

of new bath-rooms, water-closets, and sculleries. The nurses' quarters, too, are much increased in accommodation, and day-rooms for convalescent patients decorated in a new fashion are a prominent feature in the change. Nor have the school authorities been idle. They have copied the excellent example set elsewhere, and, wisely remembering that a school is a place where there must be teachers as well as learners, have considerably augmented their strength in this direction, and in addition to a very complete curriculum offer to the student those further aids to study which from the increasing complexity of subjects to be studied has, by common consent, come to be regarded as necessary. A tutorial staff will hold classes almost daily to aid the students in their work and preparations for examinations. By *vivâ voce* questionings and frequent written examinations, the progress of the students is tested and judicious advice may be given. Special classes will also be formed for the examinations at the London University; and, after the success recorded in this year's lists, there is a reasonable probability of this school supplying a yearly quota to qualify for University degrees. The magnificent *Materia Medica* Collection presented by the lecturer on that subject is an important feature among the advantages offered to the student in the coming year.

The Introductory Address on Monday last was delivered by Dr. Grigg; an abstract of it is published at page 486 of this JOURNAL. The Dean of the School next read over the prize-list, and stated that the Westminster Medical School was to be congratulated upon the success attained by its students in the recent examinations, and especially on having more than one on the honours list at the London University. Sir Rutherford Alcock, K.C.B. (who was in the Chair) then distributed the prizes. In the evening, a goodly number of old students and friends dined together at the Café Royal. Dr. Fincham, the senior physician, was in the Chair, supported by Sir Rutherford Alcock and the members of the staff. Some of the speeches alluded to the improvement in progress at the hospital, by which it was agreed that in a sanitary point of view it would be second to none in the metropolis.

#### THE ARMY MEDICAL SCHOOL.

The winter session of the Army Medical School was opened on Monday, the 1st instant. The introductory lecture was delivered by Surgeon-General Maclean, C.B., Professor of Military Medicine in the School, in the presence of the military and medical staffs of the Royal Victoria Hospital, and a few visitors from the neighbourhood. The lecturer took for his text the relations between hygiene and medical science. He depicted very eloquently and vividly the contrast between the state of things as they formerly existed in military practice when the two sciences were comparatively dissociated, illustrating his remarks by examples from personal experience—and their present condition now that the union of the two sciences has been in a great degree accomplished in all branches of the public service.

The class of candidates for commissions in the public services for the present session consists, according to the printed lists, of 29 gentlemen for the army, 11 for the Royal navy, and 20 for the Indian medical service; altogether 60 candidates. The names of two surgeons of the Indian Army, Drs. Archdale and Spence of the Madras Medical Service, are also put down for going through the course of instruction, as well as that of Dr. H. Neilson, of the Dominion Government Army Medical Service, from the School of Gunnery at Quebec.

## SELECTIONS FROM JOURNALS.

### SURGERY.

**PERFORATING EPITHELIOMA OF THE UPPER JAW.**—Dr. Reclus has described in the *Progrès Médical* two cases which have occurred in M. Verneuil's practice in the course of the same year. He points out that "the upper jaw may be the seat of an epithelioma which progresses rapidly, and which is characterised by forming a spacious cavity, lined with exuberant granulations. These cavernous epitheliomata are probably developed in the cysts so frequent in connection with the roots of the teeth. And the cysts themselves, like the common epitheliomata of the jaws, may spring from the epithelial *débris*, which remain as vestiges of the primitive dental groove from which the temporary and permanent teeth are formed."

**INFRAPATELLAR HYGROMA.**—Under the name of *hygroma infrapatellare profundum*, Dr. Trendelenburg describes, in the *Archiv für Klinische Chirurgie*, Band xxi, two cases of serous effusion into the

synovial bursa lying between the lower part of the ligamentum patellæ and the anterior surface of the tibia. The swelling is observed on each side of the ligament, and is rendered more distinct by the fat of the part, which is pressed outwards by the distended bursa. The change is more marked when the leg is half bent. The functional disturbance consists in impediment of active and passive flexion. At first, the motion is free; but when the leg is half bent, further flexion becomes difficult and painful. On the other hand, in cases of effusion in the knee-joint, flexion to a right angle can be borne. Other diagnostic symptoms are tenderness on the inner side of the infrapatellar region, difficulty of walking, etc. Similar swellings in this region, with some tenderness on pressure, have also been observed by Trendelenburg in cases of injury of the joint. These were most probably due to effusion of blood or serum into the bursa.—*Centralblatt für die Medicin. Wissenschaften*, September 1st. [The condition mentioned by Dr. Trendelenburg resembles that described by Mr. Robson of Leeds in the BRITISH MEDICAL JOURNAL for May 17th, p. 582.]

**TREATMENT OF FISSURES OF THE BREAST BY PICRIC ACID.**—M. Charrier utilises (*Cannes Médical*) the hardening properties of picric acid in the treatment of mammary fissure. He paints the fissure once a day with a solution of thirty parts of picric acid to 1,000 of water, and also immerses the nipple in a little glass filled with a solution of picric of one part per 1,000 after each time of suckling.

### THERAPEUTICS.

**CHOLEATE OF SODA AS A MEDICINE.**—Dr. W. C. Van Biber reports five cases (*Trans. of the Med. and Chir. Faculty of Maryland*) to show that choleate of soda may act as a substitute for the bile when this secretion does not enter the duodenum. This he considers to be most desirable in cases of chronic jaundice. In these cases, the use of the remedy improved the digestion, and the author's theory is that it acted as a substitute for the bile. In none of the cases did an attack of colic occur during its administration. He recommends choleate of soda in certain cases of dyspepsia, dependent on functional derangement of the liver; and in chronic jaundice, when it is evident that a sufficient amount of bile is not poured into the duodenum. In the former, he considers that it will be quite as serviceable as pepsine in other forms of indigestion, on the principle of supplying a substitute for a physiological secretion. He refers also to the use of the choleate, as proposed by Dr. Dabney, as a preventive of the formation of gallstones.

**CURE OF TETANUS BY CHLORAL.**—M. Gueniot reported to the Society of Surgery in August an interesting case of tetanus developing itself twenty-two days after an amputation of the breast. It was treated successfully by a remedy which already counts a considerable number of cures in this disease. Chloral was administered very energetically (twenty-five *grammes* in forty-eight hours). From the first day, the improvement was such that cure might be hoped for; it was not, however, finally attained till the end of several weeks. About one hundred *grammes* (upwards of two ounces) of chloral were administered, sometimes by the mouth, sometimes by injection, according to the state of tolerance.

**BROMIDE OF POTASSIUM IN BRIGHT'S DISEASE.**—M. Chauvet has studied the effects of bromide of potassium in Bright's disease. M. Bouchard had fixed the time for the elimination of the drug at nineteen days after its administration; M. Chauvet, however, found bromine in the urine, on one occasion on the thirtieth, on another on the thirty-fifth day. The iodide eliminates itself much more quickly; in the healthy subject (M. Chauvet himself, for instance), the drug was completely eliminated at the end of one or two days. In patients suffering from Bright's disease, this elimination lasted once four days, once five days, once seven days, once twelve days. The same thing occurs in the case of salicylic acid, which is also eliminated very quickly in the healthy condition, and much more slowly in cases of renal disease. In these different cases of kidney-disease, the toxic phenomena soon appear, and do not disappear for a long time. All M. Chauvet's experiments go to corroborate M. Bouchard's proposition: That kidney diseases cause active medicines to manifest toxic properties even when administered in small doses; and it is thus that M. Bouchard explains how, in certain cases of heart-disease, the accumulation of digitalis produces toxic effects, which should be attributed to the condition of the kidneys, which are often secondarily affected.

The camp is healthy in the extreme; but it would be surprising were it otherwise in such a naturally healthy situation. A large open plain, eight thousand feet above sea-level, surrounded completely by snow-capped mountains, among others, the venerable Ararat, which, though ninety miles away, does not appear more than ten, presents such a picture that I envy the pencil of a Haden, a Thompson, or a Buzzard. Were I possessed of their skill, I would carry home more than the life-long recollection of the most wonderful panorama the world can show.

I was most courteously and civilly received by the Mushir Ahmed Muhktar Pacha, and am receiving the hospitality and most valuable assistance of our worthy English general Sir Arnold Kemball. Next week, I hope to be able to tell you of some practical work done.

## ASSOCIATION INTELLIGENCE.

### COMMITTEE OF COUNCIL: NOTICE OF MEETING.

A MEETING of the Committee of Council will be held at the Freemasons' Tavern, Great Queen Street, Lincoln's Inn Fields, London, on Wednesday, the 10th day of October next, at Two o'clock in the afternoon.

FRANCIS FOWKE,

*General Secretary.*

36, Great Queen Street, London, W.C., September 15th, 1877.

### BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

THE first meeting of the Session 1877-78 will be held in the Examination Hall of the Queen's College, on Thursday, October 11th. The Chair will be taken by the President, SAMPSON GAMGEE, Esq., at 3 o'clock P.M.

The following papers are promised:—Dr. Wade: Some Therapeutical Notes. Mr. J. F. West: The Removal of Foreign Bodies from the Air-Passages.

Members are invited to exhibit pathological specimens at the commencement of the meeting.

JAMES SAWYER, M.D., }  
EDWARD MALINS, M.D., } *Hon. Secretaries.*

Birmingham, October 1877.

### BORDER COUNTIES BRANCH.

THE autumnal meeting of this Branch will be held at Thornhill, on Friday, October 12th.

Gentlemen intending to read papers, or be present at the dinner, are requested to give notice to either of the Secretaries.

R. MACLAREN, M.D., Carlisle. }  
J. SMITH, M.D., Dumfries. } *Honorary Secretaries.*

Carlisle, September 25th, 1877.

### THAMES VALLEY BRANCH.

THE next general meeting will be held at the Richmond Infirmary on October 17th, at Five o'clock. Members who may be willing to read papers are requested to communicate at once with the Honorary Secretary.

There will be a dinner after the meeting at the Greyhound Hotel. Charge 7s. 6d., exclusive of wine.

F. P. ATKINSON, M.D., *Honorary Secretary.*  
Kingston-on-Thames, October 1877.

### WEST SOMERSET BRANCH.

THE autumnal meeting of this Branch will be held at the Railway Hotel, Taunton, on Thursday, October 18th, at 5 P.M.

The following question has been settled by the Council for discussion after dinner:—"What in your opinion is the best way of managing the Third Stage of Labour so as to diminish the risk of *Post Partum* Hæmorrhage?"

W. M. KELLY, M.D., *Honorary Secretary.*  
Taunton, September 15th, 1877.

### BATH AND BRISTOL BRANCH.

THE first meeting of the Session will be held at the York House, Bath, on Wednesday, October 31st, at 7.15 P.M.: H. MARSHALL, M.D., President, in the Chair.

R. S. FOWLER, Bath. }  
E. C. BOARD, Clifton. } *Honorary Secretaries.*

6, Belmont, Bath, October 1st, 1877.

### SHROPSHIRE AND MID-WALES BRANCH: ANNUAL MEETING.

THE annual meeting of this Branch was held at the Lion Hotel, Shrewsbury, on Wednesday, September 19th; Dr. S. TAYLEUR GWYNN (the retiring President) introduced J. RIDER, Esq. (the new President), who took the chair.

*President's Address.*—The PRESIDENT read an address. After congratulating the Branch on the success which had attended it under the presidency of Dr. Gwynn, he went on to speak of the great changes which have taken place of late years in the treatment of disease; venesection and the antiphlogistic method having been succeeded by the extreme stimulating treatment, which now in its turn is giving place to a more moderately stimulating plan.

*New Members.*—John Lyon, Esq. (Hodnet), and W. B. Whitfield, Esq. (Ellesmere) were unanimously elected members of the Branch.

*Officers and Council.*—The following were chosen. *President:* J. Rider, Esq. *Vice-President:* Alfred Mathias, Esq. *Honorary Secretary and Treasurer:* Henry N. Edwards, Esq. *Council of Branch:* The President; T. B. Barrett, Esq.; J. Bromfield, Esq.; A. G. Brookes, Esq.; J. S. Davies, Esq.; Wm. Eddowes, Esq.; S. Tayleur Gwynn, M.D.; J. R. Humphreys, Esq.; J. MacLintock, M.D.; A. Matthias, Esq.; C. E. Monro, M.D.; J. W. Roe, M.D.; A. Strange, M.D.; R. W. O. Withers, Esq.; and the Honorary Secretary. *Representatives of Branch in the General Council:* J. R. Humphreys, Esq.; S. Wood, Esq.; and the Honorary Secretary.

*Vote of Thanks to Retiring President.*—It was proposed by Dr. ANDREW, seconded by J. SIDES DAVIES, Esq., and resolved: "That the best thanks of this meeting be given to the late President for his valuable services during the past year."

*Communications.*—1. Mr. HUMPHREYS exhibited two patients who had been under his care in the Infirmary, and who illustrated the value of conservative treatment in surgical cases. The first was a case of Compound Fracture of the Leg, with Dislocation of the Ankle-joint, in which the whole articular surfaces were exposed. Reduction was made after freely dividing the internal lateral ligament. A good cure was effected. The second case was one of Smashed Elbow, caused by a load of bricks passing over the joint. No articular surface was left. A good recovery ensued, and an useful arm remains.

2. Dr. A. EDDOWES read a case of Fracture of the Clavicle treated by his Improved Air-pad, which he exhibited.

3. Dr. ANDREW read a paper on a case of Contracted Bladder, with a rugous condition of the interior, considerable thirst, and urine of low specific gravity. The symptoms were those of stone, but no calculus was found. The patient was treated by bougies, suppositories, alkalies, and finally steel. Under this plan, he sufficiently improved to return to his work.

4. Mr. WILLIAM EDDOWES read some interesting notes of Cases of Diphtheria. Considerable discussion ensued, in which most of the members took part.

*Dinner.*—The members afterwards dined together at the hotel.

## CORRESPONDENCE.

### THE PENGGE CASE.

SIR,—I so entirely agree with the tendency of your article on Medical Evidence in Courts of Law, that it was my intention to state something to the same effect before giving my evidence in court. Probably, it would have been foolish and irregular, and the learned judge may have been quite right in objecting to the statement; but what I meant to say was this: That I had given to Messrs. Lewis and Lewis an opinion on this case, but made the distinct stipulation, before looking at the papers, that I should not be called as a witness. This stipulation I afterwards withdrew, in deference to Messrs. Lewis's urgent representations of the importance of the issue, as involving the fate of four persons. My reasons for objecting to be called were not special to the present case, but general—namely, that I object strongly to the present mode of calling expert evidence in the interests of either side, which inevitably puts the witness thus called in the position, more or less, of an advocate. It would be much better if expert evidence, when required, should be summoned by the court. This is what I meant to say. But while no provision exists for calling evidence in the manner just mentioned, is a medical witness to refrain altogether from expressing his conscientious opinion? The result would be that the opinions of the medical witnesses already summoned would be

accepted practically without appeal, and matters of the most serious moment might be decided beyond recall by the judgment of the first general practitioner who happened to be called in to a case; so that it may be, and often is, a matter of duty for a medical witness to appear.

But while I concur in what appears to be the intention of your article, I cannot agree that what you describe as a general practice at all represents the facts of the present case. Mr. Lewis authorises me to state that he did indeed send the papers to several eminent men, who returned them without any opinion, upon the grounds of leaving London for vacation or of press of engagements; and this fact was stated to the Lord Chief Justice when an application was made and granted to postpone the trial. One only gave an opinion, and this fact also was known to the Treasury, which department applied to him to make a report, though he most honourably refused to do so, and gave as his reason that he had already made a report to Messrs. Lewis. These are the literal facts.

Now, whether the opinion last referred to was adverse or merely neutral, I do not know, but suppose it to have been adverse; still, since Dr. Greenfield's report agreed substantially with mine, the majority would be favourable and not adverse. Moreover, the Treasury adopted precisely the same course in consulting Mr. Bond.

The system is doubtless imperfect: let us try to improve it.

78, Wimpole Street, October 1st, 1877. Yours, J. F. PAYNE.

P.S.—I leave Dr. Greenfield to answer for himself.

SIR,—Will you permit me, as a matter of justice, to state one or two facts with reference to my connection with the Penge case, which may modify the somewhat harsh judgment expressed upon my conduct in last week's JOURNAL?

1. My absence from court during the examination of the medical witnesses for the prosecution was due simply to the fact, that I received no notice to attend until the morning of the day following that on which the evidence was given; nor was I aware that it was to be given on the day in question. Had I known it, I should, on my own responsibility, have attended, although I had been informed that I should receive due notice when my presence was required, and was requested not to attend until then. The fault, or rather error, for such it undoubtedly was, was that of the solicitor for the defendants.

2. The error of the counsel (due, no doubt, to want of proper instructions), in supposing that I had been in court and heard the evidence, led to his first question, to which I could only reply in the negative, stating precisely what part of the evidence I had heard. The second question, as to what opinion I had formed upon the *post mortem* notes only of the cause of death, did not admit of a definite reply. I had already pointed this out in my written report of the case, and stated that the material for a positive opinion as to the cause of death did not exist in these notes. I could, therefore, when asked, only repeat in part the hypothetical opinion which I had already expressed; and, before I had got half through my first sentence, I was stopped by the judge.

I fully agree with you that such evidence was for the purpose entirely valueless; but at the same time I fail to see what other answers consistent with truth I could have given to the definite questions put to me. That they had no definite bearing on the subject at issue, was entirely the fault of the questions themselves.

I will not trouble you with a correction of the words which I used, which were erroneously reported in the *Times*, from which your quotation appears to be drawn; but I will ask you in justice to allow me to append the remarks made to me by the judge, as correctly reported in the *Daily News*. "Nobody at all in the least degree imputes any blame to you; and I am quite satisfied that you would have desired to hear the medical evidence in court and the cross-examination of the witnesses, so that you might have formed an opinion upon it."

With your general remarks on the subject of medical evidence I fully agree; but I think you will see that I was placed in a false position through no fault of my own. Apologising for thus occupying your space, I remain, sir, yours, etc.,

W. S. GREENFIELD.

Wimpole Street, September 29th, 1877.

\* \* We had no intention of expressing a harsh judgment on Dr. Greenfield's conduct in this matter. We think, indeed, that he was entirely free from blame. The case, however, brought out very clearly some of the weaknesses of the present methods of taking expert evidence; and undoubtedly Dr. Greenfield was placed in a false position, although, as he clearly shows, by no fault of his own. Under similar circumstances, an expert would in future do well to refuse to enter the box.

## OBITUARY.

S. K. ELLISON, M.R.C.S. Eng.

WE regret to have to announce the sudden death of Mr. S. K. Ellison, Medical Officer of Health to the South Division of the Poplar District. Mr. Ellison was the first medical officer appointed by the Poplar Board, and had held his office for twenty-one years, during which time he had gained the respect and confidence of all with whom he was brought in contact in both public and private life. One of the last acts of Mr. Ellison was assistance rendered in the establishment of the non-pauper Poplar Hospital. His death is felt to be a loss to the district in which he lived, and a resolution to that effect was passed by the Board at their last meeting. Mr. Ellison, at the time of his death, was sixty-four years of age, and, though he had continued his work, his health had been but indifferent for some time past. On the night of Sunday week, he retired to rest in his usual health, and, on the Monday morning, was suddenly attacked with urgent difficulty of breathing, which was not relieved till his death. A numerous body of friends, both professional and others, attended the funeral last Saturday.

## MEDICAL NEWS.

**APOTHECARIES' HALL.**—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, September 27th, 1877.

Boreham, Frank Squire, Lowestoft  
Lyddon, Richard, Folkestone

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

Clark, Thomas Furze, King's College  
Sturge, Henry Havelock, Guy's Hospital  
Whitworth, William, Guy's Hospital

At the Preliminary Examination in Arts, held at the Hall of the Society, on the 28th and 29th of September, 1877, 106 candidates presented themselves; of whom, 2 retired, 34 were rejected, and the following 70 passed, and received certificates of proficiency in general education—viz., in the First Class, in order of merit:

1. Charles S. Evans. 2. R. D. Brinton and S. C. Townsend. 4. T. W. Bullock, H. Fickling, E. O. Newland, Reginald Rygate, and W. G. Tyrrell. 9. L. M. Anderson, H. Appleton, Edith Croft, J. Dowson, W. E. Driffield, Arabella M. Kenealy, J. F. Lea, J. Sinclair, and Ernest L. Wright.

In the Second Class, in alphabetical order:

F. T. Bennett, T. Christie, J. H. Crouch, G. H. Darwin, D. J. Dixon, J. B. Dorian, S. Ellis, G. A. C. Fletcher, E. Fraser, J. C. Garman, Mary Ann Handson, J. Hepburn, M. Henry, J. Hern, J. Hick, G. F. Hobson, W. Holdsworth, W. Jeffrey, E. J. Johnson, F. R. Johnston, C. H. Jones, J. W. Jones, R. Lee-Huzzey, A. W. Low, J. S. B. McBurney, H. M. Massey, H. R. Mead, J. D. Menzies, J. Miller, A. M. Moore, J. S. Muir, E. M. E. Munns, W. Murch, A. E. Nelham, F. Oldfield, F. H. Pike, G. F. Rhodes, H. E. Richardson, F. S. Rix, J. Royston, Adela H. Ryate, J. R. Rygate, D. G. Sandeman, H. L. Smith, H. Stott, F. M. Swallow, E. C. Thomas, W. R. Tytheridge, S. Whitten, R. H. Wilkinson, W. Wilson, T. C. Winn, and Richard S. Wright.

## MEDICAL VACANCIES.

THE following vacancies are announced:—

**BERKHAMPTSTEAD UNION**—Medical Officer for the Herts and Bucks District. Salary, £90 per annum, and fees. Applications to be made on or before the 15th instant.

**CASTLE WARD UNION**, Northumberland—Medical Officer to the Stamfordham District. Salary, £20 per annum, and fees. Applications to be made on or before the 13th instant.

**CHINA**—Medical Missionary. Salary to commence at £350 per annum, and residence. Immediate application.

**EDINBURGH SCHOOL OF MEDICINE**—Lectureship on Physiology. Applications on or before the 18th instant.

**ENNISCORTHY UNION**—Medical Officer for the Oulart Dispensary District. Salary, £115 per annum, and £15 as Sanitary Officer, and house. Applications to be sent in on or before the 9th instant.

**LIVERPOOL LADIES' CHARITY and LYING-IN HOSPITAL**—House-Surgeon. Salary, £50 per annum, with board, apartments, and washing. Applications to be made on or before 9th instant.

**ROTHERHAM HOSPITAL**—Resident House-Surgeon. Salary, £100 per annum, with board and furnished apartments. Applications to be made on or before the 15th instant.

**ROYAL FREE HOSPITAL FOR DISEASES OF THE CHEST**, City Road—House-Physician. Salary, £80 per annum. Applications to be made on or before the 11th instant.

**ST. ASAPH UNION**—Medical Officer for the Llanfairtalhairn District.

**STIRLING DISTRICT ASYLUM**, Larbert—Assistant Resident Medical Officer. Apply to James Maclaren, Esq., Medical Superintendent.

## 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.—Royal Orthopaedic, 2 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.—King's College, 2 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.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 1.30 P.M.
THURSDAY....	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Charing Cross, 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), 4 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.—Royal London Ophthalmic, 11 A.M.—East London Hospital for Children, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 1.30 P.M.—Royal Free, 9 A.M. and 2 P.M.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

TUESDAY.—	Royal Medical and Chirurgical Society, 8.30 P.M. Dr. A. E. Sansom, "On a Case of Noma, in which Moving Bodies were observed in the Blood during Life"; Mr. Furneaux Jordan, "On Two peculiar Varieties of Hydrocele of the Cord".
WEDNESDAY.—	Hunterian Society, 7.30 P.M.: Council Meeting, 8 P.M.: Mr. Hutchinson, "On certain Diseases of the Tongue, with especial reference to Syphilis and Smoking as causes".
FRIDAY.—	Clinical Society of London, 8.30 P.M. Mr. Bryant, "Cases to illustrate the behaviour of the Carbolised Catgut Ligature on Human Arteries"; Dr. Henry Thompson, "A Case of Hysterical Anaesthesia in a Male"; Dr. G. H. Evans, "Some recent Cases of Paracetis Thoracis"; Mr. Lawson for Dr. Aikman, "A Case of Injury to the lower portion of the Spinal Cord, followed by wasting and contraction of the Muscles of the Lower Extremities".

## 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 *BRITISH MEDICAL JOURNAL*, are requested to communicate beforehand with the printer, Mr. Thomas 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.

## ARSENICAL POISONING.

It is insufficiently known that aniline dyes are an occasional source of arsenical poisoning. In the preparation of some of the aniline colours, arsenic acid is largely used. Aniline dyes are extensively employed in dyeing various fabrics in constant household use. It is important that it should be well known that the use of arsenic is not now confined to the preparation of the well known green pigments.

## MILITIA SURGEONS.

SIR,—In the report of the annual meeting of the North Wales Branch of the Association, in the *JOURNAL* for August 4th, page 159, referring to militia surgeons, I see the following paragraph.

"We must all sympathise with the militia surgeons, who by successive schemes have been deprived of the privileges guaranteed to them by former warrants, and in all instances without any compensation, further than exemption from the expenses of messes and bands."

In December last, I joined the medical departmental staff of the militia, but during the training of my regiment this reason, I paid for mess and band subscriptions as usual, and, on applying to the Under Secretary of State for the War Department, I was informed that my position in my regiment was unaltered. I will feel obliged by being informed through your columns of the authority for the statement in the above quotation.—I am, etc., A MILITIA SURGEON.

## POISONING BY YEW-LEAVES.

SIR,—It may be useful, perhaps, to add another reference to the list of cases of poisoning by yew-leaves given by Mr. Reid in his interesting communication to the *JOURNAL* last week. A similar case occurred at the Macclesfield Asylum last year, and is referred to in the last (31st) *Report of the Commissioners in Lunacy*, at page 80. There have been two or three other cases in Asylums during the last few years.—Yours, etc., G. M. BACON, M.D.  
Cambridgeshire Asylum, October 1st, 1877.

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.

ADVERTISERS are requested to take notice that the regulations of the *Post Office* do not allow letters to be addressed to initials and directed to any *Post Office* in the United Kingdom, but letters may be addressed to initials to the *JOURNAL* Office or any stated address other than a *Post Office*.

## THE PENGE CASE.

WE are requested to publish the following notice to the medical profession.

At a large and influential meeting held in the City on Wednesday last, it was proposed that the opinion of the medical profession should be taken as to the justness of the sentence, based upon the evidence for the prosecution. All medical men who are of opinion that a doubt exists as to the death having taken place from starvation, and that it may have arisen from natural causes, the opinion of Dr. Payne and Dr. Bristowe, and also of Dr. Harman, who was present at the *post mortem* examination, but for some reason or other was not called for the defence, are requested to forward their names without delay to Dr. Forbes Winslow, 23 Cavendish Square, to accompany the petition now being prepared for presentation to the Home Secretary.

## THE SINGLE VACCINE-VESELICULE AND ITS INDICATIONS.

SIR,—A note appears in your issue of September 15th in respect to the proportion between the percentage of deaths from small-pox succeeding vaccination, and the scanty number of vaccine-vesicles. It is my belief that a certain fallacy underlies the inference drawn from the statistics of Mr. Marson; I do not mean one of fact, but a fallacy of relation. My reasons are, that in a large experience, formerly in particular, of vaccination cases, a certain proportion of children are difficult to vaccinate at all, even with good fresh liquid lymph; and, after occasionally three or four careful efforts to vaccinate by means of several punctures, only *one* puncture will be followed by a vesicle. Over and over again I have made an effort to increase the number by producing a second crop of vesicles, and almost never have succeeded in producing secondary and normal vesicles. My inference has been, that in these cases the system of the infant will not always, or will seldom, take on the vaccine disease kindly and exhaustively in relation to small-pox, and most likely that is the reason in such cases why the larger proportion of deaths follows the appearance or development of single vesicles. The statistics, therefore, may be correct as to the facts, but wrong in supposing that the mere number of vesicles can alter the event. It gives us, indeed, almost an artificial rather than a rational or natural inference or explanation. Then such an explanation as is here indicated would still leave this practical inference, that this first vaccination is most likely done in these cases in a system which resists, for the present at least, the full vaccine process, and only temporarily or imperfectly is secured against small-pox, and should therefore be done again in six or twelve months, or at least earlier than revaccination in ordinary cases, the bulk of which take on the vaccine disease with avidity and full effect.

I am not inclined to advocate the postponement by any means of ordinary vaccination contrary to the present law; but certainly we have most of us found cases which resist the action of vaccine altogether for the time and at so early a period, a second series which take it on freely, and a middle series, such as those alluded to, and which in my opinion require notice as exceptional, and which will require much earlier revaccination, and after the blood shall have had time to attain the normal state and become more mature.—I am, etc.,

September 15th, 1877.

WILLIAM HINDS, M.D.

SIR,—Mr. Hardwicke, in your paper of the 15th instant, says he is still an unbeliever in the superior value of four vesicles over one or two. Granting, for argument's sake, that vaccination either destroys that in the system which, if not destroyed, would allow the germs of small-pox to take root and generate the disease, or that the lymph *per se* has the power of counteracting the influence of those germs, then I think it will be easy to see how one vesicle has not the same power as four; for if only that amount of lymph be allowed to enter the circulation as one mark would allow, that amount might not be sufficient to fully destroy the whole of that which would allow the small-pox germ to exist, or suffice to kill the germs by its own power; but four times the amount would have a more potent effect than either once or twice, and the statistics of Dr. Collie and Mr. Denne given in your paper to-day help to prove this. Again, Mr. Hardwicke asks how is it that eight are not superior to four. Well, if four have been sufficient to nullify the power of the germs of small-pox, then no matter how many more were added, they could not do more than four, for there would be no work for them to do.—Yours truly, STUDENT.

September 1877.

## EXCESSIVE SALIVATION DURING PREGNANCY.

SIR,—I will thank some member to inform me of some remedy that will check the profuse flow of saliva in the second month of the pregnancy of a primipara aged 34. The following has been frequently ordered. A mixture of chlorate of potash with tincture of belladonna, and sinapisms to the angle of each jaw and back of the neck; also a mixture of tincture of muriate of iron with chlorate of potash, and a linctus of alum-water and honey and another of thick mucilage. The vomiting was checked with oxalate of cerium and bismuth, with extract of belladonna and muriate of morphia. She is of the bilious lymphatic temperament.—Yours, etc., J. B. KENNY.  
Killeshandra, co. Cavan, Ireland, Sept. 1877.

## COATED PILLS.

PILLS may have a verbal as well as a material coating. Mr. G. H. Wright of Southwark, writing in a recent number of the *Pharmaceutical Journal*, gives the following list of popular names for purgative pills, used in his locality: Wake-me-ups; rattlers; eye-openers; scavengers; early risers; castor-oil pills; excavators; five o'clockers; fly-away-jacks; and imperial pills.

## IS LUNACY AN ILLNESS?

SIR,—Under this heading you state: "As this is the first case that has occurred, and many others are involved in the question, it was resolved to carry the case to the Court of Queen's Bench." This is not, however, the first case that has occurred, as the issue was tried in the Liverpool County Court in (I believe) 1870, when Sergeant Wheeler, in a very elaborate judgment, ruled that insanity was a bodily disease, and gave his decision against the Friendly Society. I could procure you the Sergeant's judgment, I have no doubt, if you would like to have it.—Yours faithfully, THOMAS L. ROGERS.  
County Asylum, Rainhill, near Prescot, Sept. 24th, 1877.

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.

COMPOSITION AND QUALITY OF THE METROPOLITAN WATER IN SEPTEMBER 1877. The following are the returns made by Dr. C. Meymott Tidy to the Society of Medical Officers of Health.—The quantities of the several constituents are stated in grains per imperial gallon.

Names of Water Companies.	Ammonia.		Nitrogen		Total Solid Matter per Gallon.	Hardness. (Clarke's Scale.)	
	Saline.	Organic	As Nitrates, &c.	Oxygen used to Oxidise Organic Matter.		Before Boiling.	After Boiling.
	Grains.	Grains.	Grains.	Grains.	Grains.	Degs.	Degs.
<i>Thames Water Companies.</i>							
Grand Junction ..	0.001	0.009	0.090	0.100	20.80	13.7	3.3
West Middlesex ..	0.000	0.009	0.111	0.048	17.30	12.6	3.0
Southwark and Vauxhall .....	0.002	0.010	0.118	0.110	19.70	13.2	3.3
Chelsea .....	0.001	0.009	0.105	0.092	21.00	14.3	3.3
Lambeth .....	0.001	0.009	0.130	0.079	20.70	13.7	3.0
<i>Other Companies.</i>							
Kent .....	0.000	0.002	0.268	0.010	26.60	19.4	5.1
New River .....	0.000	0.006	0.090	0.017	16.10	12.6	3.3
East London .....	0.000	0.007	0.097	0.041	20.00	12.6	3.0

Note.—The amount of oxygen required to oxidise the organic matter, nitrates, etc., is determined by a standard solution of permanganate of potash acting for three hours; and in the case of the metropolitan waters, the quantity of organic matter is about eight times the amount of oxygen required by it.

#### SPHYGMOGRAM.

SIR,—It is not a great distinction in the world of science to be the introducer of a new term, but I think it right to state that I employed the term "sphygmogram" in a paper on the Pulse of Typhus, published in the *Dublin Medical Journal* in February, 1867, and have continued to use the term in my lectures and writings during the past ten years. I believe the term "sphygmogram" has been more frequently used than your correspondent Dr. Churton seems to think. It is, I believe, a current term, and certainly much more convenient than the clumsy phraseology now in use. I wish it could be generally adopted.—I am, etc.,

THOMAS W. GRIMSHAW, M.A., M.D.

13, Molesworth Street, Street, Dublin, September 24th, 1877.

J. N. (London).—Dunglison's *Dictionary of Medical Terms*; Bristowe's or Roberts's *Practice of Medicine*; Graily Hewitt's *Diseases of Women*; Von Troltsch's *Diseases of the Ear*; Lowne's or Maconamara's *Manual of Ophthalmic Surgery*; Bell's or Smith and Walsham's *Handbook of Operative Surgery*.

#### THE RECOGNITION OF HOMOEOPATHISTS.

SIR,—It seems to me that every scientific physician ought to encourage in every legitimate manner the freest professional intercourse between the homoeopaths and ourselves. They (the homoeopaths) alone can supply us with that information which is imperatively demanded by those who are doubtful as to the efficacy of many of our present methods of treatment. We have abundant information to enable us to determine whether one method is or is not superior to another, but we have no means of knowing whether the superior method is in any way better than no treatment at all. Our great desideratum is a large collection of cases, which have been carefully watched and reported by competent medical men, and which have been subjected to no drug treatment whatever. Dr. Hughes Bennett tells us that it cost him a very considerable amount of time and labour to discover how long a case of iritis took to get well when left to Nature; and we who desire to know the natural course of many other diseases, may search medical literature in vain. We must take it for granted that any form of treatment, however rudimentary, is better than none—a conclusion which is certainly very far from axiomatic. We have few trustworthy records of disease uninfluenced by drug treatment; nor are we likely to have this advantage unless we receive it at the hands of our homoeopathic brethren. Their drug treatment, when confined to infinitesimal doses, we believe to be neither more nor less than no treatment; and thus, if they would furnish us with a large number of carefully watched cases of any given disease, they would supply data which would do much to establish or demolish our present methods of treatment.

If the results proved that we are doing no good in our present course, then those of us who have unbounded faith in drugs would either adopt the homoeopathic treatment or seek out a new method of cure, while those who believe in the *vis medicatrix nature* would have the satisfaction of "throwing physic to the dogs".—I am, etc.,

JAMES MUIR HOWIE, M.B. Edin.

#### UNQUALIFIED MEDICAL PRACTITIONERS.

A MAN named W. D. Stokes, and calling himself a medical herbalist, has but narrowly escaped a charge of manslaughter at the hands of a jury, presided over by Mr. William Carter, Coroner for the Eastern Division of Surrey. An adjourned inquest has been concluded on an infant a year and a half old under the following circumstances. The child's mother went to a herbalist's shop in Camberwell to get some medicine for her child, who was suffering from diarrhoea. She saw the assistant of Stokes, the proprietor of the shop. He gave her a mixture in a bottle which was not labelled. One dose was taken in the shop, another at night. Next morning, as the child was still suffering from diarrhoea, it was again taken to the shop, and the assistant gave the mother a packet of herbs to be used as a tea. Mr. J. W. Edmunds, a qualified medical practitioner, gave evidence to the effect that he was called to see the deceased, who was suffering from diarrhoea. He prescribed for her. On the following morning, he found her in a state of partial collapse; in the afternoon, she was taken with convulsions and died. The nature of the mixture given by the herbalist was not known, and the child appeared to have died from exhaustion, due to the diarrhoea. It was not suggested that the child died from the effects of the mixture given. The herbalist was severely blamed by the coroner for prescribing in a case of serious disease where life might have been saved by proper medical treatment.

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.

#### OPIMUM-POISONING OR INTUSSUSCEPTION.

SIR,—In the article on the supposed case of poisoning at Devonport, reported in the BRITISH MEDICAL JOURNAL for September 15th, it is not stated what was the condition of the mucous membrane in the invaginated portions of small intestine. In page 292 of Dr. Wilks's *Pathological Anatomy* (edition 1859, article Intussusception), he states: "My own experience is this, that I have never seen but one case of intussusception in an adult, and in this case the obstruction was never complete, and death did not occur for some weeks. In infants, however, the affection may rapidly take place, and is speedily fatal. It is only, of course, where the intussusception is permanent that symptoms occur; for it is highly probable that a slight slipping in of one portion of bowel into another is constantly taking place, if we judge from what is frequently met with on the *post mortem* table. In children, especially, who have died from cerebral disease, the intestines are found contracted, and often invaginated in several places: these are readily pulled out. The occurrence in this class of cases naturally suggests a nervous influence productive of the condition: these are mostly found in the small intestine. In all the fatal cases that have come before my notice, it has been the large intestine affected; and in most instances by the inclusion, in the first place, of the ileum in the caecum, and then a gradual inversion of the large intestine itself." This coincides with my experience—in a far more limited field, of course—and in the face of such a statement I cannot help thinking, unless the state of the mucous membrane in this particular case precluded any such conclusion, that the intussusception might still have been due to the paralyzing influence of the opium.—I am, sir, your obedient servant,

SAMUEL PRALL, M.D., F.R.C.S.

West Malling, near Maidstone, September 15th, 1877.

THE REV. V. E. should be aware that his letter contains very serious charges without any proof or even explanatory detail, and in part deals dogmatically and recklessly with statements of judgment on subjects on which he can have no knowledge adequate to justify a decision.

#### THE STINGS OF MOSQUITOES.

MANY tourists in Switzerland and along the Rhine having complained of the stings received from mosquitoes, a correspondent forwards us (*Standard*) a prescription recommended by the German traveller Jagor, the use of which, it is stated, will secure the traveller against all insects for twelve hours. A tincture prepared simply of one part of insect-powder (pyrethrum roseum), two parts of alcohol, and two parts of water, is to be applied to the skin, and the desired end will be secured.

WE are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Birmingham Daily Post; The Durham Chronicle; The Harrogate Herald; The Sunderland Times; The Lincolnshire Chronicle; The Bromsgrove Weekly Messenger; The Manchester Courier; The Broad Arrow; The Cork Examiner; The Cork Daily Herald; The Rotherham and Masbro' Advertiser; The Liverpool Daily Courier; The York Herald; The North Wales Chronicle; The Sheffield Daily Telegraph; The Blyth Weekly News; The Glasgow Herald; The Nottingham Journal; The Eastbourne Standard; The Scarborough Daily Post; The Isle of Wight Observer; The Sussex Daily News; The Metropolitan; The Leeds Mercury; The Belfast News Letter; The Devonport Independent; The St. Pancras Gazette; The Bath Herald; The Western Morning News; The Hull News; The Redditch Indicator; The Derby 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. Wilson Fox, London; Dr. J. F. Payne, London; Mr. R. T. Leslie, Liverpool; Ignoramus; Dr. R. C. Shettle, Reading; Dr. Mead, Newmarket; Our Correspondent with the Turkish Army in Asia; Dr. Dickson, Constantinople; Mr. J. S. Blythe, London; Dr. Banham, Sheffield; Mr. J. A. Nunneley, Leeds; Dr. T. C. Charles, London; Mr. Macnamara, London; Dr. Goodhart, London; Dr. W. S. Playfair, London; Mr. Herbert Page, London; Dr. W. Cayley, London; Mr. T. P. Pick, London; Mr. A. Hensman, London; Mr. W. W. Wagstaffe, London; Dr. W. S. Greenfield, London; Mr. R. Bell, London; Mr. C. F. Maunder, London; Dr. Laidlaw, Tranmere; Mr. R. S. Fowler, Bath; Mr. E. C. Board, Clifton; Dr. E. Watteville, London; Mr. J. Adams, London; Mr. A. Jackson, Sheffield; Dr. Saundby, Birmingham; Dr. Wallace, Liverpool; Our Paris Correspondent; Dr. F. Beach, Lower Clapton; Dr. Bate, London; The Secretary of the Hunterian Society; Surgeon-Major Fleming, Netley; Dr. A. W. Fox, Bath; The Registrar-General of England; Dr. J. B. Bradbury, Cambridge; The Secretary of Apothecaries' Hall; Dr. J. Milner Fothergill, London; The Registrar-General of Ireland; Dr. Orange, Broadmoor; Dr. Lee, London; Mr. Rushton Parker, Liverpool; Dr. Bassett, Birmingham; The Secretary of the Clinical Society; Dr. Joseph Bell, Edinburgh; Our Edinburgh Correspondent; Mr. J. C. Ewart, London; A Member B. M. A.; Our Glasgow Correspondent; Dr. E. Symes Thompson, London; Mr. F. A. A. Smith, Walton-on-Naze; Mr. W. Vick, Ipswich; M.R.C.S.; Dr. Sawyer, Birmingham; Dr. E. Malins, Birmingham; Mr. D. J. Hamilton, Edinburgh; Dr. de Pietra Santa, Paris; Dr. J. W. Moore, Dublin; Our Dublin Correspondent; Dr. Joseph Rogers, London; Mr. W. D. Husband, York; Dr. Philipson, Newcastle-on-Tyne; Dr. Bruce Goff, Bothwell; Dr. Meymott Tidy, London; The Secretary of the Faculty of Physicians and Surgeons, Glasgow; Dr. J. W. Moore, Dublin; etc.

#### BOOKS, ETC., RECEIVED.

On the Prognosis in Cases of Valvular Disease of the Heart. By Thomas B. Peacock, M.D., F.R.C.P. Being a revised reprint of a paper in the *St. Thomas's Hospital Reports*, vol. ii, 1871. London: J. and A. Churchill. 1877.  
Fownes's Manual of Chemistry, Theoretical and Practical. Vol. ii: Chemistry of Carbon Compounds on Organic Chemistry. Twelfth edition. By Henry Watts, B.A., F.R.S. London: J. and A. Churchill. 1877.