June, it was noted that the child had not much wasted; his appetite remained good; there was no cough, but the temperature still remained up; the right chest was slightly retracted, but the signs of fluid remained; three ounces of serous fluid were removed by the aspirator. When tapped again in July, eight ounces of thick pus were drawn off. In August, he was tapped for the fourth time at the sixth space in the mid-axillary region, and twenty-six ounces of thick pus were removed. Ten days later, a similar amount of pus was again drawn off, the fever continued, sweating set in, and the child became paler. A large œdematous swelling then formed over the seat of the first tapping; this was opened, and copious purulent discharge followed, while the right chest became resonant. Shortly after this, a troublesome attack of phlebitis occurred in the left leg, and the urine became slightly albuminous. In September, a counter-opening was made in the chest and a drainage-tube passed through, while the cavity was syringed daily with carbolic lotion. Three days before his death, his breathing became very short, a faint rub was heard over the heart's apex, with expiration. He complained of much pain in his left shoulder and over the heart; respirations 40. The face became very blue; the nights were very restless. Just before death, percussion over the heart gave a very resonant note, and intensely amphoric breathing was heard about the region of the left nipple, more strongly than on the right side. The heart's sounds were weak and distant, the pulse was imperceptible at the wrist, and he died. At the *post mortem* examination, the right lung was found completely collapsed, while the pleural cavity was full of air. A hole, capable of admitting the little finger, and lined with lymph, passed through into the pericardium, forming a free communication between it and the pleural cavity. The heart was uncovered by lung and came close up to the chest-wall; the pericardium was thickened and lined throughout with a thick layer of lymph, as was also the heart, but there were no adhesions. It appeared certain that a condition of pneumo-pericardium had existed. There were no signs of tubercle.

SELECTIONS FROM JOURNALS.

MIDWIFERY AND DISEASES OF WOMEN.

EXFOLIATION OF THE CUTICLE AFTER THE DEATH OF THE FŒTUS.—At a recent meeting of the Boston Obstetrical Society (*Boston Medical and Surgical Journal*, September 20th, 1877), Dr. Abbot, in answer to the question how long an interval of time is necessary after the death of the fœtus to produce exfoliation of the cuticle, said that he was recently called to a patient about to be confined, who was very large and uncomfortable from excessive distension. On examination in the afternoon, he heard the sounds of the fœtal heart distinctly; and the patient stated that she felt the motion of the child subsequently to the visit. On the second day afterwards, a large dead child, weighing about ten pounds, was born. In the progress of delivery, there was considerable delay in the passage of the shoulders, and when they at length came a sheet of cuticle was peeled from the entire abdomen. During three or four weeks before labour, dating from an attack of cholera morbus, the motions of the child had been growing gradually feeble, and for the last week had been scarcely perceptible. The sagittal suture was unusually wide, as if from distension by an excessive amount of serum in the brain; and the abdomen was somewhat enlarged. The child was plump, and there was no appearance of maceration of the cuticle. The labour was a hard one, there being scarcely any liquor amnii. From the positive data of this case, the child could not have been dead more than thirty-six hours previous to delivery, and possibly not more than twenty-four.

LACERATION OF THE CERVIX UTERI AS A CAUSE OF UTERINE DISEASE.—Dr. W. H. Baker reports (*Boston Medical and Surgical Journal*, September 20th) twenty cases where laceration of the cervix uteri during labour has been a cause of severe uterine disease. He found the accident to occur most often in those labours which were rapid, with severe pains; also frequently in cases which had required the application of the forceps. In fourteen of these cases, the laceration was on the left side of the cervix. Eleven of the cases were operated upon by Dr. Emmet's plan with the most satisfactory results. Dr. Baker says that the first thing which attracts attention is the tardy recovery of the patient. When more than the usual time has elapsed, and she thinks she should be able to be about, she feels somewhat discouraged on account of her inability to stand; or, with the attempt to walk, more or less hæmorrhage may be noticed. As time goes on, intercourse may be complained of as being painful, or perhaps followed by a slight show; there are constant backache, a sense of weight in the pelvis, pains extending down the thighs, a sensation of heat or burning in the hypogastrium, irregularities in menstruation, and throughout the whole a more or less abundant leucorrhœal discharge. The nervous system finally claims its full share in the trials to which the patient is subjected, and she probably becomes a confirmed invalid, and may, indeed, think herself fortunate if she be not confined to her bed. The physical signs change much as the case progresses. At an early stage, the cervix uteri is large and soft, and by the aid of the speculum we see at once the everted membrane of the canal, the epithelial layer of which is often abraded; later, there is the large flattened "mushroom" cervix, with its firmer tissue and shot-like feel; and still later the cervix is hypertrophied, the tissue firm and indurated, and, if it have been treated with caustics, the surface is covered over with cicatricial tissue and the substance hard. Or, the case having been left to itself, the epithelium becomes abraded, and the constant friction to which the part is exposed keeps it constantly irritated, so that the appearance might readily be mistaken for that of malignant disease. To all these appearances in this latter stage might be added the various malpositions occasioned by the change in the cervix.

TOXICOLOGY.

POISONING BY CARBONATE OF BARYTA.—M. Seidel reports, in the *Vierteljahrschrift für gerichtlichen Medicin*, the case of a young woman aged 28, who took a mixture of carbonate of baryta and sugar, probably in repeated doses, but in unknown quantity. She died on the second day, after having suffered from vomiting and diarrhœa, pain in the stomach, restlessness and anxiety, prostration, difficulty of speech, and dyspnœa. At the necropsy, there was found to be very extensive inflammation of the mucous membrane of the stomach and small intestine, with numerous extravasations; also swelling of the intestinal mucous membrane and fatty degeneration of the liver. The poisonous substance was also present in the stomach, in the form of little granules. Carbonate of baryta (Witherite) is regarded by many as harmless; but it is not so, as in the stomach chloride of barium is formed, the poisonous property of which is well established.

HANDY ANTIDOTES.—The French medical profession have frequently occupied themselves with the endeavour to add to their pharmacopœia an antidote which would answer the purpose in the majority of accidental poisonings, and which could always be kept at hand, so that it might be administered at once, before more special indications had the time to develope themselves, either according to information and anamnestics, which are often wanting in cases of accident, or according to symptoms noted by observation of the patient. M. Mialhe has highly recommended, for this purpose, hydrated sulphate of iron mixed with calcined magnesia. This is a good antidote for the metallic salts, which it deoxidises and changes into harmless sulphurets. But this antidote has the disadvantage of disengaging sulphydric acid in the presence of acids. It requires great nicety in preparation, and is difficult to keep. M. Dorvault has proposed, in cases of alkaloid, cyanic, and metallic poisonings, an antidote composed of equal parts of calcined magnesia, peroxide of iron, and washed powder of animal charcoal. This mixture also, however, changes if it be kept some time. M. Jeannel proposed to keep separately—1, a solution of sulphate of iron; and 2, a mixture of 80 *grammes* of calcined magnesia and 40 *grammes* of animal charcoal in 800 *grammes* of distilled water. This mixture, added at the moment of using to the solution No. 1, forms the antidote, which is to be administered in successive doses of from 50 to 100 *grammes* (about 1¾ to 3½ ounces). This antidote renders preparations of arsenic, zinc, and digitalis insoluble. It completely saturates free acid, and only acts partially on the alkaline hypochlorites and the oxide of copper. It also leaves in solution a small amount of morphia and strychnia, and the oxide of mercury in notable quantity. Professor Ranieri Bellini has made a communication to the Medico-Physical Society of Florence on the iodide of starch, which MM. Bouchardat and Quesneville were the first to introduce into therapeutics, and frequently employed in cases which required an active alterative medication, when the stomach refused to tolerate iodine in any other form. The iodide of starch is a chemical antidote which is specially appropriate to poisoning by sulphur, by the alkaline or earthy sulphurets, by caustic alkalies, ammonia, or any of the alkaloids. It is also an eliminating agent, very useful in the treatment of long-standing metallic poisonings, especially those resulting from lead or mercury. Dr. Bellini advises that the patient should always be made to vomit soon after the administration of the antidote, to rid him of the chemical products which result from the decomposition of the toxic agent, which in their turn might likewise become decomposed.

PHYSIOLOGY.

THE RELATION OF THE PNEUMOGASTRIC NERVES TO THE PALE MUSCLES OF THE LUNGS.—L. Gerlach (Pflüger's *Archiv*, vol. xiii) connected the trachea of a curarised animal, by means of a T-shaped cannula, on the one hand with a bladder, and on the other with a water-manometer. After the chest had been opened, irritation of the peripheral end of the vagus during the pauses of respiration caused a rise in the manometer, amounting in dogs to about ten *millimètres*, and in rabbits to about six *millimètres* (the amount of irritation was sufficient to somewhat retard the heart's action). According to this, the innervation of the pale muscular tissue of the lungs would be due to the vagus nerve; but it was also a question whether the rise in the manometer was not partly due to the stomach pushing the lung upwards. To settle this point, the abdominal cavity was opened and the stomach completely removed; no change, however, was produced in the results of irritation of the vagus nerve. The research was attended with a similar result when a cannula was used, which reached as far as the bifurcation of the trachea, so that the changes of volume in the air contained in the lungs were essentially to be traced to the contraction of the muscles of the smaller bronchial tubes. Gerlach believes that the vagus does not act directly on the muscular fibres, but on the ganglion-cells which are present in the lungs, the mechanism being similar to that of the motions of the stomach and intestines. He believes also that the movements in the smaller bronchial tubes may be of a peristaltic character. A rise in the manometer was also observed when the central end of the pneumogastric and superior laryngeal nerves was irritated, the other vagus remaining entire.

REVIEWS AND NOTICES.

A DESCRIPTION OF SELECTED SPECIMENS FROM THE MEDICAL SECTION OF THE ARMY MEDICAL MUSEUM AT WASHINGTON EXHIBITED IN THE PHILADELPHIA EXHIBITION, 1876.

THIS pamphlet, by Mr. J. J. WOODWARD of the Army Medical Department, U.S.A., formed, no doubt, a handy catalogue for those who visited this portion of the International Exhibition of 1876. The specimens, which were for the most part collected during the war of 1861-65, served "to illustrate some of the morbid conditions incident to soldiers". They comprise cerebral tumours, laryngitis, diphtheria, heart-disease, aneurism, etc. But the larger number are examples of the intestinal lesions of typhoid fever and dysentery, and pyæmia. Our first thought on seeing pathological specimens associated with an international exhibition was one of the singular inappropriateness, even in a special department, of any such combination; we were even inclined to wonder whether a quiet irony might not have possessed the authorities in determining that three preventable diseases, such as typhoid fever, dysentery, and pyæmia, should find a place in an exhibition devoted to the *industry* of all nations. But we suppose that, in recognising the fact that the people are still "quick to do evil", it was thought that a wholesome fear was worth a bushel of words, and, to this end, the opportunity might be made to convey an useful admonition, if a pathological department were added to the collection. We can only hope that the lesson was taken in all kindness by the sightseers, and not too curiously; and certainly Mr. Woodward and his colleagues appear to have administered their dose in as "elegant" a form as possible. In the preface are some exceedingly sensible remarks on the preservation and transmission of specimens to the museum. Many people within our experience seem to think that, no matter what the amount of cutting and examination they have received, preparations will be sufficiently useful when put up in a bottle in a museum. There is no greater mistake, and large numbers of valuable specimens are yearly lost by careless manipulation in the fresh state. We recommend Dr. Woodward's advice to all who may at any time have to do with such.

THE TONIC TREATMENT OF SYPHILIS. By E. L. KEYES, A.M., M.D. New York: D. Appleton and Co. 1877. Pp. 83.

IN this book, Dr. KEYES advocates the treatment of syphilis by means of very small doses of mercury continued during a period of from two to three years or longer.

After pointing out that every case of undoubted syphilis requires mercurial treatment, since cases commencing mildly may afterwards develope the most severe after-effects, the author goes on to discuss the action of mercury upon the blood, and claims to have shown that the drug, given in a proper manner, is a tonic in all cases where it can be digested, and increases the number of the red blood-cells both in health and in disease. The observations have been made with the hématimètre of Hayem and Nachet, of which instrument a description is given, as well as of Dr. Keyes's method of using it. The details of the plan are minutely described, and every care appears to have been taken in order to ensure accurate results. These observations demonstrate also that the iodides increase the number of the red blood-corpuscles. The proportion of white cells has been found to vary so much from independent causes, that calculation of them has been abandoned. The form of mercury preferred by the author is the protiodide, and the usual dose about one-sixth of a grain; but, when this preparation disagrees, mercurial pill, either alone or combined with iron, may be employed. Supposing the protiodide to be used in the form of granules (the author prefers those made by Garnier and Lamoureux, each containing one *centigramme*), the directions are as follow:—One granule three times a day for three days. On the fourth day, four granules are to be taken during the day, and so on, the dose being increased every fourth day until the effects of mercury are produced. The daily amount now taken is called the patient's "full dose", which may be continued until active symptoms have yielded. The dose is then reduced one-half, and this is called the "tonic dose", which is to be continued month after month, unless new symptoms arise, in which case either the "full dose" is to be resumed or inunction or the vapour-bath is to be used together with the "tonic dose", until they subside, when the "tonic dose" alone is to be again resorted to. When the above treatment has been conscientiously followed from the first, the course of the disease has been invariably mild, and bone, nerve, and visceral lesions have been almost unknown.

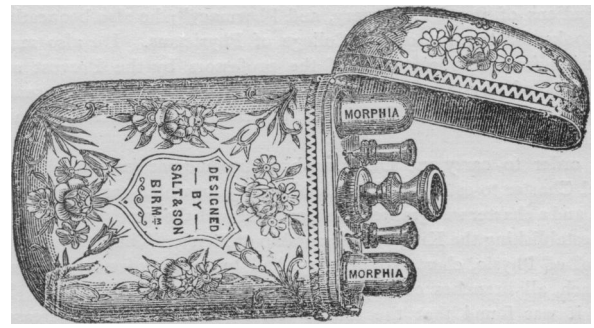
This statement as to the rarity of tertiary symptoms is a most important one, and it would be interesting to know how long Dr. Keyes kept his patients under observation after treatment had been discontinued.

Besides general remarks on the mercurial bath, inunction, etc., the author devotes a chapter to the consideration of the local treatment of the various lesions of syphilis. The whole book is evidently the result of a large amount of careful work, and we can cordially recommend it as a welcome contribution to our knowledge of the treatment of syphilis.

REPORTS AND ANALYSES
AND
DESCRIPTIONS OF NEW INVENTIONS
IN MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

SALT AND SONS' POCKET HYPODERMIC CASE.

THE pocket hypodermic case of Salt and Son of Birmingham, of which we annex woodcut, is a model of neatness and handiness; the workmanship is excellent; and the form in which the instruments and the



provision of morphia solution are combined is so extremely portable and elegant, that this hypodermic case is likely to be a great favourite, now that hypodermic medication is established as one of the most ordinary and highly valuable resources of practice.

DISCS OF CURARA.

MESSRS. SAVORY AND MOORE have kindly forwarded us some discs of curara for use in hypodermic injection in cases of hydrophobia. This is a very convenient, portable, and we believe suitable, form of preparation.

Dally stopped his allowance of brandy at once, permitting him to have a pint of beer at each meal, and subjected him to the treatment mentioned above. Since leaving Dr. Dally's establishment, the major has twice written to say he still abstains from spirits; he never feels the want of them, and hopes that he is as thoroughly cured of the habit as he is of his illness.

THE TURKISH ARMY IN ASIA.

[FROM OUR OWN CORRESPONDENT.]

[WE have received from our correspondent with the army of Ahmed Moukhtar Pacha two long letters, dated October 13th and 18th, of which the transmission has been long delayed, and of which we can publish extracts only. By an accidental error, our correspondent's letters in the JOURNALS of September 1st and 15th were headed Trebizonde instead of Erzeroum.]

On October 13th, he writes:—As stated in my last letter (of October 5th), I had between two hundred and three hundred wounded upon my hands during the battles of the 2nd and 3rd. On Monday, the 8th, I had left in my tents about twenty patients; the rest had been disposed of; the majority sent to the Kars hospitals, some of the slighter cases back to their regiments, and ten, I think, had died: not a very large proportion, considering the circumstances and the severity of the wounds. My greatest anxiety, however, was naturally for my young colleague, who was dragging through the wearisome second week of a very severe attack of typhoid. The day was the coldest we had hitherto had: you may judge what was the state of my feelings to receive a peremptory message late in the afternoon that we must at once move the ambulance and wounded five miles over the mountain to our rear. There was nothing to be done but to ride as quickly as I could, taking a few tents with me on baggage-horses and arabas, to have a place ready to shelter the unfortunate travellers when they should arrive. Having made the necessary arrangements with all haste, I rode back, and found a few more arabas just starting, loaded with my patients, nearly all of whom were thus provided for. It was now quite dark, and the road over the mountain was a terrible one even by day; so I went to head-quarters to make a last appeal that the unfortunate sufferers might remain till the early morning. I met with the always polite and urbane Hassan Pacha, the chef d'état major, and said that removal that night, especially of my sick comrade, would be almost actual murder. "Mon chèr ami", he said, "je le sais bien, mais c'est la guerre, demain il y aura une battaile dans le plateau où est à present votre ambulance". I was compelled to send off all the patients, including a Russian, who was brought in at the last moment, having just been found on the mountain, where he had fallen wounded six days before, having had from that time, he said, neither food nor drink, but having kept himself alive by eating the grass he could gather. A biscuit was found for him by a wounded Turkish soldier who was on the same araba, and he washed down a few teaspoonfuls of Liebig's extract with some water. After waiting in vain for the araba which I was promised for Buckley until we were in danger of being left the last on the ground, I wrapped him in everything warm I could find, put him on a hand-stretcher, and, by dint of promises of liberal "backsheesh" alternated with threats of shooting them if they failed me, I persuaded the four soldiers I had left with me to convey him to our destination. I set off at the head of the party on foot with a broken lantern, the only one we had, containing a flickering candle, in the hope of throwing a light upon the very uncertain and treacherous path. We had gone half a mile in about half an hour, when a gust of wind blew out the light. I was glad to find that old Hadji, my faithful syce or groom, was following close behind with my horse and his own. I knew I might trust to my horse finding his way over the rocks in greater safety than my own feet would, and, therefore, I mounted and rode on slowly ahead to find out the road. At last, our destination was apparently not very far off, and, to my delight, I heard in the distance the well known creaking and groaning of araba-axles evidently coming in our direction. The four bearers had toiled manfully at their task; but they were beginning at last to exhibit obvious symptoms of exhaustion; so, when the arabas reached us, I seized one of them, much against the inclination of the arabaji, and lifted the litter, poor Buckley and all, on to it. Then, of course, occurred the usual muddle between dragoman and arabaji, and, after a lot of wrangling and shouting, everybody having something to say, and all at the self-same moment, I discovered that the arabaji had not the slightest notion where he was going. We, therefore, drew up the araba under the shelter of a rcck, and I rode on, taking Hadji with me, and soon ound a track, which I recognised as the one over which I had passed in the afternoon. This I followed, and too well; for, missing the point at which I ought to have left it, I wandered on till I found myself on the brink of the ravine which surrounds Eolia-tepe. There was nothing to do but to retrace our steps, which we did, soon getting on to very rough and rocky ground, when presently our horses refused to move another step. I got off, and, carefully feeling my way with my hands on the ground, I made the pleasant discovery that we were on the extreme edge of a shelf of rock with a perpendicular drop of ten or twelve feet at least. I was so stiff and cold, that I could not have got into my saddle again if my life had depended upon it; so, finding a cleft in the rock which afforded a little shelter from the wind, I lit my pipe, and, long before the pipe was finished, I was asleep. The daybreak awoke me to discover in what a perilous position we had been, and also that not fifty yards off were the tents we had so vainly attempted to find. Poor old Hadji had, I think, saved my life by wrapping me in his heavy felt cloak, which I had bought him from a Circassian a few weeks before. He himself, when he found I could go no farther, tethered his horses, and, after he had fed them, lay down himself with them, and he said they had kept him warm and comfortable. On reaching the place where the araba had been left, I found no traces of the party; so, after a good search, I went back to the tents, and, to my great joy, found that they also, when daylight appeared, had seen the tents. Soon afterwards, my older servant Renison, an old hero of the former siege of Kars, came up with our belongings, and, when food had been prepared and eaten, we were glad to discover that we were no worse for our perilous night's work. It is not a plan of treatment that I should feel justified in recommending for the future to patients suffering either from typhoid or from chronic diarrhœa; but it is a fact that from that night Buckley has not had one untoward symptom, and I myself have almost got rid of my enemy the diarrhœa, and feel stronger and better than I have done any time for the last three months. Our poor fellows were also exposed through the night, having, like us, lost their way; two of the worst died and were buried on the road; the rest were no worse for their removal. Renison reported that, almost immediately after our departure, our old position was occupied by a battery of artillery. In the afternoon, there was another brisk fight, which went on for the two following days, and provided me with a moderate amount of fresh work to do in my new position near the Eolia-tepe. Yesterday, I got a very stringent order to send all the patients into Kars, and I am now left with only a wounded Bimbashi, who, although about twenty years my senior, has adopted me as his "baba", and will not leave me; another officer who has come in to-day slightly wounded in the thigh a few days ago; and one of the soldier-servants, who has an attack of acute rheumatism. These, with Buckley, who is progressing slowly, but favourably, are my present patients. A consignment of National Aid Society's (Red Cross) stores have this evening arrived; they are selected with admirable judgment, and I feel quite rich and fully equipped for any contingency that may arise.

ASSOCIATION INTELLIGENCE.

BATH AND BRISTOL BRANCH: ORDINARY MEETING.

THE second ordinary meeting of the session was held at the Royal Hotel, Bristol, on Wednesday, December 12th, at 7.30 P.M. There were present, Dr. MARSHALL, President, in the Chair, sixty-nine members, and two visitors.

New Members.—Mr. Thomas Morgan, Mr. W. C. Luffman, and G. F. Rossiter, M.B., were elected members of the Association and of this Branch.

The Annual Meeting in 1878.—Dr. GOODRIDGE tendered the thanks of the Bath section of the Branch for the ready and cordial offer of the Bristol members to co-operate with them in the entertainment of the General Association during its meeting in Bath in 1878.

Subject for Discussion.—It was decided that the subject for the first discussion night should be Hospitalism; and Mr. R. W. Tibbits was asked to open the subject.

Papers.—Dr. SPENDER read an interesting case of Ascites treated successfully; and an animated discussion followed, in which Dr. J. G. Davey, Dr. Fyffe, Dr. Colthurst, Dr. Cole, Dr. Spender, Dr. Skerritt, Dr. E. L. Fox, and Messrs. Stone, Thompson, and Stockwell took part. Mr. H. Grace also mentioned a case of recovery after tapping had been performed two hundred and eight times. Mr. THOMPSON read a paper on Epilepsy. A long discussion on various points in this paper, and joined in by Dr. Atchley, Dr. Swayne, Dr. Skerritt, Dr. E. L. Fox, Dr. Waldo, and Messrs. Crossman and Masor, brought the evening to a close.

Of course, there was much opposition shown to many of these improvements by owners of property and others; but Dr. Trench remained firm, and his views were eventually entirely corroborated by the late Dr. Parkes and Dr. Sanderson, who, in 1871, conducted an inquiry into the causes of the high mortality of Liverpool.

For upwards of a year and a half, Dr. Trench had been suffering from heart-disease, for which he was attended by Dr. Vose and Mr. Reginald Harrison. On the evening of Wednesday, December 5th, he retired to his bedroom about ten o'clock, when he became faint, and, sitting in his chair, at once expired. As a mark of the respect in which he was held, all the daily papers in Liverpool had leading articles expressing the greatest regret at the loss the town has sustained in his death. The flags at the Town Hall and Medical Institution were hoisted half-mast high; and his funeral was attended by the Mayor (Mr. A. B. Forwood), several town councillors, professional friends, and corporate officials.

HENRY RUNCORN, M.R.C.S., MANCHESTER.

IT is not often that we have to notice the removal by death of a resident medical officer who has been attached continuously to the same hospital for so long a period as thirty-six years. Mr. Henry Runcorn, of St. Mary's Hospital, Manchester, was born in that city in 1812. After receiving a good classical and mathematical education at the Manchester Grammar School, he was apprenticed to the late Mr. Thomas Turner, then Surgeon to the Manchester Royal Infirmary. His connection with St. Mary's Hospital commenced in 1841, when he was appointed house-apothecary. On the removal of the hospital in 1856 from South Parade to its present site in Quay Street, it was found necessary to increase the resident staff, and Mr. Runcorn was appointed house-surgeon, with the charge of in-patients. Until a few years ago, it was the duty of the honorary surgeons to assist the midwives in all cases of tedious or difficult labour; it was then decided to transfer the responsible duty to a resident medical officer, who should summon the honorary surgeons only in the more serious cases. Accordingly, the Board of Management appointed Mr. Runcorn the first resident obstetric surgeon, allowing him at the same to retain the post of house-surgeon with its separate emolument. This arrangement proved highly satisfactory, and has been continued from that time. Mr. Runcorn was suddenly seized on November 24th with alarming acute pneumonia of great intensity, and died early on the morning of the 28th, in his sixty-sixth year. Mr. Runcorn was a most valuable officer at St. Mary's Hospital, and one whom the Board will find it exceedingly difficult to replace.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentlemen were admitted Licentiates on December 17th, 1877.

Ashworth, John Wallwork, Heaton Moor, Stockport
Blake, William Farewell, 25, Grafton Street East
Cones, George Augustus, 6, Devonshire Terrace, Kensington
Cressey, George Henry, St. Bartholomew's Hospital
Cripps, Edward Charles, 39, Charlwood Street
Davies, Francis Joseph, 190, Stanhope Street
Deane, John Richard, 9, St. Mary's Road
Dingle, William Alfred, Millbrook, Southampton
Flint, Arthur, Park Hill, Croydon
Hayman, Sidney Arthur, Epping
Husband, Walter Edward, St. Bartholomew's Hospital
Judson, Thomas Robert, 16, Wynell Road
Meek, John William, 70, Stockwell Park Road
O'Grady, William Fitzwilliam, Workhouse Hospital, Manchester
Pain, Alfred, Coultings, Bridgwater
Parker, George Roger, 35, Granville Square
Poynder, John Leopold, St. Luke's Hospital
Proffitt, William John Walthew, Burton-on-Trent
Smith, Ferdinand Clarence, 18, Albert Street
Sworder, Horace, Luton
Wise, Alfred Thomas Tucker, M.D. Brussels, 82, Sutherland Gardens

The following gentleman was admitted a Fellow on December 17th.

Grabham, Michael Comport, M.D. Aberdeen, Madeira

UNIVERSITY OF LONDON.—Examination in subjects relating to Public Health, 1877.

Taaffe, Rickard P. Burke, M.D., M.S., St. Bartholomew's Hospital

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, December 6th, 1877.

Colmer, Ptolemy Samuel Henry, Yeovil, Somerset
Fox, Joseph Tregelles, Lordship Road, Stoke Newington
Hall, John Lees, Porchester Gate, Hyde Park
Hope, Robert Charles, York Road, Lambeth

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

Walter, William Henry, St. Bartholomew's Hospital

The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, December 13th, 1877.

Allinson, Henry Calthrop, Lynn, Norfolk
Brown, John Alexander, 64, Lyndhurst Road
Candler, William John, Harleston, Norfolk
Clitherow, Robert Edward, Horncastle
Damania, Phirozsha, Jamsetzee, Bombay
Reynolds, Lewis William, Park Villas, Poplar, E.
Smale, Morton Alfred, 165, Edgware Road
Thorpe, Henry Stanley, Hertford
Wilson, Joseph Henry, Oundle

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

Brookes, Frederick, Charing Cross Hospital

MEDICAL VACANCIES.

THE following vacancies are announced:—

BALLINASLOE UNION—Medical Officer for the Ahascragh Dispensary District, Galway. Salary, £50 per annum, and the usual sanitary and vaccination fees. Applications on or before the 27th instant.

BRADFORD UNION, Yorkshire—Medical Officer for the Horton West District.

CHARING CROSS HOSPITAL—Medical Registrar and Surgical Registrar. Applications to be made on or before the 22nd instant.

COUNTY DOWN INFIRMARY—House-Surgeon and Registrar. Salary, 60 guineas a year, with board, apartments, and washing. Applications to the 31st instant.

DUNDALK UNION—Medical Officer for the Ravensdale Dispensary District. Salary, £120 per annum, and the usual sanitary and vaccination fees. Applications before the 29th 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.

HANTS COUNTY LUNATIC ASYLUM—Second Assistant Medical Officer. Salary, £100 per annum, with board, lodging, washing, and attendance. Applications to be made on or before January 9th.

KENT AND CANTERBURY HOSPITAL—Assistant House-Surgeon and Dispenser. Salary, £50 per annum, with board, lodging, and washing. Applications to be made on or before the 28th instant.

KIDDERMINSTER INFIRMARY—House-Surgeon.

METROPOLITAN FREE HOSPITAL—Assistant House-Surgeon.

MOUNTBELLEW UNION—Medical Officer for the Clonbrock Dispensary District. Salary, £120 per annum, exclusive of salary (£15 a year) as Sanitary Officer, and registration and vaccination fees. Applications up to the 27th inst.

NEWCASTLE-UPON-TYNE INFIRMARY—Senior House-Surgeon. Salary, £100 per annum, with board lodging, and washing. Applications to be made on or before February 4th, 1878.

SUNDERLAND and BISHOPWEARMOUTH INFIRMARY—Senior House-Surgeon. Salary to commence at £80 per annum, with board and residence. Applications to be made on or before January 24th.

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

MEDICAL APPOINTMENTS.

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

*BROWNE, Lennox, F.R.C.S.Edin., appointed Honorary Surgeon to the National Training School of Music.

GUY, John Rapsey, M.B., C.M., appointed House-Surgeon to the Bristol Hospital for Sick Children and the Out-door Treatment of Women.

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.

STARTIN.—On December 17th, the wife of James Startin, M.R.C.S.Eng., of 17, Sackville Street, of a daughter.

MARRIAGE.

LUCEY—HARDING.—On December 18th, at St. Stephen's Church, Kirkstall, near Leeds, by the Hon. and Rev. M. Ponsonby, assisted by the Rev. John Julian, uncle of the bride, Eleanor Anne, second daughter of T. R. Harding, Esq., J.P., St. Ann's Town, Headingley, Leeds, to William Cubitt Lucey, M.D., of Ben Rhydding.

DEATHS.

COPEMAN.—On December 6th, at The Upper Close, Norwich, Frances, the beloved wife of *Edward Copeman, Esq., M.D., F.R.C.P., of that city, aged 68.

SCOTT.—At Musselburgh, N.B., on the 18th instant, Mary S. Lindsay Alexander, wife of Thomas R. Scott, M.B.

VACCINATION.—The Local Government Board have awarded to Dr. Cook, the Public Vaccinator for Gateshead, the sum of £107 : 16 for successful vaccination.

DONATIONS.—Sir James Hamilton has given £25, and Messrs. Johnson £30, towards the Building Fund of the Belfast Hospital for Sick Children.

OPERATION DAYS AT THE HOSPITALS.

MONDAY..... Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 2 P.M.—Royal London Ophthalmic. 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Royal Orthopædic, 2 P.M.

TUESDAY..... Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—West London, 3 P.M.—National Orthopædic, 2 P.M.

WEDNESDAY.. St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.30 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—King's College, 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.

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.

IN consequence of pressure on space, we are obliged to defer insertion of communications from several correspondents.

ST. THOMAS'S HOSPITAL.

SIR,—May I be allowed to point out that the estimated cost of furnishing the treasurer's house at St. Thomas's Hospital is £3000, not £2000, as stated in the JOURNAL of December 8th. This would, on your calculation, be equal to a salary of £500 a year for six years, which you seem to consider of sufficient amount to secure a thoroughly competent superintendent. Is such a salary large enough? I think not; and as it will be far better to have no superintendent than to have an inefficient one, I ask your permission to give my reasons for this conclusion. In the first place, the incomes of the medical superintendent of the Royal Infirmary, Manchester (290 beds), and of the general superintendent at the Royal Infirmary, Edinburgh (500 beds), in each case exceed £500 *per annum*. At Glasgow, the income of the superintendent is £500 *per annum;* and at Birmingham the house-governor's emoluments nearly equal this sum. At the London Hospital (800 beds), the house-governor's income is £800 *per annum*. Relatively, the superintendents and secretaries of the smaller London Hospitals are in most cases better paid in proportion. Thus at University College Hospital, with less than 200 beds, a resident medical officer, a secretary, and a clerk to the committee, receive together about £800 *per annum*. At the present moment, there is a vacancy at the Children's Hospital, Manchester, for a medical superintendent, with a salary of £500 *per annum*, and the privilege of engaging in private practice. It must be evident, therefore, that, judged by the average of other hospitals, much smaller and much more manageable, a salary of £500 *per annum* is scarcely likely to secure the right kind of superintendent for St. Thomas's Hospital. In addition to this, it must be remembered that there are at the present time at least two resident officials at St. Thomas's Hospital with a salary of quite £500.

With a knowledge of these facts, and knowing the necessity that exists for a highly qualified officer to fill such a responsible post at so large and important a hospital as St. Thomas's, is it unreasonable to declare that to avoid half measures it is better to remain for the present unreformed? It is declared on good authority that, having furnished the treasurer's house, the reformers will rest content with their labours. They had better do this, unless they determine to take a statesman-like view of all the circumstances, and thus ensure that any changes shall be really to the advantage of St. Thomas's Hospital.—Yours, etc., NEMO.

DR. A. S. JONES.—To take any notice whatever in these columns of such a production as that from which our correspondent quotes is, in our opinion, to give it undue prominence. The person who uses such language on such a subject is self-condemned in the eyes of all reasonable men. It would at least be a degradation to consent to quote from such writings, or to condescend to argue with their author.

COMPOSITION AND QUALITY OF THE METROPOLITAN WATER IN NOVEMBER 1877.

THE following are the returns made by Dr. C. Meymott Tidy to the Society of Medical Officers of Health.

Names of Water Companies.	Total Solid Matter per Gallon.	Oxygen used to Oxidise Organic Matter.	Nitrogen	Ammonia.		Hardness. (Clarke's Scale.)	
			As Nitrates, &c.	Saline.	Organic	Before Boiling.	After Boiling.
Thames Water Companies.	Grains	Grains.	Grains.	Grains.	Grains.	Degs.	Degs.
Grand Junction ..	21.10	0.046	0.156	0.000	0.007	14.8	3.0
West Middlesex ..	19.40	0.042	0.160	0.001	0.008	15.7	4.2
Southwark and Vauxhall	20.50	0.053	0.100	0.000	0.008	13.7	3.3
Chelsea	17.90	0.042	0.110	0.001	0.008	13.2	2.8
Lambeth	20.60	0.053	0.133	0.000	0.009	14.3	2.8
Other Companies.							
Kent	27.30	0.003	0.366	0.000	0.002	19.4	5.1
New River	20.50	0.050	0.100	0.000	0.006	14.0	2.4
East London	19.80	0.032	0.110	0.001	0.007	15.4	2.8

Note.—The amount of oxygen required to oxidise the organic matter, nitrites, etc., is determined by a standard solution of permanganate of potash acting for three hours; and in the case of the metropolitan waters, the quantity of organic matter is about eight times the amount of oxygen required by it. The water was found to be clear and nearly colourless in all cases.

LLANDUDNO WATER-SUPPLY.

SIR,—The *Sanitary Record* of October 12th last contained an analysis of and report of the water-supply of this town by Mr. Wigner. Both were of a very unfavourable and damaging character; and, extracts from these having been copied into and commented upon in some of the London and many of the provincial newspapers, will you do us the favour of inserting the accompanying report and analysis recently made by Professor Wanklyn, at the request of the Llandudno Improvement Commissioners.—Yours truly,

JAMES NICOL, M.D., late Medical Officer of Health.
THOS. T. MARKS, C.E., Engineer and Clerk to the Commissioners.

Commissioners' Office, Llandudno, December 6th, 1877.

[Copy.] "7, Westminster Chambers, Victoria Street, S.W., Dec. 3rd, 1877.

"Dear Sir,—I beg to enclose my analysis and report on the water you sent me, and have to congratulate you on the goodness of your water-supply. As you will see, I have made a very elaborate analysis, which I judged to be required in your case.—Yours truly (Signed), J. ALFRED WANKLYN.—Thos. T. Marks, Esq., Commissioners' Offices, Llandudno."

Report on the Water Supplied to Llandudno.—Two stoppered bottles filled with water, tied over and securely sealed, were received in my laboratory and examined. Each bottle bore the following label: "The water contained in this bottle was taken from the service reservoir, whence the whole town is supplied, by the clerk of the Commissioners. The water was taken and the seal of the Commissioners applied in my presence this 29th day of November, 1877. It was a fair and honest sample of the Llandudno water. (Signed) JAMES NICOL, M.D."—Both bottles were opened, and the water from each was separately examined as to organic purity with the following results: Free ammonia, 0.00 parts; albuminoid ammonia, 0.02 parts; showing almost absolute organic purity. Llandudno is in a mining district, and therefore a careful testing of the drinking-water for poisonous metals is necessary. I have accordingly submitted the water to such testing, and am able to report that the poisonous metals are entirely absent. Like nearly all natural water, the water contains a little mineral matter in solution. This mineral matter has been carefully examined as follows. One gallon of the water yields 22.0 grains of solid residue (dry at 140 deg. Cent.), part of which, consisting mainly of carbonate of lime, does not redissolve on being boiled with a quantity of distilled water; and the remainder, consisting of common salt and sulphates, dissolves in boiling water. The relative portions of the insoluble and soluble residue are as follows: Insoluble residue, 14.2 grains per gallon; soluble residue, 7.8 grains per gallon—in all, 22 grains. On submitting the 22.0 grains to further analysis, they were found to contain: Silica (traces); carbonate of lime, 11.0 grains; carbonate of magnesia, 2.1 grains; sulphate of soda, 2.1 grains; chloride of sodium, 4.9 grains. The hardness of the water is a little less than that of the ordinary London water: it is about thirteen degrees. In conclusion, I have to remark that I consider the Llandudno water to be of excellent quality, and that in the whole course of my experience I have not met with a better water for general domestic purposes. (Signed) J. ALFRED WANKLYN, Corresponding Member of the Royal Bavarian Academy of Sciences, Lecturer on Chemistry and Physics at St. George's Hospital.

MUMPS.

SIR,—I have the medical charge of a large school. This disease was introduced by a day-boy on November 25th. On December 1st and 3rd, four lads were attacked, and at once sent to the "sick-house". A parent writes: "Whether there will be the *slightest danger* of his giving the 'mumps' to his brothers and sisters? We have six of them here." Can a boy who has not had this affection, but who has been the whole time with those affected, convey (as in scarlatina) the contagion to others?—I am, etc., M.D.

AN OLD-FASHIONED CURE (?) FOR TOOTHACHE.

THE compiler of a curious book, printed in 1668, entitled *A Rich Cabinet*, states: "I have been certified (but how true it is I know not) that three teeth taken out of a dead man's skull and sewed in a clout or piece of leather, and worn about them which were subject to the toothache, it gave them present ease, and they never were troubled with the same so long as they had those about them."