4. Case of Ovarian Cancer: Dr. G. H. PHILIPSON related the particulars of this case, and alluded to the conflicting statements which were found in books as to the frequency of primary cancer of the ovary.

SELECTIONS FROM JOURNALS.

THERAPEUTICS.

CHLORAL-HYDRATE IN WHOOPING-COUGH.—From numerous observations, Hartwig (*Deutsche Zeitschrift für praktische Medicin*, 1877, No. 29) is led to recommend chloral-hydrate every two hours in whooping-cough; the daily quantities being, for a child under three months old, 4½ grains; six months, 6¼ grains; nine months, 7¾ grains; and for older children, 9¼ grains for each year.

SALICYLIC ACID.—J. P. Thomas, in the *Philadelphia Medical and Surgical Reporter*, vol. xxxvi, No. 22, speaks of the antiperiodic action of salicylic acid as being superior to its antirheumatic action. He says that, in more than one hundred cases of ague, it failed in only three, in which it was not given according to his directions. In recent cases, he uses the following formula: Salicylic acid, 2 drachms; spirit of nitrous ether, 6 ounces. A tablespoonful of this is given in water at intervals of half an hour to an hour and a half, until six doses are taken. In old cases, he uses also carbolic acid and arsenite of potash, and also tonics, etc., according to circumstances. In typhus, also, the diaphoretic, antipyretic, and antiseptic properties of salicylic acid are regarded by him as valuable.

FLATULENT DYSPEPSIA.—At the meeting of the Paris Academy of Medicine on October 9th, M. Leven read a paper (*Mouvement Médical*, October 13th) on the gases of the stomach and flatulent dyspepsia. He is of opinion that food does not appear to produce gas, and that the gases which are found in the digestive tube proceed from the external air, the blood, and fæcal matter. The gases which are evolved in flatulent dyspepsia are not due to decomposition of food, but, arising from the three sources already indicated, they are continually put into motion by the pathological contractions of the muscular fibres of the intestines. Expelled by the mouth, they are constantly renewed, and their production may be as incessant in a starving man as in one who is well fed. This symptom of production of gas, therefore, signifies an irritation of the stomach, which is always consecutive to a long-standing gastric dyspepsia. The progress of the disease, and the treatment to be adopted for its cure, confirm these data of clinical observation. There is no need to seek for any therapeutic agent to combat these gases. Besides which, the so-called absorbent powders, as charcoal, do not, according to the experimental verifications of M. Leven, absorb gas. If solid charcoal do absorb it, directly it is reduced to powder it loses all absorbent property.

PATHOLOGY.

CONGENITAL OCCLUSION OF THE SMALL INTESTINE.—E. Theremin (*Deutsche Zeitschrift für Chirurgie*, vol. viii) remarks that congenital occlusion of the small intestine is extremely rare. In the Vienna Foundling Hospital, it was met with only twice during eleven years, in 111,451 children; and in St. Petersburg nine times in 150,000 cases. Theremin divides it into 1. Narrowing and atresia of the duodenum; 2. Atresia of the jejunum and ileum; 3. Atresia of the horizontal branch of the duodenum; 4. Fœtal incarceration of the small intestine; 5. Occlusion by tumour. Stenosis and atresia of the curvature of the duodenum are merely different degrees of the same affection. The intestinal tract is normal, and so are the peritoneal ligaments; but the greater omentum is very short. The stomach is dilated and thickened, and studded with capillary extravasations in consequence of frequent vomiting. Round ulcers are found in the dilated portion of the duodenum above the constriction, while the lower horizontal portion of the duodenum commences below the atresia as a blind sac, and, with the rest of the intestine, is much contracted. In cases of stenosis, a very fine canal lined with mucous membrane alone connects the upper and lower portions, and the ductus choledochus is connected with the constricted part. In all the subjects of this malformation, vomiting takes place immediately on their sucking, and they rapidly die. The rejected ingesta are coloured black with blood. The discharge of meconium has been nearly normal in all the cases; and there have been no signs of peritonitis. In the other portions of the small intestine, the occlusion is found in the upper or lower part of the jejunum, or in the lower part of the ileum, near the ileo-cæcal valve. Sometimes the obstruction is caused by a membranous septum arranged perpendicularly to the wall of the intestine: in other cases the intestine forms a *cul-de-sac* above and below the stricture. There are also specimens in which, besides atresia in one or more places, the intestines have become adherent to each other or to the abdominal wall by false membranes. The children generally die soon after birth; one lived twenty-six days. In the related cases, vomiting occurred only when the atresia was situated in the upper part of the jejunum; in many, there were dilatation and ulceration of the portions above the constriction, with signs of recent peritonitis. The author has observed only two cases of atresia of the horizontal branch of the duodenum. The constriction was situated at the commencement of the extra-peritoneal horizontal portion, below the opening of the bile-ducts. The colon was full of meconium. The intestinal tract was normally arranged; the mesentery was short and thick. Under the head of fœtal incarceration are described three cases, in which the intestines, the arrangement of which was normal, were occluded by pseudo-membranous cords. In other cases (two from other sources, and three observed by the author), the obstruction was caused by twists of the intestine. The mesentery was inordinately long. Of congenital occlusion by tumour, there is only one case, recorded by Widerhofer, in which an alveolar cancer of the left lobe of the liver was also intimately adherent to a loop of the ileum, which was twisted once on its axis. The author refers the cases of occlusion in the first four categories exclusively to peritonitis during the first half of fœtal life; traces of which may be afterwards occasionally found in the form of enlarged mesenteric glands, abnormally developed peritoneal ligaments, or a shortened and atrophied mesentery.

SMALLNESS OF THE CEREBELLUM.—In a case described by M. Huppert in the *Archiv für Psychiatrie*, vol. vii (abstract in *Centralblatt für die Medicin. Wissenschaften*, July 28th), the phenomena observed during life were ataxic disorders of motion in the limbs and spine; impossibility of maintaining equilibrium; uncertain and tottering gait; and difficulty in rising from the horizontal (supine) position. At the age of three years, the patient had had a severe nervous fever; after which he suffered from epilepsy and choreiform muscular disturbances. These disappeared after a few years, but weakness of intellect and the conditions mentioned above remained. The cerebellum was of little more than half the usual size; its form and the proportion of its parts were normal; the layer of grey matter was thin; its consistence was increased, so that the pia mater was easily stripped off. The pons Varolii and medulla oblongata were also small, though not so much so as the cerebellum. The corresponding region of the skull was extraordinarily flat. The author assumes the existence of a retardation of the growth of the organ, dating from the third year of life, with a relative increase of the neuroglia. The symptoms of disease of the entire cerebellum are, the author concludes, only motor disturbances, that is to say, ataxic disorders. A high degree of smallness of the cerebellum is to be anatomically compared with its total extirpation, as regards the effect on the function of the organ.

SURGERY.

GUNSHOT-WOUND OF THE HEAD IN A CHILD.—R. Demme, in the report for 1876 of the Children's Hospital in Bern, relates the case of a boy aged 5½, who was wounded by a small revolver-bullet, the ball entering at the lower and inner angle of the right frontal bone, close over the root of the nose, and passing somewhat upwards without leaving the skull. The boy was at first stunned, but in a few minutes recovered consciousness. There was paralysis of the left side of the face and of the right half of the body. A probe could be passed into the wound to the depth of 5 or 6 *centimètres* (about 2 or 2⅓ inches). Healing took place in five or six weeks; and power of movement began to return in the paralysed limbs—the paralysis being only of motion—about the fourth or fifth week. When Dr. Demme saw the child four or five months after the accident, there was a cicatrix at the place of entrance of the ball, at the bottom of which a deposit of bone could be felt; there were traces of paralysis of the left side of the face; the right upper limb was flexed, with paralysis especially of the deltoid and triceps muscles; the extensors of the right lower limb were weaker than those of the left. The patient could move about with the help of a supporting apparatus. Subcutaneous injections of strychnia greatly improved his condition. The author believes that the ball entered the left hemisphere of the cerebrum, and became encapsuled in it or in the base of the skull.—*Centralblatt für die Medicin. Wissenschaften*, August 11th.

THE ROYAL PALACES.

THE very frequent appearance, of late years, of typhoid fever amongst the members of the Royal Family has naturally caused in the public mind a feeling of great doubtfulness as to the sanitary condition of the Royal palaces. We are pleased to know that one of those buildings, Marlborough House, has been recently so thoroughly overhauled that all anxiety on the score of its bad drainage may now be dismissed. The whole of the basement has been examined, with the result of finding a most discreditable condition of affairs. Old drains and cesspools were found, the existence of which was not even suspected by any person in authority. No one knew what they had been made for, and they had formerly been cut off, and were found to be filled with decomposing filth and swarming with rats. Of course, they have all been removed, and the ground they occupied has been filled in with concrete. New drains of the most approved description have been put down. All these works have been done by the Board of Works, under Mr. Taylor, the chief Engineer Inspector of the Board.

As regards the other royal residences, we learn that Windsor Castle and Sandringham have both at various times been reported upon by Mr. Rawlinson. At Balmoral and Osborne, the necessary sanitary works were thoroughly carried out by the late Mr. Cubitt, who built both houses.

At Sandringham, since the illness of H.R H. the Prince of Wales, a special supply of pure water is furnished to the royal table from two springs on the estate, which, though small, produce very pure water. The house has also been thoroughly ventilated. The drains were examined by Mr. Rawlinson, who removed all the cesspools. The sewage is now to be carried by drains a mile from the house into the park. Water-works are in progress, and will be completed before Christmas, which will provide a water-tank 70 feet high, capable of storing 32,000 gallons of pure spring chalk water, to be softened by Clark's process, and giving a pressure for fire service of 150 feet.

HOSPITAL AND DISPENSARY MANAGEMENT.

COUNTY MEDICAL CLUBS.

SIR,—In last week's JOURNAL you gave a long account of a meeting at Bury St. Edmund's, with reference to the formation of a Suffolk County Medical Club, at which Sir Edward Kerrison presided. He founded a similar club at Eye eighteen months since, which has proved a very great success, and I have been asked by several of my neighbouring practitioners to give my experience of the working of the club from the medical man's point of view, as I have one of the largest branches of the present Eye Medical Club. Only working men not earning more than 18s. a week with their families are admitted, and the scale of payments I append to this letter. There are now 4,200 members in this club; and, basing my calculations for a year on the six months ending September 30th last, I find that in 1,000 members 512 were children, 240 married women, 248 men or single women. These 1,000, taken together, pay annually into the club £102 10s.—about 2s. 1d. each—and for ordinary medical attendance the doctor receives £123; and, taking an estimate of fifty confinements (I had twenty-seven in half a year in 1,100 members), the members would pay £18 15s., and the doctor receive £47 5s. Thus in all the members pay £121 5s., and the doctor receives £170 5s.; the difference (£49) paid from the honorary subscriptions, exclusive of fractures, etc., for which I find the average to be scarcely £10 a year, making £180 in all received by the medical man.

I have carefully gone over the names of families in this branch, which is over 1,100 members; and, estimating 1,000 on the average of the four previous years, the people now in the club paid me scarcely £100 a year. Therefore, there is a gain to me of £80 in cash: add to that, I have no trouble of day-book, ledger, and bills, nor the bother of receiving small sums "on account" from poor people who can often scarcely afford it. And for 1,000 members, of whom half are under ten years of age, I think £180 is a fair remuneration—at any rate, it is nearly double what I had been able previously to obtain. It will be observed £60 of this £180 is paid from the honorary fund, and from the same source come all working expenses, printing, etc. But the new County Medical Club is to be made nearly self-supporting—an obvious advantage to all concerned in its welfare; and next week I purpose sending you a short account of what the payments, etc., would be with the same 1,000 members on the new scale.

As this medical club of Sir Edward Kerrison's was the first of its kind established, it is only reasonable to suppose there would be a weak point or two in it, the chief one being its too great dependence on the club-funds of honorary subscriptions, etc.; but as we hope to improve from the experience gained, so I can most strongly recommend to those medical men practising in poor localities or in rural districts the formation of a club similar to the new Suffolk County Medical Club. To show how popular it is with the labouring classes in this neighbourhood, in several villages I find one-third of the whole population in the club: and if any of your readers are interested enough to wish for further information about this matter, I shall be glad to give what help I can on hearing from them.

Apologising for so long a letter, I am, sir, yours truly,

GEO. FLETCHER, M.D.Cantab.

Earl Soham, Suffolk, October 23rd, 1877.

Present Scale of Eye Medical Club.

Members pay in annually.		Doctor receives.
Single member	4 0	4 0
Man and wife	7 0	7 0
Man, wife, and one child	8 0	8 6
,, two children	8 6	10 0
,, three children	9 0	11 6
,, four children	9 6	13 0
,, five or more children	10 0	14 6
Confinements	7 6	Under one mile 15 0
		Over one mile 20 0

Fractures and surgical operations same scale as Poor-law Board.

SIR,—There are four advertisements for assistant-physicians at various hospitals—for one at St. Mary's, Charing Cross, and the Metropolitan Free, and two at the General Hospital, Birmingham. At the last there is an honorarium of one hundred guineas, but at the three former there is nothing but honour. The young men who take assistant-physicianships are the best and most unselfish workers in our profession, but with no experience of life. There have been several changes at Charing Cross within a few months. Death and illness have been active in causing directly or indirectly these vacancies. Let us who are older in the profession warn our younger friends how they work for nothing, and let us make the authorities of the London hospitals do as they do at Birmingham, and pay their medical officers.—Yours faithfully,

A HOSPITAL PHYSICIAN.

SPECIAL CORRESPONDENCE.

PARIS.

[FROM OUR OWN CORRESPONDENT.]

The late Dr. Jean Benjamin Broca.

I RECEIVED, a few days ago, a *lettre de faire part*, or notice of the death, of Dr. Jean Benjamin Broca, which took place at St. Côme, near Luzarches, in the Department of the Seine et Oise, in the eighty-eighth year of his age. His remains were removed to Sainte Foy la Grande in the Gironde, where they were interred on September 25th. The deceased, who was father to Paul Broca, the eminent *savant* and Professor of the Faculty of Medicine of Paris, was one of the oldest, if not the oldest, practitioner in the Gironde, whence he retired from professional work to spend the rest of his life with his son at Paris. Although more than octogenarian, and suffering as he did from a long and painful malady, his mental faculties were preserved intact to the last, and the present generation of the medical students of Paris will recall to mind his presence among them at the clinical lectures of his son, where he was wont to be one of the most regular attendants. Dr. J. B. Broca was a great favourite among the students, as he was very communicative, and the anecdotes he used to relate in connection with his long career and professional experience, and which were as amusing as instructive, used to be listened to with avidity and interest. He was one of the first members of the Anthropological Society of Paris, of which, together with his highly esteemed son, he was one of the principal founders.

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 7th day of November next, at Two o'clock in the afternoon.

FRANCIS FOWKE,
General Secretary.

36, Great Queen Street, London, W.C., October 25th, 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.

SOUTHERN BRANCH.

AN ordinary meeting of the above Branch will be held at the George Hotel, Portsmouth, on Wednesday, October 31st, 1877, at 4.30 P.M.

The following papers, etc., are promised.

1. Notes on Fracture of the Femur: H. B. Norman, Esq.
2. Case of Fracture of the Skull: Dr. Manley.

3. Specimens of Mammary Tumour, with microscopical sections: Dr. Ward Cousins and Dr. E. Hollis.

Dinner will be provided at 6.30 P.M. Charge 6s., exclusive of wine.

Members intending to be present at the dinner are requested to send in their names on or before October 29th.

J. WARD COUSINS, *Honorary Secretary.*

Southsea, October 25th, 1877.

SOUTH WALES AND MONMOUTHSHIRE BRANCH.

THE autumn meeting of this Branch will be held at Dowlais on Thursday, November 8th.

There will be a dinner after the meeting, at the Castle Hotel, Merthyr.

Gentlemen desiring to bring forward papers or communications, or to be present at the dinner, are requested kindly to give notice by November 4th to either of the undersigned.

ANDREW DAVIES, M.D.
ALFRED SHEEN, M.D. } *Honorary Secretaries.*

October 16th, 1877.

CORRESPONDENCE.

PROFESSOR LISTER'S INTRODUCTORY: ANTISEPTIC SURGERY.

SIR,—You have rendered the profession good service by publishing Professor Lister's Introductory Address in full. I have read it with great interest, and I have no doubt thousands of others have done the same. For a long time, I have been fully convinced of the value of antisepticism in surgery. It is certainly one of the great advances, if not the greatest, of the age; and I am surprised that the profession have been so slow in adopting it. It is only since Professor Lister's visit to my own country a year ago, that we have there taken it up. Van Buren, Stephen Smith, and a few others among us, have adopted it in New York; but it is by no means universally used. In France, it can hardly be said to have a foothold. Professor Veneuil is, I believe, its only advocate here. In Germany, it has many able partisans, among them the earnest and enthusiastic Nussbaum. I attended the late meeting of the German Congress of Naturalists and Physicians held at Munich (September 17th to 25th), and I there had the good fortune to hear Nussbaum lecture on Antiseptic Dressings in Surgery, and to see him operate, using the spray and Lister's dressing. He is truly eloquent on the subject of Listerism. He really out-Listers Lister himself in praising the antiseptic method. He uses the spray as Lister does, and his assistants apply Lister's dressings, not with the nicety that we are taught by Lister to be essential, but with celerity and sufficient exactness to insure the best possible results.

Now, why is it that Lister's teachings and practice are not more generally adopted? We are often too hasty to try any new remedy that promises better results than the old; and we are always ready to accept any improved surgical appliance at once. Why then have we, as a profession, remained passive, while for the last ten years Lister has been constantly calling upon us to try his method, and at the same time bringing forward most convincing proofs of its success? Is it because we do not accept his theoretical doctrines? Not at all. Theories are well enough, and essential for great philosophers like Pasteur and Lister, but we, the busy practitioners, are indifferent to them, and want only successful results. Show us how to achieve these, and we ask no more. See with what avidity we at once adopted Graeffe's operation of Iridectomy. We accepted it not on theoretical grounds, but we accepted it because it was successful, because it accomplished what it proposed, because it preserved vision that would have been lost without it. Ophthalmic surgeons are not, even now, in perfect accord about the theory of the operation, and yet they all do it, and with the best results. No, we care nothing for theories if we can only relieve suffering and prolong life. For myself, I accept Professor Lister's theories out and out. His results, whether his theory is true or false, are all that he claims and all that could be desired. Why, then, I repeat, are we so slow to adopt his method? The objections that I have heard urged against it are these: 1. It takes too much time; 2. It is too complex; 3. It is too expensive.

Now, I would most respectfully ask Professor Lister, "Is it not possible to simplify the dressing, so as to do away with all these objections and at the same time insure the same successful results?" Seven years ago, it was my great privilege to spend a whole day enjoying the hospitality of my friend Professor Lister. By reading his philosophic papers before my visit, I was fully convinced of the truth of his theories; and by witnessing the results of his practice, I was equally convinced of the value of his method. At that time, it occurred to me to ask the question above propounded; but I could not, and did not. I was prompted to it by seeing in his laboratory a score or more of flasks with long necks, stoppered only with a little clean cotton wool, each flask containing urine, or other putrescible fluids, which have all remained unchanged, some for months and some for years. These curious experiments embody a great truth which Lister has for long years implored us to accept and put to practice, but we do not.

In Professor Lister's Introductory Address (BRITISH MEDICAL JOURNAL, October 6th, 1877, p. 465) he says: "Here is a glass containing what is called Pasteur's solution, a solution devised by M. Pasteur for the very purpose of affording nourishment to the yeast-plant and other minute organisms. This was prepared on September 10th in a flask purified by heat, covered over with a pure cotton cap, which permits the entrance of air but does not permit the entrance either of the yeast-plant or of any other form of dust. The Pasteur's solution, of itself containing, besides sugar, ammoniacal and other earthy salts for the nutrition of the fungus, was heated to about the temperature of boiling water, so as to destroy any organisms that might exist in the water. The result is, that it continues perfectly unchanged, just as it was on September 10th; but if we were to add to it a little of the yeast-plant from fermenting grape-juice, we should find that at the temperature of summer weather this would very soon be in a state of free fermentation at the same time that the yeast-plant would multiply."

Now, if putrescible fluids in a flask can be thus so easily protected against putrefaction simply with a bit of clean cotton wool, without adding layers of carbolised cloth, why cannot wounds that might take on putrefactive action be protected against this just as thoroughly with a simple covering of clean cotton wool, without these expensive carbolised coverings? In Paris, at the Hôtel Dieu, we see raw cotton wool applied as a dressing to open wounds by Guérin with great success, and without the carbolised spray. In New York, at the Bellevue Hospital, we see the same plan followed by James R. Wood, one of our most eminent surgeons, with results that are simply marvellous. For the last ten years, I have used plain clean dry cotton wool as a dressing for the abdominal section in ovariotomy, and I can truly say that no other dressing will compare with it. To kill atmospheric organisms in a glass flask with a long narrow neck, we apply heat and close the open neck of the flask with cotton wool, and nothing else, and it protects the contained fluid against all change indefinitely. About this there is not the shadow of a doubt. And to kill atmospheric organisms during surgical operations, we use carbolic acid, dilute sulphurous acid, or other germicide, in spray, and with absolute success. Now, if at this stage of the operation we could simply cover the wound over with cotton wool, as we do the mouth of the purified flask which contains putrescible fluids, it would save us a great deal of time, trouble, and money. If the cotton wool "does not permit the entrance either of the yeast-plant or any other form of dust" in the one instance, why should it in the other? If the cotton wool filter the air from its impurities as it passes through a glass tube, why can it not do the same thing under other and all circumstances? If the carbolised textures used in Lister's dressing are absolutely essential to protect wounds against the entrance of atmospheric germs, why then should they not be equally essential to protect the open-mouthed purified flasks against their entrance? But Professor Lister has proved in hundreds, nay in thousands, of instances that cotton wool, unmedicated, uncarbolised, is alone sufficient to protect the contents of purified flasks against putrefaction, and it now remains for him to prove whether cotton wool is or is not alone equally effective in protecting surgical wounds against the entrance of atmospheric organisms. But it may be said this point has been already established by Guérin at Paris and James R. Wood at New York. However, they have not made their experiments on the theory of antisepticism. They have not used the carbolic spray at all. If they have achieved such good results with cotton wool alone, without the carbolic spray, what may not be accomplished with the spray and cotton wool dressing conjoined? Had I a hospital service (unfortunately I have not) I would certainly put this to the test. If successful, and I see no reason why it should not be, then the antiseptic method would be so simplified that we might hope ere long to see it universally adopted. But, as it is now, the expense alone will continue to retard its progress. It is, therefore, important that something be done not only to simplify the dressing, but to cheapen it, before it can be generally adopted in hospital practice; and I know of no one so competent to do this as Professor Lister, the father of antiseptic surgery. He has made many modifications of his method since he first published it to the world. Let him go on till he reduces it to that

practice. Seldom outside a metropolis or some large city has a medical man gained for himself so wide a reputation as Dr. Donovan. Nearly forty years ago, he was well known as an able and accurate observer of disease, and his writings on various medical subjects, which his experience of successive epidemics enabled him to master, soon gained for him a reputation which his subsequent labours fully maintained. In the cholera epidemics, in the famine years, in the outbreak of Irish typhus fever, Dr. Donovan was a foremost and energetic worker. His contributions on the causes of and methods of grappling with these scourges were greatly valued, and many of his contributions during those stirring times in the history of Irish epidemics were justly prized for their originality and the vivid descriptive power they exhibited. During those memorable famine years, when so many were paralysed with fear and doubt, Dr. Donovan's energy rescued hundreds from starvation and death. He was the centre and life of every movement in the west of his county which could bring assistance to the destitute. He was then well known to the *Times* as an active correspondent, and it was only recently, in referring to the Indian famine, that a writer in the *Times* alluded in a touching manner to the miserable retiring allowance which this valuable public servant had received on resigning, from ill health, the Poor-law service. Not satisfied with his exertions at home, Dr. Donovan raised large collections elsewhere, and by his personal intervention secured for many of his countrymen employment in London during these terrible times. Mayhew, in his work *London Labour and London Poor*, refers to this action of Dr. Donovan on behalf of the distressed Irish. So far back as 1839, he was presented with a testimonial for his exertions during the cholera epidemic. From this year until 1869, when he retired from the Poor-law appointments he held, he enjoyed throughout the entire west of his county quite an exceptional reputation. In 1863, he was presented by the surrounding gentry with a service of plate, and a purse of one hundred and fifty guineas, in recognition of his services to the poor. Dr. Donovan entered the medical profession in 1828. He graduated in Edinburgh University, and took the licences of the Royal Colleges of Surgeons of Ireland and Edinburgh, in the same year. He was forty years a medical officer under the Poor-law. He resigned in 1868 from failing health, having been the previous year operated on successfully by Mr. Critchett for cataract: a curious coincidence, as he himself had been a very successful operator on the eye. Dr. Donovan was a bold and original surgeon in his day, and performed many highly successful and serious operations. He had three sons in the medical profession. Dr. Donovan has added one more name to the list of those of whom the Irish Poor-law medical service may justly be proud—a talented and original physician; a philanthropic public servant; a kind and sympathising adviser; he was the type of a class of Irish physician, of which we can only say that we regret there are not more frequent examples at the present day.

PUBLIC HEALTH
AND
POOR-LAW MEDICAL SERVICES.

THE following have been elected the first Local Board at Wirksworth, Derbyshire; viz., Messrs. William Shaw, Philip Hubbersty, Thomas Newton, Benjamin Street, G. H. Wheatcroft, Thomas W. Hunt, W. H. Watterson, Richard Wall, and John S. Hall.

THE Town Council of Leicester have decided, by a majority of thirty-three to two, to purchase the Water Works upon the terms which, after discussion and negotiation, had been embodied in a draft agreement.

THE St. Saviour's Union Board of Guardians resolved at their last meeting to appoint a Superintendent Medical Officer at a salary of £400 a year, and an Assistant Medical Officer at £130 a year, both with allowances, for their new Infirmary at Newington; and they will proceed to invite candidates as soon as the consent of the Local Government Board has been obtained to their resolution.

POOR-LAW MEDICAL APPOINTMENTS.

*KERSWILL, J. Bedford, M.R.C.P.Ed., appointed Medical Officer and Public Vaccinator for Number One District of St. Germans Union, *vice* Robert Kerswill, resigned.

LEWIS, Thomas Hope, M.R.C.S., appointed Medical Officer for the First Carmarthen District and Workhouse, Public Vaccinator for First Carmarthen District, and Medical Officer of Health for Carmarthen Rural Sanitary Authority, *vice* William Lloyd, M.B., deceased.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentleman passed his examination in the science and practice of medicine, and received a certificate to practise, on Thursday, October 11th, 1877.

Pain, Alfred, Coultings, Bridgwater

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

Jacob, Henry Garrard, Charing Cross Hospital

The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, October 18th, 1877.

Culhane, Frederick William Slater, Brockley
Dale, Henry Ridley, St. George's Square, N.W.
Hoole, Henry, Walthamstow, Essex
Robey, Jesse William, Etruria, Staffordshire

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

Hatton, George Stokes, St. Thomas's Hospital
Johnston-Lavis, Henry James, University College
Lynn, Edward, Guy's Hospital
Richardson, Charles Boards, St. Thomas's Hospital

MEDICAL VACANCIES.

THE following vacancies are announced:—

CASTLE WARD UNION—Medical Officer for the Workhouse and the Ponteland District.

CHARING CROSS HOSPITAL—Assistant Physician and Assistant Surgeon. Applications to be made on or before November 2nd.

COOTEHILL UNION—Medical Officer for the Workhouse. Salary, £80 per annum, and fees.

DRAYTON UNION—Medical Officer for the Second District and Workhouse.—Medical Officer for the Fifth District.

EAST SUSSEX, HASTINGS, and ST. LEONARD'S INFIRMARY—House Assistant Surgeon. Applications to be made on or before November 10th.

GENERAL HOSPITAL, Birmingham—Two Assistant Physicians, Two Assistant Surgeons, and a Dental Surgeon. Salary, £100 each per annum. Applications to be made on or before the 29th instant.

LOCHGOILHEAD and KILMORICH, Parish of—Medical Officer. Salary, £60 per annum and fees. Applications to be made on or before November 1st.

METROPOLITAN FREE HOSPITAL—Assistant Physician. Applications to be made on or before November 10th.

MILFORD UNION—Medical Officer for the Rathmullen Dispensary District. Salary, £120 per annum, and other emoluments, amounting to £50. Applications to be made on or before November 6th.

PORTLAND TOWN FREE DISPENSARY—Resident Surgeon and Dispenser. Salary, £100 per annum, apartments, fire, gas, and attendance.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL—Assistant Surgeon. Applications to be made on or before November 1st.

ST. MARY'S HOSPITAL, Paddington—Assistant Physician. Applications to be made on or before the 29th instant.

TOBERCURRY UNION—Medical Officer for the Tobercurry Dispensary District. Salary, £100 per annum, and £20 as Sanitary Officer, and fees. Applications to be made on or before November 5th.

WEST BROMWICH UNION—Medical Officer for the West Bromwich South District.

WONFORD HOUSE HOSPITAL FOR THE INSANE, near Exeter—Resident Medical Superintendent. Salary, £350 per annum, with board, lodging, washing, and attendance. Applications to be made on or before November 3rd.

WORKSOP DISPENSARY—Resident Surgeon. Salary, £120 per annum, with furnished apartments, coals, gas, and attendance. Applications to be made on or before the 27th instant.

MEDICAL APPOINTMENTS.

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

BENNETT, William H., F.R.C.S., appointed Surgeon to the Belgrave Hospital for Sick Children.

*JONES, I. Thoresby, M.R.C.S.E., appointed Assistant House-Surgeon to St. Bartholomew's Hospital, Chatham, *vice* J. Clayton, resigned.

*LOWNDES, Frederick W., M.R.C.S.Eng., appointed Surgeon to the South Division Liverpool Borough Police Force, *vice* *John Fenton, M.D., deceased.

*PEACOCK, T. B., M.D., F.R.C.P. (Consulting Physician to St. Thomas's Hospital and to the City of London Hospital for Diseases of the Chest, Victoria Park), appointed Consulting Physician to the Training Hospital, Tottenham.

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.

BIRTHS.

LEE.—On the 3rd instant, at The Elms, Heckmondwike, the wife of *Francis Boynton Lee, F.R.C.P.Ed., of a son.

PALMER.—On the 18th instant, at Whittington, Derbyshire, the wife of *Ambrose Palmer, M.R.C.S.Eng., L.R.C.P.Edin., of a daughter.

DEATH.

JACKSON.—On the 23rd instant, at 91, Harley Street, Cavendish Square, Rosa, the beloved wife of *T. Carr Jackson, F.R.C.S., and youngest daughter of the late Thomas Wakefield, Esq.—Friends will kindly accept this intimation.

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 Orthopædic, 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 Orthopædic, 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.

MONDAY.—Medical Society of London, 8.30 P.M. Dr. Lee, "Maternal Impressions". Clinical Cases and other communications.

THURSDAY.—Harveian Society of London, 8 P.M. Dr. W. H. Day, "Case of Hypertrophy of Heart, with Chronic Albuminuria, in a Child"; Mr. Edmund Owen, "Case of Imperforate Rectum—Littré's Operation"; Mr. T. Carr Jackson, "Lithotomy in a Patient aged 70"; Dr. Ashburton Thompson, "Death after Delivery".

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.

EXCESSIVE SALIVATION DURING PREGNANCY.

SIR,—Seeing no answer to the above, I offer my limited experience. On two or three occasions after the failure of various means, I succeeded in arresting profuse salivation by giving two minims of tincture of opium every hour in half a wineglassful of claret, with directions to swallow all the saliva, cautioning the friends at the same time not to wake her to take the medicine. Port wine, porter, and nourishing diet must be freely administered, and the bowels gently acted upon by some infusion of rhubarb, given every morning.—Yours truly,

Bromsgrove, October 16th, 1877. RICHARD WOOD.

MR. PARKER'S request shall be attended to.

ANTI-VACCINATION.

AT the Leeds police-court, last week, Mr. J. Atkinson, Honorary Secretary of the Anti-Vaccination Society, was fined for the sixth time for refusing to have his children vaccinated. Defendant did not appear, and sent the following letter to the authorities:—"To Mr. Thomas Holmes, Vaccination Spy, Guardians' Office, Leeds.—John Ewbank Atkinson is not going to be murdered to please you or a thousand spies, tools, fools, guardians, Local Government Board, or anybody else. Take that for your answer: inform the *Mercury* of it, and take proceedings as soon as you like."

A QUESTION OF ETIQUETTE.

SIR,—Kindly give me your opinion upon the following case. A. is a prominent citizen, whom B. has known in an official capacity for over four years. C. has known A. for about two years, and has been told by friends that A. would probably employ him professionally. Neither B. nor C., however, have had A. as a patient. C. goes out of town, leaving his work to B. An emergency occurs. A. sends for C., and, failing him, for B. B. continues attending till C.'s return, when he tells A. his visits must now cease. A. replies, "Not at all; we only sent for C. as the nearest doctor, and we are very glad to have made your professional acquaintance: C. is not our doctor, and we would wish you to continue your visits." Did B. do right in acceding to this request? About a month thereafter, A. again sends for B. Is B. justified in considering him his patient and going? and should he explain all to C.? B. and C. are intimate friends.—I am, etc., PERPLEXED.

*** We see no room for perplexity. C. was the doctor sent for, and B. was attending for him. Clearly, therefore, he must resign his patient to C., for whom he was *locum tenens*.

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.

SIR,—Things have come to a very serious pass when a number of hospital physicians and surgeons, supposing themselves possessed of such superior knowledge to the five medical gentlemen who were present at the *post mortem* examination of Harriet Staunton, the coroner and his jury, the grand jury, the judge and jury after a seven days' patient trial of the case, should presume to memorialise the Home Secretary in these words:

"We . . . beg leave to state our opinion that the morbid appearances described as having been observed *post mortem* in Harriet Staunton's body are such as indicate death from cerebral disease (*sic*); and that such symptoms as were recorded during the last few months of life, and especially those which are described by Dr. Longrigg as immediately preceding death, are not the symptoms which starvation could have induced (*sic*), but are usual and characteristic symptoms of certain forms of disease of the brain."

This is a very solemn statement to make in defiance of judge and juries, and physicians and surgeons who saw the *post mortem* appearances, and savours greatly of the infallibility of presumption rather than knowledge. If these gentlemen have been the means of defeating the ends of justice, they will have something to answer for at the bar of God, if not of man. Your very able leader of the 6th instant fully endorses every word; and Dr. Fowler's letter in the last JOURNAL tends to confirm the truth of the medical evidence, and the verdict of all the juries. These memorialists, if honest to their convictions, should not be ashamed or afraid to answer these two questions. 1. How many are sceptics? 2. How many are in favour of the abolition of capital punishment?—I am, yours faithfully,

Liverpool, October 22nd, 1877. P. LEIGH.

WE have received a communication from Dr. Gurney concerning phosphodia. Under this name, however, he appears to designate some preparation of phosphorus, which he terms an alkaloid, but as to which he gives no particulars of constitution or mode of preparation. This is probably an unintentional omission.

MOLES ON THE FACE.

SIR.—I beg to inform "A Member" that the plan I adopt for the removal of moles from a lady's face is the following. By means of two slightly curved incisions, passing one on each side of the mole, and meeting at a point above and below, the unsightly object is removed. I then bring together the cut edges with a wire-serrefine, and cover over the incision and teeth of the serrefine with scraped lint soaked in collodion. On the third day I remove the serrefine, and drop a little collodion into the holes it has left in the now dried lint. On the fifth day, or the sixth at latest, I peel off this lint and find the wound completely healed. I have operated several times in this manner, and have never been disappointed in the result. Usually there is no mark left, and in the worst cases only the faintest possible line of a cicatrix. The serrefine gives rise to no pain after the first application, and then it is very slight. The only drawback is its unsightly appearance for the three days it has to be worn; but to this ladies will readily submit when its advantages in avoiding a scar are explained to them.—Yours faithfully,

October 1877. ANOTHER MEMBER.

A QUESTION OF OBSTETRIC ETHICS.

SIR,—There are but two classes of cases in which it is desirable to bring on premature labour: 1. Where a living fœtus cannot be born at full term *per vias naturales*; 2. Where the life of the mother is threatened by some morbid condition which there is sound reason for believing would disappear on the removal of the fœtus, or at least that the condition would be much improved, and where all other treatment has failed. If "Alpha's" patient belong to the second class, it would be his duty to propose the induction of premature labour. But, as far as the report goes, there is no reason why this should be done: her children have perished, it would appear, from want of proper food, and not from any cause connected with their birth. If the mother be debilitated and unable to supply the infant with milk, it will be much better for both that the child be taken from the breast and fed only on the best cow's milk, avoiding all other food. To prevent debility from coming on during this pregnancy, let the mother take suitable tonics, proper food, have plenty of fresh air and exercise, and be scrupulously clean personally and in her surroundings, and let her bowels be kept regular either by Hunyadi János water or some other suitable aperient. The convulsions were probably hysterical, or of the "epileptiform" nature alluded to by your correspondent. True eclampsia seldom occurs for the first time after labour, so that they are not likely to be benefited by the removal of the fœtus; and to my mind the risk of having *post partum* hæmorrhage should never induce a practitioner to bring on premature labour. In the first place, it only lessens the risk in a slight degree—perhaps not at all; secondly, the hæmorrhage does not occur as a matter of necessity, and can frequently be prevented by suitable treatment; and thirdly, should it occur, the present state of the obstetric art teaches us how to employ certain remedies that generally overcome it.

I cannot refrain from touching on the important question of prophylaxis of *post partum* hæmorrhage. The patient should be got into as good a state of health as possible during pregnancy, anæmia being especially guarded against. During the labour, she should be kept perfectly quiet in every way. When the os is fairly dilated, the membranes should be punctured; and when the head is on the perinæum, a good dose of ergot should be given. During the passage of the fœtus through the vulva, steady pressure should be exerted with the left hand over the fundus; and this pressure should be continued until after the birth of the placenta, when a binder should replace the hand.—Faithfully yours,

Sunderland, September 15th. JAMES MURPHY, M.D.

THE following appears in the *Redditch Indicator* of October 13th:—Important Notice. Mr. J. E. Peirce, M.R.C.S., England, L.S.A., London, having taken Littleworth House, Unicorn Hill, will, on the 1st of January, 1878 (D.V.), continue his practice there, instead of at his present residence. He will also establish a society, to be known by the name or title of "Peirce's Medical Society". Persons desirous to become members will please apply for terms and particulars to Mr. Wilmore, 4, Clive Road, Redditch.