

SELECTIONS FROM JOURNALS.

SURGERY.

SYPHILIS OF THE TESTIS IN YOUNG CHILDREN.—Dr. Henoch (*Deutsche Zeitschrift für Prakt. Med.*, 1877, No. 11) observed seven cases of disease of the testis in syphilitic children. In one case, where death took place from cholera, there was an extensive interstitial hypertrophy of the cellular tissue, especially in the corpus Highmorianum. Henoch concludes from this case and from one described by Depres, that in the earlier stages of interstitial orchitis a cure by mercury is possible; but, when fibroid new growth has taken place, no further change is to be expected. The ages of the children varied from three months to two years and a half; both testes were affected in four cases, and the left in three. Tuberculosis of the testis, of which Henoch saw four cases, always presented a hard nodular swelling confined to the epididymis, and was always accompanied by pulmonary tuberculosis or cheesy inflammation of the bones, while symptoms of syphilis were always absent.

DISLOCATION OF THE APPENDIX VERMIFORMIS DURING PREGNANCY.—M. Polaillon relates in the *Union Médicale* (No. 24 for 1877) the case of a woman aged 35, a primipara, who, in order to hide her pregnancy, wore a narrow corset up to the seventh month, when she was one day seized with pain in the epigastrium, which was so violent that she was obliged to remove the corset. From this time, the patient perceived a small movable body at the painful part. The pain returned whenever the part was touched; also during eating and digestion. It returned during labour, which was completed with the aid of the forceps. Careful examination of the painful part showed that the xiphoid process was dislocated with its base inwards, the apex causing a projection of the skin. It was very movable; but movement caused severe pain. An attempt at replacement was unsuccessful. After a rather long stay in bed, the mobility and tenderness had diminished. At the end of three months, the xiphoid process was almost fixed in its normal position; the part was no longer painful when touched, and the pain during digestion had disappeared.

PATHOLOGY.

FAT-EMBOLISM.—In an essay, of which an abstract is given in the *Wiener Medicinische Wochenschrift*, No. 37 for 1877, A. Hahn, of the Pathological Institute at Munich, gives the results of clinical observations and of experiments on animals. In the experiments, various injuries were inflicted on the bones, from simple fracture to complete smashing; previous experience having taught that injuries of bones most frequently gave occasion to fatty embolism. In every case of injury where the marrow was implicated, Hahn found fatty embolism; and the amount and extent of the latter was in direct proportion to the extent of lesion of the marrow. The time which elapsed between the receipt of the injury and the occurrence of the embolism had already been described by Busch as very short. In an animal killed by chloroform asphyxia immediately after fracture of a bone, Hahn found fatty embolism of the lungs, heart, liver, and kidneys. The taking up of the fat into the vascular system, therefore, begins immediately after the injury, and may soon reach a high degree; on the other hand, there are clinical observations, in which symptoms of fatty embolism have not appeared until several days after the injury, during which time the patients have been doing comparatively well. In no case were there hæmorrhagic infarcts, evidences of inflammation, or metastatic abscesses; the embolism was often, however, followed by punctiform ecchymoses. The most important effect of fat-embolism is the obstruction of a number of the capillary regions in the lungs, in which organs the embola were most frequently found; in consequence, some parts of the lungs were anæmic and others hyperæmic, and there was acute oedema, sometimes even softening, of the pulmonary tissue. The elimination of the fat from the vessels takes place partly through the kidneys—fat having been found in the urine two or three days after the injury; and partly by exudation through the walls of the capillaries into the surrounding tissue, from which, as already stated by Bergmann, it is gradually absorbed. The clinical symptoms of fatty embolism, which may appear either at once or some time after the injury, are, general collapse, paleness of the skin and mucous membranes, cyanosis of the face, weakness, diminished sensibility, apathy, feeling of want of breath, oedema of the lungs, quickening of the pulse and respiration, lessening of the energy of the heart, coldness of the extremities, reduction of the body-heat. Hæmorrhages in the retina, observed by Czerny after injections of fat, were not found by Hahn in

two analogous experiments, and are, therefore, not constant. He could not produce fatty embolism by breaking up the subcutaneous fat or that of the mesentery. In any case, the conditions for absorption of fat into the blood-vessels and lymphatics are most favourable in the marrow of bones.

REPORTS AND ANALYSES

AND

DESCRIPTIONS OF NEW INVENTIONS

IN MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

COLLINS'S HISTOLOGICAL MICROSCOPE.

IN reference to one or two queries which have been addressed to the JOURNAL concerning students' microscopes, Mr. Charles Collins, of 157, Great Portland Street, has submitted to us a specimen of a students' microscope which appears to us to have great merits. It has only a ten-inch body, so as to be comfortable for prolonged observation, and a draw-tube with which the length of body and power can be increased when needed. The diameter of the tube is of full English size, and the field afforded is large. The fittings for objectives and accessory apparatus are all of standard size, and can, therefore, be applied to any of the larger and more elaborate instruments of English model which the investigator may choose to employ for home purposes. The fine adjustment is very ingeniously modified, so as to be at the same time very delicate and quite free from lateral oscillation. Not only is the field of the objective excellent, but its penetration is also of a very high standard. At the price of £5:10, it is supplied with an inch and a quarter-inch objective; the standard only is supplied at a lower price with eye-piece and case. On the whole, this instrument appears to us to have all the advantages and convenience which belong to the continental instruments of Hartnack, Næchet, and others, and to be of better workmanship, more convenient model, and at least equal optical performance.

ALLEN & SON'S HOT AIR AND VAPOUR BATH.

THE hot air and vapour bath, of which Messrs. J. Allen and Son, of 64 and 65, Marylebone Lane, are the patentees and manufacturers, possesses in an eminent degree the very desirable qualities of efficiency, portability, and cheapness, thus meeting every requirement. In its application, there can be obtained, at the will of the user, baths both of hot air and of vapour, either separately or combined, and a medicated bath of any kind that may be considered necessary. By the simple process of removing the boiler and substituting a vaporiser, supplied at a small extra cost, it will give a mercurial bath. It can be applied to any bed, a wicker frame being placed over the patient, under the outer covering, having at the foot a metal disperser, which prevents the heated air from rendering the position painful or unpleasant by striking directly on the patient's feet, but forces it freely up the sides and over the whole surface of the body. To obtain the required elevation, the box in which the apparatus is kept is used as a stand. It can also be placed under a chair, where, with the three burners lighted with which the apparatus is supplied, and a blanket secured over the whole, in fifteen minutes a bath of hot air or vapour, at a temperature of 140 deg. Fahr. is obtained. By removing the boiler and applying hot air only, in a further space of ten minutes the temperature stands at 170 deg. Fahr. The triple burners have a further advantage, besides complete efficiency in extreme cases, in the fact that the heat can be modified to any requirement to permit the adoption of the bath to the cases of infants as well as adults. Every precaution has been taken to secure perfect safety in its use. To prevent the lamp from being overfilled, a measure is provided which, if used, will only half fill it. Should the lamp by any means be filled, and the spirit percolate out at the burner (sometimes the cause of accidents in other lamps), danger is averted by a channel, which is fitted round each lamp, to be filled with cold water, thereby keeping the spirit in the lamp cool. If the spirit do by chance ooze out and catch light, the flame cannot spread, by reason of this precautionary measure. It is extremely portable, as, with all appliances, it may be packed in a box not more than twelve inches square, and may easily be moved from one position to another, its weight being only twelve pounds. Among its merits, are smallness of price (£1 10s.) and the fact that a quarter of a pint of spirit will suffice to feed the apparatus for the period of half-an-hour. Possessing the many points of excellence which we have pointed out, Messrs. Allen's appliance is likely to attract the attention of those to whom such an apparatus would be of service.

HOSPITAL AND DISPENSARY MANAGEMENT.

BIRMINGHAM PROVIDENT DISPENSARY.

WE have from time to time alluded to the movement in favour of a general system of provident dispensaries, which has arisen at Birmingham in consequence of the admirable address which Mr. Sampson Gamgee delivered as President of the Birmingham and Midland Counties Branch of the British Medical Association. Our friends in Birmingham are celebrated for their energy, and certainly in this matter they have not allowed the grass to grow under their feet. The Birmingham Charity Organisation Society has taken up the matter: a special subcommittee has been appointed; and their report is now before us. It has evidently been drawn up with great care. It first deals with the question of medical relief over the whole area of which Birmingham may be considered the centre; then it proceeds to develop a plan for dividing Birmingham into districts and establishing a provident dispensary in each, as has been done in Manchester. The proposals made by the Charity Organisation Society seem to us wise, and well calculated to enlist the sympathy of the medical practitioners in the town. But matters have not stopped here. A general committee has been formed for the purpose of carrying out these proposals, and detailed rules have been drawn up for the management of the Birmingham Provident Dispensary. We have no doubt that the energy and practical wisdom which have carried the movement thus far will soon enable Birmingham to co-operate with Manchester, in showing how to adapt our system of medical relief to the improved condition of the working classes at the present day.

OUT-PATIENT REFORM.

THE *Guy's Hospital Gazette* announces that an important reform has been introduced into the surgical out-patient department. When the great endowed hospitals enter on the path of reform, it may be taken for granted that the movement has acquired a momentum which cannot long be resisted; and we heartily congratulate the Treasurer of Guy's Hospital upon having initiated the means of diminishing the abuse of the out-patients' department which so extensively prevails in the voluntary hospitals in this and other great cities. The report is to the effect that up to the present, all patients who applied were attended to, the minor cases being subscribed for by the assistant-surgeons' dressers, whilst all the more difficult and important cases were seen by the surgeons. By the present arrangement, a limited number of cases only will be seen. Twenty cards will be given out to the graver cases, who will then be prescribed for by the surgeon; while fifteen cards will be given out by each of the two dressers to the minor cases, who will afterwards be attended to by these dressers.

THE TORBAY HOSPITAL AND PROVIDENT DISPENSARY.

AT Torquay, an important move has just been made in the right direction of out-patient reform. The Torbay Infirmary and Dispensary, which has been conducted many years as an eleemosynary institution, has been converted into the Torbay Hospital and Provident Dispensary. The plan adopted for carrying on the out-patient department of the hospital is, purely and simply, *mutata mutandis*, that by which the Provident Dispensaries of Coventry, of Northampton, and of Leicester have been conducted to such great success; and which has stood the test and had the experience of more than forty years. The rate of provident payments is the same as in all these three institutions, which has been found to act well by enabling and inducing large numbers of the very poor to avail themselves of their advantages; whilst the greater number of their smaller payments has raised larger sums than would probably have been obtained by a less number of subscriptions at a higher rate. The "honorary" and the "provident" funds will be kept more distinct from one another than in many provident dispensaries: the one discharging the general expenses of the establishment; the other the more direct costs of medical provision. The payment of the medical officers is fairly arranged to be in proportion to the number of provident members enrolled respectively under each officer; and the number of medical officers is to be in the ratio, as far as possible, of one to every thousand of provident members.

C. P. D.—1. In theory, the consulting physician to a provident dispensary ought certainly to be paid a consulting fee when he is called upon for professional services; but, as a matter of fact, we do not remember a case in point.—2. For guidance in establishing a provident dispensary, consult the "Suggested Rules" published by the Charity Organisation Society, 15, Buckingham Street, Adelphi, London; or the tract on the subject, published by the Provident Knowledge Society, 112, Brompton Road, London; or the latest reports of well managed provident dispensaries.

SPECIAL CORRESPONDENCE.

BIRMINGHAM.

[FROM OUR OWN CORRESPONDENT.]

The Obstetric Medical Officer to the General Hospital.—Coroners' Inquests.—Report of the Sewage Committee.—Orthopædic Hospital.—Provident Dispensaries.

DR. EDWARD MALINS has been elected as the first honorary obstetric officer attached to the staff of the General Hospital, Birmingham, after a close contest with a worthy rival. Dr. Malins was an earnest pupil of Sir James Simpson, has been for some time Surgeon to the Lying-in Charity and to the Women's Hospital, and has already distinguished himself in the literature and practice of his special branch. The hospital may, therefore, be congratulated on having found the right man for the right place.

At an inquest held last week, it was given in evidence that a child named Cutler had died after a few days' illness of diphtheria, without medical assistance until the moment of death; and that three other children of the same family had died young and without attendance. The jury desired to know whether the child's life had been insured, and ascertained that it was so for £3. There was a verdict of death from natural causes, with a strong censure on the parents. The coroner seems determined to help in creating a healthy public feeling on this matter, for he holds inquests in all cases where attendance has been insufficient.

A memorial has been presented to the Town Council praying for a central coroner's court, to avoid the sittings in public-houses. All the hospital cases are already conducted within the hospital precincts.

The report of the Corporation Sewage Committee gives very satisfactory results from the process of intermittent downward filtration, sewage-farming, Scott's process, etc.; and the Health Committee report a very decided diminution in the death-rate, attributable mainly to lessened mortality amongst infants from diarrhoea. Of deaths from this cause, however, 77 per cent. are still under one year, and 94 per cent. under five years. The Corporation have lately closed many wells in the town, and in all cases of death from zymotic disease the water of the house is analysed. New baths and a fresh park are also in process of construction, and a Parliamentary Bill has been drafted to secure control over the unused burial-grounds of the town. When we add that plans are prepared for a very large new asylum at Rubeny Hill, near Bromsgrove, and that the chairman and others have travelled to Banstead for suggestions, we have given ample evidence of the activity of this borough in health-matters.

The Hospital Sunday Committee report, on closing their lists, a total of £5,200 for the year, which is a good average amount, and will be formally presented to the General Hospital with the new year.

The Orthopædic Hospital has lately secured eligible premises in Newhall Street, where a home is to be found for other "minor charities": and a special appeal on the subject has been well supported.

The provident dispensary movement here will shortly enter on a fresh and, we believe, satisfactory phase.

ASSOCIATION INTELLIGENCE.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

THE next meeting will be held in the Examination Hall of the Queen's College, on Thursday, December 13th, 1877. The Chair will be taken by the President, SAMPSON GAMGEE, Esq., at 3 o'clock P.M.

Mr. H. M. Morgan will propose the following motion: "That it is desirable that a Local Reception Committee be formed in the town where each annual meeting of the Association is to be held, so as to provide, so far as possible, private hospitality for the members."

The following papers are promised.

1. Mr. Bartleet: Notes on the Treatment of Wounds.
2. Dr. H. L. Browne: Stricture of the Urethra.
3. Dr. Carter: New Method for the Quantitative Estimation of Sugar in Urine.

Members are invited to exhibit Pathological Specimens at the commencement of the meeting.

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

Birmingham, December 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.

SOUTH-EASTERN BRANCH: EAST SURREY DISTRICT MEETINGS.

THE next meeting will be held at the Greyhound Hotel, Croydon, on Thursday, December 13th, 1877, at 4 P.M.; Dr. C. W. PHILPOT in the Chair.

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

The following communications are promised.

1. Dr. Goodhart: Some Cases of Enlargement or Inflammation of the Mediastinal Glands.
2. Mr. Howard Marsh will show Sayre's Apparatus and mode of applying Plaster-of-Paris for Curvature of the Spine.
3. Dr. Duncan will show Sections of Diphtheritic Tonsils.
4. Dr. Lanchester: Some Remarks on Calomel as a Medicine.
5. Dr. Philpot: On an Outbreak of Diarrhoea in Upper Norwood.
6. Mr. Richardson: On Croydon Hospital Cases.

JOHN H. GALTON, M.D. Lond., *Honorary Secretary*.

Woodside, Anerley Road, S.E., November 27th, 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.

SOUTH EASTERN BRANCH: WEST KENT DISTRICT.

THE first meeting of the twenty-first session was held at Maidstone on November 20th; ADOLPHUS HALLOWES, Esq., in the Chair.

New Member.—Mr. Arthur Alexander Blakiston, of Benenden, near Staplehurst, was elected.

The next Place of Meeting is to be Rochester, in March 1878, with Dr. Burns as Chairman.

Papers.—The following were read:

1. Two Cases of Acute Chorea. By Charles E. Hoar, Esq., M.B.
2. A Case of Ruptured Perinaeum and Recto-vaginal Septum, operated on at once with Successful Results. By John M. Burton, F.R.C.S.

Dinner.—The members and visitors (nineteen in all) dined at the Star Hotel.

GLOUCESTERSHIRE BRANCH: ANNUAL MEETING.

THE annual meeting was held at Gloucester on Thursday, November 20th; Dr. ROOKE of Cheltenham, the President, in the Chair.

Election of President.—Dr. F. T. Bond was elected President for the coming year.

Communications.—1. Mr. T. S. ELLIS of Gloucester read a paper on the Position of Rest in Fatigue and in Pain.

2. Dr. BOND exhibited the Telephone, describing its construction, the theories of its action, and the various uses to which it seemingly may be applied.

Dinner.—The members afterwards supped together at the Bell Hotel.

KENSINGTON.—The annual death-rate for the month ending October 13th was returned by the medical officer as being so low as 15 per 1,000 living, against 18.2 for the whole metropolis. There were 358 births registered, against 176 deaths. Dr. Dudfield expresses his regret that a number of small-pox cases had occurred in the district after he thought the epidemic was practically at an end, and states that, out of 19 cases, 14 were said to have been previously vaccinated, and that 12 were sent to a hospital. There was only 1 death out of the 19 cases, but many are still under treatment. The slaughter-houses and cowsheds have been examined, and the licences renewed to all the former; but the applications for ten of the latter were adjourned.

CORRESPONDENCE.

LUNATIC ASYLUM MANAGEMENT.

SIR,—With reference to an article in the BRITISH MEDICAL JOURNAL of September 29th, headed "Lunatic Asylum Reports", I may be permitted to correct what appear to me to be inaccuracies, and to point out fallacies, which are calculated to mislead as well as to cast reflections upon former medical officers of Hanwell. Having had nearly eight years' experience of the working of Hanwell, as Superintendent of the Female Department, from 1864 to 1872, I may be presumed to have some practical knowledge of the subject upon which I am writing.

1. *Amusements*.—The reviewer, speaking of Hanwell, says there are "more amusements". The Committee, in their report for 1876, speak of "a liberal supply of amusements"; and, in their report for 1875, it is said "there has been a greater addition to, and variety in, the entertainments in this than in preceding years". This statement I cannot accept, without more proof than mere assertion; and if the reviewer will be good enough to furnish a list of the entertainments at Hanwell of late years, distinguishing those asked for and organised by the medical officers, I am prepared to produce a list of entertainments "in preceding years", when it may perhaps be found that, instead of the amusements having been more varied and more numerous of late years, the very reverse has been the case. Such a list of entertainments as I suggest would, I believe, bring out this fact at least: that the entertainments asked for and organised by the medical officers "in preceding years" have actually been more numerous and more varied than the entertainments asked for and organised by the medical officers of late years. Such a list would probably also show the power and influence exercised by the lay element, or what may be designated the lay triumvirate, at Hanwell, in arranging entertainments; and that the lay officers have taken a much more active part in getting up entertainments than the medical officers. If the facts are as I state, the question may well be asked: Why is this?

The importance of amusements, including dramatic entertainments, is dwelt upon by the Hanwell Committee in their report for 1875, and the "Lancet Commissioner", in the report of his visit to Hanwell, speaks of the value of theatrical entertainments in the treatment of the insane, and suggests their introduction at Hanwell, apparently under the impression that he is making an original suggestion; but probably he was not aware, and may possibly not have been informed, that theatrical entertainments had actually been in operation years previously; that one of the medical officers organised them in 1864, and continued them successfully with the asylum staff for several years, amidst much discouragement and many difficulties; and that the theatre then erected was taken down in 1872, and, I believe, has not been replaced since, there being, so far as I am aware, no fixed theatre at Hanwell now.

2. *The Medical Staff*.—The reviewer says: "It looks more as if, on the appointment of new superintendents, and on the introduction of better hygiene, more amusements, and better facilities for medical treatment, owing to the appointment of a larger medical staff, better attention has been given to persons for whom there was simply no opportunity or time for treatment before." With regard to "the appointment of a larger medical staff", I believe this statement to be inaccurate, and the inferences therefrom fallacious. A reference to the Hanwell Reports for 1870 and 1876 will show that there has been no permanent increase in the medical staff since the appointment of the "new superintendents"; the medical staff remaining the same as in 1870, before the appointment of the "new superintendents", viz.: on the male side, a superintendent and one assistant medical officer; on the female side, a superintendent and two assistant medical officers; and an apothecary. The last permanent addition to the medical staff was in June 1870, when a second assistant medical officer was appointed to the female side on my urgent and repeated application, and after the repeated suggestions of the Lunacy Commissioners.

3. *The Medical Element*.—A few words about "the medical element", which, the reviewer says, the Committees "declare themselves always willing to support". In respect of Hanwell, I am disposed to think that, even at the present time, the support of the medical element is more apparent than real; the actual power and influence, I believe, being centered in the lay officers, or lay triumvirate as I designate it, and not in the medical officers. If the present medical officers had to urge and contend for improvements and reform as the former medical officers of Hanwell had to do, and had occasion to complain of overcrowding, deficient cubic space, inadequate day space, inadequate

street-list given of the residences of the scarlatinal, fever, and diarrhoea cases; and a meteorological table for July, August, and September in 1868, 1870, 1872, and 1876, for comparison with the diarrhoeal deaths. The mortality of infants was enormous, as 30.1 per cent. (stated in error to have been 43.8 per cent.) of all the deaths occurred amongst children under one year old, which Dr. Goldie attributes partly to neglect and bad feeding, but chiefly to the drink obtained at the grocers' shops. Diarrhoea is returned as having caused 31.2 per 1,000 births, convulsions 23, marasmus 15.5, and bronchitis and pneumonia 32.1, or more than 10 per cent. of the total births. The sanitary work was actively carried out, as 13,061 houses were inspected, and 14,267 nuisances abated on notices served by the inspectors.

WILLESDEN.—Dr. Thomas returns the population of this district in 1876 to have been 18,443; the number of births 805, and of deaths 401, which would give a death-rate of 21.7 per 1,000 population. There were 120 deaths of children under one year, which is equal to 29.9 per cent. of the total deaths and 14.9 per cent. of the total births, the deaths being chiefly attributed to premature birth, dropsy, and debility; whooping-cough, diarrhoea, scrofulous diseases, and convulsions having caused the largest proportion of deaths at one to five years of age. The overcrowding of the houses in some of the streets of Kilburn, and their insanitary condition, are credited with much of this large mortality. Deaths from fever were fewer than in previous years, whilst whooping-cough was unusually fatal. The cases and deaths from small-pox are entered in a list which we suppose must include many for 1877, as four deaths only are given in the table of deaths for the year, and nine in this list. There is no hospital for cases of infectious diseases, but arrangements are made with the authorities of the Fever and Small-pox Hospitals in Islington. Dr. Thomas refers to the way in which children suffering from whooping-cough are allowed to run about in cold weather only half clothed, and also to the production of fever by breathing vitiated air. He also notices the offensive ditches in some parts of his district, many of which were cleaned out and disinfected during the year. There were 610 houses "systematically inspected" during the year, in which 308 nuisances were found; and complaints of 203 other premises were forwarded to the sanitary officer, all of which received due attention.

KENSINGTON.—The population of this important district is estimated at 148,000; and the death-rate is returned at 19.5 per 1,000, after allowing for 145 deaths of non-parishioners in the Brompton and Notting Hill Hospitals. This rate is about the same as for last year, so that the district has not partaken with the rest of London in the general reduction of mortality that happened in 1876, as we might have expected, considering the increase of the better class of houses. Dr. Dudfield refers at considerable length to the small-pox epidemic; the provision of hospital accommodation for non-pauper cases, to which we some time since referred; and the possibility of infection through laundresses. He also relates the history of a local outbreak of the disease, caused by a person lending his coat to a friend to attend the funeral of a child who was said to have died from bronchitis, but in reality from small-pox. The statistics show that there were 421 cases reported, of which 295 were sent to the hospital and 126 treated at home between November 15th, 1876, and September 30th, 1877. The houses and clothing were disinfected, and Dr. Dudfield states that he could not trace any case of the disease to these rooms or clothes. The death-rate from the seven chief zymotic diseases was 2.3 per 1,000, which is less than in the adjoining districts of Paddington and Fulham. The census showed that there was an enormous preponderance of females in the district, especially between fifteen and fifty-five years of age; so that it is to be regretted that the normal death-rate has not been calculated. There were 4,500 births, which give 32.9 per 1,000 population. Dr. Dudfield refers to twenty-three uncertified deaths which occurred in one man's "practice", and considers that the offender should be prosecuted. If, however, the registrars were instructed not to register such deaths, the practice would soon come to an end. The vestry have not procured a mortuary or disinfecting chamber, but in other respects the sanitary work appears to have been well provided for and satisfactorily carried out.

REGISTRATION OF SICKNESS.

SIR,—The rural sanitary authority in this district has requested the union medical officers to supply the sanitary inspector with a list of all the infectious diseases in their respective districts. Some have agreed to do so, but I and others have stated that without the consent of our private patients we do not feel justified in doing so. Would you kindly inform me through the JOURNAL whether the authority has any power by law to compel such a return to be made, and if so, whether it must be done without a fee; and if not, what fee is usually paid for such service? Yours truly,

A MEMBER.

* The sanitary authority has not the legal power to require such information: when furnished, it is supplied without fee, and voluntarily.

MEDICAL NEWS.

UNIVERSITY OF LONDON.—Second M.B. Examination, 1877. Examination for Honours.—Medicine.

First Class.

Smith, Herbert Urmson (Scholarship and Gold Medal), St. Thomas's Hospital
*Horrocks, Peter (Gold Medal), Guy's Hospital
Symonds, Charters James, Guy's Hospital

Second Class.

Tirard, Nestor Isidore Charles, King's College

Obstetric Medicine.

First Class.

Tirard, Nestor Isidore Charles (Scholarship and Gold Medal), King's College
Symonds, Charters James (Gold Medal), Guy's Hospital
Smith, Herbert Urmson, St. Thomas's Hospital
Gristock, William, University College

Second Class.

Barrow, Albert Boyce, King's College
Sedgefield, Arthur Robert Wyatt, King's College
Stevenson, Leader Henry, Guy's Hospital
Horrocks, Peter, Guy's Hospital
Giles, George Michael James, St. Mary's Hospital
Goodchild, Francis, St. George's Hospital

Forensic Medicine.

First Class.

Tirard, Nestor Isidore Charles (Scholarship and Gold Medal), King's College
Symonds, Charters James (Gold Medal), Guy's Hospital

Second Class.

Sedgefield, Arthur Robert Wyatt, King's College

Third Class.

Smith, Herbert Urmson, St. Thomas's Hospital } equal
Stevenson, Leader Henry, Guy's Hospital }
Joll, Boyd Burnett, University College

* Obtained the number of marks qualifying for the Scholarship.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, November 29th, 1877.

Blackburn, Herbert Belasyse, Selham, Sussex
Couzens, Charles, London Hospital
Gamble, Ernest Langwith Gompertz, Grantham
Landon, Arthur Jermyn, 25, Margaret Street, W.

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

Ellison, Frederick William, St. Bartholomew's Hospital
Hoets, Alton Kingsley, London Hospital
Phillips, William Alfred, Guy's Hospital
Warren, Edwin Charles, London Hospital

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 the 17th instant.

ALNWICK UNION—Medical Officer for the Embleton District.

BAKEWELL UNION—Medical Officer for the Matlock District.

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.

EAST SUFFOLK and IPSWICH HOSPITAL—Honorary Physician. Applications to be made on or before the 12th instant.

GUEST HOSPITAL, Dudley—Resident Medical Officer. Salary, £120 per annum, with furnished apartments, board, coals, and gas. Applications to be made on or before January 1st.

INVERNESS DISTRICT ASYLUM—Assistant Medical Officer. Salary to commence at £80 per annum, with bed, board, and washing. Applications to be made on or before the 12th instant.

KIDDERMINSTER INFIRMARY—House-Surgeon.

POOLE UNION—Medical Officer for the Workhouse.

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

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

WESTERN GENERAL DISPENSARY, Marylebone Road—Honorary Physician. Applications to be made on or before the 10th instant.

WEST SUSSEX, EAST HAMPSHIRE, and CHICHESTER GENERAL INFIRMARY—Assistant House-Surgeon. Salary, £20 per annum, with board, lodging, and washing. Applications to be made on or before the 8th instant.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths, is 3s. 6d., which should be forwarded in stamps with the announcement.

BIRTH.

BURMAN.—On December 2nd, at the Wilts County Lunatic Asylum, Devizes, the wife of *J. Wilkie Burman, M.D., Medical Superintendent, of a daughter.

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, 1.30 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Cancer Hospital, Brompton, 3 P.M.—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.

TUESDAY.—Royal Medical and Chirurgical Society, 8.30 P.M. Dr. Joseph Coats (Glasgow), "On the Pathology of Tetanus and Hydrophobia".

WEDNESDAY.—Hunterian Society, 7.30 P.M.: Council Meeting, 8 P.M.: Adjourned discussion on Mr. C. H. Golding-Bird's paper.

FRIDAY.—Clinical Society of London, 8.30 P.M. Dr. Broadbent, "A Case of Convulsions treated by Venesection"; Mr. Maunders, "Two Cases of true Subcutaneous Treatment of Exostosis" (the patients will be exhibited); Mr. Barwell, "Cases showing the results of Excision of the Ankle; of Operation for Ricketty Bent Sinus; of Operation for Bowed Legs" (the patients will be exhibited).

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.

A MEMBER (S. C.).—The question is one which only a lawyer can answer.

UNCERTIFIED DEATHS.

SIR,—My attention has been called to successive paragraphs which have appeared in the last two *JOURNALS* relative to "uncertified deaths in Yorkshire", and I feel that the present affords an excellent opportunity of pointing out to you, as Editor of the *JOURNAL*, the utter futility of prosecuting unqualified practitioners so long as men holding hospital and Poor-law appointments are permitted by the profession to ally themselves with such by partnership or otherwise, and be countenanced by consultation with members of our Council. Lately I had occasion to bring this fact before the legal adviser of a neighbouring bench of magistrates, who expressed his extreme surprise that the profession should permit such a state of matters to continue, and declared his opinion that the suppression of unqualified practitioners lay entirely in the hands of the medical men themselves.—I am, etc.,
December 3rd, 1877. A YORKSHIRE PRACTITIONER.

WHAT IS THE EFFECT OF MARRIAGE UPON EPILEPTICS?

SIR,—A gentleman epileptic in his youth married when over thirty. Very frequent intercourse took place on the first two days of his marriage, followed by a succession of epileptic seizures. After this the marital duties were seldom performed, but these even were occasionally followed by an epileptic attack. Two hours after the last occasion an epileptic fit occurred, of which he died, after being married seven years.—Your obedient servant,
Anerley, S.E., December 1st, 1877. W. H. TAYLER, M.D.

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*.

PRISON DISCIPLINE.

A book, entitled *Five Years' Penal Servitude by One who has Endured it*, recently published, is just now being freely read and commented on. As a rule, we do not notice in this *JOURNAL* publications not of a professional nature, but as in prisons the medical element holds a prominent place, any treatise on such—the more especially where, as in the present instance, the doctors are directly touched upon—comes within the scope of our criticism.

On reading over this little volume, the first thought that occurred to us was, What is the object in view? The writer—who, by the way, scarcely endeavours to hide his identity—evidently means it as an incentive to prison reform, for he says so, but he could have said so without writing a book; for, granting for the sake of argument that reform in prison discipline is needed, there is nothing from the first to the last page in this book that could be adduced as evidence in support. In fact, it seems to us to be simply a recital of the petty incidents in prison that form the life of a convict. Related of an individual not in prison, it would be laid aside as a tale fit for children; but, as the writer observes, trifles assume a vast importance to a prisoner, which the outsider can in no way conceive. Yet, whilst laying down this axiom, he expects that the public should attach the same importance to the prisoner's trifles that he himself does. On the whole, trifles form the sum total of his grievances; for he acknowledges the substantial benefits of food, clothes, cleanliness, easy work, plenty of mental pabulum, and, with one or two trifling exceptions, kind treatment.

He accuses the doctors generally of harshness; but he only gives one instance, that of having to wait two hours before the prison-surgeon saw him. Considering the multifarious work of a prison-doctor—that he (the writer) was retained in hospital during the time, that after all his ailment was of such a trifling nature that he was relieved by a single dose of medicine—we do not think he had much to complain of. We doubt that he could now always have a West-End physician at two hours' notice; or, if he were an applicant for relief at a public dispensary, whether he would have been so promptly attended to, and his comforts meanwhile so carefully ministered to.

The whole volume is apparently a compendium of sensational anecdotes of a puerile character, tinged by individual prejudice, formed on imaginary grounds; as, for instance, the dislike the writer conceived to the late governor of Newgate, simply because Nature had supplied him with good teeth, and he made daily use of a tooth-brush. As to any solid advantage to be gained by any one from the perusal of the book, we fail to see it; and on again asking ourselves the object of the writer, we can only find one reply:

"rem facias; rem,
Si possis recte; si non, quocunque modo rem."

WARBURG'S TINCTURE.

SIR,—Could you tell me where I could get information respecting the action of Warburg's tincture? I think Dr. Maclean has written somewhere of it.—Your obedient servant,
CHAS. WOTTON, M.D.

* See Professor Maclean's articles on malarial fevers in Dr. Russell Reynolds's *System of Medicine*; also the *Practitioner* for February and May 1877. Dr. Maclean advises that the remedy should be procured from Warburg himself, or one of his authorised agents. There is a spurious Warburg's tincture sold as Madame Warburg's. Warburg's address is Church Street, Stoke Newington, N.

CROWING INSPIRATION IN A CHILD.

SIR,—In reference to the case that formed the subject of Dr. H. Miller's paper, published in the *JOURNAL* of November 27th, the brief notes I possess of the following case may be interesting.

On September 24th, 1876, Mrs. B., a young and healthy woman, was delivered of her sixth child. There was nothing peculiar about the family history of the mother; her five previous children were all born healthy and well developed. She had never had a miscarriage, and during her sixth pregnancy she continued in good health and went the full term. The child proved to be a plump well formed boy, but from the first exhibited a peculiar crowing noise during each inspiration, somewhat resembling croup. This was much increased when the child cried; and at times he became slightly cyanotic. Examination of the fauces revealed nothing to account for it. Hot fomentations to the throat seemed to give a little relief. The little patient took nourishment well, and his general health remained unaffected. The crowing inspiration continued for two months, and then gradually disappeared, showing itself only when the child cried, became excited, or had a slight cold. He is now a fine healthy boy, and exhibits nothing peculiar about his respiration.—I am, etc.,
H. HABGOOD.

REMOVAL OF TATTOO-MARKS.

SIR,—A patient of mine fell from a bicycle, striking his face on the cinder-path, at Lillie Bridge. The grazed and lacerated parts on the lips, nose, and round the right orbit, were cleaned as thoroughly as possible; but there was a good deal of impalpable cinder-powder, too imbedded and diffused in the bruised and swollen surfaces to be removed. The places have now healed, but have left very undesirable tattoo-marks. Can any of your readers suggest a method for their removal? I have been informed on good authority that tattoo-marks are removed by convicts and deserters from the army, otherwise than by cutting or burning. Perhaps some army or prison surgeon among our Associates could supply me with details of the method of which I am in search, for which I shall be truly obliged.—Yours faithfully,
The Red House, Wandsworth, Nov. 27th, 1877. HORACE JEAFFRESON.

MEDICAL ETIQUETTE.

SIR,—Will you kindly publish the following case and give your comments upon it? On September 6th, I was called to see a man named Robert Morris, who had been hurt in the shaft of the Moreton Colliery; and, upon examining him, I found that he had fracture of the radius (at about the junction of the middle and lower third) of the left arm, the ulna being uninjured. Upon inquiry into the cause of the accident, I was told that a stone or a bolt had fallen upon the arm just as Morris reached out his hand to take hold of the chain; but he had not grasped the chain, so there was nothing to prevent the arm from being depressed by the blow. The site of the blow was marked by a slight wound of the skin, showing that it was received directly on the radius, when the arm was midway between pronation and supination, and the radius directly upwards. The fracture corresponded to the skin-wound. The man was about thirty-five years of age, and looked strong and healthy. The fracture was placed in splints on the same day; two ordinary flat splints being used, reaching from the elbow-joint to the ends of the fingers; and at the end of five weeks the man was dismissed, the fractured bone having united thoroughly. Before dismissal, the wrist was bent and rotated, and the fingers closed, and the man was directed to use the hand.

To my great surprise, I heard about a fortnight after this that Morris had been taken into the Oswestry Cottage Hospital, and his arm refractured, because of its bad shape. I immediately inquired into the matter, and found that the man had been sent into the Cottage Hospital by Dr. Beresford of Oswestry, who told him that the arm must be broken, that he had been in the hospital twelve days, but was then at home. Upon this, I asked my friend Mr. J. Sides Davies of Oswestry to accompany me to the man's house to inquire into the case. We went there on Thursday, November 1st, thirteen days after the arm was supposed to be refractured, and asked Morris to allow us to see the arm, but were told by him that Dr. Beresford had said that it was not set right at first, but that it was all right now, and that he was not to allow any one to touch it. Seeing at once there was some mystery in this, and knowing that perfect union of the radius had taken place before the man was dismissed from my care, and knowing also that the ulna had not been broken, I was anxious for further information. I therefore on the next day (November 2nd) addressed a letter to Dr. Beresford, which was as follows.

"Sir,—I was greatly surprised on Tuesday last to hear that you had taken a patient of mine into the Cottage Hospital, and that you were reported to have broken and reset his injured arm. Upon inquiry into the matter, and finding at least the report of his having been in the Hospital correct, I at once asked my friend Mr. Davies to see the man with me and to examine his arm. We consequently went to the house last evening and preferred our request; but we were met with a refusal, and were told that Dr. Beresford had ordered that no one should touch the arm. But I am quite sure you are ready with me to court all inquiry, and I wish, therefore, to take the man to Shrewsbury for examination by Mr. Samuel Wood and Mr. Humphreys of Shrewsbury, and Mr. Davies of Oswestry, and this I propose to do to-morrow. Of course, I hope to meet you there with any friend you may wish to bring. Will you oblige me by answering this note by bearer? and will you also give me a note for the man, telling him it is your wish he should go? The expenses of Morris's journey will be borne by me; and undoubtedly you would not think of undertaking so grave an operation, and one that reflected so much upon another practitioner, without consulting one of your colleagues; and as you would naturally like that colleague to be there, I shall be pleased to place a first-class return ticket at the disposal of either Dr. Fuller or Mr. Blaikie. Mr. Davies, I know, was not consulted.—I am, sir, yours obediently, W. H. Box."

To this I obtained the following reply.

"Dear Sir,—Your patient, who was sent to me by the manager of his colliery (at least so he told me) to see if I could do anything for his arm, gave me to understand he had left your care. I found the arm very much deformed and its utility impaired. Dr. Rees saw it with me, and will tell you what it looked like, as also can the matron at the Hospital; in fact, it was so angular that the most unskillful observer would have pronounced it a very crooked fracture. I straightened it under chloroform, aided by Dr. Rees, and kept the man in hospital for some time, to keep him quiet and get sure union, as I feared, should it bend again in any way, he would seek, as many of his comrades do, the advice of a bone-setter. I never blamed you; I never mentioned your name. Dr. Rees heard me blame the man for his own carelessness. There was no splint or bandage on when he came to me. I did not think it worth troubling a colleague for so trivial a case, and I certainly would never visit a case of yours, though formerly mine, without the wish of the patient or your leave, even though accompanied by Mr. Davies of Oswestry. The man can do as he likes. I certainly may have told him not to have his arm meddled with, and to be careful of it. I never thought you would have troubled about it. The arm is now straight and uniting, and does not bear the slightest resemblance to its former contour, so that the medical board before which you would cite me will have as much difficulty as the doctors in the "Penge case" to say how it ever looked.

"I decline most emphatically to waste a day at Salop, which I can employ more usefully at home, so you can state your own case to the medical trio, regardless of me in any way. It will do you more real harm making a fuss over it, as the man may impute it to your incompetence, when it was most probably his own neglect.

In conclusion, I may say that I have no wish to injure you in any way, and am sorry, as it has annoyed you, the man did not seek the advice of some bone-setter; it would have saved me this trouble.—I am, yours truly, R. BERESFORD."

Upon this I waited upon the managers of the colliery, and asked them to insist upon the man going to Shrewsbury. My professional character had been assailed, and I considered I had a perfect right to seek out the truth. The managers agreed with me, and the man Morris had to go.

On November 3rd, Morris was examined by Mr. Samuel Wood and Mr. Harries of Shrewsbury, and Mr. J. Sides Davies of Oswestry and myself, in Mr. Wood's room at the Shrewsbury Infirmary. The arm was in splints, which were removed, and then a most careful examination was made, and we found that the fracture of the radius had been thoroughly united for weeks, that there was most perfect apposition, not the slightest overlapping or unevenness, and that the bone was as firm as bone could be, and this in a fortnight after Dr. Beresford's straightening. We also found that the ulna opposite the fracture of the radius was free from any suspicion of past or present injury, but about two inches higher up there was some recent injury. We were unanimously of opinion that this was not from fracture. It felt more like a small node, and seemed probably to have been caused by pressure of the bone against some sharp edge injuring the periosteum. Upon further inquiry, I found the man had been placed under chloroform, and the manipulations, whatever they were, had been carried on in the large ward of the Hospital and in the presence of every male patient of the Hospital, but in the absence of every person officially connected with the Hospital. Two rules of the Hospital had been broken, namely, "That no person in receipt of parish pay be received as

a patient at the Hospital"; "That no person suffering from injury to the arm only be allowed as an in-patient".

I have given you an exact epitome of the facts, and it only remains to me to explain that Dr. Rees is a very young practitioner, who has passed his early pupilage with Messrs. Blaikie and Beresford, and who is now an assistant with them. I now leave all readers to judge the case on its merits, and also to judge what Dr. Beresford means by straightening a fracture after six weeks, and when complete osseous union had taken place. I do not wish to add any words of my own; I simply invite a reply from Dr. Beresford and a comment from yourself.—I am, sir, yours most obediently, W. H. Box.

Chirk, North Wales, November 16th, 1877.

M.D. asks for an opinion on the following case. A. B., a duly qualified medical practitioner of many years' standing, had been for about two months in daily and anxious attendance upon an old and valued friend, who was in the last stage of an incurable disease, when one morning the friends expressed a desire to try the effect of homœopathy. To this proposal A. B. assented, with the distinct understanding that he must be released from attendance the while, as he could not countenance homœopathy, or sanction by his presence any such treatment; neither could he consent to act dishonourably towards the homœopathic gentleman who had been called in, by visiting his patient in his absence (as he lived many miles away), or otherwise interfering with him in any way. The day but one after A. B.'s last professional visit, C. D., a medical practitioner residing in the same town, was called in, and he visited the patient while he was under the care of the homœopath, and wrote to A. B. to inform him of the circumstance, saying that as he had retired from the case, he (C. D.) was willing to undertake the charge of it, and did so. I wish to know whether such conduct is in accordance with strict professional etiquette and becoming a qualified medical practitioner and a gentleman. I must not omit to mention that the patient died in about twelve hours after C. D. made his first visit.

. In this case, assuming the facts to be as stated, C. D. was blamable for accepting a position from which A. B. had retired from conscientious motives, and in accordance with an important ethical doctrine generally accepted in this Association and in the profession.

We are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Birmingham Daily Post; 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 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 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 Yorkshire Post; The Coventry Herald; The Wisbech Advertiser; The West Briton and Cornwall Advertiser; 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. Grimshaw, Dublin; Mr. T. Spencer Wells, London; Dr. J. Marion Sims, Paris; Dr. Tilbury Fox, London; Dr. Wade, Birmingham; Dr. G. F. Burder, Bristol; Dr. A. S. Taylor, London; Mr. F. Alford, London; Dr. Hayden, Dublin; Dr. Wm. Fairlie Clarke, Southborough; Dr. Tayler, Anerley; Mr. Edwin Jackson, Manchester; Mr. R. H. B. Wickham, Newcastle-upon-Tyne; Bishop Gregg, D.D. and M.D., Southend; The Registrar of the University of London; Dr. J. W. Moore, Dublin; The Secretary of the Hunterian Society; Mr. G. H. Bailey, London; Dr. A. McAldowie, Stoke-on-Trent; Dr. Reid, Newbiggin-by-Sea; The Secretary of Apothecaries' Hall; Dr. J. Milner Fothergill, London; Mr. Furneaux Jordan, Birmingham; Mr. H. de Styrup, Isle of Man; Dr. J. R. Wardell, Tunbridge Wells; Dr. J. Claud Cormack, Liverpool; The Registrar-General of Ireland; Mr. G. R. Gilruth, Edinburgh; Dr. Alexander, Bradford; Dr. J. C. Murray, Newcastle-upon-Tyne; Dr. Scott, Ilkley; The Registrar-General of England; Mr. Edward Williams, Wrexham; Mr. Eastes, London; Dr. J. H. Galton, Anerley; Dr. Edis, London; Dr. Durrant, Ipswich; Dr. J. Burdon Sanderson, London; Mr. Alban Doran, London; M.R.C.S. Eng.; Dr. Joseph Rogers, London; W.; Our Edinburgh Correspondent; Dr. Wilkie Burman, Devizes; Dr. Crocker, London; Dr. Sheen, Cardiff; Dr. W. A. Hollis, Brighton; Dr. Atkinson, Kew Green; M.D.; Dr. O'Neill, Lincoln; Mr. T. F. Chavasse, Birmingham; Dr. Samuel Calcott, Nottingham; Our Paris Correspondent; Mr. Sampson Gamgee, Birmingham; Dr. W. O. Markham, London; Dr. Gervis, London; X.; The Secretary of the Royal Medical and Chirurgical Society; Dr. F. Warner, London; Dr. Cayley, London; M.R.C.S. Eng.; Our Dublin Correspondent; Our Birmingham Correspondent; Mr. Simeon Snell, Sheffield; Dr. Sawyer, Birmingham; Mr. Jones, Manchester; Dr. Joseph Bell, Edinburgh; Mr. W. R. Jordan, Birmingham; Mr. W. A. Budd, Exeter; Mr. B. Jumeaux, Oystermouth; A. W. E., Skibbereen; Our Own Correspondent, Kars; Mr. W. H. Algar, Plymouth; The Registrar of the University of London; Dr. Urquhart, Aberdeen; Mr. Samuel Mills, London; Dr. Levinge, Stapleton, Bristol; Dr. Grabham, Pontefract; Dr. J. F. Boyes, Brighton; Dr. Atkinson, Kingston-on-Tames; etc.

BOOKS, etc., RECEIVED.

On Defects of Vision, which are Remediable by Optical Appliances. By Robert Brudenell Carter, F.R.C.S. London: Macmillan and Co. 1877.