

right crus cerebri, into the under and inner part of the right half of the pons Varolii, involving the right floor of the fourth ventricle. The drawings, from sections made by Dr. Kesteven, showed sclerosis of the right half of the pons, advancing in successive stages through the anterior pyramids, and then crossing over in direct relationship with the decussating fibres to the left lateral column of the spinal cord. Dr. Dowse remarked that it was now a recognised pathological fact, which had been more particularly demonstrated by M. Charcot, that lesions of the brain, when they succeeded in promoting consecutive degenerative changes, did so in direct harmony with what may be termed a direct histopathological law. He said it was interesting to follow out M. Charcot's statements concerning the association which existed between sclerosis of the lateral columns of the cord and hysteria, both with and without tremor; and had it not been for the marked facial paralysis in this case, he should certainly have felt inclined to look upon it as of an hysterical character; the more especially as there was such general and profound anæsthesia.

Dr. BUZZARD said there were interesting points of similitude in the case to those witnessed in many cases of hysteria. He had seen girls suffering from cerebro-spinal sclerosis who had been told that they had hysteria, and who consequently had evidently endured great hardships at the hands of non-sympathisers. This case did at first greatly resemble many cases of hysteria.

SELECTIONS FROM JOURNALS.

MEDICINE.

TOLERANCE OF CHLORAL IN DELIRIUM TREMENS.—Dr. P. H. Bishop reports in the *Boston Medical Journal* for September 6th a case of delirium tremens in which a man suffering from the usual symptoms took in delirium a dose of one hundred and sixty-five grains of chloral-hydrate in one draught. He slept thirty-six hours. His pulse during the first hour rose to 132; in the third hour, it had gone down to 88, and remained unchanged, full and soft. The temperature never varied from 99 deg. Fahr. Dr. Bishop adds that the amount taken, a trifle over one hundred and sixty-five grains, is the largest dose which was not fatal that he has ever heard mentioned or read of; and that there should not arise one single alarming symptom, such as diminished temperature, sighing respiration, a slow feeble pulse, or pallor of the features, renders the case remarkable. The patient awoke entirely relieved from his trouble.

TRACHEOTOMY IN CROUP AND DIPHThERIA.—M. Revillod, Professor of Clinical Medicine at Geneva, has arrived at the following conclusions on this subject (*Mouvement Médical*, October 13th). 1. Diphtheria is a generalised acute specific disease, characterised anatomically by the production of false membranes in the respiratory passages, showing itself by varying symptoms and lesions; sometimes assuming a mild form, in which the visible symptoms depend solely on the local lesion; sometimes an acute form, which testifies to a general poisoning. 2. The nosological distinction of the croupal and diphtheritic affections based on pathological anatomy is not in conformity with clinical data. These two forms arise from one and the same principle, because (a) all the intermediate stages are observed in both, as well in regard to local lesions as to general phenomena; (b) they develop themselves in the same epidemic, under the influence of the same contagium, and frequently follow each other in the same person. 3. Like all infectious diseases, diphtheria, which is endemic in towns, is epidemic in the country. Mortality from diphtheritic infection is greater in towns than in rural districts, in hospitals than in towns, in large hospitals than in small. It varies, as does also the strength of the contagion, according to the epoch and the country. Diphtheria differs from other virulent and miasmatic diseases by the special receptivity for it which is shown by some families, in consequence of which brothers and sisters are often attacked in succession, under conditions of time and place which preclude the possibility of contagion. 4. There is no specific against diphtheria. The most widely differing medicines may be used, according to the form and the various morbid manifestations of the diphtheritic seizure. Croup in the third stage can only be cured by tracheotomy. This operation is then indicated, and should be performed, whatever may be the conditions of age and constitution, or whatever may be the complications and the degree of asphyxia. Two cases in five should be cured. Chloroformisation is useless and may be injurious. The method of very slow or very rapid tracheotomy is more dangerous than the mixed method, which therefore remains the preferable one. The conditions of success depend (a) on the subsequent care of the case; (b) on the greater or lesser in-

tensity of the symptoms of diphtheritic poisoning. 5. One of the most frequent causes of death in patients who have undergone tracheotomy is a disturbance of the innervation of the pulmonary system, a disturbance which is but the extension of the paralyses observed in other regions, and which are made manifest by expiratory dyspnoea, anæsthesia of the trachea, and disorders of pulmonary nutrition.

PATHOLOGY.

CRETACEOUS DEGENERATION OF THE ARTERIES.—The *Bulletin* of the Société de Médecine publique et d'Hygiène professionnelle, contains a paper by M. Gubler, entitled "Suggestions for New Researches on the Causal Conditions of Cretaceous Degeneration of the Arteries". M. Gubler has remarked that this degeneration, which in process of time attacks every one, by no means affects all classes of society equally. Whilst the opulent and the citizen classes generally retain arterial suppleness and elasticity until the age of sixty, it is not uncommon amongst the indigent and the rural population to notice thickening and resistance of the radial arteries at the age of forty, thirty, or even twenty years. M. Gubler has tried to discover the reason of so striking a contrast. He first pitched upon alcohol as the great sinner; but, on reflection, and without exonerating it from a certain degree of participation in the atheromatous and calcareous change of the arteries, he has not been able to find the general cause of the facts observed in the toxic action of this substance. He is strongly of opinion that the true cause is to be found in the difference of diet; the animal diet of the rich and of those dwelling in cities, and the vegetable diet of the poor and of peasants. Studying, on the one hand, the composition of the alimentary vegetable substances, rich in mineral principles, more especially in earthy salts (phosphates and carbonates); on the other hand, the texture and the mode of vitality of the middle coat of the arteries, which present the most favourable conditions for retaining in the meshes of its tissues the deposits of incrustating matters introduced into the animal economy, M. Gubler establishes the pathological physiology of the production of arterial atheroma under the influence of a vegetable diet. Several facts are confirmatory of this view. The Trappists, who live on vegetable food exclusively, very soon show arterial degeneration. It is thus that in chalky soils where the drinking-water, loaded with earthy salts, adds its action to the vegetable diet, so as to introduce a large amount of these salts into the animal economy, arterial atheroma is more common and of earlier origin than in regions of siliceous formation.

SURGERY.

SARCOMA OF THE MEDIAN NERVE: RESECTION WITHOUT DISTURBANCE OF SENSATION.—Kraussold relates in the *Archiv für Klinische Chirurgie*, Band xxi, the case of a boy aged 5½, who, in consequence of severe and painful pressure with the hand ten months before, had a tumour of the upper arm. It had gradually developed, and was about as large as a hen's egg, lying in the right internal bicipital furrow, and reaching from the epicondyle to the upper third of the arm; there was distinct fluctuation. There were no disturbances of motion or of sensation in the forearm and hand. The swelling being supposed to be an abscess, an incision was made, when it was found that it was a sarcoma, the interior of which had become disintegrated; it was encapsuled, but, becoming spindle-shaped above and below, was found to be continuous with a thick cord which was recognised by its position as the median nerve. In extirpating the tumour, nearly 11 centimètres (about 4.3 inches) of the median nerve were removed. Some hours after the operation, the only disturbance of motion that could be detected was inability to bend by voluntary action the index finger and thumb; all the other motions of the fingers, hand, and forearm, as well as the sensibility of the limb, especially in the region of distribution of the median nerve, were normal. These conditions remained after the healing of the wound. The tumour was a small-celled sarcoma; a few changed nerve-fibrils were scattered within it, while others lay in its capsule. After recounting the symptoms expected to follow division of the median nerve, Kraussold comes to the conclusion that the absence of most of them in the present case may be explained in one of two ways: either by a pre-existing anomaly or by the numerous nervous anastomoses. The first supposition is rendered improbable by the fact that the divided median nerve was of normal thickness. The second assumption has more in its favour; the long duration and gradual development of the disease may have given time for a further formation of anastomoses. This case indicates the necessity for a very careful criticism of the descriptions of the remarkable results of suture of nerves, and of regeneration of nerves and restoration of their functions after division.—*Wiener Medizin. Wochenschrift*, No. 37, 1877.

forth by each to make the school thoroughly efficient and attractive to the students.

We learn that an aural clinique is about to be established in the Western Infirmary, under Dr. Thomas Barr. We have no doubt of this gentleman's capabilities, but we hear numerous expressions of dissatisfaction that the appointment has been made without any opportunity having been given to any others to compete for it. It is surely a mistake in a public hospital to institute what may very soon be an important department, and yet give no opportunity to those who have devoted themselves to this subject to contest the appointment. We believe that this has been done before in some other departments of this hospital. We can understand that at first, when everyone knew that appointments would be made in natural course, there would be little need to give intimation or invite candidates. But, at this date, we cannot but regard it as a mistake to found a clinique and appoint a surgeon without any notice to the profession.

LEEDS.

[FROM AN OCCASIONAL CORRESPONDENT.]

THE anti-vaccination league exists in great force here. Last week, an inquest was held upon a child who had died from "erysipelas" after vaccination. Though the doctor who performed the operation was exonerated from all blame by the coroner's jury, a crowd of three or four thousand persons who followed the child to the grave stopped on the way, when opposite the doctor's house, and groaned and hooted loudly. After the funeral, one of the speakers called for "three groans for the doctors"—the profession in general, that is to say,—and the groans were heartily accorded. Not very pleasant all this! There can be little doubt that now and then a child dies after vaccination who would not have died at that particular time if vaccination had not been done. Perhaps it would be well to treat every vaccinated child as a patient, as one suffering from a distinct disease (as, of course, is the case). When the local inflammation is severe, as it very often is, lead and opium lotion applied to the arm, and half-minim doses of tincture of aconite every three or four hours after an aperient has been given and the diet regulated, if required, have been found very useful, both in relieving the fretfulness and feverishness of the child and in rapidly curing the inflammation of the arm. The mere fact of giving the parents quiet instead of disturbed nights will produce no small amount of gratitude from them. There is, in fact, nothing to wonder at in the agitation against vaccination. When people see little or nothing of small-pox, when they know nothing, therefore, and fear nothing, concerning it, and when they see their children made ill and irritable and peevish by vaccination, so causing themselves loss of sleep and temper, no wonder they abuse those who enforce it. All that can possibly be done to allay this irritation should be done. The operation should be as light and the number of vesicles as few and as small as may be safe; and the after-treatment should be carefully conducted, even when no danger to life appears to exist. Printed slips of cautions and directions should be supplied by the authorities to be issued to the parents of all vaccinated children; sugar-pilules containing aconitine may be used so as to avoid the necessity of dispensing aconite in bottles; oxide of zinc suspended in water and applied to the inflamed unbroken skin, would probably be as efficient as the above-mentioned lotion. If not, lotions and other requisites should be paid for by the authorities in addition to the present vaccination fees; and, in short, everything should be so ordered as to make manifest to the discontented classes that every possible care is taken to avoid injury to their children, a point upon which they are at present not fully persuaded. It stands to reason, that if we compel persons to submit their children to an operation of this kind, productive of disease, however mild, as a rule, for the good of society in general, we are bound to take care that no harm shall befall them in consequence. Wise men will learn even from the ignorant and the foolish; and an extravagant, blustering, and abusive agitation will not prevent them from calmly considering any substantial facts and acting accordingly to the teachings supplied by them.

FRENCH HOSPITAL COURSES.—The following hospital surgeons and physicians have been appointed as lecturers for ten years on their respective subjects: Dr. Besnier on Diseases of the Skin at the St. Louis Hospital; Dr. Archaenbault on Diseases of Children at the Hospital for Sick Children; Dr. Panas on Diseases of the Eye, and Dr. Tillaux on Diseases of the Genito-Urinary Organs at the Lariboisière Hospital; Dr. Tournier on Syphilitic Diseases at the St. Louis Hospital; Dr. Mauriac on Syphilitic and Venereal Diseases at the Southern Hospital.

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.

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

October 16th, 1877.

BORDER COUNTIES BRANCH: AUTUMNAL MEETING.

THE autumnal meeting of this Branch was held in Dr. Grierson's Museum, Thornhill, on Friday, October 12th; Dr. LOCKIE in the chair. There were present ten members and five visitors.

Previous to the meeting, the members drove to Drumlanrig Castle, the Dumfriesshire seat of the Duke of Buccleuch, where they were escorted through the beautiful gardens and grounds.

On returning to Thornhill, the meeting was held in the Museum of Dr. Grierson, when the following papers were read.

1. Dr. MUNRO of Southern Counties Asylum, Dumfries, read some notes of a case of Athetosis in a lad, which he considered a typical one, in that the disease seemed clearly differentiated from the allied affection chorea, almost entire fixity of position being attainable at will, while the movements were of the characteristic athetotic sort when any co-ordinate action was attempted. The lad was shown.

2. Dr. SMITH of Dumfries read a paper on Effusion into the Peritoneum analogous to Latent Pleurisy, which will be published *in extenso*.

After a short discussion on the papers read, Dr. GRIERSON conducted the members through his extensive museum, and displayed many objects of professional interest.

Dinner.—The members and their friends afterwards dined together at the Buccleuch Hotel; Dr. Lockie in the chair, and Dr. Gilchrist in the vice-chair.

WEST SOMERSET BRANCH: AUTUMNAL MEETING.

THE autumnal meeting of this Branch was held at the Railway Hotel, Taunton, on Thursday, October 18th, at five o'clock; SAMUEL FARRANT, Esq., President, in the chair. Thirteen members attended.

Post Partum Hemorrhage.—To the question (as sent by circular to each member) "What, in your opinion, is the best way of managing the third stage of labour, so as to diminish the risk of *post partum* hemorrhage?" written answers from Dr. Clark, Dr. Cordwint, and Mr. W. Edwards were read by the SECRETARY; and the members present severally stated their views on it. The method most generally approved appeared to be to follow up the delivery of the child with a hand on the abdomen grasping the uterus and to manipulate it so as to assist the expulsion of the placenta and to keep the uterus contracted for some time afterwards; and then to effect the early removal of the placenta from the vagina. Bandaging carefully was also to be attended to. The administration of a dose of ergot immediately on the delivery of the child was recommended by some speakers.

Dr. Sayre's Treatment of Spinal Disease.—Dr. MEREDITH (who had witnessed the demonstrations given by Dr. Sayre at the Manchester meeting) explained the process of stretching and then enveloping the patient in a plaster of Paris jacket and taking off the weight of the head from the spine; and exemplified the description by means of apparatus similar to that used by Dr. Sayre.

Hypertrophied Heart with Diseased Valves.—A specimen was exhibited by Mr. RIGDEN.

Congenital Hernia into the Umbilical Cord.—This case was related by Dr. MEREDITH, and a preparation of the parts exhibited. From its great rarity, Dr. Meredith was requested to allow this case to be published in the JOURNAL.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: ORDINARY MEETING.

THE first ordinary meeting of the Session 1877-8 was held in the Queen's College, Birmingham, on October 11th. There were present: Mr. SAMPSON GAMGEE, President, in the chair, and thirty-nine members.

New Members.—The following gentlemen were elected members of the Branch:—Mr. G. C. Cooper (Hednesford), and Mr. J. J. Harvey, Mr. R. R. Hoare, Mr. Bennett May, and Dr. Taylor (Birmingham).

Cases of Skin-Disease.—Dr. MACKEY brought forward two patients the subject of skin-disease—1. Leucoderma; 2. False keloid and alopecia areata.

Papers.—1. Dr. WADE read a paper, entitled Some Therapeutic Notes.

2. Mr. J. F. WEST read a paper on the Removal of Foreign Bodies from the Air-passages.

CORRESPONDENCE.

METALLOSCOPY AND METALLO-THERAPY.

SIR,—With your careful remarks on the now celebrated cases of Dr. Charcot and M. Burq I fully concur. At the same time, as one of those friends of Dr. Charcot to whom he has exhibited these phenomena, I must remind you that the anæsthetic tracts, when deeply punctured, do not bleed; but that, after the application of the metal and the return of sensibility, the same part, when punctured, bleeds as under ordinary circumstances.

A woman may feign that a spoonful of colocynth powder is tasteless, and may take the vigorous stab of a steel pin with apparent indifference; but how is the bleeding controlled?

I may add that M. Charcot himself is among the most sceptical and cautious witnesses of his own experiments.—Faithfully yours,
Leeds, October 29th. T. CLIFFORD ALLBUTT.

* * We have had the opportunity of seeing the metalloscopic demonstrations of M. Charcot carried out by himself and Dr. Burq at the Salpêtrière, and have especially noted the phenomena referred to by Dr. Clifford Allbutt; and in the BRITISH MEDICAL JOURNAL has already been published a full analysis of the report of M. Dumontpallier, in the name of the Committee of the Society of Biology. It is superfluous that we should bear personal testimony to the accuracy and care with which M. Charcot carried out this inquiry. Nevertheless, we retain a hitherto invincible scepticism of the interpretation of the results. In the first place, it must be remembered that the subjects of them are hysterics of the most exaggerated and enthusiastic order; they have in their time been "crucifixionists", epileptics, and cataleptics. One of them exhibited symptoms of the same order as Louise Lateau. We have seen nothing but failure follow the attempts of M. Magnan and others, such as Dr. Westphal of Berlin, to repeat the phenomena observed at the Salpêtrière on other cases of hemianæsthesia. Hysterics of the exaggerated type of the three hystero-epileptics of the Salpêtrière are the worst subjects in the world on whom to base any scientific conclusions. As to the change in vascular conditions, we do not assume to frame any theory; but it may be observed that, in the case of Louise Lateau, the vascularity of the parts to which her hysterical impulses are directed is very sensibly affected during the periods of "trance". Of the power of sensori-motor influences to determine local vascular changes, of course no one entertains any doubt, any more than that, in irregular and disordered conditions of the nervous system, patients are sometimes capable, without in the least knowing how, of determining local vascular change by unconscious cerebration. Of the interest of M. Charcot's demonstrations, no one who has had the opportunity of seeing them can doubt; but, after carefully observing them, we are disposed, with great respect for the scientific powers and clinical sagacity of that eminent physician, to believe that their interest lies rather in the strong light which they throw on the protean forms of hysterical neuroses, than as affording any basis for a science of metalloscopy or an art of metallothrapy.—ED. B. M. J.

THE HOSPITAL FOR DISEASES OF THE THROAT, GOLDEN SQUARE.

SIR,—In your article on Special Hospital Management of last week, in which reference is made to the late inquiry into the medical management of the Hospital for Diseases of the Throat, it is stated that it was subsequent to "private differences" with the surgeon, or, as you term him, the "emergency surgeon", Dr. Morell Mackenzie "gave directions that the latter should not be summoned to perform certain operations". As this statement may have conveyed to your readers the impression that my resignation of the post of surgeon had been brought about by some private quarrel with Dr. Mackenzie, I shall be glad if you will allow me to state that such was not the case, and in no way was my withdrawal from the hospital affected by Dr. Mackenzie's private feeling towards me, but by his official course.—I am, sir, yours faithfully,

PUGIN THORNTON.

London, October 28th, 1877.

SIR,—In the article on "Special Hospital Management" in last week's BRITISH MEDICAL JOURNAL, in which particular attention is called to the case of the Throat Hospital in Golden Square, there are one or two inaccuracies which I shall be glad if you will allow me to correct.

It is stated that the charge that the management involved carelessness of human life could not be properly founded upon anything which appeared in the evidence; and, further, that the basis of the charge was, that the clinical assistant sent for to perform tracheotomy was not a properly qualified person; and that, when the charge was investigated, "it turned out to mean that he had not a registrable degree". Upon this view of the question, the whole of your observations respecting the charge of carelessness of human life are based, and you sum up the matter by stating that the issue has been mystified, and a grave conclusion deduced upon false data.

It is not my wish to express any opinion as to whether this charge was justified or not, but simply to point out that the case of the clinical assistant who had not a registrable degree had nothing whatever to do with the charge in question (that gentleman having left England some months before the occurrence of the cases upon which the charge was based); but his case was incidentally referred to, as showing that the care of the patients was intrusted for two or three months to a medical man who was not on the staff, to the exclusion of the regular medical officers. The facts are shortly these.

In 1868, when in-patients were first admitted to the hospital, a telegraphic wire was established between the hospital and the private house of the medical superintendent, with the view (as was distinctly stated in the Report of the Committee of Management for that year) that "the patients might remain under the constant and immediate direction of one of the regular medical staff", and to save the expense of a resident medical officer. A year or two ago, a distinct and additional wire was established between the hospital and the house of the surgeon (Mr. Pugin Thornton). It is quite true that, under the by-laws of the hospital, both physicians and surgeons were allowed to treat medical and surgical cases indiscriminately, and, therefore, that the surgeon would not, as at other hospitals, be required to perform all operations; but the wire was laid on to the surgeon's house by the Committee as an additional security in cases of emergency; and, to show that it was no unnecessary precaution, it is only requisite for me to state that the medical superintendent was unable to attend at night, as he suffered from asthma. Consequently, unless there had been this additional wire to the surgeon's house, the patients would not have been under the immediate direction of one of the regular medical staff; at all events, during the night. It was stated in his evidence given at the inquiry:

1. That telegraphic communication was established with the house of the surgeon (Mr. Thornton) in 1874.

2. That instructions were subsequently given by the medical superintendent to the matron not to use the telegraph to Mr. Thornton's house; but, in case of need, to send a messenger to a private clinical assistant.

3. That, after these instructions were given, a case occurred in which over three-quarters of an hour elapsed before one of the clinical assistants could be obtained, and that the patient died before his arrival. (It was, however, satisfactorily proved that in this case the man was dying, and there was no hope of his recovery.)

4. In a subsequent case of tracheotomy (one of great urgency), it was stated that, acting under the same instruction, the matron had to summon by messenger a clinical assistant who had only once before performed such an operation, although the surgeon who had performed the operation nearly fifty times, could have been summoned more

promptly by means of the telegraph wire that existed between his house and the hospital.—I remain, sir, your obedient servant,

H. K. EVANS.

Late Secretary to the Hospital for Diseases of the Throat.
London, October 31st, 1877.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

THE Saltley Local Board and Urban Sanitary Authority, Warwickshire, have increased the salary of their Clerk, Mr. Digby Jenkins, £20 *per annum*.

MR. NATHAN JOWETT, Clerk to the Idle Local Board and Urban Sanitary Authority, Clerk to the Windhill Local Board and Urban Sanitary Authority, and Assistant Overseer for the Township of Idle, and who was Assistant Overseer for the Township of Bolton for about twenty years prior to its annexation to the Bradford Union, has been presented by the inhabitants of the town of Idle and the neighbourhood with an illuminated address, a gold watch and guard, and a purse containing £72:14, in recognition of the faithfulness and integrity with which he had discharged the duties of the several offices, and of the valuable services he had rendered to the town. The Windhill Local Board have also increased his salary as Clerk from £25 to £50 *per annum*.

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF LONDON.

A REQUISITION is in course of signature to the Chairman of Convocation, Dr. Storror, asking that an extraordinary meeting of that body may be convened for the purpose of considering and discussing the following resolutions, and for deciding with reference thereto in such manner as to Convocation may seem fit.

"That, it being manifestly inexpedient that frequent application should be made to the Crown for new and additional charters, it is desirable that provision should be made in any such charter for all changes in the constitution of the University, either at the time urgent or likely to be soon required; and that, it being probable that initiative measures will be shortly taken towards procuring such a new or additional charter, the following proposals require the serious consideration of Convocation and the Senate:—1. An enlargement of the powers directly exercised by Convocation; 2. An increase in the proportion of Senators to be nominated or elected by Convocation, and the limitation of the tenure of office in the case of all Senators to a term of years; 3. The encouragement of mature study and original research among the members of the University, by the establishment of University lecture-ships, of limited tenure, in different departments of learning and science; 4. The introduction into the constitution of the University of such modifications as may remove all reasonable ground of complaint, on the part of any of the affiliated colleges, with respect to the absence of means for expressing opinion and giving advice to the Senate on the examination regulations, and on the changes proposed to be made therein from time to time. And that a Special Committee of ten members of Convocation be appointed to consider the abovementioned proposals, and to report thereon to Convocation as speedily as possible."

The necessity for an extraordinary meeting of Convocation arises from its being desirable that the University should at once take into consideration the question referred to in 4; and, further, from the probability that the next ordinary meeting will be fully occupied with the important subjects now before the Annual Committee, and with business remaining over from the meeting held in May. The requisition has already received a number of influential signatures.

SANITARY INSTITUTE OF GREAT BRITAIN.—The first examination of Surveyors and Inspectors of Nuisances took place on Monday, October 29th, at the rooms of the Medical Society of London. Eight candidates presented themselves, five of whom were successful in obtaining certificates of competence, namely, Mr. H. M. Robinson, Surveyor, Ulverston; Mr. J. Parker, Surveyor, Bridgwater; Mr. F. Booker, Inspector of Nuisances, Bradford; Mr. W. S. Prebbles, Inspector of Nuisances, Blackburn; and Mr. Thomas Blanchard, Inspector of Nuisances, Evesham. Fifteen candidates have already entered their names for the next examination.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentlemen were admitted Licentiates on October 25th, 1877.

Boulting, William, Belmont House, Heath Street
Brown, John, 12, Colebrook Row
Coley, Frederic Collins, 6, Morden Road
Collier, Herbert, Bohemia House, Turnham Green
Druitt, Lionel, 8, Strathmore Gardens
Lockwood, John Parker, New Hampton
Masters, John Alfred, Maidenstone Hill
Prentis, Charles, 11, Upper Phillimore Place
Price, Henry Elthington, Melrose, Stamford Hill
Prideaux, Thomas Engledue Pegamus, Scarborough
Steedman, Percy Andrew, Charing Cross Hospital
Thurston, Edgar, King's College Hospital
Tyrrell, Walter, Bethlem Hospital
Wilnot, Thomas, Fenton, Newark

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

Pointon, James, Birkenhead

The following gentlemen were admitted Members on October 25th.

Barratt, Joseph Gillman, M.D. St. Andrew's, 8, Cleveland Gardens
Buszard, Frank, M.D. Lond., Northampton
De Tatham, Hamilton, M.D. Brussels, Junior United Service Club
Smith, Robert Shingleton, M.D. Lond., Clifton
Smith, David Boyes, M.D. Edin., 16, Holles Street
Steell, Graham, M.D. Ed., Edinburgh

MEDICAL VACANCIES.

THE following vacancies are announced:—

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

CENTRAL LONDON SICK ASYLUM DISTRICT.—Assistant Medical Officer and Dispenser for the Asylum in Cleveland Street. Salary, £100 per annum, with board and residence. Applications to be made on or before the 10th inst.

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 the 10th instant.

INFIRMARY FOR CONSUMPTION and DISEASES OF THE CHEST.—Physician in Ordinary and Visiting Physician. Applications to be made on or before the 14th instant.

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

MIDDLESEX COUNTY LUNATIC ASYLUM.—Assistant Medical Officer. Salary, £150, rising to £200 per annum, with board, washing, attendance, and apartments. Applications to be made on or before the 10th instant.

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 the 6th instant.

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

TOBERCURY 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 the 5th instant.

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 the 3rd instant.

MEDICAL APPOINTMENTS.

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

*ELSON, Frederick Joseph, L.R.C.P. Edin., appointed Medical Attendant at Welbeck Abbey, *vice* W. M. Neale, M.R.C.P. Edin., deceased.

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.

FRASER.—At Counties' Asylum, Springfield, Cupar-Fife, on October 20th, the wife of *John Fraser, M.B., of a daughter.

GRIFFITH.—On October 23rd, at Lewyn-onn, Penygroes, the wife of John Thomas Griffith, L.R.C.P. Edin., of a son.

HADLEY.—On October 27th, at Ashted House, Birmingham, the wife of *Clement Hadley, Esq., of a son.

THE PRACTICAL APPLICATION OF ELECTRICITY.—Dr. Herbert Tibbits has fitted up, at 30, New Cavendish Street, an electrical room and gymnasium for the paying classes, upon the model of that provided for the poor alone at the National Hospital for the paralysed and epileptic. He will be prepared to undertake the electrical treatment of patients whom other medical men, not having the time or proper appliances, may send to him.

OPERATION DAYS AT THE HOSPITALS.

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| 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.—St. Peter's, 2 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.

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| MONDAY.— | Medical Society of London, 8.30 P.M.—General Meeting.—Dr. Greenhalgh, "The Treatment of Dysmenorrhœa and other Uterine Affections by a new form of Pessary". |
| TUESDAY.— | Pathological Society of London, 8.30 P.M. Dr. Peacock: Aneurysm of the Aorta opening externally. Dr. P. Irvine: Two Cases of Abdominal Aneurysm. Mr. Wagstaffe: Aortic Aneurysm bursting into the Pericardium, following a cured Popliteal Aneurysm. Dr. Crisp: 1. Case of Imperforate Anus; 2. Military Tuberculosis in an Infant aged Three Months. Mr. A. Doran: 1. Perforation of a Diverticulum in the Jejunum; 2. Large Single Cyst of the Testicle. Mr. Davies Colley: Congenital Occlusion of the Small Intestine. Mr. H. Cripps: Cancer of the Rectum. Dr. Dowse: The Pathology of a Case of Paralysis Agitans. Dr. Burney Yeo: Cyst connected with the Liver. And other specimens. |
| WEDNESDAY.— | Obstetrical Society of London, 8 P.M. Dr. Galabin, "On the Choice of the Leg in Version"; and other papers. |
| FRIDAY.— | Clinical Society of London, 8.30 P.M. Mr. Bellamy, "A Case of Urethral Calculus"; Mr. Sydney Jones, "A Case of Urethral Calculus"; Dr. Gowers, "A Case of Unilateral Injury to the Spinal Cord"; Dr. J. Burnley Walker, "A Case of Left Hemiplegia and Hemianæsthesia associated with Loss of Speech: Recovery" (communicated, with remarks, by Dr. Broadbent). |

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.

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.

MEDICAL ETIQUETTE.

SIR,—I must for one protest against the dictum laid down by you in the case of Medical Etiquette brought before you by "Perplexed" in your last number. It would interfere with the inherent right which every man and family possessed of being attended by any medical man they may select. I lately attended a woman in typhus fever, who died. Even before paying me, her husband having been taken ill, the friends procured for him the attendance of another medical man, much my junior, yet I never thought of finding fault with them, although there was perhaps some grounds of annoyance in their having thrown over an old and tried friend. Still, they may not have liked my mode of treatment, or they may have found that my charges would have been too onerous, or there may have been some other cause; but I never dreamed of questioning their right to select whoever they fancied, and they owe me no apology. Neither do I feel at all dissatisfied with my *confère*, who only did what I think he was entitled to do. In fact, I feel that I would be humiliating myself to take any notice of the matter.—Your obedient servant,
Portlaw, October 28th, 1877. JAS. MARTIN.

* * We fail to see the analogy: in the case of "Perplexed", he was acting as *locum tenens* for another practitioner.

J. L.—Any observations in reply to a letter which has appeared in another journal should be addressed to that journal, as we do not feel called upon to interfere with the affairs of any contemporary journal. On the other hand, we shall be happy to give our best consideration to any facts which our correspondent may think worthy of notice, irrespective of any comment elsewhere.

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.

SPECIAL HOSPITAL MANAGEMENT.

SIR,—I read with interest your article on Special Hospital Management in relation to the withdrawal of the support of the Prince of Wales and the Marquis of Bute from the Golden Square Hospital for Diseases of the Throat. You expose the inherent evils of "the quasi-private and semi-autocratic government of a hospital by one of its medical officers, who is also its practical ruler and official superintendent", and "who virtually appoints and dismisses the officers and rules his colleagues". You say very truly, that "such a mode of government is characteristic of the most faulty hospital management, and would not, we think, be possible in any other well managed public hospital in the metropolis". It is, however, to be feared that there are not a few such institutions in this unenviable position in the provinces. The Children's Hospital at Pendlebury, Manchester, during the time I was there as assistant-physician was entirely managed in this way; and, with slight modification, I believe it is so still. It is difficult to estimate the full extent of the evils resulting from such a system, but you have ably pointed out some of them. Those most particularly affected by it are usually in a position so delicate that they can only speak or move in the matter at all with great risk of injuring themselves: the greatest acts of injustice may be done to them, and they find that they have no real remedy.

I think you are doing great service to the profession by calling attention to matters of this kind. From my own experience, I can well bear out the truth of your remarks as to the destruction of harmony and self-respect in the staff whom the system tends to place in the position of mere dependents and nominees of the superintendent, and the numerous complications and differences which may arise with the clinical assistants, all springing from the same cause; and it is totally subversive of all true scientific progress, for in an atmosphere of mere dogmatic authority true science cannot advance.

A public correspondence took place in the beginning of the present year between myself and the authorities of the Children's Hospital; and as some points in it have, I find, been imperfectly understood, I should be glad if you would kindly admit this letter to your columns, your leading article affording me the opportunity of furnishing the additional explanation. My leaving the Children's Hospital, though brought about in a roundabout way, was due primarily to my declining—in manner, of course—to accept the position which was attempted to be forced upon me of a mere dependent and nominee of the senior physician; and I believe if the detailed facts of the case were fully known to the profession, it would arouse a general feeling of indignation at the extraordinary manner in which I was there treated.—I am, sir, your obedient servant,

Kendal, October 1877.

C. A. RAYNE, M.B.Lond.

MR. ST. JOHN ACKERS's letter has been duly forwarded, and no doubt he will receive the information required.

CHARITABLE BEQUESTS.

ACKNOWLEDGMENTS have been made by the authorities of the undermentioned charities of the various sums from the executors of the late Mr. H. Graham of 11, Cornwall Terrace, Regent's Park, out of the residue of the estate of the testator bequeathed for charitable purposes:—London Lying-in Hospital, £1000; City of London Hospital for Diseases of the Chest, £1000; Charing Cross Hospital, £500; Central London Ophthalmic Hospital, £1000; Poplar Hospital for Accidents, £250; Evelina Hospital for Sick Children, £250; Eastern Dispensary, £1000; East London Hospital for Children, £500; Great Northern Hospital, £1000; Hospital for Diseases of the Skin, £500; Hospital for Consumption, £250; London Hospital, £2500; London Homœopathic Hospital, £300; Lock Hospital and Asylum, £500; Metropolitan Convalescent Institution, £500; Mrs. Gladstone's Free Convalescent Home, £500; North-Eastern Hospital for Children, £1000; National Hospital for Consumption, £1000; Seamen's Hospital, £1000; Public Dispensary, Stanhope Street, Clare Market, £500; South London Ophthalmic Hospital, £250; Royal Hospital for Diseases of the Chest, £1000; London Ophthalmic Hospital, £1000; Royal Free Hospital, £2000; St. Mark's Hospital, £500; St. Luke's Hospital, £2000; St. Mary's Hospital, £1000; Samaritan Free Hospital for Women, £1000; Sea-side Convalescent Hospital, £500; King's College Hospital, £2000; London Fever Hospital, £1000; North London Consumption Hospital, £1000; New Hospital for Women, £250; Hospital for Diseases of the Throat, £500; Metropolitan Free Hospital, £1000; Hospital for Epilepsy and Paralysis, £500; Surgical Aid Society, £500; Hospital for Consumption, Brompton, £2000; City of London Truss Society, £500; National Hospital for the Paralysed and Epileptic, £500; Royal Sea-Bathing Infirmary, £1000; Royal Hospital for Incurables, £1000; British Home for Incurables, £2000; Earlswood Asylum for Idiots, £2000; Hospital for Women, Soho Square, £500; Cancer Hospital, £1000; Chelsea Hospital for Women, £500; University College Hospital, £1000; Victoria Hospital for Children, £2,000; West London Hospital, £1000; Westminster Hospital, £1000.

MR. HIRD.—The number of new entries at Charing Cross Hospital was duly stated at page 544 of the JOURNAL for October 13th as "thirty-four for the full period and three occasional students". At page 575 of the JOURNAL for October 20th, the number of first year's men studying at Charing Cross Hospital, who had registered at the College of Surgeons, was stated to be twenty-six. These figures were obtained from the College. Has Mr. Hird read, at the same page of the JOURNAL, the explanation there given of the principle upon which the classification at the College is based?

THE PUFF INDIRECT.

The following marked paragraph, forwarded to us, appears in the *Nottingham Guardian* of October 19th.

"*Good News for the Blind.*—In a recent number of the *BRITISH MEDICAL JOURNAL* is a notice of a case which has attracted considerable attention in Nottingham. The facts are as follows. A lady of rank, formerly resident in Dublin, lost her sight some thirteen or fourteen years ago in consequence of a severe illness. The case was pronounced to be disease of the nerve of the sight; and, after treatment during two or three years by the most eminent oculists in London and the Continent, the patient was declared to be incurable. Years passed by: first one *savant* was consulted, then another, until all hope of benefit was abandoned. At last, in July of this year, a patient who had received his sight by an operation performed by Dr. Charles Bell Taylor of this town, urged the lady to consult the same oculist. At first, the case was considered hopeless; but an effort was made in the direction of cure, and ultimately, as we understand by a hitherto untried process, perfect sight was restored, and the afflicted lady, who could not tell night from day, even when exposed to the strongest sunlight, can now read small print, and discern miles of landscape. We are aware that many persons receive their sight under treatment at the Eye Infirmary of this town, as they might do at other similar institutions, but this is a case deserving of exceptional mention, since all the resources of modern art had previously failed, and excellent sight was restored, by a process for which we are indebted to the skill of a townsman."

COLOGNE WATER.

If any one wish to supply himself with Cologne water, he may like to know that Mr. William Saunders, having received numerous requests for a formula for a good Cologne water which resembled the "Farina" variety, had made the attempt and submitted the following to the American Pharmaceutical Conference. Oil of neroli, 5 drachms 20 minims; oil of bergamot, 1 ounce; oil of rosemary flowers, 1 drachm 20 minims; pure alcohol, 6 pints; water, 2 pints. It is stated that the fragrance of this Cologne, when compared with the foreign, was scarcely distinguishable. It was suggested that acetic ether was an excellent addition to such a Cologne for the sick room. Nothing is more refreshing to a sick person than a little Cologne water for the handkerchief or for bathing the forehead; and we have often thought that the good Samaritans who visit hospitals and show much kindness to the patients, do not remember often enough how refreshing to the patient are some of these volatile perfumed spirits.

H. T. H.—The system by which medical men attach themselves to co-operative supply associations is one to which we have more than once expressed objections, such as we believe are felt by the profession generally to be perfectly valid.

OLD PRESCRIPTIONS.

We are indebted to Dr. Grigor of Nairn for the following copy of Directions from Dr. St. Clair to the Right Honble the Lord D—d, 1752.—After deliberately considering the state of his Ldp's health for many years past, I unwillingly give it as my opinion that the immoderate use of Jesuits' bark, tho' successful in stopping and at least curing an obstinate ague, has nevertheless hurt his constitution, and particularly has given occasion to that habitual costiveness, with its consequences, which has continued ever since. But as this cannot be recalled, it now remains to relieve the present complaints as much as possible. 1. By procuring sleep without forcing it; 2. By rousing the spirits without disturbing them; 3. By restoring his appetite; 4. By keeping his belly regular. The discharge of blood by piles is hardly in the question, as the quantity is inconsiderable, and the discharge more likely to prove beneficial than hurtful. It is therefore not to be hastily restrained. For the other purposes what follows, I hope shall be found of use. 1. His Lordship will please pour a bottle of cold water on his whole head every morning as soon as he gets out of bed. That this may be done with more safety and convenience, it will be fit that his head be shaved all over once a week at least. 2. After drying the head, his whole body is to be rubbed over with a flesh-brush or flannel cloth. 3. Afterwards, He will take either an hour before or an hour after breakfast five of the Castor Pills, and wash them down with half a gill of the medicated wine. If wine in the morning prove uneasy to his head, he will dash it with a spoonful or two of common water. 4. It is of consequence that he ride out into the fields every tolerable day either on a quiet horse or in a wheel-machine for two or three hours. The first when otherwise convenient is preferable. 5. An hour before dinner, he will take two teaspoonfuls of the stomachick drops in a small glass of common water. This may easily be done in the fields, if he happen not to be returned from his airing. 6. At seven of the evening, he will repeat the dose of five Castor pills with half a gill of the medicated wine. 7. Whilst he continues to sleep ill in the night, he will take a third dose of the pills at bedtime without the wine. If syrup of poppy be found necessary it may be added, but the seldom the better. 8. Before he go to bed, he will bath his Legs every night in luke warm water for a quarter of an hour, observing carefully that the water be not so hot as to oppress him or throw him into a sweat. 9. The wine, I expect, will keep his belly regular, once or twice a day. If it should fail of this effect, he will take as occasion requires his ordinary dose of laxative pills, prepared with rhubarb instead of aloes whilst any discharge of blood remains: when this ceases, he may return to the aloetick pills. 10. No other restriction of diet is requisite but that he abstain from heavy and high drest meat. 11. To prevent galling, washing and a little cerate will answer best. The medicated wine is made of the following. Take roots of wild valerian two ounces, black hellebore one ounce, white briony, mustard seed, of each half an ounce; English saffron, best cochineal, of each one drachm. On these, cut and bruised, pour a Scoat's pint of Lisbon wine, and after standing three days in digestion filtrate the liquor or medicated wine. Half a gill for a dose. The irruption on your Lop's skin is a beneficial discharge of sharp humours in your blood; to remove them, please take a dose of purging salts dissolved in a bottle of water once a week; if they work off in three or four hours, as they commonly do, they will require no longer confinement. Take every morning, except when you have got purging, salts, a paper of sal polychrest in a little water, and drink above it a full gill of trifol tea, which ought to have stood twelve hours before it be used.

Directions for Weaning.—We are also indebted to Dr. Grigor for the following Directions for Weaning Master — by Dr. Smith.—The three first nights after the breast is taken from Master, give him a teaspoonful syrup of poppies when going to bed, and have weak sack whey and chicken broth in the room by him in case he want drink in the night time, and give a littill warm milk from the cow, diluted with warm water, a littill before he is taken out of bed in the morning. As soon as he is taken up and dapt, give him porridge and milk to breakfast, chicken-broth with bread crumbed in it for dinner, and after some little time he may get veal-broth or broth of any meat not strongly driven. About five o'clock in the afternoon, give

him a littill bowl of boiled water with bread softened in it, with a very littill sugar and milk. For supper, give the porridge and milk, as at breakfast. Two or three days after he is weaned, he is to get a teaspoonful of rhubarb tea or infusion half an hour before his porridge, and repeat this dose every third or fourth day for first two or three weeks: if needful, give whey with the porridge the day he takes the rhubarb. If he want drink at any time through the day, he may be allowed to drink water gruel or milk and water; but every thing he takes must be warm, 2 days he gets the rhubarb, and no milk in the forenoon.

"THE OZONIZING POWER OF TURPENTINE."

SIR,—In your issue of the 27th instant, allusion is made on page 598 to some instances of what is termed "the ozonizing power of turpentine"; and as that expression conveys an erroneous idea of the facts referred to, I shall be glad if you will allow me to state that it is not ozone, but peroxide of hydrogen, which is produced by the mutual action of turpentine and atmospheric oxygen. This distinction is important, for it is precisely in regard to this point that Dr. Day and other experimenters have fallen into error, and given an incorrect interpretation of the facts observed by them. It is equally incorrect to say that Dr. Bond of Gloucester avails himself of this peculiar characteristic of turpentine in the liquid, which he names "terebene", a thick inflammable oil, which is, in fact, turpentine that has been altered, or, in chemical language, polymerised, and by that very alteration deprived of what you term "the ozonizing power". The product named "sanitas" is a totally different thing; it is an aqueous solution of the products resulting from the action of oxygen upon turpentine, comprising peroxide of hydrogen, camphoric acid, camphoric peroxide, camphor, etc., and is quite free from turpentine itself.—I am, sir, yours truly,

CHARLES T. KINGZETT.

Scientific Club, October 29th, 1877.

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 Bath Herald; The Devonport Independent; The St. Pancras Gazette; The Derby Herald; The Western Morning News; The Hull News; The Redditch Indicator; The Derby Mercury; The Preston Guardian; The Scarborough Express; The Jewish World; The Scotsman; The Cork Constitution; The Freeman's Journal; The Hampshire Post; The Somersetshire Herald; 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. Graily Hewitt, London; Sir Wm. Smart, Haslar; Dr. J. Russell Reynolds, London; Dr. Harrison, Lincoln; The Chief Surgeon of the Metropolitan Police; Dr. E. Long Fox, Bristol; Mr. Harvey, Rochester; Mr. Hinds, Birmingham; Mr. T. F. Raven, Broadstairs; Mr. Balmanno Squire, London; Mr. Clement Hadley, Birmingham; Mr. H. A. Allbutt, Leeds; Mr. Ackers, London; M.D.; Surgeon-Major W. S. Oliver, Charlton; Dr. Coats, Glasgow; Dr. Wm. Fairlie Clarke, Southborough; The Secretary of Apothecaries' Hall; Dr. J. Milner Fothergill, London; Dr. Bond, Gloucester; The Registrar-General of Ireland; Mr. James R. Lane, London; Dr. J. Hughlings Jackson, London; M.D. Edin.; Mr. R. W. Parker, London; Mr. H. B. Harrison, London; The Registrar-General of England; Mr. T. Holmes, London; The Registrar of the Royal College of Physicians of London; Dr. J. Lowe, Blackburn; Mr. H. Greenway, Plymouth; Mr. Burdett, Greenwich; The Secretary of the Medical Society of London; Mr. Wanklyn, London; Dr. J. W. Moore, Dublin; The Secretary of the Obstetrical Society; Dr. W. S. Playfair, London; Dr. Wilson Fox, London; Mr. Christopher Heath, London; The Director of the Botanic Gardens, Melbourne; Mr. Oliver, Manchester; Dr. Edis, London; Dr. Rayne, Kendall; An Associate; W.; Dr. Martin, Portlaw; Dr. Andrew, Shrewsbury; Mr. Sampson Gangee, Birmingham; H. T. H., Enfield; Dr. Clifford Allbutt, Leeds; M. R.; Dr. Herbert Tibbits, London; Dr. W. L. White, Southport; Dr. E. D. Stewart, Glasgow; Dr. G. P. Batt, London; Mr. W. Donegan, Leicester; Mr. Kingzett, London; Dr. Sadler, London; E.; Mr. G. Eastes, London; Mr. W. T. Colby, Malton; Dr. James Sawyer, Birmingham; Dr. Holman, Reigate; Mr. H. W. Burton, Massachusetts; Mr. E. H. Jacobs, Leeds; Sir Joseph Fayrer, London; Mr. Pugin Thornton, London; Dr. Prall, West Malling; Dr. Fletcher, Earl Soham; Dr. Mapother, Dublin; Mr. Brass, London; Dr. Bryan, Northampton; Mr. Robert Foss, Stockton-on-Tees; Simplicitas; Dr. Elsom, Whitwell; Mr. J. W. Sparrow, London; Dr. Vawdrey Lush, Weymouth; Mr. Herbert J. Capon, Dorchester; Dr. Michael Hodgson, Hull; Dr. H. Macnaughton Jones, Dublin; Mr. Huntly, Malton; Messrs. Churchill, London; Dr. Burdon Sanderson, London; Mr. Spencer Wells, London; Sir Thomas Watson, London; Dr. Cayley, London; Our Dublin Correspondent; Mr. F. Hird, London; Mr. T. Birt, Leamington; Mr. W. Donovan, Leicester; Dr. W. Macfie Campbell, Liverpool; Dr. Farquharson, London; Mr. W. J. Ting Dilwyn, Leominster; Mr. W. H. Williams, Sherborne; Dr. T. Chambers, London; Our Glasgow Correspondent; Dr. C. E. Underhill, Edinburgh; B. J. N., Birkenhead; Mr. A. Rice Oxley, Oxford; Mr. H. Davies, Cheltenham; Mr. J. T. Griffith, Penygroes; Our Edinburgh Correspondent; etc.

BOOKS, ETC., RECEIVED.

Surgery: Past, Present, and Future; and Excessive Mortality after Surgical Operations. Two Addresses to the British Medical Association, 1864 and 1877. By T. Spencer Wells, F.R.C.S. London: J. and A. Churchill. 1877.