

The conclusion arrived at by Dr. Buzzard, with regard to this method of mercurial injection, is that it is safe with ordinary care as regards the formation of abscesses, and that the mercury is absorbed into the system. He believes it, however, to be a painful mode of treatment, even when the injection is made in the back and the solution employed is quite clear. He is disposed to think that it presents no advantages over mercurial inunctions in cases of gummatus syphilis, or when there is evidence of internal disease, except perhaps the very problematical one of substituting a clean but painful process for one which is as dirty as it is free from personal suffering.

CHILDREN'S HOSPITAL, BRISTOL.

PLEURO-PNEUMONIA: EMPYEMA: ASCARIDES: BRONCHITIS:
PERTUSSIS: RECOVERY.

(Under the care of Dr. C. ELLIOTT.)

FRANCIS R., aged 9, whose father is a sawyer at Abbots-Leigh, Somerset, was admitted into the Children's Hospital on April 6th, 1877, with left pleuropneumonia. His illness had commenced five weeks ago, and was considered to be bronchopneumonia by the medical practitioner under whose care the patient had been. His condition on admission was as follows. He had orthopnea; breathing hurried and jerky, respirations being 52 per minute; face hectic looking; body greatly emaciated and bathed in perspiration. The pulse was quick (120) and feeble, the tongue dry and fissured. He had a frequent short dry cough. There was no history of hæmoptysis. Temperature 101.4 deg.

Physical examination of the chest revealed, on the left side, absolute dulness upon percussion, both anteriorly and posteriorly; faint respiratory murmur, diminished vocal fremitus, and the heart's apex displaced slightly to the right of the left nipple; while on the right side there was clear resonance upon percussion, and marked puerile breathing. He was put on a mixture of carbonate of ammonia and tincture of belladonna, and, on the following day, he was ordered cod-liver oil and hypophosphite of lime in addition.

April 9th. An attack of diarrhoea had set in. The stools were loose, of a yellow colour, and smelt offensively. The cough and perspiration had lessened, and the patient could now lie down.

April 14th. The diarrhoea had completely ceased; but the patient was very languid, and slept a great deal nearly all day as well as all night. Last night, he passed a round lumbricoid about seven inches and a half long. He was ordered to have two grains of santonine at bedtime, followed by a dose of castor-oil in the morning.

April 16th. He passed six more round worms. The santonine was repeated at bedtime.

April 17th. He passed two more lumbricoids this morning.

April 28th. No more ascarides were passed since last date, although santonine had been twice administered.

April 30th. This morning, the nurse noticed, for the first time, a swelling on the left side. It was situated between the sixth and seventh ribs; there was distinct fluctuation in it; the skin was red and shining, and looked as if it would shortly give way.

May 1st. An opening was made into the swelling under the carbolic spray, and about two ounces of healthy pus let out. A drainage-tube was then put in; but, as it was being inserted, the spray apparatus got out of order and ceased to work. Lint soaked in carbolic oil (one in twenty) was used as dressing, and a layer of cotton-wool was laid over this.

May 2nd. Very little pus had been discharged. The opening was enlarged, but there was no increase in the flow of pus.

May 8th. There was scarcely any discharge. The tube was taken out. Iodine was ordered to be applied over the chest.

May 17th. There was a very free discharge of pus this morning; also a return of hectic symptoms. At Dr. Elliott's request, his colleague Mr. Ewens kindly made a more dependent opening between the ninth and tenth ribs, according to Dr. Bowditch's plan, in a line with the inferior angle of the scapula. The drainage-tube was reinserted and a poultice applied.

May 18th. The side was freely discharging. The poultice was left off and oakum used.

May 25th. Pus had been discharging very freely, but more came by the upper opening. The heart had returned to its normal position. The breath-sounds were heard more clearly over the left chest.

May 27th. He had an attack of acute bronchitis. Moist râles were heard all over the chest, both in front and behind, and there was free expectoration of glairy frothy mucus.

June 7th. He began to whoop last night.

June 10th. He was delirious during the night.

June 16th. He passed another worm this morning, making the tenth lumbricoid during his stay in the hospital. The santonine was repeated.

June 18th. No further worms passed.

June 23rd. He was much improved, and was daily gaining flesh. The whoop had disappeared, and the patient only coughed a little at night. Pus had ceased to come from the thorax for some days past, and the wounds were fast closing. Physical examination showed that the dulness was still well marked, but the respiratory murmur was audible over the left lung, except at the base, where it was still faint. Respiration in the right lung continued to be somewhat tubular.

On July 4th, the patient was sent to the convalescent ward, and was discharged well on the 7th.

SELECTIONS FROM JOURNALS.

THERAPEUTICS.

THERAPEUTIC USES OF PERUVIAN BALSAM.—Dr. E. Wiss gives this remedy internally according to the following formula. B. Peruvian balsam 2 drachms; mucilage of gum arabic half a drachm; the yolk of one egg; distilled water 52½ drachms; syrup of cinnamon 7½ drachms. For wounds and ulcers, he uses the balsam undiluted, pouring it into the wound and then applying compresses soaked in it. For recent wounds, one daily dressing is sufficient: for ulcers, the dressing must be renewed once or twice daily, according to the amount of suppuration. Dr. Wiss calls attention to three special properties of the balsam; it relieves pain, assists healing, and is antiseptic. Repair takes place without suppuration or inflammation; and there is no contraction of the cicatrix. He has given it internally with good result in cases of chronic bronchitis, to which he has been called on account of the appearance of severe dyspnoea, from a renewal of the subacute affection of the bronchial mucous membrane or from obstruction of the bronchi with mucus. In these cases, his first proceeding has been to remove the dyspnoea by an emetic. He has then given balsam of copaiba, which has improved the character of the sputa, but has not reduced their quantity nor relieved the cough. Under the use of Peruvian balsam, however, all the symptoms of bronchial catarrh have disappeared, including even cough of several years' duration. He gives it only in cases of pure chronic bronchitis, not having found it useful in tuberculous cases. He considers it desirable that a more extensive trial should be made of it in hospital practice, in the treatment of large wounds, such as those produced in amputation and in the opening of large abscesses. In many cases where Lister's apparatus is not always at hand—in war, in travelling, and in country practice—Peruvian balsam will be a valuable substitute.—*Deutsche Zeitschrift für prakt. Medizin*, August 24th.

ACTION OF IODOFORM.—Dr. Sigmund of Vienna has used iodoform with very successful results in ulcerative and indurative processes, glandular swellings, rhagades, and gummata. He employed the following formulæ: Iodoform and spirit, each 1 part, glycerine 5 parts; or 1 part of iodoform in 3 or 4 of sugar; or 1 of iodoform in 5 of vaseline; or iodoform collodion (1 in 10 or 1 in 15). The pain was unimportant; the surfaces of the sores became clean in from twenty-four to forty-eight hours, and granulated favourably. The offensive smell of diphtheritic and cancerous ulcerations was entirely removed by the remedy. Dry iodoform in powder, applied to fresh wounds, forms an uniform firmly adherent paste.—*Deutsche Med. Wochenschr.*, August 10th.

IODOFORM.—Dr. Moleschott of Turin writes that he has used iodoform with success in cases which have been usually treated by iodine ointment, such as glandular swellings and cold abscesses. He mentions a case of enlarged spleen, with great prostration, pallor, obstinate diarrhoea, swelling of the lymphatic glands, and increase of the white blood-corpuscles (1 to 50 red), in which very favourable results followed the painting of iodoformed collodion over the spleen and lymphatic glands. Not less successful was its application in orchitis and epididymitis, and also in exudations into serous cavities, even including hydropericardium. He advises that iodoform collodion should be tried before paracentesis whenever removal of watery effusion is necessary. He has cured five cases of acute hydrocephalus by the application of this remedy several times daily; calomel and purgatives being, however, given at the same time. In cases of swelling of the knee-joint, where surgical interference appeared unavoidable, perfect recovery followed the prolonged local application of the iodoform.

Apart from its action as a resolvent, iodoform has the property of relieving pain; Dr. Moleschott hence recommends its use in painful attacks of gout, and also in various forms of neuralgia. In a case of intercostal neuralgia, he gave it internally in the form of pills (three-fourths of a grain daily) as well as externally. In severe neuritis, he has used iodoformed collodion successfully after other treatment had been tried in vain. Administered internally, it will probably be useful in the palpitations of nervous and hysterical patients, and will restore the regularity of the heart's impulse. Its offensive smell is obviated by mixture with tannin.—*Giornale Internazionale delle Scienze Mediche*, Nos. 5 and 6, 1878.

THE TREATMENT OF DIARRHŒA BY OXIDE OF ZINC.—Dr. Jacquier has followed, in the service of Dr. Bonamy at Nantes, the good effects of the employment of oxide of zinc in diarrhœa. The formula which he has employed is the following: Oxide of zinc, 54 grains; bicarbonate of soda, $7\frac{1}{2}$ grains; in four packets, one to be taken every six hours. In all the cases which he observed, oxide of zinc produced rapid cure of diarrhœa. In fourteen cases observed by Puygautier, the cure was even more rapid, since in only one case were three doses of the medicine required. The results are considered to have been more satisfactory, inasmuch as in several cases the malady had endured from one to many months, and other methods of treatment had not produced any improvement. Thus he concludes that, although by no means to be held as exclusive treatment, the employment of oxide of zinc deserves to be more generally known as useful in diarrhœa.

SURGERY.

TRAUMATIC SEPARATION OF THE EPIPHYSES AND ITS INFLUENCE ON GROWTH.—Dr. P. Vogt (*Archiv für klin. Chirurgie*, Band xx) describes the case of a young man aged 20, whose left humerus was shortened about five inches in consequence of an arrest of growth. At the age of 10, he suffered, through an accident, a displacement of the epiphysis at the head of the humerus; and from that time the upper arm entirely ceased to grow in length, while the growth in thickness was unaffected. Only a small number of similar cases have as yet been recorded, by Birkett, Bryant, Bidder, and von Langenbeck.

CHRONIC ULCERATION OF THE URETHRA IN WOMEN.—This affection, described by Dr. West, is the subject of an article by Dr. Oedmansson of Stockholm in the *Nordiskt Mediciniskt Arkiv*, Band ix. He has seen four cases of it, and describes it as commencing in the anterior part of the urethra and gradually extending along its whole length. The upper wall is mostly affected, so that the greater portion of it may be destroyed when the lower wall is as yet scarcely invaded. The first symptom is swelling, which makes the surface of the parts appear uneven, very pale, and wax-like; the tissue hard and transparent, and the urethral orifice irregular and dilated. The secretion in the urethra before the commencement of ulceration is very inconsiderable. In one case, there was chronic œdema commencing in the right labium majus and extending to the whole perinæum. The subjective symptoms are in general slight; in a very advanced stage, there may be weakness of the vesical sphincter. Microscopic examination shows a considerable hyperplasia of the epithelium; in some cases, various quantities of cells like pus-corpuscles; as well as considerable quantities, in the mucous and submucous tissues, of cells of various forms, some having the structure of pus-corpuscles, while others are larger, and rounded, or stellate with long processes. Dr. Oedmansson does not agree with Dr. West that the affection depends on syphilis; as, although all the patients in whom it has been observed have been prostitutes, there was no trace of venereal disease, nor had mercurial treatment any favourable influence. The ulceration usually lasted several years, and often recurred after apparent recovery. In the early stage, when the ulceration is limited to the anterior part of the urethra, a cure is not difficult. Abscission of the irregular, sometimes polypoid, fragments of the anterior part of the urethral canal may hasten the termination of the process; and in one case the carefully repeated application of the actual cautery was beneficial.

PATHOLOGY.

THE PATHOLOGY OF DIPHTHERITIC PARALYSIS.—The pathology, anatomy, and pathogenesis of this form of paralysis are not well understood. In a recent number of the *Journal des Connaissances Médicales*, an interesting summary is given of recent researches, chiefly of French authors. In 1862, MM. Charcot and Vulpian are stated to have published the first *post mortem* examination in which significant lesions were met with. The muscular nerves of the velum palati pre-

sented remarkable alterations. Certain fibres were composed of tubes without any medullary matter; under the neurolemma, at intervals, were seen granular elliptical bodies with or without nuclei; other fibres were less changed. In 1869, Drs. Lorain and Lépine cited an analogous case. In 1867, Bühl met two with changes in the brain (extravasation of blood and peripheral softening) and a considerable injection of the anterior and posterior nerve-roots. He described diphtheritic infiltration by cellular or nucleolar bodies isolated or united by protoplasm; this infiltration was found also in the false membrane of the mucous surface and of the neurolemma. Later, Leyden described the changes characteristic of neuritis, and referred diphtheritic paralysis to an ascending neuritis. In 1876, Dr. Pierret observed in one case thickening of the spinal membranes, with traces of inflammation and a deposit of a layer of false membrane. These lesions are inconstant, and have not been met with again. M. Déjerine (*Archives de Physiologie*, 1878), who had recently an opportunity of examining the nervous system of five patients who had died with diphtheritic paralysis, has found two kinds of almost constant lesions affecting the anterior roots and intramuscular nerves, as well as the grey substance of the spinal cord. The anterior roots present the changes which are met with in a nerve deprived of its trophic centre; the myeline becomes segmented, and consecutively the nuclei of the sheath proliferate, the protoplasm vegetates, and the cylinder-axis disappears. The traces of perineuritis and of meningitis are consecutive. In respect to the spinal cord, the lesions are the following. The nerve-cells in some cases become globular, are deprived of prolongation, or possess them only much shortened. The nuclei and nucleoli can scarcely be seen. Here and there some starved elements are observed, probably vestiges of pre-existing cells. The neuroglia is changed; the fibrils and nuclei are more numerous, especially at the level of the vessels and around the central canal at the commissure. In respect to the vessels, there is congestion with or without diapedesis, perhaps going on to hæmorrhage; the lymphatic sheaths contain leucocytes, and sometimes small hæmorrhagic foci. But it is important to remark that these lesions are limited to the grey substance of the anterior cornua; they are, moreover, inconstant, in the sense that death may occur rapidly after the commencement of paralysis. The anatomical examination is then negative. These lesions explain the motor troubles; but, as to the disturbance of sensation, no explanation has yet been found in any observed anatomical change. What is the nature and pathogenesis of these paralyses? Trousseau saw in them the effect of a poisoning. Gubler arranges them in two groups: on the one hand, paralysis by propagation by means of an anastomosis of the nerves which are in relation with the pharyngeal plexus (the eye, taste, hearing, tongue, fauces, muscles of inspiration, heart); on the other, the asthenic paralysis, paraplegia, etc. Dr. Brown-Séquard puts them among reflex paralyses produced by contraction of blood-vessels in the nerve-centres and in the motor nerves and muscles. As to the parasitic theory of Letzerich (capillary embolism due to the fungus of diphtheria), it has not found any supporter in France. M. Maque (*Des Paralyses Diphthériques*, 1878), from whom much of the preceding has been gathered, considering the changes in the blood, the possibility of the inoculation of diphtheria—in a word, its infectious character—thinks that these paralyses result from medullary lesions developed under the influence of the infectious character of the disease, and that they ought to take a position among the group of paralyses called infectious.

MEDICINE.

CERCOMONAS INTESTINALIS IN THE HUMAN DIGESTIVE CANAL, AND ITS RELATION TO DIARRHŒA.—Dr. E. Zucker describes in the *Deutsche Zeitschrift für praktische Medizin* the results of observations carried on for several months in Professor Leyden's clinic, on the alvine evacuations of the patients. He found large masses of cercomonas in nine cases. These infusoria were observed in the intestine in cases of severe acute and chronic affections of other organs, or were found without other complications in cases of gastro-enteric inflammation. The animalcules are probably swallowed with water; they require for their development in the intestine certain conditions, such as disturbances of the normal digestive process, brought about by acute general disease or by injurious influences acting locally. In acute diseases, their influences on the processes which go on in the intestine is unimportant; but, if they meet with conditions favourable to their development, they produce diarrhœa of a mild or a severe type, sometimes febrile and simulating enteric fever. The aggravation of mild cases of diarrhœa under an increase of the cercomonas, and the obstinate continuance of chronic diarrhœa in two cases, and the improvement and cure which followed the disappearance of the animalcules, are proofs of their influence. The stools which contain the parasite

are of a brown yellow colour, have a faint foul odour, are of a thin pulpy consistence, and usually contain small tenacious masses of mucus. The animalcules resemble an elongated almond in shape; the narrow end terminates in a pointed process, and the anterior round end is provided with cilia. Their *habitat* appears to be the rectum and colon. The most effectual treatment was the injection into the rectum, three times a day, of a solution containing three-fourths of a grain of corrosive sublimate; the intestine having been previously washed out with warm water.

APHASIA IN CHILDREN.—A. Schwarz relates in the *Deutsches Archiv für klinische Medicin*, Band xx, the case of a normally developed little girl three years old, who, during convalescence from an attack of measles, was suddenly seized with loss of speech and paralysis of the extensor muscles of the right arm. The right leg was unaffected. After a few weeks, the paralysis improved, and the child learned to speak as if she had never spoken before. Considering the peculiarity of the manner in which speech was regained, Schwarz asks whether the right half of the brain did not gradually assume the functions of those of the left half, which had been impaired. Küssner reports (*Archiv für Psychiatrie*, vol. viii) a case, observed in the poly-clinic at Halle, of aphasia in a female child three years old, who, without any apparent external cause, suddenly became speechless. She heard and understood everything, could move her tongue and limbs freely, endeavoured to make herself understood by gestures, but could not speak. In a short time, some improvement took place spontaneously, and she quite recovered after the administration of an emetic. Küssner believes that the case was one of reflex aphasia, but leaves undecided the question of its origin.

THE POSTURAL TREATMENT OF TYMPANITES.—Dr. E. W. Jinks (*American Journal of Obstetrics*, July 1878) recommends inversion carried out in the manner described in the following extract:—"The patient seemed so near moribund from exhaustion that she was entirely indifferent as to what was being done for her. With the aid of my colleague Professor Andrews and one of my assistants, I took the patient from her bed and gradually inverted her. There was no effect manifest from partial inversion; but, when we got her in the position of complete inversion, really standing her upon her head, there was, to our gratification and the manifest relief of the suffering woman, a rush from the anus of the pent-up intestinal gas, coming out with a force more remarkable than anything of the kind I ever before witnessed. The patient, as she began to experience relief, instead of being passive in our hands, complained in no mild terms of the unkind and ungentlemanly treatment she was receiving. From this time there was no further trouble. If the gas seemed to be accumulating, or were not readily expelled, raising her hips, gently kneading, or turning her from side to side, would cause it to be expelled. The patient encountered no more difficulties, and made an excellent recovery."

REVIEWS AND NOTICES.

INSANITY IN ANCIENT AND MODERN LIFE, WITH CHAPTERS ON ITS PREVENTION. By DANIEL HACK TUKE, M.D. Pp. 226. London: Macmillan and Co. 1878.

DR. TUKE has produced a very interesting and readable book, replete with well balanced facts, which are never used for dogmatizing, but treated in a calm and judicial manner; the object being to furnish the general reader with a correct account of the state of insanity as it exists amongst us, and also to point out some of those causes which modern society furnishes to the sum total of those which have throughout all ages interfered with the mental equilibrium of man. Anyone possessed with the idea that insanity is very largely on the increase, and not having access to official records, will be greatly comforted by a careful perusal of Dr. Tuke's work, which, although it never fears to grapple with the facts, overwhelming as they may seem, is always able to extract some comfort from them by exposing the fallacies of mere figures. He commences the inquiry by passing in review all that is known regarding the insanity of the ancients, endeavouring to ascertain how far their civilisation influenced their mental powers, and in what way it rendered them more susceptible than their less civilised progenitors to the inroads of mental disease; he next reviews and compares our modern civilisation, trying to ascertain what share it has in the production of insanity, and at the same time to give a solution to the oft-repeated assertion that insanity is greatly on the increase amongst us. Studying the etiology of insanity in præhistoric, Jewish, Egyptian, Greek, and Roman times, Dr. Tuke endeavours to answer the question

—whether, having regard to the main and well known causes of insanity on the one hand, and the conditions of ancient life on the other, there is reason to believe that it was as extensively prevalent in the earlier as in the later ages of the world. First amongst the salient causes he places intoxication, whatever the poison employed may be, including the action of alcohol and allied stimulants, not only on the individual, but upon his offspring, their condition causing further degeneracy in succeeding generations. Next comes defective nourishment leading to malnutrition of the nerve-centres, degeneration of the race, idiocy, etc., as these are seen in any miserably fed race who are also overcrowded in filthy dwellings. To these are added causes which chiefly come under the headings of overwork and intellectual strain, such as a dissolute life, depraved habits, domestic sorrow and misery, commercial speculation and losses, religious excitement, disappointment in love, and the worry of life in general.

A most instructive and learned review of the ancient civilisations is then placed before the reader, from which it is shown that the people of ancient Egypt and the Jews had attained to a high state of civilisation, and that there were not wanting amongst them some of the recognised causes of insanity, especially drunkenness; yet that this civilisation, while it resembled in many important particulars that of England and some modern countries, differed in degree sufficiently to effect results. The accumulation of the insane was prevented in the case of the poor by the grinding labours which, driving them to despair as it was calculated to do, was of such a nature that death often anticipated madness. The causes of mental disease as affecting Greek life are seen to have exerted a powerful influence.

General intemperance, Bacchanalian orgies, vicious habits, must have produced attacks of insanity; yet there is no proof of that chronic besotted drunkenness associated with half-starved families which distinguish our pauper population. Of moral causes in connection with self-dissection, susceptibility, morbid religious feelings, and over-refinement, the Greeks may have experienced the effects, but to what extent is uncertain. Dr. Tuke is inclined to think that these cannot have been so powerful as in the present day, as probably the causes of insanity exert a cumulative effect, and in this way later generations of men are really more susceptible to influence of the same morbid intensity.

The Romans in their later history were, in a like way to the Greeks, subject to the causes of insanity. We quote Dr. Tuke's concluding paragraph on this subject.

"Comparing the nations of antiquity with England, we may say that, as regards the causes of insanity, there was less dram and beer drinking, and fewer half-starved and diseased children reared. There was less intense competition and fewer great commercial speculations and failures, less struggle between the animal nature and moral feeling—a very important difference—less morbid self-consciousness and dissection, and less highly wrought nervous system, and less susceptibility, therefore, to impressions calculated to upset the mind.

"It is certain that at one period moral and physical influences were not only highly unfavourable to the healthy action of the emotions, but in some respects even more so than in England now, because not counterbalanced by the superior religious influences at work in our own country. A nation steeped in moral corruption, as the Roman Empire was at its worst, must be regarded as very liable to the production of those mental diseases which have an immoral etiology. On the other hand, the benevolence and consideration which a humane nation like our own displays towards the poor and feeble-minded or those who are becoming insane, instead of allowing them to perish, favours alike the accumulation of insane persons, and the propagation of the disease by such before they are placed under restraint or after their recovery. Feeble mental constitutions perished by the way in Egypt; sons, probably affected with moral insanity, as evinced by disobedience to parents, etc., were stoned to death in Palestine; homicidal men killed and were killed in the wars of Greece and Rome, and defective children were thrown down the Tarpeian rock. There was not, therefore, so much feebleness, moral insanity, or homicidal impulse transmitted to the next generation in the old heathen or Jewish as compared with modern Christian populations. Indeed, the more ancient history in all its psychological bearings is examined, the more will it appear that the explanation of the fact—which we have no doubt would be established could we have before us the actual census of insane persons in these ancient countries, on the one side, and that of modern Europe on the other, viz., that the number of the latter would far exceed that of the former—lies largely in the direction here indicated. In short, the rapid clearing off or stamping out of cases of mental deficiency or derangement, whether by neglect, capital punishment, or war, is a most important fact, supplementing all I have said as to the primary question of the prevalence of the causes of insanity among the nations of antiquity."

where at least the competition for clinical appointments is often so keen and the number of claimants so great, that many must be disappointed, or all must have so short a time in each as to make them of practically little worth.

The Medical Institute is beginning to rise above the hoarding round its site in New Edmund Street. A memorial-stone is to be laid by Mrs. Evans, the widow of the founder, the late Dr. Evans, on the 11th of next month. The same day has been fixed for the Medical Temperance meeting; but, as there is to be no public dinner in connection with the institute proceedings, the two will not clash. Dr. Richardson is expected to give an address. It is a pity that good opinions should need such very questionable props as public meetings, in which all kinds of inaccuracies, all sorts of vulgarities and trivialities, are permitted, and at which any statement, however exaggerated, is applauded so long as it is on the right side.

Another lady-doctor has ventured to try her fortune in practice here. Some years since, it was tried, but did not prove a success. No doubt that affords no means of judging whether the present lady will succeed. The number of female medical students has been so small, that it is impossible to form any opinion as to the likelihood of women making good practitioners of medicine, yet it must be admitted that those who have already come forward are likely to be above the average at least in enthusiasm for the work; probably in the special fitness which love of any study to some extent induces. If this be fair, and assuming that they possess the average amount of female intelligence, there is reason to believe that they will not prove very successful in practice. They have too little confidence in themselves, and pin their faith too much to their teachers.

Provident dispensaries, as recommended by the late President of our local Branch, have become accomplished facts in Birmingham. One has been established at Hockley by the Town Hall Committee, the other at Bordesley by the medical men in that neighbourhood. They will prove very interesting experiments; they have substantially the same rules, but the medical men have more governing power in the Bordesley Dispensary, and, moreover, they have secured the assistance of *all* the neighbouring practitioners: a plan which at first sight seems preferable to the Committee's plan of selecting only four medical officers, especially as the patients are left quite free to choose their own medical attendant. It is astonishing that the profession here has so quietly submitted for so long to the disgraceful competition forced upon them by the old Birmingham General Dispensary. Its Branches are dotted all over the town, and patients are treated, irrespectively of their social position, for six weeks with one ticket, either at their own homes or at the dispensary. A guinea subscription provides six tickets, and it is notorious that they are sold by some of the subscribers at five shillings each. Besides, medical attendance, home comforts, and money are also to be obtained through the medical officer; and, as these gentlemen generally look forward to starting in practice in the immediate neighbourhood, they have every inducement to behave liberally to their patients, and rather to encourage the attendance of people who can afford to pay for a doctor. The distribution of home comforts has been recently stopped for want of funds. It is a notorious and scandalous abuse of public charity; but, for some reason, it goes on without complaint, while all the opposition of the profession has been reserved for the provident dispensaries; but, after all this anger and these tears, it has ended by embracing the unmoved Committee. No less than fifteen applications were made for the appointments to the Hockley Dispensary, out of which at least one was from a member of the Medical Committee which so abruptly broke off negotiations with the Town Hall representatives.

The recent fire in Digbeth has given another exhibition of the undignified and antiquated office of coroner in collision with the police and the magistracy. The coroner issued a warrant for the apprehension of one Dennison, charged with causing the death of a girl named Brown, burnt in the fire at Dennison's shop. A copy of this warrant, curiously enough, appeared in the evening paper (the *Mail*), and was shouted by ubiquitous urchins in every street in the town before it was executed. It would be curious to know what are the relations between the persons in the coroner's office or the police-officers, and the reporters on the *Mail*. But this in parenthesis. Dennison gave himself up next morning to the police, and was brought before the stipendiary magistrate (the same who committed a medical assistant for trial on a charge of rape under chloroform, because a friend had told him that he knew all that went on when he had taken chloroform), and remanded. At the adjourned inquest, on Dennison being called, the coroner was informed that the police did not intend to produce him. They had not got him under the coroner's warrant, and they were advised not to give him up. Thereupon the coroner adjourned the inquest for a fortnight, in order to allow time for him to move the

Court of Queen's Bench for a writ of Habeas Corpus. Subsequently, the magistrates discharged Dennison, and the coroner's deputy wrote quite an effusive congratulatory letter to the police on the happy issue of the affair. The inquest on the death of Mrs. Bravo is an instance of another objectionable feature of coroners' courts—the unnecessary exposure of family troubles to the whole world, though Mr. Orr would have acted more judiciously if he had called in a medical man.

ASSOCIATION INTELLIGENCE.

COMMITTEE OF COUNCIL: NOTICE OF MEETING.

A MEETING of the Committee of Council will be held at the Offices of the Association, 161, Strand, W.C., on Wednesday, the 9th day of October next, at Two o'clock in the afternoon.

FRANCIS FOWKE,

General Secretary.

36, Great Queen Street, London, W.C., September 9th, 1878.

NORTH OF ENGLAND BRANCH.

THE autumnal meeting of this Branch will be held at the Palatine Hotel, Sunderland, on Tuesday, October 8th, at 3 P.M.; GEORGE MOORE, M.D., President, in the Chair.

The following papers, etc., have been promised.

1. Notes of a Case of Hæmaturia. By G. H. Philipson, M.D.
2. To exhibit and explain M. Tarnier's Obstetric Forceps. By Jas. Murphy, M.D.
3. Notes of a Case of Double Ovariectomy, done Antiseptically (patient nearly convalescent). By James Murphy, M.D.
4. A Patient after Operation for Multilocular Cyst of Neck. By James Murphy, M.D.
5. Notes of a Case of Intestinal Obstruction, produced by Band of Organisable Lymph: Treatment: Recovery. Notes of Second Attack in the same Patient about Twelve Months subsequently: Death: Necropsy. By E. C. Anderson, M.D.
6. Notes upon a Case of Intestinal Obstruction: Treatment: Death. By E. C. Anderson, M.D.
7. Notes of Five Cases in which Leucine and Tyrosine were abundantly present in the Urine; with Microscopical Slides mounted with specimens illustrative of each. By E. C. Anderson, M.D.
8. Remarks on a Case of Renal Abscess opening into the Intestine. By T. W. Barron, M.B.

Gentlemen desirous of reading papers or making other communications are requested to give notice to the Secretary as early as possible.

The members and their friends will dine together at the Palatine Hotel at 5 P.M. Charge, six shillings, exclusive of wine.

T. W. BARRON, M.B., *Honorary Secretary.*

10, Old Elvet, Durham, September 18th, 1878.

WEST SOMERSET BRANCH.

THE autumnal meeting of this Branch will be held at the Railway Hotel, Taunton, on Thursday, October 17th, at 5.15 P.M.

The following question has been settled by the Council as the one on which members should be invited to express their opinion at the said meeting after dinner:—"Is Typhoid Fever infectious; and, if so, what is the best mode of preventing its spread?"

Dinner, 5s. a head, exclusive of wine.

W. M. KELLY, M.D., *Honorary Secretary.*

Taunton, September 17th, 1878.

SOUTH-EASTERN BRANCH: EAST SURREY DISTRICT MEETINGS.

THE next meeting will be held at the White Hart Hotel, Reigate, on Thursday, October 10th, at 4 P.M.: Dr. C. HOLMAN in the Chair.

Dinner at 6 P.M. Tickets, 6s. each, exclusive of wine.

The following communications are promised.

1. Dr. Fothergill: The Therapeutic Use of Digitalis in Diseases of the Heart.
2. Dr. Keith (Edinburgh): The Use of Antiseptics in Ovariectomy.
3. Mr. Hallows: A Fatal Case of Purpura, with Hæmorrhage into the Ventricles.
4. Dr. J. H. Stowers: The Nature and Treatment of Acne.

5. Dr. Galton will exhibit the Heart from a case of Pulmonary Stenosis, shown at a meeting of the Branch in March 1877.

JOHN H. GALTON, M.D.Lond., *Honorary Secretary*.
Woodside, Anerley Road, S.E., September 24th, 1878.

THAMES VALLEY BRANCH.

THE autumnal meeting of this Branch will be held at the Griffin Hotel, Kingston, on Thursday, October 17th, at 6 P.M.

Members desirous of reading papers, or bringing forward subjects for discussion, are requested to give notice to the Secretary as early as possible.

FREDK. J. WADD, M.B., *Honorary Secretary*.
Richmond, September 25th, 1878.

BORDER COUNTIES BRANCH.

THE autumnal meeting of this Branch will be held at the Infirmary, Whitehaven, on Friday, October 25th.

Gentlemen intending to read papers, or to be present at the dinner, are requested to give notice to either of the Secretaries.

R. MACLAREN, M.D., Carlisle, } *Honorary Secretaries*.
JOHN SMITH, M.D., Dumfries, }
Carlisle, September 19th, 1878.

LANCASHIRE AND CHESHIRE BRANCH.

AN intermediate meeting of this Branch will be held at Stockport, on Wednesday, October 30th, at 3.30 P.M.

Dr. Gamgee, Professor of Physiology at the Owens College, Manchester, will read a paper on "The Liver as the Organ which generates Urea".

Gentlemen who wish to read papers or shew specimens are requested to communicate with the Honorary Secretary.

D. J. LEECH, M.D., *Honorary Secretary*.
Manchester, September 25th, 1878.

READING BRANCH: ANNUAL MEETING.

THE twenty-third annual meeting of the Reading Branch was held in the Athenæum, Reading, on September 18th.

President's Address.—An exceedingly valuable address was read by the President, Dr. BATEMAN, for which he received the cordial thanks of the Branch.

Dinner.—The members subsequently dined together at the Queen's Hotel.

EAST ANGLIAN BRANCH: AUTUMN MEETING.

THE first autumn meeting of this Branch was held at the Moot Hall, Aldeburgh, on Friday, September 13th; T. E. AMYOT, Esq. (President) in the Chair. The members of the Branch breakfasted at the White Lion Hotel, and were subsequently hospitably entertained at luncheon at Alde House by Newson Garrett, Esq., one of the bailiffs of the borough. At the general meeting, about thirty members were present.

New Members.—The following gentlemen were elected members of the Branch, upon the motion of Dr. Elliston and Mr. Rendle:—Messrs. E. Maurice Ling and H. Abdy Collins, both of Saxmundham.

THE PRESIDENT delivered an address.

Report of Council.—The following report of the Branch Council was read by Dr. Elliston.

"The Council of the East Anglian Branch, in presenting their report to the first autumn meeting of the members, have the satisfaction of stating that the Branch continues to increase in numbers. There are now one hundred and twenty-four members, an increase of ten upon last year, and there are thirty-eight unattached members of the Association in East Anglia. There are many members of the profession as yet unconnected with the Association, whom the Council hope will enrol themselves as members. At the beginning of the year, the advantages of membership of the Association were brought prominently before these gentlemen by the Honorary Secretary for Suffolk, and the Council are pleased to report that, in Suffolk alone, fifteen members have been elected, and three of the unattached members have been induced to join the East Anglian Branch. They regret to record the deaths of four of our members: Dr. Kingston of Walton, at Felixstowe, from small-pox; Messrs. Cooper and Gibson of Norwich; and Mr. J. T. Muriel of Hadleigh; all highly esteemed members of the profession. In the case of the last named gentleman, who was prematurely cut short in his useful career, it is satisfactory to record that the

handsome sum of £1,800 was presented to his widow, through the exertions of his many friends and medical brethren.

"The annual meeting of this Branch was held on June 21st, at Peterborough, in conjunction with the Cambridge and Huntingdonshire and South Midland Branches. The Council consider the thanks of this Branch are eminently due to the President of the combined meetings—Dr. T. J. Walker of Peterborough, whose courteous and hospitable reception of all our members who were privileged to be present added so much to the enjoyment of a most agreeable and successful meeting.

"A special meeting of the Council was convened at Diss on March 27th, at the residence of our President (Mr. Amyot), to consider the propriety of establishing additional meetings, and it was resolved to inaugurate an autumn meeting this year at Aldeburgh; and it remains for you to determine whether they shall be continued in future years. The Council submit that the large number of papers upon most interesting subjects promised to be read is sufficient evidence that more frequent gatherings of the Branch are desirable. It is the desire of the Council to so arrange future meetings, that the Association may have the opportunity of visiting every part of the district.

"The Council desire to impress upon all members the importance of the rule that all subscriptions should be paid in advance. They feel sure that they have only to mention that delay entails considerable extra work upon the honorary secretaries to ensure more strict compliance with the rules of the Association in the future. They recommend to this meeting that the subscriptions for Branch purposes shall be increased to 2s. 6d. *per annum*, which will more than enable the Council to meet the increased expenditure. Special applications have been made, and will be laid before you to-day, for subscriptions to the Harvey Statue Fund, to the British Medical Benevolent Fund, and to the sum collected for defending the appeal against the decision of the courts upon the cause of the Apothecaries' Company and Shipperley. The legislative proceedings affecting medical interests, which have been engaging the attention of Parliament during the past session, have been watched, and, in some cases, petitions have been prepared and forwarded upon such questions as the direct representation of the profession in the Medical Council, upon the restriction of habitual drunkards, and upon the registration of dentists.

"Other important questions are receiving the careful consideration of your Council, such as the methods of obtaining evidence as to causes of death, the unsatisfactory fees introduced by the Home Secretary (Mr. Cross) in a recent amendment of the Factory Laws, the necessity of securing reform in the Army Medical Service; to consider some method of improving the out-patient department of our hospitals and dispensaries; to further the principle of mutual insurance against sickness by the establishment of provident dispensaries in towns and of medical clubs in rural districts.

"The Council particularly desire to call marked attention to the great success that has so far attended the excellent movement (for which we are mainly indebted to Sir Edward Kerrison) for the establishment of Branches of the County Medical Club in various parts of the county of Suffolk. There are now four thousand five hundred members enrolled, and seventy doctors are attached to the club. They augur a great success for this club; they are not a little proud that a movement, which promises to become of national importance, should have been started in East Anglia. They consider that the thanks of the whole medical profession are due to Sir Edward Kerrison, to Mr. Robert Johnson of Boyton, and other laymen, who have warmly espoused this cause.

"At the meeting of the Poor-law Medical Officers' Association at Bath, a resolution was unanimously carried that the principle of Mr. Hardy's (Lord Cranbrook) Act should be extended to the provinces; viz., that all drugs should be supplied and dispensed at the expense of the ratepayers in every part of the kingdom. The Council of this Branch cordially approved of this, as conducive to the interests and status of the profession, and to the benefit of the poor who may be entrusted to their care."

Upon the motion of Mr. KILNER, seconded by Mr. G. C. EDWARDS, the report was received and adopted.

Meetings of the Branch.—Upon the motion of Mr. RENDLE, seconded by Dr. METCALFE, it was resolved that more frequent meetings of the Branch are desirable in the future; and that the Council be requested to make arrangements for at least two gatherings in the year.

Papers.—The following papers were read, and most interesting discussions arose upon several of them.

1. Upon Old Aldborough. By N. F. Hele, Esq.
2. Cases illustrating the Treatment of Special Forms of Hæmorrhage. By E. G. Barnes, M.D.

3. Disseminated Sclerosis. By Mrs. E. Garrett-Anderson, M.D.
 4. Treatment of Hyperpyrexia. By H. J. Benham, M.D.
 5. Cases of Interest. By R. V. Gorham, Esq.
 6. Cure of Case of supposed Stricture of the Oesophagus. By W. H. Short, Esq.
 7. On a Case of Uterine Polypus. By W. H. Short, Esq.
 8. On a Case of Artificial Anus resulting from Umbilical Hernia Operation. By J. S. Holden, M.D.
- Papers by G. S. Elliston, Esq., and by W. A. Elliston, M.D., were postponed in consequence of want of time.

Dinner.—The members subsequently dined together at the White Lion Hotel.

CORRESPONDENCE.

CONSULTATION FEES.

SIR,—Will you kindly allow me to notice one or two points, with reference to the recent discussion in your columns respecting the above subject, which have not, as it seems to me, received the attention they deserve?

It has been for some years the practice for our leading physicians and surgeons here to charge two guineas for a first or single consultation within the limits of the borough, and proportionately beyond. Some, indeed, make this charge to those who consult them at their own houses at the suggestion of their medical attendants. The only exceptions are when they are informed by the latter that the patient is not in a position to afford more than one guinea. I believe that the same practice obtains in other provincial towns and cities.

Now, it seems to me that metropolitan physicians, surgeons, and specialists are placed in a peculiar position with respect to patients from the provinces, and one which they must recognise if they would win the confidence of their provincial professional brethren. In these days of cheap travelling, it is a fashionable amusement with many to run up to town and consult a physician or specialist for some ailment, real or fancied. In the former case, it would have been easy to have found a local practitioner perfectly competent; in the latter, neither local nor metropolitan physician need be troubled were the fee made, as it ought to be, sufficient to deter triflers with valuable time.

It is also, I am glad to say, becoming the practice to consult physicians and surgeons of promise, while they are in the full possession of their strength, mentally and bodily, and before they are grey-headed. They must, of course, demand the orthodox guinea, and those general practitioners who call them in (myself included) must see that they are paid it. In all seriousness, I would ask the metropolitan physicians and surgeons: "Will you continue to underbid your junior provincial brethren?"

I have in former years frequently heard local "merchant princes", here and elsewhere, say, over their glasses of port: "You have not a physician or surgeon in Liverpool worth a straw." They do not say so now. Why? Because our leading professional brethren have awakened to the fact that the public will take men at their own valuation, and not at that of the public.

The utter shabbiness with which even our leading physicians are treated by the public is to me only explicable by their long-suffering and patience. A lady, who cheerfully pays a guinea to the *coiffeur* or *artiste* who prepares her hair for a "drawing-room", grudges the same sum to the physician whose advice may be the means of prolonging her life, or saving her much discomfort and suffering. Young bucks, who will pay any sum for cigars of the first brand, grudge their doctor his hard-earned fee. Similar instances might be multiplied *ad infinitum*, and consideration for your space compels me to pass over the numerous instances where no fee at all can be accepted, although proffered.

I hope soon to hear of, not only two guineas, but even a higher fee, demanded. In Jeaffreson's *Book about Doctors*, we are told of Radcliffe, who, on receiving from a patient three guineas where he had a right to expect five, dropped them by accident or purpose on to the floor; there was, of course, a grand picking up. "Have you got all, doctor?" "No; there must be two somewhere, as I have only got three." To my mind, five guineas is the fee which we ought to be able to tell patients the leading physicians and surgeons in London will expect; and, as some consolation for this large outlay, we ought to be able to add: "But you may be sure of receiving full attention, and not being hurried off in a few minutes."—I am, sir, etc.,

A GENERAL PRACTITIONER.

Liverpool, September 10th, 1878.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

A CASE DEMANDING INQUIRY.

ON July 31st, Dr. Casley of the Royal Surrey County Hospital was requested to visit Charles Barker, whom he found, on examination, to be suffering from vomiting and purging. On August 1st, he was much worse, and delirious, whereupon he advised the wife (an invalid) to apply to the relieving officer, with the view to his admission to the workhouse. On the 2nd, the delirium had increased, and was complicated with inflammation of the right lung. On the morning of that day, the district visitor applied for his admission to the Workhouse Hospital, alleging that he was suffering from delirium tremens and required control. Whether the message was delivered or not, does not appear; but certainly no proceedings were taken beyond this to get him removed, though the relieving officer was seen in the neighbourhood the same evening. The man having become violent, another messenger was despatched for the officer between eight and nine P.M. No help arriving, Barker escaped from the house by jumping out of window, dressed in his shirt only. Having been found wandering at large by the police, he was marched off to the cells. At 10.30, the divisional surgeon Mr. Taylor was sent for, who, on arriving, found Barker in the lock-up, with nothing on but his shirt. On examination, he found the man was very ill and exhausted; he directed that he should be clothed, and wrote a note to the relieving officer, requesting him to remove the man, adding, by way of postscript, that he should be taken in a *covered conveyance*. He also directed the constable who took the note to state that the man was on no account to be allowed to walk to the house. In defiance of his positive instructions, the poor man, having been clothed, was allowed to walk a distance of nearly half a mile. On his arrival at the workhouse, he was bathed, and, having had two pills given him by the nurse, which had been verbally ordered by the workhouse medical officer, who met him *en route* to the workhouse, was put to bed. On the following morning (the 3rd), he was seen by the workhouse medical officer, Mr. Sells, who found him in a violent state of delirium. He died at two A.M. on the 5th, having presented the symptoms of double pneumonia. There was no coroner's inquest, that official not having been apprised of the death. The facts, as above described, having been brought to the attention of the Board of Guardians by Dr. Casley and Mr. Taylor, the police surgeon, a so-called inquiry was instituted. That inquiry, as published in the *Surrey Advertiser and County Times* of the 17th ult., confirms substantially the accuracy of the statements of the complainants; but it was clear, by the way it was conducted, that there was a settled determination on the part of the Board to screen the incriminated official—not that we consider that the relieving officer was alone to blame; on the contrary, we hold that the conduct of Mr. Superintendent Law was censurable. He had heard a positive injunction made that the man on no account was to be allowed to walk, and, although it was his duty to carry out his instructions, he had the temerity to disobey them, and set up his own judgment against that of the police surgeon; and further, when before the Guardians, to advance the opinion "that, if he had been the relieving officer, he should certainly have walked him up". Ultimately, the Guardians (with one honourable exception, who thought the relieving officer's conduct censurable) exonerated the officials from all blame.

To this conclusion we utterly demur; and, first, as to the relieving officer, how came it that no attention was paid to the repeated requests for the removal of the patient to the workhouse infirmary; and how did it happen that he did not notice the postscript, or the verbal communication from the constable, that the poor man should not be allowed to walk? As regards the borough police, is the superintendent of the town so oblivious or so ignorant of his duty as not to be aware that the man, being a nearly nude wandering lunatic, ought, under the statute, to have been taken at once to the infirmary, instead of being locked up in the cells, where he was kept without clothes until the arrival of the surgeon; and then, in defiance of express orders to the contrary, to sanction this dangerously diseased man walking to the workhouse? As regards Mr. Sells, why did he content himself with verbal instructions; and how comes it that this man, with double pneumonia, was put into a bath on his arrival? This procedure, coupled with the treatment he had received from the police and relieving officer, naturally accelerated the fatal issue.

Nor can we acquit the Central Board. They must know the slipshod character of a guardians' inquiry; and yet, although requested to order an official investigation, they declined to do so—though the guardians themselves expected that such would take place.

POOR-LAW MEDICAL APPOINTMENTS.

GRAYSON, F. Dorrell, M.R.C.S., appointed Medical Officer to the Rayleigh District of the Rochford Union, *vice* R. Coles, M.R.C.S., deceased.

OBITUARY.

ROBERT WILLIS, M.D.

THIS gentleman, long and well known as the Librarian of the Royal College of Surgeons of England, died at his residence, Barnes, Surrey, on the 21st instant, in the eightieth year of his age. Dr. Willis received his professional education at Edinburgh, where he graduated M.D. in 1819, soon after which he came to London and passed his examination for membership of the College of Surgeons in 1823 and L.R.C.P. Lond., and commenced the practice of his profession at Storey's Gate, Westminster. Not succeeding so well as he expected, he threw himself with great zeal in the paths of literature. He became a valuable contributor to various journals, and especially the *London Medical Gazette*, of which he subsequently became the editor. The College of Surgeons commenced the formation of a library in 1801, and in succeeding years, by donations, bequests, and purchases, often in considerable numbers, succeeded in forming a valuable collection of nearly eleven thousand volumes; but all this time it had been closed to the members. In 1828, the Council engaged Dr. Willis as the sole librarian, and he at once commenced the arduous work of arranging the volumes and compiling a catalogue, when the library was thrown open to members of the College, and all persons engaged in the pursuit of natural science were freely admitted. In June 1845, he resigned the office of librarian, in order to devote himself actively to the practice of his profession, his official salary being quite inadequate to provide for an increasing family. He therefore took a house in Dover Street, Piccadilly, where he practised for some time, ultimately removing to Barnes, where, assisted by his son-in-law, he practised nearly up to the time of his death. To the last he was indefatigable in his literary pursuits, and had just completed a life of Harvey. Dr. Willis was a member of many learned and scientific societies at home and abroad.

MEDICAL NEWS.

MEDICAL VACANCIES.

The following vacancies are announced:—

- CHILDREN'S HOSPITAL, Birmingham—Non-Resident Assistant House-Surgeon and Registrar. Salary, £60 per annum, with lunch and dinner daily.
- LEICESTER INFIRMARY AND FEVER HOUSE—House-Surgeon and Apothecary. Salary to commence at £120 per annum, with board, washing, and apartments. Application to be made on or before the 28th instant.
- NATIONAL ORTHOPÆDIC HOSPITAL, Great Portland Street—Surgical Registrar.
- RATHDOWN UNION—Medical Officer for the Rathmichael portion of the Pray and Rathmichael Dispensary District. Salary, £110 per annum as Medical Officer, and £20 as Sanitary Officer, together with Registration and Vaccination Fees. Election will take place on the 30th instant.
- ROYAL SEA BATHING INFIRMARY, Margate.—Resident Surgeon. Salary, £100 per annum, with board and lodging.

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.

GRESHAM.—On September 20th, at 10, Bromley Common, Kent, the wife of *F. C. Gresham, M.D., M.R.C.S.E., L.S.A., of a son.

MARRIAGES.

MARTIN—WHITTLE.—On September 19th, at St. Mark's, Worsley, by the Hon. and Rev. the Earl of Mulgrave, Vicar, assisted by the Rev. Charles Heath, B.A., Vicar of Walkden, and the Rev. J. Cater, Curate of Worsley, *William Young Martin, F.R.C.S.E., L.R.C.P., of "The Limes", Walkden, to Sarah Elizabeth, only child of William Whittle, Esq., Park House, Worsley.—No cards.

FORSTER—HUGGINSON.—On September 24th, at Romaldkirk, by the Rev. Henry Cleveland, Rector, Edward Wood Forster, of Darlington, Surgeon, to Alice Mary, younger daughter of the late Robert Hugginson, of Romaldkirk.

BEQUEST.—The late Mrs. Howden, of Carlton Terrace, Edinburgh, has bequeathed the following legacies among others: to the Edinburgh Hospital for Incurables, £700; the Edinburgh Royal Infirmary, £300; and £300 to the Convalescent House.

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.—London, 2 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.—St. Thomas's (Ophthalmic Department), 2 P.M.
- SATURDAY.... St. Bartholomew's, 1.30 P.M.—King's College, 1 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.—London, 2 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

WEDNESDAY.—Obstetrical Society of London, 8 P.M. Specimen: Fleishy Mole by Dr. Godson. Paper: Dr. Herman, "Remarks on the Treatment of Pregnancy, complicated with Cancer of the Genital Canal".

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

CORRESPONDENTS not answered, are requested to look to the Notices to Correspondents of the following week.

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

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.

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.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

DR. HOGGAN had the opportunity of attending the Bath General Meeting, which would have afforded him the proper occasion of stating his views: he had further the means of disputing the action of that meeting at the Special General Meeting summoned by advertisement for the purpose of confirming the proceedings of the Bath Meeting. Having neglected both opportunities, he has only himself to blame for not having raised the objections which he entertains to a course of which ample public notice was given.

HARD WATER.

HARD WATER, owing its hardness chiefly to carbonate of lime in solution, may be softened in small quantities by boiling in large quantities by Clark's process, which consists of the addition of lime-water in the proportion of one-eighth or one-ninth of the bulk of hard water; this takes up the carbonic acid which holds the chalk in solution, throwing it down together with the newly formed chalk of the chemical combination. It requires many hours for its subsidence, and the clear water must then be drawn off from above the precipitate, which is liable to be disturbed by so doing. A process patented by Mr. Porter on the above principle, and called the "Porter-Clark process", effects the purification much more speedily by filtration, and with very good results. Apparatus of this kind have been erected at Banstead and Chatham Asylums, where fifty thousand to sixty thousand gallons of pure water are obtained in ten hours. Dr. Clark styled his invention "a chemical one for expelling chalk by chalk". For a more detailed account of his process, I would refer your correspondent to the Minutes of Evidence before the Royal Commission on Water Supply (Questions 6762 *et seq.*)—I am, etc.,

September 1878. G. CARRICK STREET.

SIR,—Your correspondent "Hard Water" will find some information at page 143 of Dr. E. Smith's *Manual for Medical Officers of Health*: Knight and Co. are the publishers. If he do not consider this sufficient, I would recommend him to send some of the water he wishes to soften for analysis and softening to Professor Brazier, Marischal College, Aberdeen, who was Dr. Clark's assistant at the time he brought out the process, and from whom I have had the most valuable information when I have sent him water for the necessary examination.—Yours faithfully,

Chippenham, Wilts, Sept. 18th, 1878.

HENRY M. JAY, M.B.

G. L. R.—We never recommend particular hospitals. Read our Students' Number of September 14th, and judge for yourself. Registration at the College of Surgeons and Society of Apothecaries is now abolished. Write to the secretary for the Regulations.

NOTICES of Births, Deaths, Marriages, and Appointments, intended for insertion in the BRITISH MEDICAL JOURNAL, should arrive at the Office not later than 10 A.M. on Thursday.

A CASE OF OVERDOSE OF NEPENTHE.

SIR,—I was called to see a patient yesterday about 11.30 A.M., and in the note sent it was stated that she had been given by the nurse (in mistake) a drachm of nepenthe instead of the usual dose of a drachm of the syrup of the iodide of iron which she was taking. On arriving, I was informed that the nepenthe was taken at 10 A.M. I found the patient in a semi-drowsy state, complaining of constriction of the throat. She was slow of perception, and on a question being asked, if not answered immediately by her, she forgot what was asked. The pupils were contracted, and there was tremulous action of the hands and arms. She could not hold them out with any steadiness. There was also, on attempt being made to stand, a sensation of reeling and unsteadiness of gait; in fact, she could not walk without being supported by another person, and even then she expressed a wish to lie down, as she felt very giddy and stupid. This giddiness was complained of whilst in the recumbent posture. The pulse was 100, weak and soft; the intellect was blunted, and she had often to correct herself whilst speaking. The contracted pupils and drowsy state led me to believe that opium, or some form of it, was the chief ingredient in the nepenthe. I sent for the solution of sulphate of atropine of the *Pharmacopœia*, and dropped about two-and-a-half minims into the right eye. No effect was produced after waiting a quarter of an hour, except that the pulse became firmer, and was reduced to 88 beats. I then dropped about two-and-a-half minims again into the right eye, and in a few minutes the pupil became dilated, the tremor of the hands and arms ceased, and the intelligence was brighter. On my second visit, three hours later, the patient was nearly free from the effects of the nepenthe, and had found such relief from the atropine, that she wished me to repeat the drops, which I declined to do. The right pupil was still dilated; the left pupil was contracted, but not so much as on the first visit. The pulse was 88, and fair in tone. She had eaten well. I may mention that she had always had naturally dilated pupils, and was suffering lately from severe rheumatic affection of the left occipital nerve, and was in a very debilitated condition, for which she was taking quinine.

I am informed that nepenthe is a preparation of opium. Now, would it not be advisable for the profession to be informed of the composition of all patent medicines of a poisonous nature, so that in a case of an overdose given or taken inadvertently the medical man might have a chance of counteracting its influence?—I am, etc.,
JOHN COOK, M.D., Physician to the Great Northern Hospital.
July 16th, 1878.

CLIMATOLOGY.

SIR,—Will you allow me to inquire, through the medium of your columns, if there is any recent work on climatology in existence—one which embraces, moreover, an account of the climate of the several capitals and large towns of the world? Of special treatises we have no dearth, as Barker, Bennet, Clark, Haviland, Madden, Macpherson, Shapter, etc., but I am unacquainted with any comprehensive work such as the one to which I refer.—Faithfully yours,
CAROLUS.
Sutton, Surrey, September 2ist, 1878.

SEASIDE ACCOMMODATION FOR A PHTHISICAL PATIENT.

SIR,—I should like to inquire, through the medium of your JOURNAL, at which watering place in the South of England could comfortable apartments be procured, at the most moderate outlay, for a phthisical patient with limited means. He is a bright intelligent young man, and his parents are desirous of getting him to a warm climate, after being recommended to do so, as early as possible. If any of your readers would therefore furnish me with this information, they would oblige yours, etc.,
SURGEON.

MEDICAL TITLES.

SIR,—I am pleased to see the Council of the College of Physicians of Edinburgh have at last determined to drop the appellation of "Doctor" to their L.R.C.P.s. As a proof, I enclose you the postal wrapper received with their annual list this day.—Yours truly,
T. WOOD HILL, L.R.C.P. Edin.
96, Earl's Court Road, S.W., September 21st, 1878.

ENLARGED PROSTATE.

SIR.—In reply to "A Perplexed Member," I would suggest a trial of ergotine, hypodermically injected. I have generally found a few injections markedly decrease the size of the prostate gland; and one patient who has been in the habit of passing the catheter for himself, told me that after the fourth injection the relief he obtained was very great. I use Savory and Moore's one-third of a grain discs of ergotine.—Yours truly,
WILLIAM BIRD, M.D.
3, St. Leonard's Place, York, September 17th, 1878.

MR. E. GREEN of Sandown also suggests hypodermic injection of ergotine. He says: "Simpson's solution of ergotine is very convenient for use, and a reliable preparation. It is prepared as follows. \mathcal{B} Ergotine grs. xxx; aquæ destillatæ ℥x; chloral hydrate grs. v. Four or five minims of this solution may be injected once or twice daily; and the best place for doing it is the substance of the gluteus maximus muscle. If this place be selected, an abscess rarely or never follows—a not uncommon occurrence when ergot is injected into the subcutaneous cellular tissue only."

SIR,—In answer to "A Perplexed Member's" question as to the treatment of enlarged prostate, I would recommend (if he have not already tried it) a long course of cod-liver oil, with small doses of iodide of potassium, and (unless the doing so is contraindicated) total abstinence from all stimulating drinks.—I am, sir, obediently yours,
WILLIAM BOWES.
Ipswich Borough Asylum, September 1878.

AN ADVERTISEMENT.

SIR,—I enclose the cover of the vegetarian *Dietetic Reformer* for September. Is the marked advertisement calculated to add to the dignity of our profession? I find from the *Medical Directory* that a L.R.C.P. and M.R.C.S. resides at the address advertised.—Your obedient servant,
NOBLESSE OBLIGE.

The advertisement is as follows.

"London.—Poor patients received by a physician without fee, at 2, Eastbourne Terrace, W. Tuesdays, at 2 o'clock.—Desiring to observe results, he will gladly advise vegetarians."

"* The appearance of such an advertisement is to be regretted."

RATHER OBSCURE.—The cover of the *Dietetic Reformer* for September contains the following curious advertisement.

"A Certificated Teacher of Phonography desires to correspond with a Young Lady for mutual benefit in Diet and Hygiene (either shorthand or longhand)."

QUESTIONS IN ETIOLOGY.

DR. BRITTON, Medical Officer for Halifax, in one of his reports mentions that an outbreak of scarlatina occurred in a yard in which the decomposed blood and flesh of a dead horse had been deposited in the manure heap. There were no other cases in the district at the time; and, from careful investigation, he came to the conclusion that it was caused solely by the decomposition of animal matter, as it occurred simultaneously with the disturbance of the manure heap by a dog which ran into the house occupied by the family in which the scarlatina broke out, and it was necessary to send the dog out on account of the nauseous smell which it caused. The children complained much of the smell, and gradually sickened with scarlatina. One child died.

W. (Cheltenham) wishes to know what are the ingredients in Dr. Nichol's "Food of Health".

SURGEONCY UNDER THE FACTORY ACT.

SIR,—In this district, the youngest medical man was appointed surgeon under the Factory Act. Shortly afterwards, he married a lady of fortune, enabling him to retire from practice and from the district more than seven years ago, yet he is allowed to retain his appointment. I wish to know if such be allowable under the Act; and, if not, what steps you consider should be taken to alter such a state of things.—I am, sir, yours, etc.,
J. P.

A STRANGE REMEDY.

THE Registrar of Ardmore district, Youghal Union, reports that during the past quarter there was a severe epidemic of measles, sixty-three cases being under medical relief, a number which does not represent a third of those affected, the medical officer being only called in when the usual amount of local nostrums had been tried without effect. Every case seen suffered from violent diarrhoea, caused by the administration of a noxious compound called "croeke". This consisted of a mixture of porter, sulphur, and the excrement of sheep collected in the fields. Every child in the district that showed any symptom of measles was compelled to drink large quantities of this mixture, the diarrhoea thus produced proving most intractable.
September 1878.
R.

We are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Western Morning News; The Yorkshire Post; The Coventry Herald; The Wisbech Advertiser; The West Briton and Cornwall Advertiser; The League Journal; The Liverpool Daily Post; The Newport and Drayton Advertiser; The Exeter and Plymouth Gazette; The Chicago Times; The Manchester Guardian; The Berkshire Chronicle; The Glasgow Herald; The Oswestry Advertiser; The Edinburgh Daily Courier; The Middlesex County Times; The Liverpool Evening Albion; The Daily Courier; The Southport Visitor; The Wrexham Advertiser; The Edinburgh Courier; The Kelso Chronicle; The Fifeshire Herald; The Merthyr Express; The Carnarvon and Denbigh Herald; The Surrey Advertiser; The Stroud News; The Scotsman; The Manchester Courier; The West Middlesex Advertiser; The Western Mail; The Essex Advertiser; The Melbourne Argus; The Midland Free Press; The Cork Constitution; The East London Observer; The Leeds Mercury; The United Service Gazette; The Citizen; The Gloucestershire Standard; The Glasgow Evening News; The Liverpool Mercury; The Weymouth Telegram; The Cornwall Gazette; 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. J. G. Swayne, Clifton, Bristol; Mr. Hugh Robinson, Preston; Dr. Wade, Birmingham; The Secretary of the Border Counties Branch; Dr. A. S. Taylor, London; A Member; Mr. Nelson C. Dobson, Clifton; M.D.; Dr. W. M. Kelly, Taunton; Dr. R. S. Hudson, Redruth; Dr. E. Andrew, Shrewsbury; Mr. A. E. Woods, London; M.D., London; W., Cheltenham; Mr. T. Wood Hill, London; Our Paris Correspondent; W.; Dr. J. H. Cameron, Toronto; M.R.C.S. Eng.; Dr. J. Macbeth, Kirkdale; Dr. Joseph Rogers, London; Dr. C. R. Francis, Sutton; X.; Dr. H. Radcliffe Crocker, London; A.C., Liverpool; Mr. Arthur Latley, Southminster; Mr. N. A. Humphreys, London; Mr. Vincent Jackson, Wolverhampton; P.; Dr. A. J. Hall, Glasgow; Dr. Copeman, Norwich; Mr. Lawson Tait, Birmingham; M.D.; Mr. T. Charters White, London; Mr. T. F. Chavasse, Birmingham; Dr. Francis Warner, London; The Registrar-General of England; Dr. Saundby, Birmingham; The Registrar-General of Ireland; An Associate; Dr. Lyle, Exeter; The Secretary of Apothecaries' Hall; Mr. T. M. Stone, London; Dr. Edis, London; Dr. Leech, Manchester; Dr. A. Duke, Dublin; Dr. McKendrick, Glasgow; The Secretary, King's College Hospital; Dr. Roth, London; Dr. Quinlan, Dublin; Dr. Hoggan, London; Dr. J. H. Galton, Anerley; Mr. E. Clarke, London; Our Dublin Correspondent; Mr. W. Y. Martin, Walkden; Mr. G. Searancke, Gronant; Mr. J. G. Roberts, Allendale; Dr. Glynn, Liverpool; J. P.; Mr. H. J. K. Vines, Littlehampton; Our Edinburgh Correspondent; Dr. Joseph Drew, Beckenham; Mr. H. N. Hardy, London; Messrs. Lormer and Fletcher, London; Mr. C. Johnson, Lancaster; The Director-General, Army Medical Department; Dr. D. Ferrier, London; Mr. R. Clement Lucas, London; Mr. J. J. Serres, Anerley; Mr. R. T. Leslie, Liverpool; Mr. J. Brenner, Dublin; Dr. W. Stewart, Brecon; Mr. J. Oliver, Maidstone; Mr. J. W. Anderson, Ulverston; Mr. J. Gillingham, Chard; Dr. Collie, Homerton; Dr. G. Kirker, Belfast; M.B.C.M., etc.

BOOKS, ETC., RECEIVED.

The House of Life: Human Physiology, with its Applications to the Preservation of Health. By Mrs. F. Fenwick Miller. London: Chatto and Windus. 1878.
A Practical Treatise on Aural Surgery. By H. Macnaughton Jones, M.D. London: J. and A. Churchill. 1878.
Report on the Epidemic of Cholera of 1875-1876 in the Central Provinces. By Surgeon-Major S. C. Townsend. Nagpur: 1878.