

voted for and against the motion respectively, and of those who did not vote, be taken down.

Majority, 11.—Dr. Pitman, Mr. Bradford, Dr. Rolleston, Dr. Pyle, Dr. Storrar, Dr. Haldane, Dr. Andrew Wood, Dr. Scott Orr, Mr. Turner, Dr. Pettigrew, Dr. Quain.

Minority, 8.—Sir James Paget, Dr. Humphry, Dr. Aquilla Smith, Mr. Macnamara, Dr. Leet, Rev. Dr. Haughton, Sir Dominic Corrigan, Mr. Teale.

Did not Vote, 3.—The President, Mr. Simon, Dr. Fergus.

Absent, 2.—Sir William Gull, Dr. Hudson.

Vote of Thanks to the President.—It was moved by Dr. ANDREW WOOD, seconded by Dr. AQUILLA SMITH, and carried by acclamation:

"That the thanks of the Council are hereby cordially tendered to Dr. Acland, the President, for his efficient services during the present session of the Medical Council: as also for his most able, zealous, and untiring exertions in behalf of the Council under all circumstances."

The Council then adjourned.

SELECTIONS FROM JOURNALS.

SURGERY.

NEPVEU ON SCIRRHUS OF THE TESTICLE.—This form of cancer, M. Nepveu observes (*Gazette Hebdomadaire*, Sept. 6th), has been denied by Rindfleisch and doubted by numerous pathologists. He has found six well confirmed cases—two reported by Sir Astley Cooper, two by Curling, one by Dolbeau, one by Klebs. He had himself published one case with M. Manoury in 1871, and since that time he has observed two cases—in all, nine. Laying stress on the microscopical examination which he has twice made, and on the reports of Robin and Klebs, he thinks that the existence of scirrhus of the testicle is undeniable; and, by the aid of observations which he has collected, he describes with details the signs which especially belong to this lesion: small volume, woody hardness, slight sensibility, very slow progress (from two to six years).

THE BODY-TEMPERATURE IN GRANULATING SUPPURATIVE INFLAMMATION OF JOINTS.—Dr. König (*Deutsche Zeitschrift für Chirurgie*, Band x) remarks that the prognostic importance of commencing suppuration in fungous arthritis is clear from the fact that abscesses in joints are almost never absorbed in adults, in children only seldom; and therefore that the prognosis of such suppurations, when left to themselves, is unfavourable. Dr. König has ascertained that the commencement of suppuration is indicated by the course of the temperature of the body. Uncomplicated granulating synovitis is not, as a rule, of itself attended with any abnormal course of temperature. Individuals suffering from such affections are indeed very irritable, and slight causes (such as the application of dressings, removal, etc.) readily produce a rise of temperature; this, however, is only of short duration. Prolonged rises of temperature indicate that suppuration is commencing in the joint which is the seat of fungous disease, where they are not caused by processes going on somewhere else independently of the affection of the joint. There is often only a slight rise of the evening temperature, while the morning remission is considerable; in anæmic patients especially, the morning temperature falls even below the normal. Sometimes the development of abscesses is not accompanied with fever, and frequently the patient is free from fever during the formation of a cold abscess; probably because the firm membrane enclosing the abscess resists the absorption of fever-producing materials.

CASE OF RADIAL PARALYSIS CURED BY OPERATION.—At a meeting of the Niederrheinische Gesellschaft für Natur- und Heilkunde in Bonn, Professor von Mosengeil showed a patient on whom he had operated successfully for paralysis of the radial nerve. The patient had suffered from gangrenous phlegmon of the upper arm, in consequence of which a portion of the soft parts covering the bone on the posterior and outer side had sloughed to the extent of a hand-breadth. The cicatricial tissue formed in healing had compressed and paralysed the nerve. In the operation, the nerve was exposed at the border of the supinator longus, and followed upwards for six or seven inches; and a portion an inch long, firmly embedded in cicatricial tissue, was set free. Healing took place by the first intention. The paralysis lasted several months, but had disappeared some weeks before the patient was shown.—*Berliner Klinische Wochenschrift*, September 9th.

BRITISH MEDICAL ASSOCIATION: SUBSCRIPTIONS FOR 1878.

SUBSCRIPTIONS to the Association for 1878 became due on January 1st. Members of Branches are requested to pay the same to their respective Secretaries. Members of the Association not belonging to Branches, are requested to forward their remittances to Mr. FRANCIS FOWKE, General Secretary, 161, Strand, London.

BRITISH MEDICAL JOURNAL.

SATURDAY, OCTOBER 26TH, 1878.

MEDICAL ALLIANCE AND MEDICAL REFORM.

MR. R. H. S. CARPENTER, the Honorary Secretary of the Medical Alliance Association, 150, Stockwell Road, Brixton, S.E., writes under date September 1878:

"This Association was formed in March 1875, for the purpose of suppressing the practice of medicine by unqualified persons, and procuring an amendment of the Medical Act of 1858. In furtherance of these objects, in addition to much other work in various forms, it has already instituted twenty-seven prosecutions, and caused several inquests to be held in cases attended by pharmaceutical chemists. It has also drafted three Bills for the Amendment of the Medical Act. The first of these was introduced into the House of Commons by Dr. Lush, Mr. Grantham, Q.C., Lord E. Fitzmaurice, and Sir Trevor Lawrence; the second by Dr. Lush, Mr. Grantham, Lord E. Fitzmaurice, and Mr. Ritchie; the third, that of the present year, by Dr. Lush, Sir Trevor Lawrence, Mr. Ritchie, and Mr. Samuda. It has now drafted a more comprehensive measure, in which provision is made for the direct representation of the profession in the Medical Council, whilst at the same time—unlike Lord Ripon's Bill of 1870, and the two Bills of the Reform Committee of the British Medical Association of 1873 and 1878 respectively—the maintenance of the present privileges of registered medical practitioners will be secured. This Bill will be introduced into the House of Commons at an early period of the next session. The Association is not now incorporated with the Medical Defence Association, but when its help can be of service it will co-operate heartily with that Association, or with any other Association of a similar character. The subscription is 10s. 6d. a year; it commences from the date that gentlemen join the Association, and I shall feel glad to have the honour of adding further names to its list of members.

"Had either of these Bills become law, the practice of the profession, in all its branches, would have been thrown absolutely open to any persons whomsoever. That this event, so perilous to the poor and the credulous, was nearly achieved in 1870, may be shown by the fact that in that year Lord Ripon's Bill was passed by the House of Lords and received its second reading in the House of Commons."

This Association has done such excellent practical work in the sphere which it opened up first—that of defence of the public and profession against the evil practices of unlicensed persons, chemists, and others—that it deserves general support; and Mr. Carpenter has made continuous sacrifices of time and trouble, which are the more worthy of recognition that they were made by a local practitioner, with great claims upon his time, and without much encouragement from "the leaders of the profession". Mr. Carpenter, however, will, we hope, not cherish the rather angry feelings of contempt which he appears to entertain against the alleged deficiencies of the Bill introduced by the Reform Committee of the Association. This Committee has throughout directed its attention chiefly to the question of the constitution of the Council, and its amendment by the introduction of "direct representation" as one of the elements of its constitution. Mr. Carpenter and his friends, with a shrewd eye to the practical social wants of the people and the profession, have fixed their attention on the protection of the people and the profession from impostors and pretenders to medical titles. It may be questioned whether, in now invading the wider field of general reform, he has not rather deferred than hastened the realisation of that part of reform which he has at heart. It is certainly no longer possible for any Association, such as that which he energetically directs in its useful work, successfully to deal with the large question involved in a

ventions, and, notwithstanding the amazement they have excited, they are already threatened to become things of the past; for, at a recent meeting of the Paris Academy of Sciences, M. du Moncel, a distinguished physicist and electrician, exhibited an instrument, to which he has given the name of "Condensateur Chantant". Experiments were tried with the instrument in presence of the members, much to the amazement and admiration of all, with the exception of M. Bouillaud, who, with his usual incredulity, declared that the experiments were all a delusion, and the sounds heard were produced by ventriloquism. This assertion caused great hilarity, and rather startled the audience, and M. du Moncel in particular; and, notwithstanding other crucial experiments, nothing could convince the learned and venerable doctor that no ventriloquist or conjuror had anything to do with the experiments. M. du Moncel's instrument or apparatus consists simply of a number of leaves of tinfoil, the same as those employed by confectioners, being together in the form of a book, which, being placed at the end of a copper-wire, produced musical sounds as if some person were singing. The "Condensateur Chantant" has already come out in public, and promises to be a powerful rival in Paris of the phonograph.

The Congresses are now pretty high exhausted at the Exposition, one of the last being that which took place at the Palace of the Trocadero, the object of which was to take into consideration the improvement of the present unsatisfactory condition of the blind. The most remarkable feature of the meeting was the opening address by the President, M. Nadauld de Buffon, who is also blind, and a nephew of the great naturalist. After thanking the Minister of the Interior for honouring the Congress with his presence, and for his philanthropic efforts in behalf of his blind companions, M. Nadauld de Buffon dwelt on the necessity of individual initiative, and pointed out the advantages enjoyed in countries where this quality is put into practice, and he hoped that an universal association would be organised for the protection of the blind.

The utilisation of waste food and other remains of articles employed in daily life is a problem that ought to be uppermost in the minds of all political and domestic economists. But how few people think of this. "Waste not, want not", is a good old adage, which if only moderately put into practice, would help to relieve the misery of which we see so much about us. The Chinese are reported to be the most thrifty people in the world; the French, I should say, would come next, of which we have no lack of proof in private as in public life. Of the utilisation of the detritus, or food remains of hospitals, the Board of Public Assistance in Paris have given a very good example, which is well worthy of imitation, as it will be found not only useful in many ways, but exceedingly remunerative. For instance, it has been calculated that, in the twenty-seven hospitals and public asylums in the department of the Seine, the quantity of waste material amounts annually to an average of 235,000 *kilogrammes*, or about 600,000 lbs., and this waste material is annually put up to public auction, which brings in about 70,000 *francs* a-year. Certain articles, such as fats, are bought up by chandlers, the bones are utilised for manure and glue manufacture, the crusts and crumbs of bread, and the peelings and other remains of vegetables and meat for feeding pigs, if they do not find their way to the *restaurants* of the poor.

The opening of the newly built hospital at Menilmontant, of which a very good description was given by a correspondent in the JOURNAL of August 31st, is postponed to next spring, owing to some slight alterations that are to be made in the general arrangements of the wards, particularly in the isolated pavillions destined for lying-in women and small-pox cases. Moreover, arrangements are to be made for the disinfection of the bedding and clothing of the sick, which had been entirely overlooked.

LIVERPOOL.

[FROM OUR OWN CORRESPONDENT.]

Royal Infirmary School of Medicine.—Medical Institution.—Death of Dr. A. B. Steele.—Medical Vacancies.—The Health Committee and Intramural Burials.—Advertising Quacks and Qualified Practitioners.

As already noticed in the JOURNAL, our local School of Medicine opened on the 1st instant. There was a very good attendance both at the introductory lecture and subsequent dinner, and much interest was shown in the satisfactory condition of the school. Admitting all the great advantages of metropolitan schools of medicine, there can be no doubt that provincial schools have their advantages too; a limited number of students having an almost unlimited sphere of practical work. In the Liverpool school, the facilities for learning anatomy and physiology will compare favourably with those of any school, whether

provincial or metropolitan. There are an ample supply of subjects, a most spacious and convenient dissecting-room, large physiological laboratory with every convenience, and a separate osteological department, in which students can with quiet and comfort study each bone thoroughly. The museum of pathological anatomy is large and most complete, and all the other departments of medical study are as practical and complete as can be. In the Royal Infirmary, which closely adjoins the school, an ample field is presented for the practical study of medical and surgical cases, and of diseases of women, and great attention is paid by the physicians and surgeons to clinical instruction. A student may here acquire a thoroughly practical knowledge of his profession, and those who have studied elsewhere might spend a twelve-month with great advantage.

The Medical Institution opened for the winter on Thursday evening with a *conversazione*, given by the President, Dr. A. T. H. Waters. Between eighty and ninety members were present. At nine o'clock, the President delivered a most admirable address on a most practical subject: "Temperature in Disease and the Value of Thermometric Observations in Diseased Conditions." It was listened to with the deepest interest and attention, the only interruption being that caused from without by "rude Boreas" and "Jupiter Pluvius", it being one of the wildest nights we have had for some time.

In professional circles, the death of our lamented townsman and professional brother, Dr. Steele, is the great topic of conversation, and his well-known face and figure will be greatly missed. His remains were followed to the grave by a very large concourse, principally of members of the profession; and there was an unanimous feeling of regret at the loss the profession has sustained in his death.

By this the offices of Obstetric Physician to the Liverpool Royal Infirmary and Lecturer on Obstetrics at the Royal Infirmary School of Medicine are vacant, also that of Public Vaccinator. For the first of these, a keen contest has already begun, and several associates of acknowledged ability are in the field. The office is an important one, and a grave responsibility is imposed upon the trustees, with whom rests the appointment. On their decision the future successful cultivation of a most important department of medical study will depend, and it is on all accounts desirable that the appointment should be that of the "best man".

The Health Committee have had the present condition of our intramural burial-grounds brought prominently to their notice, and in one instance grave irregularities have been discovered. The tenacity with which the public cling to these gloomy receptacles for the dead, in place of well-selected and picturesque suburban cemeteries, is very remarkable, and will probably only be checked by the *absolute* closure of all intramural burial-grounds.

Allusion was made in the early part of the year, in the BRITISH MEDICAL JOURNAL, to the audacity and shamelessness of the advertising quacks in this town. It is unfortunately fostered (to their shame be it said) by duly qualified practitioners, some of whom have sunk to so low a depth as actually to ally themselves with these social pests. One of them has on his door two brass-plates, each with a name and the word "surgeon" underneath. It is greatly to be hoped that the amended Medical Act will contain, not only a more stringent "penalty clause", but also one which shall make the punishment of those members of the profession, who shall be guilty of "infamous conduct", more speedy and certain than it is at present.

ASSOCIATION INTELLIGENCE.

LANCASHIRE AND CHESHIRE BRANCH.

AN intermediate meeting of this Branch will be held at the Infirmary, Stockport, on Wednesday, October 30th, at 3.30 P.M.; LESLIE JONES, M.D., President, in the Chair.

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

The following communications have been promised.

1. Dr. Ross: Structural Changes in Cirrhosis of the Liver.
 2. Dr. Ball: Midwifery Statistics.
 3. Mr. Dacre Fox: The Treatment of Sprains.
 4. Dr. Lloyd Roberts: Intra-uterine Fibroid removed by Excision and Enucleation.
 5. Dr. Hardie: The Treatment of Hip-Disease by Incision of the Capsule.
 6. Mr. T. Jones: Specimens of Acute Arthritis in Infants.
- There will be an exhibition of the newer forms of medical and surgical instruments. Specimens of new drugs will likewise be shown.

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

The members will dine together at the George Hotel at 6 P.M. Dinner, 7s. 6d. a head, exclusive of wine.

D. J. LEECH, M.D., *Honorary Secretary*.
96, Mosley Street, Manchester, October 9th, 1878.

STAFFORDSHIRE BRANCH.

THE fifth annual meeting of this Branch will be held at the Swan Hotel, Stafford, on Thursday, October 31st, at half-past Two o'clock. An address will be delivered by the President, E. F. WESTON, Esq., Stafford.

Dinner at 5 P.M. precisely. Tickets (exclusive of wine), 7s. 6d. Members intending to be present, are requested to communicate as soon as possible with one of the Honorary Secretaries.

VINCENT JACKSON, Wolverhampton. } *Honorary Secretaries*.
J. G. U. WEST, Stoke-upon-Trent. }
Wolverhampton, October 6th, 1878.

BATH AND BRISTOL BRANCH.

THE first ordinary meeting of this Branch will be held at the Bristol Museum and Library, on Thursday evening, October 31st, at half-past 7 o'clock; H. HENSLEY, M.D., President.

The following papers are expected.

1. Dr. J. Beddoe: Alcoholic Drinks in Health and Disease.

2. Dr. W. J. Fyffe: Observations on Dysentery.

3. Mr. T. D. Saunders: Notes on a Case of Craniotomy.

E. C. BOARD, } *Honorary Secretaries*.
R. S. FOWLER, }

Clifton, October 1878.

YORKSHIRE BRANCH.

THE autumnal meeting of this Branch will be held at the Infirmary, Huddersfield, on Wednesday, November 6th, 1878, at 2.30 P.M.

The major subject will be a discussion on the subject of Obstruction of the Bowels, which will be introduced by T. P. Teale, Esq.

Members desirous of reading papers are requested to give early notice to the Secretary.

The members will dine together at the George Hotel at 5 P.M.
WM. PROCTER, M.D., *Local Secretary*.

York, October 8th, 1878.

SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT.

THE first meeting of this district for the present season was held on Friday, September 20th, at the Station Hotel, Hayward's Heath; Dr. JAMES BRAID of Burgess Hill in the Chair. Twenty-one members and two visitors were present.

Communications.—1. Dr. Withers Moore read a paper on the Therapeutics of Salicin and its Preparations.

2. Dr. Fussell: Some Cases of Facial Neuralgia Treated by the Hypodermic Injection of Aconitine.

3. Dr. James Braid: Case of Severe Gunshot-Wound through the Chest, where, after complete recovery and good health for sixteen years, an abscess formed at the seat of the opening of exit and was discharged partly by aspiration and partly through the bronchi. The man was exhibited in rude health.

New Members.—Two were nominated: Dr. McQueen of Eastbourne and another.

The *Dinner* took place at the Station Hotel. Twenty-two sat down under the presidency of Dr. James Braid.

The *Next Meeting* was arranged to take place at Eastbourne at the end of November; Dr. Mundie in the Chair.

SOUTH-EASTERN BRANCH: EAST SURREY DISTRICT.

A MEETING of the East Surrey District was held on October 10th, at the White Hart Hotel, Reigate; Dr. C. HOLMAN in the chair. Thirty-one members and visitors were present.

Communications.—The following communications were made.

1. Mr. HALLOWES read a case of Purpura with Hæmorrhage into the Ventricles.

2. Dr. FOTHERGILL read Notes on the Therapeutic Use of Digitalis in Diseases of the Heart.

3. Dr. J. HERBERT STOWERS read a paper on the Nature and Treatment of Acne.

4. Dr. HOLMAN read a paper by Dr. KEITH of Edinburgh on the Use of Antiseptics in Ovariectomy.—Professor LISTER and Dr. MATTHEWS DUNCAN made remarks upon the subject.

5. Dr. GALTON exhibited the Heart from a Case of Pulmonary Stenosis, shown at a meeting in March 1877.

Dinner.—Twenty-seven members and visitors sat down to dinner.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, OCTOBER 23RD, 1878.

CHARLES WEST, M.D., President, in the Chair.

THE RELATION BETWEEN MEMBRANOUS CROUP AND DIPHTHERIA.

THE Report of the Scientific Committee appointed in 1875 to examine into the relation existing between the diseases commonly known respectively as membranous croup and diphtheria, was read. The following is a summary of its conclusions. 1. Membranous inflammation confined to, or chiefly affecting, the larynx and trachea, may arise from a variety of causes, as follows. *a.* From the diphtheritic contagion. *b.* By means of foul water or foul air, or other agents, such as are commonly concerned in the generation or transmission of zymotic disease (though whether as mere carriers of contagion cannot be determined). *c.* As an accompaniment of measles, scarlatina, or typhoid—being associated with these diseases independently of any ascertainable exposure to the special diphtheritic infection. *d.* It is stated, on apparently conclusive evidence, although the Committee have not had an opportunity in any instance of examining the membrane in question, that membranous inflammation of the larynx and trachea, may be produced by various accidental causes of irritation; the inhalation of hot water or steam, the contact of acids, the presence of a foreign body in the larynx, and a cut throat.—2. There is evidence in cases which have fallen under the observation of members of the Committee, and are mentioned in the tables appended, that membranous affection of the larynx and trachea has shortly followed exposure to cold; but their knowledge of the individual cases is not sufficient to exclude the possible intervention, or co-existence of other causes. The majority of cases of croupal symptoms definitely traceable to cold, appear to be of the nature of laryngeal catarrh.—3. Membranous inflammation, chiefly of the larynx and trachea, to which the term "membranous croup" would commonly be applied, may be imparted by an influence, epidemic, or of other sort, which in other persons has produced pharyngeal diphtheria.—4. And, conversely, a person suffering with the membranous affection, chiefly of the air-passages, such as may commonly be termed membranous croup, may communicate to another a membranous condition limited to the pharynx and tonsils, which will be commonly regarded as diphtheritic.—It is thus seen, that the membranous affection of the larynx may arise in connection with common inflammation, or with specific disorders of several kinds, the most common of which in this relation is that which produces similar change elsewhere, and is recognised as diphtheria. In the larger number of cases of membranous affection of the larynx the cause is obscure (*i.e.*, in any given case it is difficult to predicate the particular cause in that case). Among those in which it is apparent, common irritation seldom presents itself as the source of the disease; accidental injury is but very infrequently productive of it. But few cases of undoubted origin from exposure to cold are on record; on the other hand, in a very large number of cases, infective or zymotic influence is to be traced. The membrane, even when chiefly laryngeal, is more often than not associated with some extent of a similar change in the pharynx or in the tonsils, and whether we have regard to the construction of the membrane, or to the constitutional state as evinced by the presence of albumen in the urine, it is not practicable to show an absolute line of demarcation (save what depends upon the position of the membrane) between the pharyngeal and the laryngeal forms of the disease. The facts before the Committee only warrant them in the view that, when it obviously occurs from a zymotic cause or distinct infection, and primarily affects the pharynx, constitutional depression is more marked, and albuminuria more often and more largely present; though, in both conditions, some albumen in the urine is more frequently present than absent. The most marked division indicated by the facts before the Committee is that between membranous and non-membranous laryngitis. The Committee suggest that the term croup be henceforth used wholly as a clinical definition implying laryngeal obstruction, occurring with febrile symptoms in children. Thus, croup may be membranous or not membranous, due to diphtheria or not so. The term diphtheria is the anatomical definition of

tice, he took great interest in the Liverpool Medical Institution, of which he was at various times Secretary, Treasurer, and Vice-President. His first paper was read there in 1849, and seldom did a session pass without his contributing some useful contribution. One of his earliest efforts was to advocate the treatment of pneumonia and bronchitis without blood-letting, and his paper on this important practical question attracted much notice at the time of its publication. Allusion has already been made in the JOURNAL to Dr. Steele's valuable services to the British Medical Association. For many years he attended the annual meetings; and, when appointed a member of the Council, was most assiduous in his attendance at meetings and in the other duties of his office. As a Secretary and Treasurer, he had few rivals, being a most methodical and thorough man of business. During his long connection with the Ladies' Charity, he attended a large number of difficult and complex obstetric cases, and became most expert in the performance of all obstetric operations. He strongly advocated the early use of the forceps for the preservation of the child as well as that of the mother.

In 1863, he had a very severe illness, and, by the advice of Dr. George Johnson, went to the Mediterranean, visiting Malta, Constantinople, etc., and abstaining from all professional work for twelve months. On his return, he resumed work, and in 1867 was appointed Lecturer on Midwifery and Diseases of Women in the School of Medicine. He was an admirable lecturer, and his lectures were well illustrated with drawings, diagrams, etc. In 1869, he became L.K.Q.C.P. Ireland. In 1876, he was elected Obstetric Physician to the Royal Infirmary by an overwhelming majority, he being the first to hold that office. Very shortly afterwards, however, his health, which for years had not been strong, became seriously impaired; though, with the exception of loss of memory, his mental faculties remained unaltered to within a few days of his death. He gradually sank, and expired on the 9th instant, in his fifty-ninth year. He had for many years been a widower, his wife having died in 1867. He leaves six children, three daughters and three sons. The eldest is now Resident Surgeon to the Bloomsbury Dispensary; the youngest is in practice in Liverpool.

Dr. Steele was a most eloquent and fluent speaker, and thoroughly well versed in the literature of the profession. He was also a large contributor to the BRITISH MEDICAL JOURNAL; and a complete list of his various papers on obstetrics, vaccination, etc., would indeed be too long to produce here. His life shows a devotion to study seldom witnessed, and almost unremitting work in spite of failing health and many other difficulties.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received a certificate to practise, on Thursday, October 17th, 1878.

Baddeley, Charles Edward, Newport, Salop
Noble, Henry Brewin, Loughborough
Outhwaite, William, Lichfield
Warrillow, Edward Sadler, Headcorn, Kent

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

Adolphus, Theodore F. P., King's College
Heygate, Frederick Nicholas, St. Thomas's Hospital
Scale, Thomas William, Middlesex Hospital
Owen, Robert, Charing Cross Hospital
Smith, John, Westminster Hospital

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.—At a special examination meeting, held on Tuesday, October 1st, the Licences in Medicine and in Midwifery were granted to—

Beany, James George, F.R.C.S. Edin.

At the ordinary monthly examinations, held on Monday, Tuesday, Wednesday, and Thursday, October 7th, 8th, 9th, and 10th, the following candidates obtained the Licences both in Medicine and in Midwifery.

Ashe, Isaac
Burgess, John Joseph C.
Irvin, Joseph Henry
Williams, Richard

MEDICAL VACANCIES.

THE following vacancies are announced:—

ARMAGH COUNTY INFIRMARY—Surgeon. Salary, £200 per annum, with residence. Applications on or before the 28th instant.

BELGRAVE HOSPITAL FOR CHILDREN—House-Surgeon.

CAVAN UNION—Medical Officer for Arvagh Dispensary District. Salary, £100 a year as Medical Officer, and £20 yearly as Sanitary Officer, with the usual Registration and Vaccination Fees. Election will take place on the 1st proximo.

CENTRAL LONDON OPHTHALMIC HOSPITAL—Assistant-Surgeon. Applications on or before November 9th.

CHELTENHAM GENERAL HOSPITAL—Resident Surgeon. Salary, £125 per annum, with house, gas, and coals.

LANCASTER UNION—Medical Officer for the Southern District. Salary, £45 per annum, and fees.

LIMAVADY UNION—Medical Officer for Dungiven Dispensary District. Salary, £130 per annum, and £15 per annum as Sanitary Officer, together with Registration and Vaccination Fees. Election will take place on the 2nd proximo.

ROYAL ALBERT EDWARD INFIRMARY AND DISPENSARY, Wigan—Senior House-Surgeon. Salary, £100 per annum, with rations. Applications to be made on or before November 1st.

ROYAL SEA BATHING INFIRMARY, Margate—Resident Surgeon. Salary, £100 per annum, with board and lodging.

ST. PETER'S HOSPITAL, Berners Street—House-Surgeon.

SALOP INFIRMARY, Shrewsbury—House-Surgeon. Salary, £100 per annum, with board and residence.

TINGWALL, Parochial Board of—Medical Officer. Applications to Mr. C. Macpherson, Bonar, Ardgay.

TOBERCERRY UNION—Medical Officer for Workhouse, at a salary of £80 per annum, and £20 per annum as Consulting Sanitary Officer; also, Medical Officer for Tobercerry Dispensary District, at £100 a year, and £20 as Sanitary Officer, with Vaccination and Registration Fees. Election to both appointments on the 28th instant.

MEDICAL APPOINTMENTS.

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

BEVERLEY, W. H., L.R.C.P. Lond., M.R.C.S. Eng., appointed House-Surgeon to the Cumberland Infirmary, Carlisle, *vice* F. Sydney Smyth, resigned.

GARRON, John G., M.D., appointed Anatomical Assistant to the Royal College of Surgeons of England, *vice* W. Pyc, M.R.C.S. Eng., resigned.

GRAHAM, C. R., M.R.C.S. Eng., appointed Senior House-Surgeon to the Royal Berks Hospital, Reading.

HOUGH, C. H., M.R.C.S., appointed House-Surgeon to the Derbyshire General Infirmary, *vice* Thomas Highton, M.R.C.S., resigned.

REED, Wm. Cash, appointed House-Surgeon to the North-Eastern Hospital for Children, Hackney Road, E., *vice* Dr. Burlingham.

***ROSS, James, M.D.**, M.R.C.P., appointed Assistant-Physician to the Royal Infirmary, Manchester, *vice* D. J. Leech, M.D., M.R.C.P., appointed Physician.

TAYLOR, Seymour, M.B. Lond., appointed Demonstrator of Anatomy to St. Thomas's Hospital.

WELLS, Alfred G., M.R.C.S. Eng., L.S.A., appointed House-Surgeon and Apothecary to the Essex and Colchester Hospital, *vice* M. G. Biggs, resigned.

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.

BYRNE.—On the 22nd instant, at 1, High Street, Great Horton, Bradford, the wife of Mr. J. J. Byrne, Surgeon, of a son.

MR. R. CLEMENT LUCAS has been appointed Surgeon to the Metropolitan Life Assurance Society, in the place of the late Mr. John Hilton, F.R.S.

DR. FELIX SEMON commences on Monday, November 4th, a course of Laryngoscopic Demonstrations at the Hospital for Diseases of the Throat, Golden Square.

DETECTION OF THE PRINCIPAL ADULTERANTS IN GROUND COFFEE.—According to C. Krauch (quoted in the *Chemical News*), coffee is distinguished by its high percentage of fatty matter (minimum 11 per cent. as against 1.15 per cent. of chicory), and by its low proportion of sugar (0.2 per cent. as against 22 per cent. in chicory).

VOLUNTEER SURGEONS.—On October 2nd, Surgeon Wm. Milligan, 3rd Administrative Battalion, Derbyshire Rifle Volunteers, and Acting Surgeon R. B. Low, 10th North Riding Yorkshire Rifle Volunteers, passed the examination, and obtained the certificate of proficiency for Volunteer Surgeons.

HOLLYMOUNT DISPENSARY, BALLINROBE UNION.—Dr. Barron, medical officer of this dispensary, having recently resigned, the following resolution was adopted at a late meeting of the Dispensary Committee: "The Committee hereby accept the resignation of Dr. Barron, and in so doing they regard it as a duty to him, to themselves, and to the public at large, to express their high sense of the great skill, the unwearied assiduity, with which he discharged the duties of his office as medical officer of the Hollymount Dispensary District, for over a period of twelve years, and his uniform kindness and attention to the wants of the poor have won for him the respect and esteem of all classes of the community. It is with great regret we find that, in consequence of his being about to leave for England, we are deprived of the advantages of his valuable services in this wide and populous district; and we are quite satisfied that in no other person shall we be able to find a more efficient medical officer, and he carries with him our most sincere wishes for his future success and welfare."

OPERATION DAYS AT THE HOSPITALS.

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

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

WEDNESDAY.. St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.30 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—King's College, 1.30 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Cancer Hospital, Brompton, 3 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 1.30 P.M.—St. Peter's, 2 P.M.

THURSDAY.... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Charing Cross, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Hospital for Women, 2 P.M.—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.

MONDAY.—Medical Society of London, 8.30 P.M. Clinical Cases, Specimens, etc. Dr. Brunton, "On the Treatment of Nævus by the external application of Sodium Ethylate".

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*.

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, 161, Strand, London.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

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

OUR correspondents are requested to take notice that communications addressed to the Editor elsewhere than at 161, Strand—the new office of the *JOURNAL*—are liable to delay.

M.D.—The address of Messrs. J. M. Richards, agents for the manufacturers of Maltine, is Great Russell Street Buildings, Great Russell Street, London, W.C.

ODOFORM.

IN reply to the inquiry of "A Subscriber" with regard to the best means for destroying the smell of iodoform, I would recommend its use in the form of an ethereal solution (five grains to one drachm). This, when applied with a camel's-hair brush, quickly forms a thin pellicle over the sore, and is practically inodorous. The addition of tannin to iodoform does not effectually destroy the odour thereof; and its admixture lessens *pro tanto* the efficacy of the application.

HYSTERICAL ANÆSTHESIA.

SIR,—With reference to the treatment of hysterical anæsthesia, etc., by the application of metals to the surface of the body, it would be interesting to know if any of your readers have met with a case in which anæsthesia was produced or sensation restored by the wearing or discontinuance of bracelets, necklaces, or lockets.—Yours faithfully,
CHARLES HIGGINS.
38, Brook Street, W., October 1878.

MESMERISM.

SIR,—I should be exceedingly thankful if you or some of your readers would inform me if there be now in London any respectable Professors of Mesmerism? Also, if the hospital at which operations were performed, or were said to be performed, under mesmeric influence, is still in existence?—Yours, etc.,
October 11th, 1878. M.D., F.R.C.S.

THE following communications have been handed to the General Manager:—Mr. J. F. Byrne, Great Horton; Mr. T. Lloyd, Maidstone.

THE communications of Dr. Foulis and Mr. Knowsley Thornton shall appear next week.

OPEN SURGERY.

SIR,—"A Member of the King and Queen's College of Physicians in Ireland" should know that by the regulations of that College he is precluded from dispensing drugs or having any connection with an open surgery, and very properly so: he subscribes adhesion to these laws before receiving his diploma.—I am, etc.,
October 1878. L.K.Q.C.P.

CORRESPONDENTS are particularly requested by the Editor to observe that communications relating to Advertisements, changes of address, and other business matters, should be addressed to Mr. Francis Fowke, General Secretary and Manager, at the Journal Office, 161, Strand, London, and not to the Editor.

THE PURIFICATION OF WATER BY FILTRATION.

SIR,—Dr. J. Lane Notter, in his paper on the above subject, reported in your last issue, gives the result of his experiments on three different kinds of filtering media—viz., animal charcoal, silicated carbon, and spongy iron. With reference to these experiments, we merely wish to observe that in the case of silicated carbon, Dr. Notter must surely be in error when he states that the diminution in the albumenoid ammonia after filtration is only six per cent. The testimony of several of the most eminent water analysts of the day is sufficiently clear upon this point, and they distinctly assert that the albumenoid ammonia entirely disappears from water after filtration through a silicated carbon filter: indeed, Dr. Notter himself stated in his letter to the *Sanitary Record* (October 7th, 1876), that he found the diminution to be 93 and 98 per cent., which is practically an entire removal. It seems impossible to reconcile two statements so utterly at variance with each other, and we therefore cannot but regard Dr. Notter's experiments as unreliable.—Your obedient servants,
SILICATED CARBON FILTER COMPANY.

October 17th, 1878.

. With reference to the Silicated Carbon Company's communication, in which they intimate that they "cannot but regard Dr. Notter's experiments as unreliable", the following points may be noted.

1. It was unnecessary to go back to Dr. Notter's paper in 1876, as the facts there recorded were briefly recapitulated in the one in question.

2. The silicated carbon filter experiments quoted, although made at Netley, were not done by Dr. Notter, but by Dr. De Chaumont.

3. The object of those experiments was not only to decide upon the most efficacious filtering medium, but also to test the durability of the efficiency. For this purpose numerous trials were made, and a large quantity of water passed through each filter. It was found that after this the granular charcoal still purified the water for the time, although impurities were again taken up if it were left in contact with it. The spongy iron effected the purification less rapidly, but more completely, as it yielded nothing again to the water on standing. The silicated carbon filter, on the other hand, showed more rapid signs of deterioration in efficiency, for in the two final experiments of the series it removed only eleven and six per cent. of the albumenoid ammonia respectively, whilst the immediate powers of the two other kinds appeared to remain unchanged. A new silicated carbon filter (such as was used for Dr. Notter's original experiments) is undoubtedly powerful, but the power is limited; the filter is apt to clog and the flow to be impeded, and it must be frequently cleaned to be trustworthy. It is therefore quite possible to reconcile the two statements which the Silicated Carbon Company think to be "utterly at variance".

4. The paper, having been written for the annual meeting of the British Medical Association, was condensed as much as possible, and it was impossible to enter more fully into the subject in the time allowed for each paper.

W. M. M.—The most complete tariff of fees with which we are acquainted was drawn up and published by Dr. Styrap of Shrewsbury for the Shropshire Ethical Branch of the British Medical Association.

RESPIRATOR FOR MILL-WORKERS.

SIR,—In answer to the query in your last week's impression as to which respirator answers best for mill-workers, I may say that Richardson's feather respirator answers admirably, but men object to wear it on account of its comical appearance.—Yours obediently,
THOS. BRITTON, M.D.

MR. G. E. JERONY'S letter has been forwarded to Mr. Burdett.

PREVENTION OF EXCESSIVE LACTATION.

SIR,—In February, 1876, I was called in to see a lady, six or seven weeks confined, who was suffering from galactorrhœa, under its more serious form. She had all the symptoms of what has been described as "mammary diabetes"—emaciation, anorexia, disturbed digestion, etc. This was her second confinement, and she had suffered similarly at her first, about a year and a half before. The milk ran constantly, and no regulation of diet had the slightest perceptible effect upon it. As she was naturally of a delicate constitution, there appeared every likelihood of her sinking from exhaustion, or developing phthisis, unless the milk-affection could be removed. She did not nurse her first child; but it was five or six months before the milk was got rid of. When called to see her, I ordered the infant, which was partly on the breast and partly on the bottle, to be put on the latter entirely, as, from the state of the mother's health, I considered her totally unfit to stand the constant drain on her strength, and was also of opinion that the milk could not but have an injurious effect upon the child. I then took steps to arrest the secretion; but, though every means was employed, and the leading obstetricians in Edinburgh and Glasgow consulted, it was four months from the date of her confinement before the milk disappeared. She then recovered her usual health. About a year afterwards, I was asked by her husband to attend her in her approaching confinement, which was expected to take place in about two months. Recollecting her former state, I determined to prevent, if possible, the formation of the lacteal secretion from taking place, and accordingly ordered extract of belladonna and glycerine to be applied over the whole glands every third night for five or six weeks, and every night for a week, before her confinement. This was done, and succeeded beyond my expectation. The milk appeared slightly for a day or two about the end of the first week, but passed away immediately. My patient made an excellent recovery, and was able to drive three miles to church in less than four weeks. The long use of the belladonna had no injurious effect whatever, while the benefit derived from it was too evident to require comment. I omitted to mention that for some weeks after both the former confinements she suffered a great deal from mammary abscesses.

I do not know whether the same treatment has been tried by others, but strongly recommend it to any one who may be called upon to take charge of a similar case.—I am, etc.,
JAMES S. SPARK, L.F.P.S., etc.