Surgeon-Major Gore, Dublin; Mr. Darbishire, London; Mr. Pye, London; Mr. Carsten Holthouse, London; Dr. J. J. Mackintosh, Caistor; An Associate; Mr. W. H. Flower, London; Dr. Munro, Cupar Fife; Dr. J. W. D'Arcy Adams, West Town; Dr. FitzGerald, Snodland; Mr. Linskill, Scarborough; Dr. Griffiths, Sheffield; A Member; Mr. Hugh Robinson, Preston; The Secretary of Apothecaries' Hall; Surgeon-Major C. Mackinnon, Woolwich; Dr. Edis, London; The Registrar-General of England; Mr. C. F. Maunders, London; Dr. Holman, Reigate; Mr. Marcus Allen, London; The Registrar-General of Ireland; Mr. G. Eastes, London; Dr. Jas. Turnbull, Liverpool; Mr. Prowse, Cambridge; Mr. A. Stewart, London; Dr. Braidwood, Birkenhead; Dr. James Russell, Birmingham; Dr. G. de Gorrequeur Griffith, London; Dr. Wiltshire, London; Dr. F. T. Paul, Liverpool; M.D.; Dr. Byrom Bramwell, Newcastle-upon-Tyne; Dr. Call Weddell, Dartford; Dr. Lattey, Southam; An Occasional Correspondent; Mr. W. H. A. Jacobson, London; Dr. Edward T. Wilson, Cheltenham; Mr. R. G. Whitfield, London; Dr. Poole, Anerley; Mr. Russell Steele, Reigate; Mr. Gordon Brown, London; Dr. Burney Yeo, London; Dr. Spencer Thomson, Torquay; Surgeon-General Maclean, Netley; Mr. Holder, Hull; Mr. Charles Finn, London; Dr. Northcote Vinen, London; The Secretary of the Obstetrical Society; Dr. Thomas Barlow, London; Dr. Corfield, London; Dr. Mackey, London; Dr. Bond, Gloucester; The Secretary of the Harveian Society; Dr. Tripe, Hackney; Our Manchester Correspondent; Mr. T. M. Stone, London; Our Edinburgh Correspondent; Dr. Thorp, Todmorden; Our Dublin Correspondent; Mr. R. H. B. Nicholson, Hull; Mr. J. H. Crisp, Lacock; Dr. Abrath, Sunderland; Dr. Evans, Newquay; Mr. F. Vacher, Birkenhead; Mr. E. G. C. Snell, London; Mr. Sewill, London; The Secretary of the Royal Medical and Chirurgical Society; Mr. Clippindale, London; Mr. Husband, York; Dr. Goodchild, Warwick; The Dean of St. Mary's Hospital Medical School; Dr. Donkin, London; X.; Dr. Alfred S. Taylor, London; Dr. Joseph Rogers, London; Mr. Shaw, London; Dr. F. Simms, London; Mr. T. Holmes, London; Dr. W. Bird, York; Mr. A. F. M'Gill, Leeds; Dr. Kelly, Dublin; Rusticus; Dr. Bruce, Edinburgh; Mr. Goddard Temple, London; Dr. R. D. Powell, London; etc.

## BOOKS, ETC., RECEIVED.

Clinical Studies, illustrated by Cases observed in Hospital and Private Practice. By Sir John Rose Cormack, K.B., F.R.S.E., M.D. Edin., M.D. Paris. Vols. 1 and 2. London: J. and A. Churchill. Paris: The Galignani Library, 224, Rue de Rivoli. 1876.  
Transactions of the College of Physicians of Philadelphia. Third Series. Vol. Philadelphia: 1876.  
Lessons in Electricity at the Royal Institution, 1875-6. By John Tyndall, D.C. LL.D., F.R.S. London: Longman, Green, and Co. 1876.