

putrid matter, but that they are actually formed out of certain mineral substances containing nitrogen; as, for example, mixtures of tartrate of ammonia and phosphate of soda. Dr. Cameron criticised the details of Dr. Bastian's experiments, and pointed out not only possible, but highly probable, sources of fallacy. The controversy with respect to spontaneous generation had, by inducing experimental researches, led to the discovery of many of those forms of life which existed upon the borders of the invisible world. It was found that the atmosphere teemed with them, and that they existed in all solid surfaces and in most liquids, and even in the interior of animals and plants. Some of these tiny objects were termed bacteria, and were by many believed to be the cause of putrefaction, and also that they or similar minute organisms are the contagia of such diseases as scarlatina and typhoid fever. Some pathologists—especially Drs. Beale and Ross—whilst holding to the doctrine of contagion, believe that the contagium of each disease is merely degraded or putrescent matter thrown off from a higher organism, and not microzymes, bacteria, or fungi, which are undoubtedly organisms similar to the higher animals, being descended from ancestors which they resemble. Bioplasm, or germinal matter, is the simplest but most important portion of the living animal. Beale believes that healthy bioplasm becomes diseased bioplasm, and, having become so, continues to grow in its altered or abnormal form, just as healthy bioplasm grows and builds up the various tissues of the body. In practice, it matters but little whether we adopt Lionel Beale's theory of disease-grafts, or the more generally accepted opinion, that each contagious disease is caused by a *contagium vivum*, or a living thing capable of generating other living things in its own image. The destruction of these infecting particles, bioplasm or microzymes, whichever they may be, would be the end of the existing contagious diseases; for the pathology of contagion certainly justifies us, even with our present limited knowledge of it, in believing that the contagious diseases do not originate spontaneously, but are propagated from person to person. He next described the diseases which are propagated directly from the sick to the healthy, and those which are indirectly propagated. Amongst the former are scarlatina, measles, small-pox, typhus fever, and whooping cough; amongst the latter, typhoid fever, cholera, dysentery, and yellow fever. No one need have fear of catching typhoid fever or Asiatic cholera by tending at the bedside of the patient; but these diseases are propagated by means of foul water and sewer-gases. It is highly improbable that water containing ordinary animal or vegetable matter, or even the sewage-gases of the ordinary kinds, produce typhoid fever. The germs or microzymes that have already been thrown from the body of affected persons must be in the polluted water, or must be wafted up mechanically by the sewer-gases. The modes by which the more commonly occurring contagious diseases are propagated were explained; and the lecturer concluded by expressing his opinion that, broadly, contagious diseases were all filth-diseases, and could only be destroyed by the most rigid national and private cleanliness.

CATHOLIC UNIVERSITY MEDICAL SCHOOL.

THE Introductory Address was given by Dr. BYRNE on November 5th. The lecturer, after adverting to the high rank occupied by Dublin as a school of obstetric medicine, a position which it owed to the labours of their predecessors, and to the existence of the two noble maternity institutions, the Rotunda and the Coombe Hospitals, proceeded to discuss the relative advantages of special *versus* general hospitals, giving his unqualified preference, in the present advanced state of medical knowledge, to the former, adducing as an example the department of ophthalmology. Could any student, he remarked, expect to learn the course of disease, of alteration of structure, or morbid or sympathetic changes in so essential an organ as the eye, unless he had been trained by watching the changes disease produces in other important organs or parts? No; he could not; but, when he had profited by his experience of general hospital practice, and by the observation of the course and progress of general and local disease and its treatment, then he could take himself and the knowledge which he had gained to the investigation and study of special diseases. He next alluded to the vast importance of a thorough knowledge of obstetrics and gynaecology, declaring that, no matter in what position of life a medical man may be placed, unless he be a pure surgeon or physician, the knowledge of these subjects is of vital importance for himself and those entrusted to his care. Dr. Byrne concluded his address by advising the young man who had finished his studies, had passed the test of the final examination, and secured the object of the desires of his student years, not to let the ambitious promptings of his heart, or the suggestions of injudicious friends, hurry him into practice, or stimulate him to seek employment. That would come soon enough. Now, a golden op-

portunity for completing his store of knowledge was placed in his hands. His mind was free from the worries inseparable from the tyro condition of the student; he was no longer harassed by the spectral anxiety of possible failure at his examination; he was relieved from the sense of obligation of being bound to go hither and thither at stated times to attend regularly lectures and hospitals. He was no longer merely a student; he was now a surgeon or physician, and should go of his own accord to those institutions where he might study at leisure the symptoms and course of disease, and watch its treatment by skilled and long experienced hands. Six months or a year of careful hospital attendance now, when his faculties had been enlarged, his mind stored with systematic information, his judgment matured, would be of vastly greater value than years before. Thus they would familiarise themselves with the types of morbid affections of every kind, as the practitioner had to look upon them; they would, because of their professional rank, be permitted to watch them. Thus indeed they would be much better equipped for their after-career and the struggle with human suffering in which their life would be passed, and in which they would have most frequently to rely on their own quick appreciation and unaided skill.

SELECTIONS FROM JOURNALS.

THERAPEUTICS.

ANTAGONISM OF MEDICINES.—At the meeting of the Paris Academy of Medicine on October 19th, M. Gubler read a paper by Dr. Oré of Bordeaux, in which the author sought to prove, by details of experiments on animals, that there exists between chloral and the poison of the *Amanita bulbosa* the same antagonism which has been demonstrated between chloral and strychnine.

TREATMENT OF EPILEPSY BY BROMIDE OF ZINC.—Experiments have been going on for some time in M. Charcot's wards at the Salpêtrière Hospital with bromide of zinc as a remedy for epilepsy. It can be administered either in the form of pills or as a syrup. The pills contain each three-quarters of a grain of bromide of zinc. Commencing with one pill daily, the dose may be increased to twenty-five grains, increasing the quantity of bromide contained in each pill. The drug can be given in syrup according to the following formula: Bromide of zinc, 15 grammes; syrup of bitter orange-peel, 150 grammes; four, five, or six teaspoonfuls to be taken in the course of the day. The results obtained from the administration of these pills have been satisfactory.

SULPHATE OF ATROPINE IN PATHOLOGICAL SWEATS.—At the meeting of the Paris Academy of Medicine on November 6th, M. Vulpian called attention to the want of efficacy in all the means hitherto employed to combat pathological sweats, more especially those from which phthisical patients suffer. He has found that sulphate of atropine, given in pills containing half a *milligramme* (three four-hundredths of a grain), is a sure preventive of these nocturnal sweats. It generally suffices to administer one or two of these pills, but in certain cases the dose must be increased to four pills. The cases on which M. Vulpian founded his thesis all occurred in his own wards, and he believes that he is first to have introduced this plan into France.

INFLUENCE OF IRON MIXED WITH FOOD ON THE BLOOD.—Nasse (*Marburg Sitzungsbericht*, No. 3, 1877) fed a dog weighing about 17½ pounds, during eighty-seven days, with bread and potatoes; giving at the same time, for twenty-five days, 15½ grains of lactate of iron daily, and for the remaining sixty-two days 18½ grains of oxide of iron each day; the dose in each case being mixed with about six-sevenths of an ounce of fat. The weight of the animal increased by more than two pounds. The specific gravity of the blood rose from 1052 to 1060.8; that of the serum remained nearly unchanged. The amount of iron in the blood increased from 0.477 *per mille* to 0.755. In seven other dogs, out of eight subjected to experiment, feeding with various preparations of iron was followed by an increase of the solid constituents and of the specific gravity of the blood; the latter being 3.02 higher than before, indicating an addition of 7.6 *per mille* to the former. The increase of the solid constituents depended solely on that of the blood-corpuscles. The amount of iron in the blood rose regularly. In conclusion, the author expresses his belief that the administration of iron mixed with fat is productive of the most fruitful results; and he recommends the use of fat food containing iron for anæmic patients.

themselves. A great deal of eloquent writing has been produced, but as yet no scheme has been decided upon or any concerted plan of action taken. It is felt, however, by several influential and philanthropic people that Miss Octavia Hill has shown how to deal with the matter better than any one else; and these persons are anxious to collect a sum of money sufficient to buy up some of the poorest and worst property of the town to see what can be done when they are the landlords by way of relieving the terrible distress which, in spite of heavy poor-rates, is so common a condition in our rich city. A leader is wanted to set the thing going, for no one can doubt that there is plenty of charity in a town which has just subscribed £40,000 to the Indian Famine Fund.

ASSOCIATION INTELLIGENCE.

STAFFORDSHIRE BRANCH.

THE first ordinary meeting of this Session will be held at the Railway Hotel, Stoke-upon-Trent, on Thursday, November 29th, at 4.30 P.M.

VINCENT JACKSON, } *Honorary Secretaries.*
J. G. U. WEST, }

Wolverhampton, November 19th, 1877.

SOUTH EASTERN BRANCH: EAST AND WEST SUSSEX DISTRICTS.

A CONJOINT meeting of the above Districts will be held at the Dispensary, Queen's Road, Brighton, on Friday, November 30th, at 3.15 P.M.: F. A. HUMPHRY, Esq., Surgeon to the Sussex County Hospital, in the Chair.

All members of the South Eastern Branch are entitled to attend these meetings; and visitors from the metropolis or elsewhere are particularly invited.

Notice of intended communications is requested to be sent on or before Wednesday, the 14th instant, to either of the Secretaries, in order that they may be inserted in the regular circular.

Dinner will be provided at 5.30 P.M., at Markwell's Hotel.

W. J. HARRIS, *Honorary Secretary of the West Sussex District*, 13, Marine Parade, Worthing.

THOMAS TROLLOPE, M.D., *Honorary Secretary of the East Sussex District*, St. Leonard's-on-Sea.

November 6th, 1877.

BATH AND BRISTOL BRANCH.

THE second ordinary meeting of the Session will be held at the Royal Hotel, College Green, Bristol, on Wednesday evening, December 12th, at half-past Seven o'clock: H. MARSHALL, M.D., President.

EDMUND C. BOARD, *Honorary Secretary.*

7, Caledonian Place, Clifton, November 21st, 1877.

THAMES VALLEY BRANCH.

THE next meeting of the above Branch will be held at the Spread Eagle Hotel, Wandsworth, on December 18th, at 5 o'clock.

Those members who may be willing to read papers are requested to communicate with the Honorary Secretary as soon as possible.

There will be a dinner at the above hotel at 7 o'clock. Charge, 7s. 6d., exclusive of wine.

F. P. ATKINSON, M.D., *Honorary Secretary.*

Kingston-on-Thames, November 1877.

PROCEEDINGS OF THE COMMITTEE OF COUNCIL.

AT a meeting of the Committee of Council, held at the Freemasons' Tavern, Great Queen Street, London, on Wednesday, the 10th day of October, 1877: Present, Dr. R. W. FALCONER (President of Council), in the Chair, Dr. E. Wilkinson (President), Mr. W. D. Husband (Treasurer), Dr. Clifford Allbutt, Mr. Alfred Baker, Mr. J. Wright Baker, Dr. M. M. De Bartolomé, Mr. E. C. Board, Dr. L. Borchardt, Mr. Callender, F.R.S., Dr. Alfred Carpenter, Dr. Charles Chadwick, Dr. Ward Cousins, Dr. Balthazar Foster, Mr. R. S. Fowler, Dr. Edward Long Fox, Dr. C. Holman, Mr. J. R. Humphreys, Mr. Fredk. E. Manby, Mr. Frederick Mason, Dr. Edwin Morris, Mr. R. H. B. Nicholson, Dr. Charles Parsons, Dr. W. Procter, Dr. Edward H. Sieveking, Dr. A. P. Stewart, Dr. R. Shettle, Dr. W. F. Wade, Dr. Edward Waters, and Mr. C. G. Wheelhouse:

The minutes of the last meeting were read and found correct.

Read letters of apology for non-attendance from Dr. Copeman, Dr. Andrew Davies, Dr. Eastwood, Dr. Leech, and Dr. Eyton Jones.

Resolved: That the candidates whose names appear on the circular convening the meeting be hereby elected members of the Association.

Resolved: That the communication forwarded by Dr. Eastwood respecting contagious and infectious diseases be referred to the Registration of Disease Committee.

Resolved: That the minutes of the Journal and Finance Committee of this date be received and approved, and the recommendations carried into effect.

Resolved: That Messrs. Price, Waterhouse, and Co. be appointed public auditors.

Resolved: That a Subcommittee be appointed to consider the arrangements of future Annual Meetings and the Regulations for the Association Medal, to consist of the following gentlemen: Dr. Falconer, Mr. Husband, Dr. Chadwick, Dr. Stewart, Mr. Alfred Baker, Dr. Wade, Mr. Wheelhouse, Dr. Wilkinson, Dr. Sieveking, and Dr. B. Foster, and to report to a future meeting of the Committee of Council.

Resolved: That the date of the Annual Meeting be the 6th, 7th, 8th, and 9th days of August next.

Resolved: That the appointment of the Arrangement Committee and Readers of Addresses be postponed until after the report of the Subcommittee upon the arrangements of Annual Meetings has been received.

Read resolution of the Registration of Disease Committee, of which the following is a copy:

"That it be a recommendation to the Committee of Council to forward copies of this report, together with an extract from the report of last year to all the Boards of Guardians and the Urban and Rural Sanitary Authorities throughout England and Wales."

Resolved: That copies of the reports of the Registration of Disease Committee, together with an extract from the report of last year, be forwarded to all the Boards of Guardians and the Urban and Rural Sanitary Authorities throughout England and Wales.

Read minutes of the Scientific Grants Committee of August 9th and October 9th.

Resolved: That the minutes of the Scientific Grants Committee of August 9th and October 9th be received and approved, and the recommendations carried into effect.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: PATHOLOGICAL AND CLINICAL SECTION.

A NUMEROUSLY attended meeting of the above Section was held on Friday, October 26th. The chair was taken by the President, Dr. THOMPSON of Leamington.

1. Dr. SANGER showed a case of Valvular Disease of the Heart (Mitral Stenosis).

2. Dr. SAUNDBY presented two tables containing an analysis of thirty-seven cases of Granular Kidney, collected from the *post mortem* records of the General Hospital during the last seventeen months. He remarked on the great frequency of the affection among his subjects, and referred to the comparative rarity of the other forms. Amyloid disease is very rare in Birmingham, only seven cases having been met with in the same time; subjects of chronic suppuration do not, as a rule, get amyloid disease in Birmingham; their organs are generally fatty. Of the thirty-seven cases, twenty-nine were males, and thirty-four were over forty years of age, the youngest being twenty-one; they were the subjects of various diseases, a large proportion coming from the surgical wards; two were insane, one of these having committed suicide. The changes in the various organs were detailed; simple hypertrophy of the heart occurred in seventeen cases, with valvular disease in five. Dr. Saundby quoted one case in particular to disprove Bartels' assertion (Ziemssen's *Cyclopaedia*), that the heart is always hypertrophied; in this case, a female aged 50, the kidneys weighed seven ounces, and the heart nine ounces. The liver was found structurally altered in twenty-one cases. Dr. Saundby promised to report on the microscopical appearances at a future meeting.

3. Mr. PRIESTLEY SMITH showed mounted specimens of Eyes lost by Mechanical Injury.

4. Mr. FURNEAUX JORDAN exhibited a specimen of peculiar and circumscribed Necrotic Caries of the Os Calcis.

5. Mr. LLOYD OWEN showed a specimen of Cholesterine Crystals on the Iris, with a modified method of mounting.

6. Dr. RICKARDS showed a Heart wholly enveloped in an Adherent and Calcified Pericardium.

7. Mr. EALES showed two patients, one with Xanthelasma, the other with Microphthalmia.

returned to England for two years, applying himself during his stay to the study of his profession, especially at the Eye Clinique at Guy's Hospital. He returned to Foochow in 1867, and in addition to ordinary professional work, established and vigorously carried on a large native hospital till his death on October 3rd, 1877. Fitted by intellectual power to fill the very highest position in his profession, well skilled in all professional work, socially warm-hearted and cordial, hospitable to the core, a most accomplished musician, he will be an irreparable loss to the society which he led and adorned. Direct in expression, and scorning untruth or concealment, a faithful and careful adviser in his profession, his life has carried its lesson well. Though he remained a simple M.R.C.S., he carried the highest powers of one of the highest class of minds into his daily work, and the lives of such men stand out as "beacons" or "beckoners" for all to attempt to follow.

"Ita vita est hominum quasi cum ludas tesseris ;
 Si illud quod est maxime opus jactu non cadit
 Illud quod cecidit forte, id arte ut corrigas."

WILLIAM WRIGHT, M.R.C.S.Eng., PONTEFRACT.

MR. WILLIAM WRIGHT, Resident Medical Officer to the Pontefract General Dispensary, died suddenly on November 9th. At the *post mortem* examination, the cause of death was found to be fatty degeneration of the heart; and at the inquest, a verdict of death from natural causes was returned. Mr. Wright had held the joint position of Resident and Visiting Surgeon to the Dispensary for upwards of twenty years, having previously filled the post of House-Surgeon at Bradford General Infirmary. Mr. Wright, whose kindness of heart and ready sympathy for suffering had endeared him to his Dispensary patients, who averaged nearly two thousand *per annum*, will be greatly missed by those with whom the daily round of duty brought him into contact.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, November 15th, 1877.

Evans, Henry, Barmouth
 Garman, Vincent Cornelius, Kent House, Bow Road
 Harrison, Edmund Meredith, Brackley
 Pemberton, Robert, Richmond Terrace, Clapham Road

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

Baldwin, Frederick Benjamin Judge, Guy's Hospital
 Jones, George Henry West, Guy's Hospital
 Maybury, Lysander, St. Thomas's Hospital
 Rhys, Joshua, St. Bartholomew's Hospital

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.—At the ordinary monthly examination meetings of the College, held on Tuesday, Wednesday, and Thursday, November 13th, 14th, and 15th, 1877, the following candidates were successful.—Licence to practise Medicine.

Asbury, Alfred	MacNeece, James Gausson
Brereton, John Thomas	O'Hara, Henry Michael (m)
Corbett, Joseph Edward (m)	Perceval, Montague W. C. (m)
Faulkner, Alexander Samuel (m)	

Licence to practice Midwifery.

Bland, Archibald Robert Hamilton
 and the candidates marked *m* in the list above.

UNIVERSITY OF DUBLIN.—At a meeting of the Senate, held on Saturday, October 20th, the following degrees in Medicine and Surgery were conferred.

Bachelor of Medicine.—Duckworth, Richard H. D.O.
Master in Surgery.—Warren, Samuel
Doctors in Medicine.—Goode, George, and Murray, Charles F.

MEDICAL VACANCIES.

THE following vacancies are announced:—

ADDENBROOKE'S HOSPITAL, Cambridge.—House-Surgeon. Salary, £65 per annum, with board and residence. Applications to be made on or before December 17th.

ALNWICK UNION—Medical Officer for the Embleton District.

BAKEWELL UNION—Medical Officer for the Matlock District.

BIRKENHEAD BOROUGH HOSPITAL—Junior House-Surgeon. Salary, £60 per annum, with commons and apartments. Applications to be made on or before the 26th instant.

BRISTOL HOSPITAL FOR SICK CHILDREN and FOR THE OUT-DOOR TREATMENT OF WOMEN—House-Surgeon. Salary, £100 per annum, with furnished rooms, coals, gas, and attendance. Applications to be made on or before the 30th instant.

BRADFORD UNION, Yorkshire.—Medical Officer for the Horton West District.
CHINA—Medical Missionary for the Church of Scotland Mission. Salary, £350 per annum, and residence. Applications to the Rev. Dr. Cumming, Sandyford Church, Glasgow.

GENERAL HOSPITAL, Birmingham.—Honorary Obstetric Officer and Honorary Ophthalmic Surgeon. Applications to be made on or before the 24th instant.—Resident Medical Officer and Resident Registrar and Pathologist. Salary, £130 per annum each, with board and residence. Applications to be made on or before the 30th instant.

QUEEN'S HOSPITAL, Birmingham.—Resident Physician and Resident Surgeon. Salary, £50 per annum, with board and residence. Applications to be made on or before December 1st.

KIDDERMINSTER INFIRMARY—House-Surgeon.

LIVERPOOL ROYAL INFIRMARY—Resident Medical Officer. Salary, £100 per annum, with board, lodging, and washing. Applications to be made on or before the 29th instant.

LONDON FEVER HOSPITAL—Assistant to Resident Medical Officer. Salary, £120 per annum. Applications to be made on or before the 30th instant.

POOL UNION—Medical Officer for the Workhouse.

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

REDDITCH and DISTRICT MEDICAL AID ASSOCIATION—Medical Officer. Salary, £160 per annum and fees, with unfurnished house. Applications to be made on or before the 30th instant.

ST. GEORGE'S and ST. JAMES'S DISPENSARY—Physician. Applications to be made on or before December 6th.

TAVISTOCK UNION—Medical Officer for the Tavistock District and the Workhouse.

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.

DOLMAN.—On November 17th, at 48, Friar-gate, Derby, the wife of *A. H. Dolman, Surgeon, of a son.

PARSONS.—On November 16th, at Sunnyside, Wimbledon, the wife of *T. E. Parsons, M.R.C.S.Eng., of a son.

DEATH.

HUDSON.—On the 18th instant, Jane Antoinette, wife of *A. Hudson, M.D., of Merrion Square, Dublin.

BEQUESTS.—Mrs. Eliza Punnette Smyth has bequeathed £200 to the Adelaide Hospital, Dublin; £100 to the Convalescent Home, Stillorgan; and £100 to the Hospital for Incurables, Donnybrook Road, Dublin.

A CENTENARIAN.—Dr. Grainger, the Medical Officer of Health for the Cardiff Rural Sanitary District, at the last meeting of the Authority, reported the death of a woman in the parish of Llancarvan at the age of 105.

LONGEVITY IN FRANCE.—Our Paris correspondent writes:—Whether centenarians are more abundant now than they used to be, I have no means of testing; but one thing is certain—that the average term of human longevity in civilised countries has been considerably increased within the last fifty years. A great many centenarians have lately been brought to notice in the newspapers both here and elsewhere; but I shall quote a few of the most remarkable cases, as they are also authentic. In the month of May last year, a woman named Virginie Devieussy, who resided at No. 16, Rue de Longchamps, Paris, died at the age of 108, she having been born in 1769. For the last ten years of her life, she was in a state of infancy, and, during the last two, she had not uttered a single word. In July also of last year, a man named Pierre Turpin, who resided at 97, Avenue d'Eylau, died at the age of 104. For the last six years of his life, he was in a state of childhood, and spent his time in cutting up corks and putting them up in a sack. I could relate a great many more cases of centenarians, but the list would be too long for an ordinary letter. If centenarians are rare, octogenarians are much less so, and the latter are met with almost daily in the common walks of life; but what has never been seen or heard of before (excepting perhaps the case of Thomas Parr) is the marriage of two centenarians. Only three or four months ago, a gentleman named De Brogues, residing at 29, Rue d'Orléans, Paris, married a Madame Massar, widow. The bridegroom was aged 101 and the bride 99, thus making up just two centuries between them. Here is another remarkable case of human longevity. On October 21st last, a gentleman named Duroy, a retired officer, aged 104, attended the wedding of two of his great-granddaughters. He led them both to the altar, followed by the bridegrooms, his own children, grandchildren, and great-grandchildren; and to see the old gentleman no one would have imagined he was a centenarian: his gait was steady, and he was as straight as a post. At the wedding dinner in the evening, he sang at dessert a song composed for the occasion. This was followed by a ball, which he opened in person, dancing with astonishing agility for his age.

OPERATION DAYS AT THE HOSPITALS.

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

MONDAY.—	Medical Society of London, 8.30 P.M. A Clinical Evening. Cases by Dr. Lichtenberg, Mr. William Adams, Mr. J. Astley Bloxam, and others.
TUESDAY.—	Royal Medical and Chirurgical Society, 8.30 P.M. Mr. Morrant Baker, "Removal by Operation of a Hairy Mole occupying half the Fore-head"; Sir James Paget, "Cases of Branchial Fistulae in the External Ears".
WEDNESDAY.—	Hunterian Society (London Institution), 8 P.M. Mr. C. H. Golding-Bird, "On Sayre's Apparatus for Spinal Curvature; and Further Remarks of Treatment of Strumous Glands by Electrolysis".

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.
- CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

A RENEWED PLEA FOR BREVITY.

WITH the continued increase of the number of readers of the *BRITISH MEDICAL JOURNAL* (which has now a circulation of eight thousand copies weekly), the pressure on space by correspondents naturally grows apace, and we must once more remind our contributors of all classes of the necessity of cultivating brevity to the utmost degree. Of many communications of great interest which we publish from time to time, it is difficult to suppose that the same amount of information could not be conveyed in fewer words.

S. C.—Paris would be a very bad place for lady to go to learn nursing. As far as we know, there is no such thing as a training institution for nurses in Paris. The hospital nursing is done by Sisters of Charity, excellent women, who are, however, for the most part very poor nurses in a technical sense, and very ill instructed: what training they get, they pick up from the house-surgeons. In the end, of course, many of them become good nurses; but, on the whole, the nursing of Paris hospitals is very inferior to that of the English hospitals, and we should not advise anyone to go to Paris to learn nursing. There are a great number of excellent institutions for this purpose in London.

BICARBONATE OF SODA IN BURNS.

SIR,—Most singularly it happened, that during the time I was engaged reading the paragraph in our *JOURNAL* of to-day with the above heading, my son, a little boy aged ten years, came into my study crying. He had incautiously put his hand near to the spout of the kettle, the steam from which had severely scalded him. The hand was at once placed in a solution of bicarbonate of soda, one drachm to two ounces of water. After remaining in the solution for nearly ten minutes the hand was removed, but the pain had not abated in the least. The soda was then dusted over the burnt part, the effect being that the pain was quite unendurable. Another solution was then made, of double the strength first employed. In this solution the hand remained for three-quarters of an hour; at the end of which time it was removed, as the child cried so piteously. An application of lime-water and linseed-oil was then substituted, with the best effects.—I am, sir, truly yours,
November 17th, 1877.

ROBT. P. OGLESBY.

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.

ADVANCED TREATMENT OF THE INSANE.

SIR,—I read in the *BRITISH MEDICAL JOURNAL* of November 10th a notice respecting what is called "An Advanced Treatment of the Insane" introduced in some asylum in Scotland. This consists in having, for the supervision of lady-patients, educated ladies only. If this be new to Scotland, it is by no means new in England, and I imagine there is not a private asylum in England into which the principle has not long been carried out. One is glad to hear that if our Scotch brethren have been so long behind us, they are now following in our wake; but it should be known that the system introduced is new only to Scotland.—I am, yours truly,
November 1877.

PNEUMONIA IN CHILDREN.

SIR,—The *BRITISH MEDICAL JOURNAL* of October 27th contains an abstract of an interesting paper, read at the Harveian Society of London by Dr. Squire, on Pneumonia in Children, in which he states that it is "a disease of high temperature"; and he mentions one case in which a temperature of over 104 deg. Fahr. was reached, "yet the child recovered". I quite agree with Dr. Squire that one of the most marked features of pneumonia in children is high temperature; and I have met with several cases in which the temperature has exceeded 104 deg. Fahr. and recovery followed. I am now attending a child who is recovering from a severe attack of lobar pneumonia whose temperature reached 106 deg. This is the highest temperature I have ever observed in pneumonia. The following are the temperatures taken from the day I first saw the patient until convalescence. October 23rd, 104 deg. Fahr.; 24th, 104.8 deg.; 25th, 106 deg.; 26th, 104.2 deg.; 27th, 103.6 deg.; 28th, 103.2 deg.; 29th, 102.5 deg.; 30th, 101.8 deg.; 31st, 102.3 deg.; November 1st, 100.4 deg.; 2nd, 99.5 deg.; 3rd, 98.5 deg.—I am, etc.,
GEORGE BROWN, M.R.C.S.

12, Colebrooke Row, Islington, N., November 12th, 1877.

THE FEEDING OF INFANTS.

SIR,—Will you permit me to suggest to a Member of the Profession who has occasion to write to the *Hackney Standard*, that he will find some excellent remarks on the above subject in the second volume of Dr. Playfair's work on *Midwifery*.—I remain, sir, yours truly,
J.

SIR,—As the author of a series of articles in the *Borough of Hackney Standard* upon the above subject, and as a member of the British Medical Association, allow me to offer a few remarks upon your criticisms in the *JOURNAL* of November 3rd. In the first place, to assert that it was "after due consideration", aided by the experience of having had the medical care of infants in an infirmary for upwards of seven years, besides private practice and practical experience, that I ventured to ventilate a subject the very importance of which in itself would have appeared sufficient justification. It cannot surely be considered to dishonour the medical profession endeavouring to aid the poorer class in the management of their little ones. It was my intention to submit the whole essay to your consideration upon its completion. I do not complain of having been forestalled in the matter, but consider it most unfair to have had judgment passed upon a mere fragment of the whole, in which I have endeavoured to show how farinaceous food becomes more easy of digestion by cooking and other influences brought to bear upon it, the mode of preparing the food, and, with regard to its quantity, deprecating the so-called stuffing and cramming of infants, and recommending but a teaspoonful or two of solid food for each meal instead of a cupful, as commonly given; the dangerous practice of mothers giving their young ones a little of what they take themselves being severely commented upon. It must be borne in mind that there are cases where, after several trials, cow's milk has been found a failure with infants: I have therefore alluded to condensed milk as a substitute; and as this is considered to be wanting in certain essential elements, I have sought to point out how the deficiency may be made up. It is a question undoubtedly of vast importance, and my efforts have been to show how, by a little discretion and rudimentary knowledge, a happy medium may be arrived at. I am happy to state that I do not stand alone in my theory, and, in justification to myself, would wish to draw your attention to the proceedings of the Manchester and Salford Sanitary Association, recently brought under my notice. It appears that a code of directions for the guidance of mothers has been, after careful deliberation, issued by the Infant Mortality Committee of the aforesaid Association, consisting of some sixteen members of the medical profession. It will only be necessary for me to make one or two brief quotations, as follows. "If, after several trials, milk do not agree with the infant, give good barley-water, or strained oatmeal-gruel", etc. And further on: "After six months, when the gums begin to get irritable" (here let me just mention that many infants have teeth at the fifth month), "the child may gnaw a gristle or tough crust; and if other food be required beside the breast, it should be made with milk and water or barley, oatmeal, cornflour, semolina, or bread-crumbs made into a pap".—I remain, yours very truly,
EDWARD JOHN ADAMS, M.R.C.S., etc.

SIR,—I had hoped that my letter on the above important subject would have given rise to more discussion, hence my delay in noticing Dr. Owens's letter on the subject. He holds that farinaceous food in any form is unsuitable food for infants, as their salivary glands do not assume their active functions until the age of four to six months. This explanation looks very well; but, unfortunately for its stability, there is the difficulty that the digestion of starch does not wholly depend on the salivary secretion. If Dr. Owens will read Kirkes *On Digestion*, he will learn that there are other secretions equally efficacious in the digestion of starch; and if he will further inquire, he will find that the majority of infants are fed on farinaceous food. He will probably also find that when mothers partly suckle their babies they have even an objection to milk, as they fear that the two milks (their own and the cow's) will disagree. I give the latter opinion for what it is worth. Another objection, and one which I have found to be a serious one, is the constipation caused by a purely milk-diet. In such cases, I recommend some farinaceous food to be mixed with the milk, with invariably good results. In fine, while I believe that for infants' milk is the staff of life, I disagree with the total exclusion of farinaceous food. And I know that in my experience farinaceous food is the rule and milk the exception in the food of infants, and as I see daily children thus fed and well nourished, I cannot believe in any theory, however pretty, that clashes with facts under daily observation.—I am, etc.,
L.R.C.S.

THE MOFFAT DEFENCE FUND.

SIR,—As treasurer and honorary secretary of the Moffat Defence Fund, I beg to say that it is now closed, and the amount subscribed by the members of the profession and by Dr. Moffat's immediate friends residing in his vicinity (Hawarden) was handed over to him this week. It will be gratifying to all concerned to know that sufficient means were raised to pay all the heavy expenses of the prosecution. Dr. Moffat has requested me to say how grateful he feels for the sympathy shown him under his recent trials, which will be remembered by him through life.—Believe me, yours truly,

W. McEWEN.

Chester, November 1877.

THE SHAKESPEARIAN LIBRARY, STRATFORD-ON-AVON.

WE are very disinclined to trench upon the limited space of these columns by the notice of any other than strictly professional subjects. The works and memory of Shakespeare are, however, so precious a possession of this nation, and one which the learned professions so warmly cherish, that we make exception for the subjoined statement; and we are perhaps more tempted to do so as the first name signed at the bottom is that of one of our most active Associates, who is at present mayor of the town, and who received a large number of the members of the Association with generous hospitality on the occasion of the Birmingham meeting. Mr. Flower, the generous donor of one-half of the sum required, is the father of the Curator of the Hunterian Museum in the Royal College of Surgeons.

The desire to erect some monumental memorial to Shakespeare in this his native town has for very many years been cherished, not only by the people of Stratford, but by very many throughout the kingdom, and at various times efforts have been made to give a practical effect to such desire. About two years ago, Mr. C. E. Flower put forth a scheme, which at once commended itself to those in whose minds the desire had grown into a duty. This scheme embraced the erection of a theatre, a library, and a picture gallery: a small theatre, where, at least once a year on the anniversary of his birth and death (April 23rd), one or more of the inimitable plays of this great man could be put in a fitting manner upon the stage; a library, chiefly, though not exclusively, devoted to the literature of the drama, and of those subjects allied to it; a picture gallery, on the walls of which could be hung works of art inspired by, and illustrative of the writings of, him, who as a word-painter has never been excelled. Mr. Flower gave a site and a money contribution of £1000, which was soon increased to over £3000 by the contributions of Stratford people. So much interest was manifested in this undertaking, backed by substantial aid from all parts of the country, that eventually an Association, called the Shakespeare Memorial Association, was formed, and was soon afterwards able to commence the building of the first portion (the theatre), the foundation-stone of which was laid with full Masonic ceremony on the 23rd April last, by Lord Leigh, Lord-Lieutenant of the county. All the money for this portion of the memorial, amounting to upwards of £10,000, has been subscribed and guaranteed, and the works are progressing satisfactorily. It is felt, however, that if these portions can be proceeded with at the same time as the first portion, a very considerable saving will be effected. To do this, a further sum of £8000 is required. Our generous townsman, Mr. C. E. Flower, has again come to the front, and made us the liberal offer of £4000, on condition that a like sum be raised by the end of the year. At the mayor's annual banquet, on the 18th instant, Mr. Henry Graves, the eminent art publisher of Pall Mall, announced that he had, by will, bequeathed all his pictures of a Shakespearian character to this gallery. Two such noble gifts (conditional as they are) lay upon the people of Stratford in particular the heavy responsibility of raising this sum, so as to secure for the town locally, and the nation generally, the completion of this truly national memorial to the world's greatest poet. The mayor was requested to call a public meeting of the inhabitants of Stratford, which took place on the 22nd instant; and at this meeting a resolution was passed calling upon the corporation "to take steps to bring the subject before the nation, and especially before the corporations of the various cities and towns of the United Kingdom, in order to secure their aid in this national undertaking". It is in compliance with this resolution, and with a full sense of the duty and responsibility which devolve upon them, that the ancient Corporation of Stratford-upon-Avon now issues this address, appeals to the sympathy of the entire nation, and confidently solicits liberal subscriptions from all classes to enable the public to avail themselves of the gifts of Mr. Flower and Mr. Graves, and to present to the world a complete memorial, raised in honour of one who has bequeathed his country the richest legacy.—(Signed) JOHN JAMES NASON, M.B., Mayor; THOS. HUNT, Town Clerk.—Town Hall, Stratford-upon-Avon, October 1877.

EXPERIMENTA IN CORPORIBUS VILIBUS.

SCHILLER, in his account of the proceedings of the Marshal de Vieilleville, thus relates the sad accident at the tournament, in which Henry the Second of France was killed by his captain of the guard Montgomery. They had had already one bout in the tournament and broken their lances, when the King desired a second. "Now, sire," spoke out de Vieilleville, "I swear by God that during three nights I have dreamed that your Majesty would meet with some misfortune, and that the last of June would be fatal to you. Montgomery also excused himself as being against the rule; but the King ordered it so, and both took their lances. They tilted at each other again and broke with the greatest cleverness their lances. But Montgomery, very awkwardly, did not throw the splintered lance out of his hand, as was the custom, and in running hit the King on the head direct on the visor, so that the stroke went upwards and penetrated the eye. The King let the reins fall and held on by the neck of his horse; this ran to the boundary, where the first two equestrians, according to custom, stayed, who immediately seized him. They took off the King's helmet, and the King said in a feeble voice that he was a dead man. All the surgeons came together in order to search the place in the brain where the splinter had penetrated, but could not find it, notwithstanding that the heads of four malefactors who were under sentence of death were cut off, into which lances were thrust in order to experiment."

WHAT IS THE EFFECT OF MARRIAGE UPON EPILEPSY?

SIR,—I should be glad to hear what the experience of the profession is on the above question. Does experience teach that marriage by an epileptic is generally beneficial either in curing or mitigating the severity or the number of the attacks, or does it tend to make the disease worse? I myself have known complete immunity from the disorder to follow marriage; and, on the contrary, I have seen cases rendered much worse, both as regards frequency and severity of the paroxysms, with the concomitant increase of the baneful mental effects, by the subjects having taken this step.

An epileptic patient of mine, a female aged 23, is hesitating whether to say Yes or No to her betrothed's proposal of immediate marriage, because of the serious

question whether, by accepting, she would be rendered more liable to the attacks, and thus be a sort of burden upon her husband, instead of, as she desires, "a help-meat for him". I need not point out the importance of this question to all concerned—the medical adviser, as well as the persons themselves and their relatives, etc. The former, indeed, is placed in a very responsible position when asked for advice *ex cathedra* in such a case, in which his decision is a matter of such overwhelming importance to those personally concerned. With respect to the young lady above alluded to, the disease appears to be inherited, and is, I believe, of the centric kind. Her brother died of the same affection at an early age. She herself is now frequently attacked, every three days or so, with the *petit mal*, the paroxysms being repeated perhaps daily, and on first awaking in the morning, for the same number of days; after which, other three days' intermission will follow, when they again return, to cease and again return as before. The attacks are less severe, but far more frequent, than formerly. Medicine appears to have benefited her little. There is no malformation of the cranium, and neither history nor appearance of scrofula in the family. The first paroxysm began after a fall down stairs, attended with fright, about five years ago. The catamenia are regular, but scanty, and the rest of the functions and all the organs are healthy. Her aunt, who was similarly afflicted, became quite free from epilepsy after marriage and the birth of her first child.

Should my patient marry? or should the advice be, Wait for twelve months, and again try the effects of careful medicinal treatment, coupled with the cold shower-bath, etc.? The importance of the question, both in this case and in others of a like nature, cannot be overrated, from whatever point of view we look at it. None of the standard works on medicine that I have by me (Watson, 5th edition; Bennett, 5th edition; Tanner, 6th edition; etc.), even so much as allude to the question. I will read with interest the opinions of my professional *confères* on the matter.—I am, sir, faithfully yours,

DOUBTFUL.

WE are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Birmingham Daily Post; The Durham Chronicle; The Harrogate Herald; The Sunderland Times; The Lincolnshire Chronicle; The Bromsgrove Weekly Messenger; The Manchester Courier; The Broad Arrow; The Cork Examiner; The Cork Daily Herald; The Rotherham and Masbro' Advertiser; The Liverpool Daily Courier; The York Herald; The North Wales Chronicle; The Sheffield Daily Telegraph; The Blyth Weekly News; The Glasgow Herald; The Nottingham Journal; The Eastbourne Standard; The Scarborough Daily Post; The Isle of Wight Observer; The Sussex Daily News; The Metropolitan; The Leeds Mercury; The Belfast News Letter; The Devonport Independent; The St. Pancras Gazette; The Bath Herald; The Western Morning News; The Hull News; The Redditch Indicator; The Derby Mercury; The Preston Guardian; The Scarborough Express; The Jewish World; The Scotsman; The Cork Constitution; The Freeman's Journal; The Hampshire Post; The Somersetshire Herald; The Isle of Man Times; The Sussex Advertiser; The Herts Advertiser; The Manchester Guardian; The Evesham Journal; The Yorkshire Post; 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. T. Clifford Allbutt, Leeds; Dr. I. Burney Yeo, London; Dr. H. Barnes, Carlisle; Dr. Wilson Fox, London; Dr. Edis, London; Dr. Foster, Birmingham; Dr. A. T. H. Waters, Liverpool; Mr. T. Spencer Wells, London; Dr. W. Fairlie Clarke, Southborough; Dr. Broadbent, London; Dr. Bradbury, Cambridge; Dr. R. Living, London; Dr. R. J. Garden, Aberdeen; Mr. Batterbury, Berkhamstead; Mr. Douglas Lithgow, Wisbeach; Mr. W. H. Box, Chirk; M.A.; Dr. Foulis, Glasgow; Mr. F. W. Cock, London; Mr. E. J. Adams, London; Mr. Nason, Stratford-on-Avon; Mr. H. Arthur Allbutt, Leeds; Mr. J. W. Harrison, Sheffield; Mr. J. Farrer, Lancaster; Mr. W. Martin, Hammersmith; An Associate; Mr. E. C. Board, Clifton; The Secretary of the Hunterian Society; Mr. George Searancke, Scanberwen, Gronant; Dr. James Sawyer, Birmingham; The Secretary of the Society of Medical Officers of Health; Mr. Bell, Edinburgh; Mr. Murphy, London; Dr. J. A. Menzies, Naples; Mr. B. G. Evans, Tynant, near Cardiff; D. M. R.; A Reader; Dr. J. W. Moore, Dublin; Mr. L. Herbert Jones, London; Dr. Dowse, London; W.; Dr. Robert J. Lee, London; Mr. Roberts, London; Dr. John H. Sutton, Anerley; The Secretary of the Harveian Society; Dr. Edwards Crisp, London; Dr. Arlidge, Stoke-on-Trent; Mr. C. M. Jessop, Clifton; Mr. Oglesby, Leeds; Mr. Joseph Thompson, Nottingham; Dr. J. B. Brereton, Seaham; Dr. Arthur Leared, London; M.D.Ed.; Dr. J. Marion Sims, Paris; Dr. J. Ward Cousins, Portsmouth; The Secretary of Apothecaries' Hall; Dr. Thompson, Leamington; The Registrar-General of England; Mr. H. Cripps Lawrence, London; The Registrar-General of Ireland; Mr. Eastes, London; Dr. J. Milner Fothergill, London; The Secretary of the Royal Medical and Chirurgical Society; X.; Our Dublin Correspondent; Mr. Edmund Lloyd, London; Messrs. Southall Brothers and Barclay, Birmingham; Mr. G. F. Rossiter, Weston-super-Mare; Dr. Grimshaw, Dublin; M.R.C.S.E.; Our Edinburgh Correspondent; Mr. Charles D. Chubb, Torpoint; Dr. M'Ewen, Chester; Dr. Bree, Colchester; Mr. Lowndes, Liverpool; Dr. Saundby, Birmingham; Dr. M'N. Whistler, London; Dr. George Scott, Southampton; Mr. H. Taylor, Guildford; Dr. Atkinson, Kingston-on-Thames; Mr. Clover, London; Dr. J. Murray Lindsay, Mickleover; Mr. Robatham, Brighton; Mr. T. Taylor, Cricklade; Mr. T. S. Pitts, Thorne; Dr. Ellison, Ipswich; Mr. T. S. Ellis, Gloucester; Dr. Urban Pritchard, London; Dr. J. P. Cassells, Glasgow; Dr. A. B. Brabazon, Bath; Dr. W. F. Wade, Birmingham; Mr. J. Dixon, Whitehaven; Mr. H. K. Evans, London; Dr. Greenhow, Chapel Allerton; Dr. Marshall, Clifton; etc.

BOOKS, ETC., RECEIVED.

Hospitals: their History, Organisation, and Construction. By W. Gill Wylie, M.D. New York: Appleton and Co. 1877.