

SELECTIONS FROM JOURNALS.

THERAPEUTICS.

FUCHSINE OR CHLORHYDRATE OF ROSANILINE IN CHRONIC ALBUMINURIA COMPLICATED WITH ANASARCA.—Dr. Bouchut has published in Nos. 8 and 9 of the *Gazette des Hôpitaux*, 1879, an article on this subject, of which we here give a short abstract. Up to the present time, ten cases of albuminuria cured by fuchsine have been observed, seven of which having been M. Bouchut's patients. In every case, the albumen rapidly decreased in quantity and quality, and finally entirely disappeared after a longer or shorter period. The treatment generally lasted from one month to six, and the dose of the remedy varied from 10 to 20 and 25 centigrammes ($1\frac{1}{2}$ to 3 or $3\frac{3}{4}$ grains) daily. The patients were at the same time prescribed a diet consisting mostly of milk and white meal; and several patients were also daily wrapped up for two hours in a hot blanket impregnated with vapours of benzoin to promote perspiration. During the whole of the treatment, the urine was of a more or less decided pinkish colour. The lips and tongue were red; the appetite was always good; and the patients never suffered from gastralgia, colic, or diarrhoea. Only in one case was there vomiting, which lasted for twenty-four hours; but it ceased the next day, although the fuchsine treatment was continued.

SALICYLIC ACID IN THE TREATMENT OF DIABETES.—Dr. Schaetzke publishes in the *Berliner Klin. Wochenschrift* for June 2nd, 1879, the history of three cases of diabetes successfully treated by salicylic acid. The first case was that of a lady aged 50, who had for eighteen months been under treatment for chronic gastric catarrh. Her father, sister, and husband had died of tuberculosis. When she was seen by the author, he at once suspected diabetes from the excessive thirst, polyuria, caries of the teeth, etc. The urine was examined, and found to contain sugar; the specific gravity was 1038. The patient was treated with salicylic acid, 3 grammes ($45\frac{1}{2}$ grains) being ordered to be taken three times daily for three days. On the first day, however, she felt giddy and had nausea. On the second day, she vomited once; her hearing was affected, and her gait became unsteady. The dose was, therefore, reduced from nine grammes daily to three grammes. Owing to her intolerance of salicylic acid, Herr Schaetzke sent her to Carlsbad. Upon her arrival there, the urine was found to be perfectly free from sugar, and remained thus both during her cure and afterwards. The second case was that of a man aged 58, who probably had been suffering from diabetes for the last two years. The urine contained a considerable percentage of sugar. As the patient could not be prevailed upon to go to Carlsbad, he drank the waters at home, but without much benefit. Herr Schaetzke then again resolved to try the salicylic acid treatment, beginning, as in the first case, with three grammes three times a day. The patient also evinced great intolerance of the drug. It was, however, continued for two weeks, in doses of three grammes daily during the first week and two grammes during the second week, when the sugar disappeared from the urine and did not reappear. The other case was that of a girl aged 26, who had been suffering from colic for years. She was treated in the same way as the two other patients, but was obliged to discontinue the treatment after the first four days, owing to her intolerance of the drug. A week later, another attempt was made with a dose of two grammes daily; this was continued for a fortnight, when the urine remained free from sugar. It is curious that in every one of these cases the patient should have been so intolerant of the salicylic acid. Could this phenomenon be in any way connected with their disease? and, if so, in what way? A series of three cases can hardly be regarded as sufficient for establishing the reputation of salicylic acid as a cure for diabetes; but the subject is worthy of being more thoroughly investigated.

OBSTETRICS.

ABDOMINAL PREGNANCY: INDICATIONS FOR INTERFERENCE.—Dr. T. G. Thomas (*American Journal of Medical Science*, Jan. 1879), reports six cases of abdominal pregnancy. The placenta may encroach upon the bladder, the omentum, the intestines, or any part of the peritoneum within its reach. The events of this condition are the following. 1. The fetus, unnaturally attached and nourished, may die in the early months of its life, become encysted, and in time be cast off through the rectum, the bladder, or the abdominal walls. 2. The pregnancy may advance to the end of the ninth month, when, labour coming on, nature makes a persistent effort to expel the child, but fails; and the child, with its envelopes, is retained, and becoming encysted, remains in its nidus for years, creating no disturbance. 3. The child,

shut up in its unopened shell, acts as a foreign body, creates suppurative action in its envelopes, and becomes surrounded with it in place of liquor amnii; or, the liquor amnii being absorbed, the fetal bones become closely hugged by the walls of the cavity which contains them, and, acting as an intense irritant, set up the formation of pus, and in this way lead to hectic fever, from absorption of septic material. The reported cases illustrate each of these events. While no absolute rules can be given, Dr. Thomas suggests as a guide to the practitioner the following. 1. Before full term, should the child developing in the peritoneal cavity be alive, its growth may be carefully watched, and the end of the ninth month be waited for, in the hope of delivering at that time, either by laparotomy or by elyototomy, a living child from a living woman. 2. Should the child have died early in pregnancy, delay in interference is advisable, but this should not be carried to the production of septicaemia or hectic. 3. Should the full term be passed, and the child be still imprisoned in its unnatural resting-place, the rule should be to wait for evidences of constitutional disorder, and to meet its development promptly and decisively by succour.

A CASE OF PUERPERAL APHASIA.—Sudden loss of speech after delivery is so rare that Kussmaul does not mention a single case in his work on the *Disturbances of Speech*. A Polish physician, Dr. Lewandowski, has published a case which came under his observation in the *Medycyna* (No. 38, 1877); and the reporter of his observation in the *Allgemeine Medicin. Central-Zeitung* (No. 33, 1879) adds another which he saw in Paris in 1873. In Dr. Lewandowski's case, the patient had, thirty-six hours after she had been delivered of her tenth child, eaten a basin of broth and a piece of cake. The next day, she had repeated rigors, and complained of heat, cephalalgia, and sleeplessness. In the tenth night after delivery, the patient suddenly began to scream, utter unintelligible and disconnected words; repeatedly put her hand to the left side of her head. She was perfectly conscious, but could give no answer to questions. Her pupils were equal in size; there was photophobia, but no symptoms of paralysis. Eight leeches were applied behind her ears, and chloral-hydrate given internally. The next day, she could say "No"; and in three days had recovered the power of speaking and writing. The second case is still more interesting, as the reporter was present at the *post mortem* examination. The patient had been delivered without much trouble, and did well for about a week. On the ninth day, rigor, headache, and pyrexia set in. During the next four days, she suffered from slight tetanic convulsions. In the following days, she retained consciousness, and could move freely her limbs and tongue, but had lost the power of speech. Nothing abnormal could be detected. During the following three days, convulsions and somnolence alternated. She did not regain consciousness, and died on the seventeenth day after delivery. At the *post mortem* examination, inflammation of the brain and its convulsions was found to exist. In the left anterior convolution was a partly decomposed focus of the size of a nut, surrounded by minute hemorrhages. Several purulent foci were in the lungs, and two purulent foci in the uterus beneath the mucous membrane, and suppuration of the veins of the ovario-uterine plexus.

REPORTS AND ANALYSES

AND

DESCRIPTIONS OF NEW INVENTIONS

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

SURGICAL INSTRUMENTS FOR HOT CLIMATES.

THE following is an extract from a report of Dr. Alexander Jamieson in the seventeenth issue of the Medical Reports of the Chinese Imperial Maritime Customs (Shanghai, 1879).

"As something worth knowing by medical men in China, who, in the hot weather, find their pocket-cases not only heavy to carry, but soon filled with rusty instruments, I would draw attention to Salt and Son's (Birmingham) excellent little case in aluminium, which contains all that is commonly necessary, and is so small as to be easily carried in the waistcoat pocket. All through last summer (1878), I used the case which this firm at first introduced, and in ordinary work had seldom need for anything not contained in it; while the steel instruments, effectually protected from the vapour of the body, remained unspiced by rust. This case has lately been improved upon, and, without any material increase in size, is made to hold a very complete set of clinical, dressing, and minor operating instruments."

invention of the dissecting-room porter, and costs about five shillings per subject.

Guy's Hospital.—At the beginning of the session, there were fourteen subjects in the room. They were preserved by the method of injection described by Mr. Howse in the seventeenth volume of the present series of the *Guy's Hospital Reports*, with the additional precaution that the subjects, when injected, are put into a tank of carbolic acid solution.

King's College.—The session was started with nine subjects, preserved by Stirling's process, which has been adopted for several years, and which gives entire satisfaction.

St. Mary's Hospital.—There were three bodies in the dissecting-room on October 1st, which had been previously injected with a mixture of arsenic, vermilion, plaster-of-Paris, and size. Since October 1st, three other subjects have been received.

Middlesex Hospital.—Dissection was started with three subjects, which came in on July 7th and 19th, and September 15th. Each was injected through the aortic arch with about one pound of arsenic, dissolved in about one pint of a solution of carbonate of potash (three ounces to pint). The day following, the "paint" was injected. Each body was enveloped with rags soaked in carbolic oil, bandaged, and placed in a shell with sawdust. The result was satisfactory, and the subjects are now sweet and being dissected.

St. Thomas's Hospital.—There were seven bodies in the dissecting-room at the beginning of the session. They were preserved by "Howse's method", viz., the injection of glycerine and arsenic by a syphon, and, after being wrapped in cloths soaked in glycerine, were laid aside in slate tanks.

University College.—On October 1st, there were sixteen subjects ready to come into the dissecting-room. For their preservation, they had been injected from the aorta with a solution of one pound of crystal carbolic acid, in one gallon of glycerine, to each body. Afterwards, each body was wrapped in bandages soaked in carbolic acid and oil. This method of preserving gives excellent results if sufficient care be taken, and particularly if the bodies can be obtained moderately fresh. This is the great difficulty. It is commonly three or four days, not unfrequently six or seven, after death that the bodies are received; and in this time, in July, August, or September, decomposition has already so far advanced that no method can restore them or keep them satisfactorily.

Westminster Hospital.—There was one subject awaiting dissection in the room on October 1st. This had been injected with carbolic acid and glycerine, and then with paint injection. It had been subsequently kept in sawdust.

School of Anatomy and Operative Surgery.—On October 1st, there were two subjects in the dissecting-room; they had been preserved by the injection, through the left internal iliac artery, of a solution containing one pound of bichloride of mercury; and, in one of the subjects, the brain and spinal cord had been hardened by the injection of alcohol into the cavity of the dura mater and ventricles. Corrosive sublimate is probably better than other preservatives, and not much more expensive. It is more efficient than chloride of zinc, does not irritate the finger-ends like arsenic, and has no smell of its own like carbolic acid. The injection is made by the internal iliac artery for the following reasons. The lower limbs, in proportion to their weight and volume, are less vascular than the upper limbs, head, and neck, etc.; further, when the subject is injected from the aorta, the preservative fluid reaches the lower limbs only after having passed by the large and distensible arteries of the abdomen—therefore at a reduced pressure. Hence the lower limbs are less perfectly injected than the other parts of the body. It is a fact of observation that they usually begin to putrefy first. By injecting below the abdomen, the lower limbs get more of the fluid, and are more thoroughly preserved. Of the arteries in this situation, the internal iliacs are probably the most eligible; and, of the two internal iliac arteries, the left one is the more easily exposed, on account of the obliquity of the attached border of the mesentery downwards and to the right. The process for the injection of alcohol into the dura mater and ventricles is very simple. A hole is bored into the skull and dura mater a little above and externally to the external occipital protuberance. The occipital lobe of the corresponding side is then lacerated, so as to open the posterior corner of the lateral ventricle. A cork is then fitted into the opening, and into this a piece of glass tube. To this a piece of gutta-percha tubing is connected, communicating with the reservoir, and the alcohol is allowed to flow in slowly. This process has been tried two or three times; in every case the brain was much harder than it would otherwise have been, and proved useful; the brain was good enough to be used for demonstration to the class.

Birmingham.—On the opening day of the session, there were two subjects awaiting dissection, which had been preserved by injecting the vessels (from the femoral artery) with a mixture containing chloral hydrate, carbolic acid, glycerine, and methylated spirits, which make an excellent preservative.

Bristol.—At the commencement of the session, there was one subject, which was preserved by being injected through the femoral artery with a solution of arsenite of soda. This was allowed to remain in for two days, when the red injecting material was injected by the same opening.

Owens College, Manchester.—At the commencement of this session, there were six bodies. The method of preservation is a secret one.

Sheffield.—When the session began, there were two subjects in the dissecting-room, which had been brought in a few days before.

University of Durham College, Newcastle-on-Tyne.—The students are hard at work on three subjects in the dissecting-room, and are expecting one or two more. One has been preserved for some weeks by injection with arsenic, creasote and soda, and immersion in a dilute spirit bath. It is in very good condition. Another, in fairly good condition, has been preserved by the injection above named alone, whilst the third, at present as fresh as could be wished, has been injected in a similar way, hyposulphite of soda being substituted for the ordinary soda before used. This last has kept its colour extremely well, but the others have blackened somewhat. The injections in these cases have been experimental. During several years' experience, by far the most efficient preservative has been found to be a mixture of spirit and saturated solution of arsenic in equal parts, with about a quarter of an ounce of creasote to the pint. With it there is no smell and practically no decomposition, if it be thoroughly done. Its use will probably be continued in future.

ASSOCIATION INTELLIGENCE.

COMMITTEE OF COUNCIL: NOTICE OF MEETING.

A MEETING of the Committee of Council will be held at the offices of the Association, 161A, Strand, London, on Wednesday, the 15th day of October next, at 2 o'clock in the afternoon.

FRANCIS FOWKE, *General Secretary*.

161A, Strand, London, September 15th, 1879.

METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.

THE next meeting of this district will be held in the Reading Room of the London Hospital Medical College on Thursday, the 16th instant, at 9 P.M.; Professor JOHN WOOD, F.R.S., President of the Branch, in the Chair.

With a view to elicit the opinion of members, a discussion will be opened on the following subject, by Fredk. Wallace, Esq., F.R.C.S.L. "Should the System of Apprenticeship be revived? If so, in what form?"

The arrangement of the meetings for the session will then be considered, and, so far as possible, settled.

A. GRANT, M.D., *Honorary Secretary*.

370, Commercial Road, E., October 8th, 1879.

METROPOLITAN COUNTIES BRANCH: SOUTH LONDON DISTRICT.

THE first of the above district meetings for the present session will be held at Guy's Hospital Medical School, on Wednesday, October 22nd, at 8 o'clock P.M.; Dr. HABERSHON (President-elect of the Branch), in the Chair.

The President of the Branch (Professor John Wood, F.R.S.) will read a paper "On Double Extension in Diseased and Injured Spine and Pelvic Joints"; and Dr. F. T. Roberts one on "Pneumonia of the Apex".

Members wishing to bring forward cases will please to communicate with the Honorary Secretary.

H. NELSON HARDY, *Honorary Secretary*.

The Grove, Dulwich, S.E., October 8th, 1879.

YORKSHIRE AND EAST YORK AND NORTH LINCOLN BRANCH.

A CONJOINT meeting of these Branches will be held in the Museum of the Yorkshire Philosophical Society, York, on Wednesday, the 22nd October, 1879, at 3 P.M.

Members intending to read papers are requested to forward the titles to either of the Secretaries.

After the meeting, the members will dine at 5 P.M. at the Station Hotel. Tickets (exclusive of wine), 6s. 6d. each.

W. PROCTER, M.D., York, } *Honorary Secretaries.*
E. P. HARDEY, Hull, }

WEST SOMERSET BRANCH.

THE autumnal meeting of this Branch will be held at the Railway Hotel, Taunton, on Thursday, October 23rd, at Five o'clock.

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:—"What is the use of Alcohol in the Treatment of Disease?"

Members having any communication to bring before the meeting are requested to send notice of its title; also to inform the Honorary Secretary before the day of meeting if they purpose being at the dinner. Dinner, 5s. each, exclusive of wine.

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

Taunton, October 6th, 1879.

THAMES VALLEY BRANCH.

THE next meeting of this Branch will be held at the Griffin Hotel, Kingston, on Thursday, October 23rd, 1879, at 6 P.M. The following papers will be read.

1. Dr. Balmanno Squire: On the Treatment of Skin-Diseases, as practised at Leukerbad, in Switzerland.

2. Dr. Sealy: On Croup and Diphtheria.

The dinner will take place after the meeting, at 7 P.M.

FREDERICK J. WADD, *Honorary Secretary.*

Richmond, Surrey, October 7th, 1879.

WEST SURREY DISTRICT.

THE next meeting of this district will be held at Guildford, on Friday, October 24th, 1879.

Gentlemen desirous of reading papers or cases are requested to communicate at once with the Secretary.

A. ARTHUR NAPPER, *Honorary Secretary.*

Broad Oak, Cranleigh, September 22nd, 1879.

STAFFORDSHIRE BRANCH.

THE sixth annual meeting of this Branch will be held at the George Hotel, Walsall, on Thursday, October 30th, at Three o'clock in the afternoon.

An address will be delivered by the President, Dr. J. H. TYLECOTE. Dinner at 5.30. Tickets, exclusive of wine, 6s. each.

VINCENT JACKSON, Wolverhampton } *Honorary Secretaries.*
J. G. U. WEST, Stoke-upon-Trent }
Wolverhampton, October 6th, 1879.

BATH AND BRISTOL BRANCH.

THE first ordinary meeting of the session will be held at the Grand Pump Room Hotel, Bath, on Thursday evening, October 30th, at a quarter past Seven o'clock; J. BEDDOE, M.D., President.

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

Bath, October 5th, 1879.

DUBLIN BRANCH.

NOTICE is hereby given, that a special general meeting of this Branch will be held in the King and Queen's College of Physicians, Kildare Street, on Monday, November 3rd, 1879, at 4 o'clock P.M., to consider a resolution adopted by the Council, proposing to increase the annual subscription to the Branch.

GEORGE F. DUFFEY, M.D., *Honorary Secretary.*

30, Fitzwilliam Place, Dublin, October 8th, 1879.

CORRESPONDENCE.

THE VICTORIA AND THE LONDON UNIVERSITIES.

SIR,—Having already taken some part in the discussion of this subject, I would beg to express my regret at the tone of the letter signed "Quoits". We are perfectly aware in Manchester that the temporary hitch in the degree-giving function of the Victoria University, so far as medicine is concerned, is due mainly to the sudden, and we think mistaken activity of our Liverpool friends, not perhaps without some aid from Yorkshire. But we know the Liverpool medical men too well, as near neighbours and as members of the same Branch of the Association, to suspect for a moment that they could be actuated by motives less honourable and less sincere than our own. Moreover, so far are we from assuming the least pretension, as teachers of practical medicine, of any superiority over our neighbours, that we look to the amalgamation of the Liverpool school with our own for the purposes of the new degree as likely to confer the highest honour upon us and as more than doubling our strength. We feel exactly the same with regard to our brethren in Leeds; and if "Quoits" really hail from Manchester—though I have no conception who he is—I trust that I may be held to have made the *amende honorable*.

The practical question of the new degree should be and is untouched by this diversion. English medical practitioners desire the opportunity of acquiring a degree in medicine on something like the same terms as their brethren in Scotland and Ireland and in Germany. Hitherto this has been denied to them; and the only prospect of its attainment seems to lie in the new University. There is no probability that London will alter its examinations sufficiently to allow those who have arrived at the highest excellence in medical science, but whose means have prevented them from becoming experts in all the collateral sciences, to obtain its medical degree; and if it could be persuaded to do so, the competition of at least one other university would be at once a stimulus to maintain a high standard and a check upon needless restrictions and requirements. Nowhere could this counterbalancing university be more fitly domiciled than among the teeming and intelligent populations of Lancashire and Yorkshire, and the existence there of several of our best schools of medicine should be an argument for, instead of a hindrance to, the development of the scheme.

Residence at one of the University centres must be encouraged during the earlier years of study, when contact with those following other professions, or bent on literature or science for their own sakes, is so desirable, but this must not be made to bear too hardly on those who cannot attain to it. The examinations in Arts or Science of London or other universities must be freely recognised as preliminaries to the medical degree. Liverpool, Leeds, Newcastle, Sheffield, and Birmingham, must be made centres of medical training, and aided and encouraged to provide the necessary requirements where they are deficient.

It were presumptuous in me to attempt to indicate what steps must be taken to bring about this harmonious action; the initiative must be left to the council of the new corporation, which has been made the subject of what appears to me very like a practical joke. Possibly some of the adjacent towns are ready for amalgamation in one or two faculties, though not in all, *e.g.*, in arts and science, or science and medicine, and the advantages of this plan might be found to outweigh some undoubted disadvantages. At any rate, the mistake of divorcing our youngest university from official connection with the only one of the learned professions which it can numerously attract, cannot be of long continuance, and a little friendly discussion and conference between those more immediately connected with the various educational bodies concerned must result in a scheme which will be satisfactory to the profession and which will meet with the approval of the Government and Privy Council.

I presume that it is now understood all round that the argument based on the danger of adding a twentieth mode of entrance to the profession, even though guarded by the strictest guarantees for efficiency and stringency, has served its purpose, and need not any longer be treated seriously. If, however, it be really considered necessary, for the sake of apparent consistency, to keep it still in view, why not enact that the new degree shall only be conferred, for the present, on registered practitioners? The Victoria University would doubtless ere long seek to be placed on a footing of equality with other degree-giving bodies, but it would probably prefer to extend the restriction to others rather than to remove it from itself. Medical degrees should indicate degrees of medical excellence; they should not be mere diplomas of a minimum fitness to practise.—I am, sir, yours, etc., J. THORBURN.

Manchester, October 6th, 1879.

caries' Hall; and this I did with the happiest results. Steady application for two years was followed by getting through the first M.B. The second M.B. was then easily passed, from the good ground-work and mental training acquired during the preparation for the first M.B.

My professional success has been far beyond that which I expected; but I have always felt most thankful for the employment which the first M.B. examination afforded to my faculties, which, but for this occupation, would have had much spare time at a period of life at which it was of the highest importance that my time should be fully occupied. My case is that of many others, and is very different from that of very many others who, without the inducements to industry which the first M.B. offered them, fell into idle ways; and, although very many of these have obtained the M.D. of St. Andrew's, their success in life has not equalled that of the University of London graduates.

I have watched with the greatest satisfaction the raising of the standard of examination by the London College of Surgeons. I know how far beneath that of the University of London it was about twenty years ago; and I believe that the high standard of the one has greatly influenced the levelling-up of the other.

A word for the alleged difficulty of the University of London examinations at the present time. I have lately had two pupils, each of whom has only been one year with me, and who prepare for matriculation during this year of apprenticeship; each has passed his preliminary scientific examination at the University of London at the end of his first year's, and the first M.B. examination at the end of the second year's, study at a London medical school. I agree, however, with the usual recommendation that the preliminary scientific examination should be passed before the regular medical studies are entered upon. Surely, now that the old-fashioned two or three years' apprenticeship with a country practitioner is almost entirely done away with, this is not too much to expect from those who wish to be considered a degree better than the ordinary general practitioner.

I hope that I may never see the standard of English degrees in medicine or surgery lower than they now are. Even the public are now beginning to know the difference between English and some of the low standard degrees. The former are valuable infinitely more from the practical study and moral discipline which any one possessing one has been obliged to practise in order to obtain it, than from any influence which the letters appended to one's name may impart; to use one of Sir W. Jenner's happy comparisons, an honour or title obtained by an examination is not what one has worked for and obtained; it is the knowledge, of which the honour, prize, or title is merely the token. The knowledge gained is the gold, and the prize or title is but the stamp of the gold.

Surely, the same journal which objects to "the smashing of the index", that will result from the abolition of competition by examination in the public medical service of the army and navy, is somewhat inconsistent in condemning the University of London for maintaining its index. The one portal system of examination, when carried into effect, will undoubtedly grant a qualification which the public will recognise as equal to the easy Irish and Scotch degrees, which now cause so much discontent to medical men who possess qualifications equal to these degrees in everything but in name.

For the medical profession to be united and persistent in demanding the speedy adoption of the one portal system will, in my humble opinion, be far wiser than to either endeavour to create a new university in England or to lower the high standard of the University of London.

Yours obediently,

M.B.LOND.

MILITARY AND NAVAL MEDICAL SERVICES.

NAVAL MEDICAL SERVICE.

SIR,—It is reported, and with apparent grounds for belief, that Mr. Smith has promised a warrant for the Navy similar to that which is expected for the Medical Department of the Army. Sooner or later that document must appear; and it may, perhaps, at the present time not be out of place to let it be known what are the views which prevail—I may say universally—on the subject amongst naval medical officers. Briefly, they may be stated to be as follows. Increased pay and retirement, although necessary, are considered as of minor importance in comparison to other changes which are greatly required. Foremost amongst these is the question of cabin accommodation for "the medical officer" (as the senior is now called by the new instructions). It is necessary on account of his rank in the service, his age, and his social standing. So long as things remain as they are at present, a feeling of deep dissatisfaction is unavoidable amongst those who are serving; and that this feeling reacts on the outer world is apparent. When we find sixty-five vacancies on the list unfilled and no candidates forthcoming, a collapse of the department is clearly a question of time only. Not long ago, I was informed by the President of the College of Surgeons in Ireland that he knew numbers of young men who were prepared to enter the public services, but were determined not to do so under present conditions; and no one can say but that they are right.—I am, etc.,
October 1879.

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MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentleman passed his examination in the science and practice of medicine, and received a certificate to practise, on Thursday, September 25th, 1879.

Groom, Henry Thomas, 345, Camden Road, N.W.

The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, October 2nd, 1879.

Clarke, William Jenner, St. Augustus Road, Camden Town
Graham, Albert William, Cambridge Street, Warwick Square
Jackson, Thomas, Shackthwaite, Penrith
Pollard, George Edward, Brompton Square, S.W.
Steele, Warwick Charles, Wollaston House, Dorchester

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

Atkinson, Thomas Renel, Guy's Hospital
Mahomed, Arthur George S., Guy's Hospital
Roe, Robert Bradley, St. George's Hospital
Kemm, Frederick St. John, London Hospital
Russell, John Hutchinson, London Hospital
Thomson, Thomas, Edinburgh Hospital

At the Preliminary Examination in Arts, on September 19th and 20th, "P. B. Benthli" passed in the Second Class.

MEDICAL VACANCIES.

Particulars of those marked with an asterisk will be found in the advertisement columns.

The following vacancies are announced:—

ARDWICK AND ANCOATS DISPENSARY AND HOSPITAL, Manchester—Junior House-Surgeon. Salary, £100 to £120, with apartments and attendance. Duties commence January 1st, 1880.

DORE UNION—Medical Officer for Workhouse and Kentchurch District. Salary, £80 per annum. Applications on or before October 20th.

***EVELINA HOSPITAL FOR SICK CHILDREN**—Physician to Out-Patients. Applications on or before November 6th.

GENERAL LYING-IN HOSPITAL, York Road, Lambeth—House-Physician. Applications on or before October 15th.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST—Resident Clinical Assistants. Applications, with testimonials, on or before October 11th.

***HOSPITAL FOR WOMEN**, Soho Square—Assistant Physician. Applications to the Secretary on or before November 12th.

HUDDERSFIELD INFIRMARY—Assistant House-Surgeon. Applications to the Honorary Secretary.

QUEEN'S COLLEGE, Belfast—Professorship of Chemistry. Applications to be forwarded to the Under Secretary for Ireland, Dublin Castle, on or before October 18th.

TRURO UNION, District of St. Agnes—Medical Officer and Public Vaccinator. Salary, £45 per annum, and £16 as Medical Officer of Health. Applications by October 14th.

***WESTMINSTER HOSPITAL**—House-Physician. Applications not later than October 18th.

***WEST SUSSEX, EAST HANTS, and CHICHESTER INFIRMARY AND DISPENSARY**—House-Surgeon. Salary, £80 per annum, with board, lodgings, and washing. Applications on or before October 25th.

***WEST SUSSEX, EAST HANTS, and CHICHESTER INFIRMARY AND DISPENSARY**—Two Physicians. Election on or before October 25th.

MEDICAL APPOINTMENTS.

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

BURMAN, C. Clark, L.R.C.P. & S.Ed., appointed District Medical Officer and Public Vaccinator for the Eastern Division of Belford Union, Northumberland, *vice* L. G. Broadbent, M.D., resigned.

HARVEY, Thomas P., M.R.C.S., L.R.C.P.Lond., appointed Medical Officer to the St. Leonard's Branch of Hastings and St. Leonard's Provident Dispensary, *vice* D. W. Duke, M.R.C.S., L.R.C.P.Lond., resigned.

***KEMP**, William G., L.R.C.P.Lond., M.R.C.S.Eng., appointed Physician to the Wellington Hospital, New Zealand.

TAYLOR, W. Marshall, M.A., M.R.C.S.Eng., appointed Medical Superintendent of Dunston Lodge Asylum, Gateshead-on-Tyne, *vice* Ridley, resigned.

TREVES, Frederick, F.R.C.S., Surgical Registrar to the London Hospital, has been elected Assistant Surgeon.

WEAR, Arthur T., M.R.C.S. and L.R.C.P.Lond., appointed Honorary Surgeon to the Newcastle-upon-Tyne Dispensary, *vice* C. Carr, deceased.

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 announcements.

DEATH.

BRIDGEFORD.—On September 18th, accidentally drowned in the canal at Kilnhurst, James Skidmore Saunders Bridgeford, Assistant House-Surgeon, Rotherham Hospital, aged 25.

THE Belfast Board of Guardians, at a meeting held last week, fixed the salaries of their medical officers of health at £15 *per annum*, with a fee of one guinea for each attendance at petty or quarter sessions.

THE Tullamore Guardians having recently reduced the salaries of the medical officers of health in the union from £20 to £15 *per annum*, have been informed by the Local Government Board that they cannot sanction the proposed reduction, on the grounds that the amended Public Health Act, instead of lessening the duties, is calculated to give additional work to the medical officers.

VACCINATION GRANT.—The Local Government Board have, for the third time in succession, awarded to Mr. Julian Willis, Public Vaccinator of the New Winchester and Andover Unions, a first-class grant for efficient vaccination in his districts.

THE GENERAL HOSPITAL, BIRMINGHAM.—At a meeting of the Committee, held on Friday last, Robert M. Simon, M.B., B.A. Cantab., M.R.C.P. Lond., was elected Assistant Physician, in the room of George A. Gibson, M.B., D.Sc., resigned.

At a meeting of the Walsall Town Council, it was agreed to acquire forty-six acres of land at Reed's Wood, for the purpose of a public recreation-ground, on the terms assented to by the lord of the manor, the Earl of Bradford.

THE Parkes Museum of Hygiene was reopened on Wednesday last. A new and enlarged edition of the descriptive catalogue of the museum has been issued. The museum is open on Tuesdays, Thursdays, and Saturdays, free.

J. B. CARRUTHERS, M.D., EDINBURGH.—The *Dumfriesshire and Galloway Herald* of the 27th ult. gives a lengthened report of the proceedings on the previous Wednesday, on which occasion a complimentary dinner, a handsome gold watch, and a purse containing one hundred guineas, were given to Dr. J. B. Carruthers, who for upwards of twenty years has ministered to the necessities of the sick poor of the Crumond District, Edinburgh. The dinner was largely attended by the clergy and resident gentry. We heartily congratulate Dr. Carruthers on this recognition of his general good-heartedness, professional status, and public services by those among whom he has lived so long.

HEALTH OF BELFAST.—Like the month of August, the death-rate for September has been at a satisfactory low figure; and, had it not been for the mortality from whooping-cough and diarrhoea, it would probably have been as low as in any large town in the United Kingdom. The medical superintendent officer of health, in a recent report, states that the urban sanitary district has never, within his recollection, been so free from typhus fever as during the past four weeks. Small-pox has entirely disappeared, and scarlet fever nearly so; indeed the only zymotic diseases which have been prevalent were whooping-cough and diarrhoea, and which accounts for the increased mortality among infants.

PUBLIC HEALTH.—During last week, 3,223 deaths were registered in London and twenty-two other large towns of the United Kingdom. The mortality from all causes was at the average rate of 20 deaths annually in every 1,000 persons living. It was 18 in Edinburgh, 16 in Glasgow, and 26 in Dublin; small-pox caused 5 more deaths in Dublin. The annual rates of mortality in the twenty English towns were as follow: Portsmouth 15, Leicester 15, Leeds 16, Nottingham 16, Brighton 16, Oldham 17, Sunderland 18, London 19, Sheffield 19, Birmingham 19, Bristol 19, Wolverhampton 19, Newcastle-upon-Tyne 21, Norwich 22, Hull 22, Plymouth 22, Bradford 24, and the highest rate 26 in Manchester, Salford, and Liverpool. The annual death-rate from the seven principal zymotic diseases averaged 3.5 per 1,000 in the twenty towns, and ranged from 0.0 and 0.7 in Portsmouth and Wolverhampton to 5.3 and 5.5 in Newcastle-upon-Tyne and Norwich. Four fatal cases of small-pox occurred in London, but not one in any of the nineteen large provincial towns. In London, 1,318 deaths were registered, being 83 below the average, and giving an annual death-rate from all causes of 19.0. During the thirteen weeks which ended on Saturday, 27th ultimo, the death-rate averaged only 18.4 per 1,000, against 19.3 and 22.1 in the corresponding periods of 1877 and 1878. The 1,318 deaths included 4 from small-pox, 21 from measles, 61 from scarlet fever, 8 from diphtheria, 34 from whooping-cough, 38 from different forms of fever, and 61 from diarrhoea; thus to these diseases 227 deaths were referred, being 36 below the average, and equal to an annual rate of 3.3 per 1,000. The deaths referred to diseases of the respiratory organs rose to 201 last week, but were 18 below the average. Seven cases of suicide were registered. At Greenwich, the mean temperature of the air was 54.5°, and 0.1° below the average. The general direction of the wind was south-westerly. Rain fell on four days of the week, to the aggregate amount of 0.57 of an inch. The duration of registered bright sunshine in the week was equal to 24 per cent. of its possible duration.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's, 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.—St. Mark's, 2 P.M.—Cancer Hospital, Brompton, 3 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.—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 P.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.—East London Hospital for Children, 2 P.M.

SATURDAY...St. Bartholomew's, 1.30 P.M.—King's College, 1 P.M.—Royal London Ophthalmic, 11 A.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.

HOURS OF ATTENDANCE AT THE LONDON HOSPITALS.

CHARING CROSS.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; Skin, M. Th.; Dental, M. W. F., 9.30.

GUY'S.—Medical and Surgical, daily, exc. Tu., 1.30; Obstetric, M. W. F., 1.30; Eye, M. Th., 1.30; Tu. F., 12.30; Ear, Tu. F., 12.30; Skin, Tu., 12.30; Dental, Tu. Th. F., 12.

KING'S COLLEGE.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., M. W. F., 12.30; Eye, M. Th. S., 1; Ear, Th., 2; Skin, Th.; Throat, Th., 3; Dental, Tu. F., 10.

LONDON.—Medical, daily exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p., W. S., 1.30; Eye, W. S., 9; Ear, S., 9.30; Skin, W. 9; Dental, Tu. 9.

MIDDLESEX.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; o.p., W. S., 1.30; Eye, W. S., 8.30; Ear and Throat, Tu., 9; Skin, F., 4; Dental, daily, 9.

ST. BARTHOLOMEW'S.—Medical and Surgical, daily, 1.30; Obstetric, M. Th. S., 2; o.p., W. S., 9; Eye, Tu. W. Th. S., 2; Ear, M., 2.30; Skin, F., 1.30; Larynx, W., 11.30; Orthopaedic, F., 12.30; Dental, F., 9.

ST. GEORGE'S.—Medical and Surgical, M. Tu. F. S., 1; Obstetric, Tu. S., 1; o.p., Th., 2; Eye, W. S., 2; Ear, Tu., 2; Skin, Th., 1; Throat, M., 2; Orthopaedic, W., 2; Dental, Tu. S., 9; Th., 1.

ST. MARY'S.—Medical and Surgical, daily, 1.15; Obstetric, Tu. F., 9.30; o.p., Tu. F., 1.30; Eye, M. Th., 1.30; Ear, W. S., 2; Skin, Th., 1.30; Throat, W. S., 12.30; Dental, W. S., 9.30.

ST. THOMAS'S.—Medical and Surgical, daily, except Sat., 2; Obstetric, M. Th., 2; o.p., W. F., 12.30; Eye, M. Th., 2; o.p., daily except Sat., 1.30; Ear, Tu., 12.30; Skin, Th., 12.30; Throat, Tu., 12.30; Children, S., 12.30; Dental, Tu. F., 10.

UNIVERSITY COLLEGE.—Medical and Surgical, daily, 1 to 2; Obstetric, M. Tu. Th. F., 1.30; Eye, M. W. F., 2; Ear, S., 1.30; Skin, Tu., 1.30; S., 9; Throat, Th., 2.30; Dental, W., 10.3.

WESTMINSTER.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 3; Eye, M. Th., 2.30; Ear, Tu. F., 9; Skin, Th., 1; Dental, W. S., 9.15.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

WEDNESDAY.—Hunterian Society, 7.30 P.M.: Council Meeting, 8 P.M.: Short Address by the President, Dr. J. Braxton Hicks. Mr. J. Hutchinson will read a paper on "The Relationship between Syphilis and Locomotor Ataxy".

THURSDAY.—Harveian Society of London, 8.30 P.M. Mr. Alderson, "A Case of immense Enlargement of the Heart"; Dr. Fothergill, "The Immediate and Permanent Treatment of Disease".

FRIDAY.—Society of Medical Officers of Health, 8 P.M. Inaugural Address by the President (Dr. J. S. Bristowe).

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS respecting editorial matters should be addressed to the Editor, 161, Strand, W.C., London; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the General Manager, at the Office, 161, Strand, W.C., London.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL, are requested to communicate beforehand with the General Secretary and Manager, 161, Strand, W.C.

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

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.

ALCOHOL AND OPIUM.

SIR,—In last week's issue, page 384, appeared a short but noteworthy article on "Opium and its Effects". In the *Alliance News* of May 24th, June 7th, and June 14th, appeared articles, paragraphs, and letters based on the speech of Mr. Moffat at Haverdon on May 20th, wherein he mentioned how the working-class had had recourse to laudanum-drinking when the publichouses were closed early. The *Sanitary Record* of May 30th also commented on his speech, the editor having communicated with him. I enclose you the report of an inquest held on the 6th instant in this town on a man who had drunk two ounces of laudanum. The man was addicted to drink, though of course the wife, in her evidence, states "she had never seen him tipsy". He also had been subject, even quite recently before the taking of the poison, to epileptic fits, and these two conditions (he having been drinking for several days previously) tended to accelerate the action of the poison. It is, however, to the evidence of the chemist who sold the poison, and to that of the coroner (a medical man), that I wish to draw attention. The former is quite exculpated by the "Sale of Poisons Act"; but I certainly think, where such danger constantly exists, that opium and its preparations ought to be classed under Part I, and not in Part II, as at present; or, if not that, at any rate some restrictive limit in the sale should be made. In this case, the chemist says (which statement has been since corroborated by other chemists in this town): "Persons who are in the habit of taking laudanum buy it in much larger quantities than two ounces; they very often sold it in half pints, and even in pints." The coroner adds: "I have known people drink as much as two ounces at once, just as one would drink claret, and never feel the slightest effects." Doubtless many of your readers could give equally startling evidence, especially in some localities where opium-taking prevails; nevertheless, it appears to me that some restriction is called for where such danger exists, as in this case, for the evidence shows that he attempted to poison his wife and child as well.—Yours, etc.,

Weston-super-Mare, September 11th, 1879.

ABSENCE OF THE RIGHT KIDNEY: DOUBLE KIDNEY ON THE LEFT SIDE.

SIR,—In making the *post mortem* examination of the body of a coolie child a few days ago, I found a very curious abnormality. The right kidney was absent, but on the left side was a double kidney, or rather there were two kidneys, connected at their apices by a prolongation from the cortical substance of each. Each kidney had a separate ureter, and these united and formed a single tube just before its insertion into the bladder. The organ which represented the right kidney was the smaller of the two, and both appeared to be healthy. The bladder contained about an ounce of urine. The child from whose body these kidneys were removed was twelve months old, well developed externally, and had no other anatomical abnormality. It died from neglected malarial fever, producing cirrhosis of the liver and ascites.

Should this specimen of Nature's freaks prove acceptable to the curator of the museum of the Royal College of Surgeons of England, I shall have much pleasure in forwarding it to him, otherwise it will doubtless find a place in the museum of my old college, St. Thomas's Hospital.—I am, etc.,

Spanish Town, Jamaica, Aug. 19th, 1879. JAMES TOMPSETT, M.R.C.S.

ECZEMA INTERTRIGO.

SIR,—Your correspondent "Far North" may with safety leave off all medicines with his little patient suffering from eczema intertrigo. I venture to guess that, when attacked, the baby was fat and flourishing; that it was most likely improperly dried after washing, powder being used before the skin was properly dry. Cases of eczema intertrigo so called are very common in some districts. I have seen many very severe cases. I never knew medicine or dieting do any good, but have always seen them recover after a few applications of white of egg or of a lotion of lead, or glycerine and rose-water. The great point is, that the sore parts must be well rubbed with soap and water and carefully dried, then the lotion or white of egg applied and left wet.

The lead-lotion I always use for these cases is made of sugar-of-lead thirty grains, dilute acetic acid two drachms, glycerine one ounce and a half, and rose-water to eight ounces. In nearly a quarter of a century of practice, with hundreds of cases, I never knew it fail. In this part of the country the poor people use white of egg only, and call the affection "galled creases". As a rule, it occurs only in fat healthy children, and is occasioned by the creases in the fat neck, etc., being imperfectly dried and smudged over with powder while damp, which dries and galls the delicate skin.—Faithfully yours,

HERBERT B. HODGES.

Watton, Herts, September 9th, 1879.

MEDICAL ADVERTISEMENTS IN THE LAY PRESS.

SIR,—With your permission, I beg to call the attention of the profession to the system of medical institutions advertising for medical officers in the columns of the lay press side by side with those of cooks and butlers. When these advertisements are solely intended for the medical profession, why not insert them in the medical journals? In the Dublin papers, almost daily there appear such advertisements in the same column as those of domestic servants. When it is considered that on the board of every medical institution there are some of our profession, it is surprising why they ignore their own representative journals and agree to order these advertisements to be inserted only in the lay papers. Although the Local Government Board for Ireland has a medical commissioner, still none of the Poor-law advertisements for medical officers are ever inserted in the medical journals.—Yours, etc.,

September 1879.

CONDENSED MILK FOR INFANTS.

SIR,—As condensed milk is an article so commonly substituted for cow's milk, it would be of some interest to know the experiences of others regarding its use as nutriment for infants. Some difference of opinion appears to exist among the public as well as the profession as to its suitability for young children, who we know would in most cases do better if nurtured by their own parents. In my experience of some cases, it has been found that infants to whom it has been exclusively given, with an admixture of water only, instead of cow's milk (which latter I generally order when compelled, in default of a nurse, in the proportion of two or three parts to one of water), have emaciated to an extreme degree, thus appearing to indicate—at least in these cases—that condensed milk is too crude a substance for the digestive organs of infants. Whether this effect arises from the condensed milk not being sufficiently diluted with water, to give only the due proportion of casein and oleine as well as sugar of milk of which the human kind consists, or the amount of cane or grape-sugar be in excess, or either of these be a proper substitute for the sugar of milk, which differs in its properties from cane and grape-sugar, being converted into the latter by the addition of hydrochloric acid, and also being less soluble in cold or hot water than cane or grape-sugar, on which account it may be more chemically subdivided, longer retained in the stomach, and perhaps rendered more assimilable. No doubt some of your readers may feel enough interest in the matter to make observations and give the benefit of the results.—Yours, etc.,

September 13th, 1879.

A MEMBER.

UNCERTIFIED DEATHS.

SIR,—In reference to the case put by "M.R.C.S." in the *BRITISH MEDICAL JOURNAL* for August 30th, 1879, I would observe that the office of coroner confers very peculiar powers—one of which is, that against his decision there is no appeal, except on points of form. At one time, the coroner was not only bound to hold an inquest on every sudden death, but also on every fire. The practice of modern times has been to knock off as many inquests as possible: hence by general consent it is now held to be good law for coroners to grant certificates without an inquiry *super visum corporis*, and to ignore fires. In the case noted there seems to be no error in form, though very possibly there may be such in facts, brought *ex parte* under the coroner's view. That, however, "M.R.C.S." offers no evidence about. The real question seems to be, supposing the practice of coroners' courts to have been moderately satisfactory two hundred years back, has that practice advanced *pari passu* with regard to the practice of the age and other legal reforms without interference with the status of the first court of criminal first instance—i.e., is notification now performed in a more businesslike way? I am inclined to think it has not, and in this view agree with "M.R.C.S."; if I understand him rightly, in thinking the coroner should not have declined to hold an inquest, merely probably to please the Bench at Quarter sessions, who have latterly assumed a right to criticise the Coroners' Bill, which the law certainly does not give them the power to do, or, rather, most carefully avoids stating how far that power shall extend. If "M.R.C.S." have a remedy, it is by *mandamus*.—I am, etc.,

WM. SIMPSON, Chancery Clerk.

Chancery Lane, September 10th, 1879.

We are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Western Morning News; The Glasgow Herald; The Manchester Guardian; The Yorkshire Post; The Leeds Mercury; The Cork Constitution; The Coventry Herald; The British Guiana Royal Gazette; The Ceylon Observer; The Wigan Observer; The Peterborough and Huntingdonshire Standard; The Sussex Daily News; The Liverpool Mercury; The Banffshire Journal; The Newport and Market Drayton Advertiser; The North Wales Guardian; The Sheffield Daily Telegraph; 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. L. A. Sayre, London; Mr. T. R. Jessop, Leeds; Dr. Procter, York; Dr. A. Carpenter, Croydon; Dr. W. O. Markham, London; Dr. Clement Godson, London; A Country Doctor; Dr. Joseph Rogers, London; Dr. W. M. Kelly, Taunton; Dr. R. L. Bayley, Stourbridge; X.; Dr. A. T. H. Waters, Liverpool; Dr. W. Roberts, Manchester; Mr. A. B. Kelly, London; Sir E. A. H. Lechmere, Bart., M.P., London; Mr. H. T. Butlin, London; Dr. A. Sangster, London; Mr. J. W. Haward, London; Dr. J. F. Goodhart, London; Dr. A. B. Duffin, London; Dr. S. Mackenzie, London; Mr. H. E. Juler, London; Mr. H. Morris, London; Mr. John Croft, London; Mr. A. E. Barker, London; Mr. T. Bond, London; Mr. W. Horrocks, Edgeworth; Mr. C. H. Golding-Bird, London; Dr. J. G. Sinclair Coghill, Ventnor; The Secretary of Apothecaries' Hall; M.D.Ed.; Dr. Lombe Atthill, Dublin; F.R.C.S.; Dr. De Chaumont, Netley; Mr. J. Kemp, Putney; Dr. W. Murrell, London; X. Y., Workington; Mr. Richard Barwell, London; Mr. G. C. Harding, Westgate-on-Sea; T. A., Diss; The Registrar-General of England; Messrs. Burgoyne, Burdidges, and Co., London; Mr. W. D. Huxand, York; Dr. C. J. B. Williams, London; Medicus; Mr. Vincent Jackson, Wolverhampton; The Registrar-General of Ireland; Dr. W. Macewen, Glasgow; Mr. H. Nelson Hardy, London; Mr. E. Peacock, Nuneaton; Dr. E. M. Skerritt, Bristol; Mr. Henry Eales, Birmingham; Dr. Selby Norton, West Malling; Mr. Richard Davy, London; Dr. Hammond, New York; Dr. T. W. Barron, Durham; M.; Dr. J. Thorburn, Manchester; Dr. T. Wilson, Burton-on-Trent; Dr. R. Neale, London; B. M. J., Cornwall; L.R.C.P. London, M.R.C.S. England; Pater Familias; A Disgusted Club Doctor; W.; Dr. H. R. Hadden, Dublin; Dr. J. N. Vinen, London; Dr. J. Sawyer, Birmingham; Mr. Henry Burdett, Dublin; Dr. J. Haining, Chester; Mr. C. Mercier, London; Dr. Wade, Birmingham; Our Glasgow Correspondent; Mr. Lowndes, Liverpool; Mr. T. M. Stone, London; Our Dublin Correspondent; Dr. Wallace, Parsonstown; Mr. H. Page, London; Mr. G. Field, London; Dr. Robinson, Dublin; Dr. Meadows, London; Mr. W. R. McKeown, Holywood; Mr. Smale, London; Mr. Swanzey, Dublin; Dr. R. W. Reid, London; Dr. F. Page, Newcastle-upon-Tyne; Mr. A. P. Gould, London; Mr. R. J. Pye-Smith, Sheffield; Mr. S. Snell, Sheffield; Dr. T. Churton, Leeds; Dr. Saundby, Birmingham; Dr. Heath, Newcastle-upon-Tyne; Mr. T. Cooke, London; Dr. V. Ambler, Brighton; Mr. Harsant, Bristol; Dr. Dreschfeld, Manchester; Dr. H. S. Branfoot, Manchester; Mr. Mears, Newcastle-upon-Tyne; Dr. F. Barnes, London; Mr. Cumberbatch, London; Professor G. D. Thane, London; Mr. W. H. A. Jacobson, London; Mr. A. Hensman, London; Mr. H. B. Appleby, Liverpool; Mr. H. Keatry, Woburn; Mr. J. Robinson, Bolton; Dr. A. Grant, London; Dr. H. A. Husband, Darlington; Mr. V. Hervey, Wolsingham; Mr. G. Mackey, Edinburgh; Mr. E. Owen, London; Professor Hirschberg, Berlin; Dr. J. Batten Coumbe, Reading; Dr. A. Fergusson, Peebles; Mr. G. A. Brown, Tredegar; Mr. A. W. Pearson, Dudley; Dr. J. W. Reid, Gosport; Mr. Rushton Parker, Liverpool; Professor J. Ceanor, London; Mr. B. May, Birmingham; Dr. A. G. Blomfield, Lynn; etc.

BOOKS, ETC., RECEIVED.

Observations on Contraction of the Fingers (Dupuytren's Contraction), and its successful Treatment by Subcutaneous Divisions of the Palmar Fascia, and immediate Extension; also, on the Obliteration of Depressed Cicatrices after Glandular Abscesses, or Exfoliation of Bone by a Subcutaneous Operation. By William Adams, F.R.C.S. With Four Plates and numerous Engravings. London: J. and A. Churchill. 1879.