

Mr. Higgins remarked that dermoid cysts around the margin of the orbit were common enough, but were much more rarely met with in its cavity. Probably a portion of the cyst had been left behind, and a sinus discharging pus would remain for an indefinite time. Had the nature of the tumour been diagnosed, there would have been a better chance of removing the whole cyst by a free incision through the skin; but, on account of the want of mobility of the eyeball outwards, it was thought that the tumour was between the muscles and the eyeball, and would therefore be easily removed through the conjunctiva. The external rectus was probably damaged to such an extent that the eye would remain fixed in a more or less inverted position. In addition to the tumour, there was ordinary convergent strabismus, which had nothing to do with it, but was dependent on hypermetropia.

CITY OF GLASGOW FEVER HOSPITAL, BELVIDERE.

CASE OF ENTERIC FEVER TREATED WITH SALICIN.

(Under the care of JAMES W. ALLAN, M.B., Superintendent and Physician.)

W.M. BROWN, aged 28, was admitted January 2nd, 1878, on the eighth day of his illness.

January 3rd (ninth day). He did not sleep very much; was sponged; had had no motion since coming in. He said that yesterday week he went to work in the morning, and it was snowing. When he commenced work (stock-taking), he began to be shivery and shaky, and vomited. At first, the bowels were bound; but, after taking medicine, they became too loose. Temperature 101.4°. He was ordered acid mixture and milk-diet.

January 4th (tenth day). He took the draught last night, but did not sleep, and had still had no motion since coming in. An enema was ordered. Enteric spots were visible. Morning temperature 101.6°; evening temperature 102.6°.

January 5th. He took the draught at 12 last night, and slept well after it. After the enema yesterday, he had a motion, which was partly loose and yellow. Morning temperature 101.5°; evening temperature 102.5°.

January 7th (thirteenth day). He was ordered four ounces of wine. Morning temperature 100.2; evening temperature 100.8. He was ordered to have ten grains of salicin thrice daily.

January 8th (fourteenth day). He took three of the powders yesterday. Morning temperature 101.6; evening temperature 101.8. He was taking wine and milk-diet.

January 9th (fifteenth day). He slept well. He had a slight formed yellow motion this morning. He took three of the powders yesterday. Morning temperature 100.6; pulse 97; evening temperature 101.4. The salicin powders were continued.

January 10th. Morning temperature 98.2. The nurse said that, when she was taking his temperature this morning, he complained of being cold. He had three of the ten-grain powders yesterday, one this morning, and will to-day have two more. The dose of salicin was ordered to be increased to twenty grains three times a day, commencing on the 11th. Evening temperature 100.0.

January 11th. He passed a good night. To-day he had the first of the twenty-grain powders. Morning temperature 97.6; evening temperature 103.8.

January 12th (eighteenth day). He had a costive motion. He took three of the powders yesterday and one this morning. Morning temperature 99.6. It seemed curious that the temperature last night rose after the dose of salicin had been swallowed. He was now ordered to take a powder *every four hours*. Evening temperature 100.2.

January 13th. He slept well, and had a powder every four hours. Morning temperature 100.0; evening temperature 99.8. He was ordered to continue the salicin powders every four hours.

January 14th. He had passed a good night. Morning temperature 99.4; evening temperature 99.4. He was ordered to continue the salicin powders every four hours, and an enema to be administered if the bowels did not act before night.

January 15th (twenty-first day). He had had a good night. Yesterday he had a natural motion without enema. A powder was given every four hours. Morning temperature 98.6; evening temperature 98.4. The salicin powders were discontinued.

January 16th. He had a good night. The powders were stopped yesterday. Morning temperature 98.4; evening temperature 98.6.

January 17th. He had passed a good night; had a formed motion. He was taking wine and milk and a little arrowroot, but no medicine. Morning temperature 97.2.

Subsequently the patient became worse again, the symptoms being pain about the umbilicus; a rise of temperature; loose motions. The

following was the treatment: turpentine in twenty-drop doses, and hot fomentations with turpentine over the bowels.

The patient left his bed on February 11th. Subsequently there was a rise in temperature; but he was dismissed well on March 13th, 1878.

SELECTIONS FROM JOURNALS.

SURGERY.

SUPRAORBITAL NEURALGIA CURED BY NERVE-STRETCHING.—Dr. Kocher relates, in the *Correspondenzblatt für Schweizer Ärzte*, November 11th, 1879, the case of a man aged 32, who had for seventeen years suffered from neuralgia of the right supraorbital nerve. The attacks, at first rare, afterwards became more frequent, until at last there were only brief intervals of freedom from pain. All the ordinary therapeutic measures had been tried for years without success. Dr. Kocher laid bare the nerve and three of its branches by an incision along the upper border of the orbit, and stretched it forcibly by means of an aneurism-needle passed under it. The healing of the wound was attended with abundant suppuration. From the moment of the operation, the patient was free from pain, and the neighbourhood of the supraorbital nerve was anaesthetic. The patient was last seen three months after the operation; he had had no return of the pain; sensation was diminished over a space ten centimetres in extent, but was otherwise perfectly restored. After neurectomy, paroxysms of pain are usually observed during the first few days after the operation. As these were absent in the present case, Dr. Kocher concludes that the lesion of the nerve is less when the nerve is stretched than when it is divided. The value of nerve-stretching as a substitute for excision will be greater in neuralgia of the second and third divisions of the fifth nerve, as here a much smaller wound will suffice.

SPONTANEOUS ANTERIOR SUBLUXATION OF THE HAND.—Dr. Madelung publishes, in von Langenbeck's *Archiv* (vol. xxiii), a report of twelve cases of this affection which have come under his notice. In one of the cases, he was able to make a thorough anatomical examination. The upper border of the articular surface of the radius had degenerated into a tuberosity, which prevented the carpus from assuming its normal position; the epiphysis of the radius was considerably inclined towards the volar surface. There were no signs of inflammation. The author regards this deformity as dependent on an arrest in the growth of the wrist-joint, and as being analogous to talipes valgus and genu valgum, which are caused by excess of weight pressing on the lower extremities. This spontaneous subluxation is most frequently met with in the age between thirteen and twenty-three, and in females belonging to the working-classes, especially laundresses. The movements of the joints are limited to a certain extent by the arrangement of the bones, the ligament, and the muscles. The latter are of special importance for the movements of the wrist-joint. The manual labour of daily life is almost entirely executed by the pronator muscles. Excess of flexion on the palmar surface is prevented by the tendons which run across the epiphysis of the radius, and, in arduous manual labour, exercise a constant pressure on the bone. When this muscular apparatus is unable from exhaustion to discharge its functions any longer, the bones and ligaments take its place; and thus gradually the excessive pressure on one part of the articular surface of the radial epiphysis arrests its further growth, and favours the excessive development of those parts which are not subject to pressure. This deformity of the articular surfaces is always accompanied by pain in the affected joint, which has often been erroneously ascribed to neurosis. If the patient continue to work as before, subluxation of the joint ensues, the pain ceases, and the wrist-joint becomes deformed and much limited in its movements. When the affection is fully developed, it becomes incurable; but it may be arrested by carefully avoiding all labours which entail a forced dorsal flexion, and by wearing a broad leather strap which fits tightly to the joint, can be made tight or loose according to the wearer's will, and prevents the articulation from executing excessive movements.

FOREIGN BODY IN THE BASE OF THE ORBIT.—At a meeting of the Medical Society of Greifswald (*Deutsche Medicin. Wochenschrift*, August 16th), Dr. Schirmer related a case in which a foreign body had remained five months in the orbit without producing remarkable disturbance. On February 20th, a soldier aged 25 came to the eye-clinic on account of entropion of the left lower eyelid; the middle part was specially affected, being turned inwards at an angle. The cause of this was apparent in the form of a cicatricial band extending from the edge of the lid to the lower fold; it implicated the conjunctiva and a portion of the tarsus, but left the cutis free. Another vertical cicatrix passed

through the thickness of the whole upper eyelid, not quite reaching the edge. There was also a vertical cicatrix nearly an inch long on the forehead, reaching as far as the left eyebrow. In the previous October, during a fight, it was said, the patient had been wounded in the forehead and upper eyelid by a knife; but the eye had not been injured. These wounds were united by sutures; the injury of the lower lid was not noticed. The entropium had set in soon afterwards. On examination, it was found that the conjunctival cicatrix was firmly adherent to the base of the orbit; and it was hence supposed that the instrument which produced the injury had penetrated the antrum of Highmore, and had pushed a portion of the lower fold of conjunctiva into the opening of the bone; and that, perhaps, also a broken portion of the knife remained there. No foreign body, however, could be felt with certainty in the orbit. An incision about four-fifths of an inch long was made through the soft parts along the lower border of the orbit; and the floor of the orbit was explored with a blunt instrument as far as the cicatrix. At this part, there was found a broken piece of knife, with its back turned towards the border of the orbit, and its edge towards the eyeball. Some force was required in removing it. It was a piece of a knife, about an inch and one-third long and three-fifths of an inch wide. After its removal, the lower eyelid regained its normal position, and the patient was discharged completely cured.

EMPHYSEMA OF THE UPPER EYE-LID PRODUCED BY BLOWING THE NOSE AFTER AN INJURY.—Dr. A. D. Williams relates the following case. A young woman called to ask him about her eye, which she had injured only a few minutes before by a severe fall. By accident, she tumbled down four or five steps out of a front door upon the pavement, striking heavily upon the bricks with the supraorbital bone of the left side of the head and body. The fall caused considerable contusion of the flesh and some abrasion of the skin over the left eye, but no cut. Soon after she stood up, she had occasion to blow her nose quite hard, and was surprised to find that the upper eyelid swelled up to such an extent that she could not open the eye, even with her fingers. The suddenness of the swelling and her inability to open the eye in any way naturally frightened her very much. Upon examination, Dr. Williams could find no injury other than the contusion of the flesh and the abrasion of the skin over the eye. The peculiar crackling feeling communicated to the fingers by palpation conclusively proved that the great swelling of the lid was caused by the presence of air in its areolar tissue. By pressing upon the lid a little, the air could be forced out of the lid into the deeper tissue of the orbit, which allowed the lid at once to partly open. The pressure caused the crackling noise to be both heard and felt by the patient. To account for the emphysema of the lid, it is necessary to suppose that the fall caused sufficient fracture of the bone at some point to make an opening through it. The locality of the fractured point was most likely in the outer or anterior wall of the frontal sinus. When the patient blew her nose, the pressure was sufficient to force the air through the opening in the areolar tissue of the lid.

TRAUMATIC TETANUS: DIFFERENT METHODS OF TREATMENT.—Dr. Mollière relates the following case in the *Gazette des Hôpitaux*. The patient, aged 25, had been accidentally shot in the right foot. The fourth and fifth toes were so badly injured that they were amputated at once; the first phalanx of the third was fractured and the articulation opened, but it was thought that it might be preserved. The patient was treated antiseptically, and seemed to progress well during a fortnight, when suddenly he began to complain of a feeling of lassitude, the wound became very painful, and he experienced some difficulty in opening his jaws and turning his head. The toe was dressed with laudanum, and the patient took half a drachm of bromide of potassium and a drachm and a half of chloral daily; he had also two hypodermic injections of morphia. Notwithstanding this treatment, the patient became worse, the pain in the foot increased, and all the symptoms of acute tetanus showed themselves; he had general convulsions, could not move his head or open his mouth, perspired abundantly, had very high temperature, etc. The wound becoming exceedingly painful, the injured toe was amputated. From that day the local pain ceased, and the other symptoms gradually vanished. The patient remained sleepless for a rather long time, notwithstanding the use of hypnotics, but could open his mouth more freely, and could swallow. Smaller doses of chloral and bromide of potassium were given, and a month after the operation the patient was well enough to leave the hospital. On dissecting the toe which had been removed, it was found that a small sharp fragment of bone was sticking in the internal lateral nerve, and had in this way caused the tetanic convulsions. This case is remarkable on account of the different methods of treating tetanus having been combined in the treatment. Without the amputation, the

drugs given would have had no effect; but on the other hand, if the powerful doses of hypnotics had not been administered, the surgical treatment would, in the author's opinion, have proved useless.

TOTAL UNILATERAL RUPTURE OF THE KIDNEY.—Dr. Anders, in No. 50 of the *St. Petersburger Medicinische Wochenschrift*, gives the following account of an interesting case. The patient, aged 15, a well built and well nourished individual, fell from the second floor of a house to the ground, but was not rendered insensible. He said that he had first struck the ground with his feet and then with the right hip. No symptoms of external injury could, however, be seen, except a slightly purplish spot over the right trochanter. No fracture of any kind could be traced, neither was there any symptom of concussion of the brain or spinal cord. He could not walk very well, but was able to move his extremities freely when lying in bed. The pulse was small, 60. Sensibility was not decreased. He freely passed bloody urine. The patient complained of severe pain in the abdomen, especially in the left renal region, but nothing abnormal could be detected in that part, either on inspection or palpation. The epidermis, and those parts of the mucous membranes which were visible to the eye, were exceedingly pale. The urine, on being examined under the microscope, was found to contain a large number of red blood-corpuscles. Towards night, the patient grew weaker, his abdomen was inflated, he frequently passed bloody urine, and complained of an increase of pain in the left lumbar region and the abdomen, especially if touched there. The symptoms of internal haemorrhage increased; he was a little delirious during the night. On the next morning, the mucous membranes seemed to be perfectly bloodless, while the skin was yellow. During the night, the urine was very little bloody, and on the morning quite clear. The patient died at 11 A.M. The treatment consisted in applying ice-bags to the abdomen and the lumbar region, and in giving several doses of morphia during the stage of prostration. At the necropsy, the thoracic viscera and the brain were found perfectly normal. On opening the abdominal cavity, several superficial subperitoneal extravasations, varying in size from a threepenny-piece to a penny-piece, were seen, both on the visceral as well as the parietal peritoneum, especially in the portions which corresponded to the cæcum, descending colon, sigmoid flexure, and parts of the ileum. A dark blue tumour of the size of a child's head, extending from the iliac fossa to above the tenth rib, and covering the three superior lumbar vertebra, was found in the abdominal cavity. It consisted of coagulated blood, in which the kidney, which had been torn into two distinct halves, was found imbedded. The rupture was transverse, going from the anterior superior part of the organ to the posterior inferior, and extending over the capsule and the pulp. The pieces were about two inches distant from each other, and entirely separated from their adhesions. The ureter was torn off, and was attached, to the length of two inches, to the lower fragment; the renal vein and artery were in the same condition. The right kidney was perfectly sound. The peritoneum was not ruptured. No fluid was contained in the abdominal cavity, and no blood in the bladder. Dr. Anders remarks that this case belongs to a class of rupture of the kidneys which very seldom comes under observation. 1. All the other organs remaining unaffected, the left kidney only was the subject of an indirect injury. 2. Death was caused by acute anæmia, as shown by the large clot of blood which was found in the left renal region and the haematuria. 3. The vein, artery, and ureter, were all three divided. 4. The reason why no blood was passed with the urine in the morning is, probably, that the blood being still liquid for the first hours after the accident, flowed down the divided ureter into the bladder; but later on coagulating stopped it, so that the urine which was secreted by the right healthy kidney remained clear, and was passed as such.

BEET-STINGS SIMULATING HERNIA.—M. Lepage read, before the Medical Society of Indre-et-Loire, the following observation of a singular case of simulation. A man presented himself, declaring that he was suffering from an inguinal hernia of several years' standing, but he could not give any particulars, and seemed rather deficient in intellect. The part in question being examined, no prominence could be seen; neither was one caused by coughing. The left side of the scrotum was larger and redder than the right, and, especially in the lower portion, had the appearance of an oedematous tumour, which extended far backwards, and was more suggestive of a large abscess than of a hernia. The testicles were normal. There was nothing unusual in the external appearance of the scrotum, with the exception of the inflammatory state, which could only be ascribed to the formation of an abscess in the tunica vaginalis, the origin of which, however, was not clear. In examining it more carefully, M. Lepage discovered, on the surface of the swelling, two slightly prominent black spots, which adhered closely to the skin. After a little pulling, they were removed,

and proved to be stings of bees. The origin of the inflammation was now clear; but, notwithstanding this discovery, the patient persisted in saying that he had a hernia, that he always had had one, and that he knew nothing about the stings. It seems that this kind of simulation, which used to be commonly practised formerly, does not occur often now. It is easy to prove it if the stings happen to have been left in the wounds, but after they have been removed it is very difficult, as the traces left by the sting are almost imperceptible.

PATHOLOGY.

INFUSORIA IN THE EXPECTORATION.—At the hospital at Leyden, where the sputa are examined with great care, many interesting facts are constantly being discovered. Thus, Herr Kannenberg (Virchow's *Archiv*, t. lxxv, p. 471) has, in five cases out of six of pulmonary gangrene, met with infusoria of the monad family, *cercomonas* and *monas lens*. They are small rounded bodies of the form and size of a lymph-cell, from which they may be distinguished by their rapid movements and a small appendage in the form of a tail. They are found in great abundance in the small whitish lumps which fall to the bottom of the spitting-basin, although they are sometimes found in the liquid portion. They are most easily found in fresh expectoration, as at that moment their movements are the most rapid. At the end of four-and-twenty hours, it is impossible to find them again. They are no longer distinguishable, being immovable, and surrounded by cellular forms. This fact sufficiently indicates that these minute organisms have not accidentally found their way into the spitting-basin. Examination of the buccal secretions has furnished negative results, so that it may be believed that these monads proceed from the lungs, and more especially from the portions in a state of gangrenous decomposition. They may even be the primary cause of that decomposition. This hypothesis has at least the merit of being logical; and Kannenberg, who advances it somewhat timidly, is able to support it by excellent reasons, amongst them being the small discovery with which he has just enriched science.

PERFORATING ULCER OF THE STOMACH ; VOMITING OF A TUBULAR AND SACCIFORM MASS.—Dr. O. Hjelt relates the following case in the *Finska Läkärasällskapets Handlingar*, Band xx (quoted in *Nordiskt Medicinist Arkiv*, Band xi). The patient, a woman aged 42, had enjoyed good health, with the exception of some slight dyspeptic troubles. On February 15th, she had a severe rigor, followed by fever, with burning pain in the throat, and violent vomiting. When admitted into the General Hospital, she had constant vomiting, and some, but not very severe, diarrhoea, which had set in about a week previously; she had also dysphagia. The mucous membrane of the mouth and fauces was much injected; and there was a diphtheritic deposit on the soft palate, uvula, posterior pharyngeal wall, and also on the tongue and gums. The epigastrium was very tender on pressure. Almost everything that the patient ate caused vomiting. This condition lasted about two weeks; after which there was some improvement. The diphtheritic process in the mouth and fauces gradually ceased, and the gastric symptoms were so far relieved that the patient could take easily digestible food without provoking vomiting. At the end of March, however, there was a change for the worse. The patient again became feverish; constant vomiting, partly of blood, set in; and the patient's strength was much reduced. On March 31st, she vomited a large consistent tubular and sacciform membrane, which was apparently a cast of the stomach and of a part of the oesophagus. An extremely severe pain in the epigastrium, which had troubled the patient for some time previously, ceased immediately afterwards. On April 6th, she had a severe attack of pleurisy in the left side, which two days later spread to the right side; on the 10th, there was peritonitis, with tympanic distension of the bowels, and great tenderness over the whole abdomen. The patient rapidly fell into a state of collapse, and died on April 11th. At the necropsy, the oesophagus was found to be much thickened, and to pass imperceptibly into the stomach, which formed a round sac of the size of a smallish apple. The spleen formed a tongue-shaped, obtuse, rounded body, about eight-tenths of an inch in diameter, lying nearly free in the stomach; at its lower part it was firmly enclosed in the wall of the stomach, but above this point of the little finger could be passed into an open canal below the diaphragm and the adherent capsule of the spleen. The cavity of the stomach, which was much contracted, contained only 60 cubic centimetres (little more than two ounces) of fluid. The pyloric portion was much thickened; Brunner's glands were swollen; the pancreas was elongated and loose. The canal above mentioned as commencing in the stomach opened into the peritoneal cavity at the upper part of the spleen, which was here eroded, while the portion lying within the stomach had a firm thickened rough surface. The spleen, which in its middle part was firmly adherent to the dia-

phragm, the capsule being very thick at this part, had a semiglobular form, and was about four-and-a-half inches in length and two inches in thickness. The membranous cast of the stomach and oesophagus, mentioned above, was 37 centimetres (14½ inches) in length. Narrow above, it increased gradually in breadth, until it suddenly expanded into a semiglobular sac; its outer surface was rough, rather uneven, of a brown grey colour with dark spots; its inner surface was of a dark colour, here and there nearly black; it was of firm consistence, and its thickness through the greater part of its extent was double that of a sheet of writing paper. The membrane consisted of a granular mass, with numerous fibres crossing in all directions, and a great abundance of small yellowish red conglomerated blood-corpuscles and large dark adherent clots of blood. It might be regarded as a blood-extravasation moulded on the mucous membrane of the stomach and oesophagus.

TUBERCULOSIS IN INFANTS.—From a consideration of nine cases of tuberculosis in infants from ten weeks to ten months of age, including seven fatal cases with necropsies, Dr. Alois Epstein (*Prager Vierteljahrsschrift*, Band 142), concludes that the presence of the disease in infants is in most cases due to infection with the milk of a tuberculous mother, and not to hereditary predisposition, as is usually supposed. Two of the children were the offspring of healthy mothers, but one was suckled by a phthisical wetnurse. Seven were the children of phthisical mothers. In one of the cases, there were intestinal ulcers and cheesy infiltration of the mesenteric glands. The author remarks that the tuberculosis of infants and young children differs from that of adults in the great frequency with which the lymphatic glands, and especially the glands of the small intestine, are affected, and also in the comparative rarity of pulmonary disease in children. These facts appear to indicate that the starting-points of tuberculosis in children and in adults are different; and that, while in adults and older children it is breathed in, it is sucked in by infants and young children.—*Allgemeine Medicin. Central-Zeitung*, July 26th.

THERAPEUTICS.

THE PHYSIOLOGICAL EFFECTS OF CAPSICUM.—Dr. Högyes (*Archiv für exper. Pathol.*, Band ix), has made several experiments with capsicum annum and its alkaloid capsicol, on cold and warm blooded animals. He found that both drugs stimulated especially the sensory nerves, increased the secretion of the gastric juice and the saliva, and quickened peristaltic action. In man, besides the above mentioned symptoms, others were experienced, such as itching, feeling of intense heat in the mucous membranes, and a more or less considerable amount of reflex hyperæmia. The author does not consider the plant poisonous; he thinks, on the contrary, that it is a pleasant condiment, and a stimulating drug in cases of chronic weakness of digestion.

THE COMPARATIVE VALUE OF TANNATE AND SULPHATE OF PELLETIERINE IN THE EXPULSION OF TAPEWORM.—Dr. Berenger-Féraud is of opinion that the tannate is a very advantageous salt, having a more certain action than any other. A purgative, consisting of 30 grammes of castor-oil, or 30 grammes of compound tincture of jalap, or 45 grammes of sulphate of soda, should be given a quarter of an hour beforehand; and this produces motions more easily and causes less often nausea and vomiting.

TOXICOLOGY.

MENTAL DISTURBANCE CAUSED BY POISONING WITH ATROPIA.—Dr. Kowalewski relates, in the *Voggeno Medical Journal*, 1879, the following case which had come under his observation. The patient, a man aged 29, addicted to drink, had lost in his youth one eye, through a stroke with a hatchet. Some time ago, a leucoma began to form on the other eye. Iridectomy was subsequently performed, and the patient treated with atropia. The dose having been rapidly increased, he became unexpectedly restless and excited, and hallucinations of sight, hearing, and sensation set in. The patient felt very much elated; he had splendid visions, in which abstract ideas assumed a personality. Thus, he saw the tree of life, Divine mercy, hallelujah, etc., as it were embodied in a personal form. The only other symptoms of poisoning which were observed at the same time were sleeplessness and acceleration of the pulse. There was no dryness of the throat or tongue, no spasm of the glottis, etc. It was impossible to have any idea as to the state of the pupil, owing to the leucoma and the iridectomy which had been performed. Large doses of morphia were given; the use of this drug was followed by dryness of the tongue and fauces; the pulse became normal, and all the symptoms disappeared ten days later.

ficates: 1. J. R. L. Dixon; 2. S. G. Sharpe. Histological Prizes—A. Barron and J. G. Brown. Royal Infirmary Clinical Prizes—Surgeon's Prize, A. Houlgrave. Students' Debating Society's Prizes—Essay: 1. Alex. Barron; 2. Thomas Leicester; Debating Prizes: 1. A. Houlgrave; 2. Griffith Jones; Reports of Medical and Surgical Cases, William Renner.

QUEEN'S COLLEGE, BIRMINGHAM.—Medicine: Medal and First Certificate, Cornelius W. Suckling; Second Certificate, Felix C. Vinrace. Surgery: Medal and First Certificate, E. Augustus Harbord; Second Certificate, Felix C. Vinrace. Pathology: Medal and First Certificate, Felix C. Vinrace; Second Certificate, J. Benson White. Anatomy (Senior Division): Medal and First Certificate, Richard A. Fitch; Second Certificate, Arthur T. Holdsworth; (Junior Division): Medals and First Certificates, Frank Leslie Phillips and Septimus Sunderland (equal); Second Certificate, Henry Shillito. Practical Anatomy (Senior Division): Medal and First Certificate, Arthur T. Holdsworth; Second Certificate, Richard A. Fitch; (Junior Division): Medal and First Certificate, Frank Leslie Phillips; Second Certificates, Septimus Sunderland and Arthur H. Hart (equal). Physiology: Medal and First Certificate, Richard A. Fitch; Second Certificate, Arthur T. Holdsworth. Practical Physiology: Medal and First Certificate, Arthur T. Holdsworth; Second Certificate, William Richards. Chemistry: Medal and First Certificate, Frank Leslie Phillips. Botany: Medal and First Certificate, Frank Leslie Phillips. Materia Medica: Frank Leslie Phillips; Second Certificate, —Arblaster. Forensic Medicine: Medal and First Certificate, Cecil Birt; Second Certificate, Andrew Fuller. Midwifery: Medal and First Certificate, John Lloyd Thomas; Second Certificate, Richard A. Fitch. Practical Chemistry: Medal and First Certificate, Frank Leslie Phillips. Sands Cox Prize, Cornelius W. Suckling.

UNIVERSITY OF DURHAM COLLEGE OF MEDICINE, NEWCASTLE-ON-TYNE.—Tulloch Scholars, W. Robinson and C. H. C. Milburn. Charlton Scholar, Hugh T. Bowman. *Winter Session, 1878-79.*—Anatomy: Medal and First Certificate, W. Robinson; Second Certificate, C. H. C. Milburn. Dissections: Medal and Certificate, E. L. Prowde, M.A. Physiology: Medal and First Certificate, W. Robinson; Second Certificate, C. H. C. Milburn. Chemistry: Medal and First Certificate, S. Brookfield; Second Certificate, W. M. Buxton. Surgery: Medal and First Certificate, John R. Dodd. Medicine: Medal and First Certificate, John R. Dodd. Public Health (no Medal awarded).

ANDERSON'S COLLEGE, GLASGOW.—Anatomy, Senior—Certificates (in order of merit), G. W. Till, A. M. Murdoch, John M. Watson, Joseph Thornley, and William Jackson; Junior—£5 Prize, Herbert W. White; Certificates (in order of merit), H. W. White, George F. Edwards, Alexander H. Guest, Archibald B. Gemmill, Henry Oakes, Robert W. Lindsay, Victor E. Deacon, John Lyon, George B. Butterly, John Aitken, John S. Forrest; Second-Class Certificates (alphabetically), Colin Macdonald, Donald MacLachlan, Peter C. M'Niven, Robert Sinclair, Thomas Weir. Practical Anatomy, Senior—First-Class Certificates (alphabetically), Peter F. W. Bluett, A. W. Heron, William Jackson, Samuel M'Iwrath, A. M. Murdoch, Robert Roberts, J. Thornley, G. W. Till; Second-Class Certificates (alphabetically), Frederick V. Adams, Sharupji de Bhabha, William Cruickshank, Donald Macnaughtan, Vincent A. Passanha, John Huntly Peck, John M. Watson; Junior—First-Class Certificates (alphabetically), G. F. Edwards, John S. Forrest, A. H. Guest, H. Jones, R. W. Lindsay, J. Lyon, P. C. M'Niven, Henry Oakes, T. Weir, H. W. White; Second-Class Certificates (alphabetically), J. Aitken, William Andrews, G. B. Butterly, Alexander Cameron, Samuel James Campbell, V. E. Deacon, James Hughes, C. Macdonald, Archibald L. M'Phail, Robert W. Slater, William H. Seymour, R. Sinclair, Harry Lyon Smith, William M. Stuart. Chemistry—Laboratory Scholarship (£16 16s.), Ernest Lousley; Medical Prize (£5), H. Oakes; Certificates of Honour (in order of Merit), E. Lousley, James M'Arthur, H. Oakes; Second-Class Certificates (alphabetically), J. H. Allison, James C. Annan, John Lennox, R. W. Lindsay. Physiology—Prizes: 1. A. Murdoch and G. F. Edwards (equal); 2. G. W. Till; Certificates, A. M. Murdoch, G. F. Edwards, G. W. Till, J. Thornley, J. W. Watson, James Houston. Surgery—First-Class Certificates, G. W. Till, David Carruthers, C. M'Millan, David H. Kyle, J. Thornley, R. Roberts, W. Jackson; Second-Class Certificates, A. W. Heron, Sharupji de Bhabha, Frederick V. Adams; Honourable Mention, A. M. Murdoch, Donald Macnaughtan. Practice of Medicine—Certificates, David Carruthers and David H. Kyle (equal); Alexander D. Moffat, William Gill; Honourable Mention, Philip J. Brayne, W. C. F. Smith, V. A. Passanha, John H. Peck. Materia Medica—First-Class Certificates, D. Carruthers, W. C. F. Smith, D. H. Kyle. Midwifery—First-Class Certificates, J. Bradford, D. Carruthers, Marcus Calder, John Gunn, George Knox, Alfred Witham; Second-Class Certificates, Sharupji de Bhabha, H. A. Fraser, N. D. Talpede. Medical Jurisprudence—First-Class Certificates, Ralph Kinder, David Carruthers; Second-Class Certificates, W. Gill, John Bradford. Medical Scholarships, *Winter Session, 1878-79.*—£20 Scholarship, David Carruthers and David H. Kyle (equal); £10 Scholarship, G. W. Till. Medical Students' Society—President's Prize, G. W. Till.

GLASGOW ROYAL INFIRMARY SCHOOL OF MEDICINE.—*Winter Session, 1878-9.* Chemistry—Class Prize, Thomas R. Cowie. Chemical Medicine—Prize, Wm. S. Kilpatrick. Certificates—Edwin S. Anderson, Frank M. Allan, Hugh M. R. Ewing, George Steven. Medical Division—Prize, John S. Boyd. Certificates—Charles S. Young, Robert W. White, Thomas H. Williams, Henry Mason. Anatomy—Senior Division—1st Prize, Ernest A. Hyrons; 2nd Prize, Thomas E. Flitcroft; Certificate, Charles R. M'Lean. Junior Division—1st Prize, Charles E. Flitcroft; Certificate, Thomas H. Williams; Certificates, Henry Mason, James Gilles, John Humphries. Practical Anatomy—Senior Division—Certificates (in alphabetical order), John T. Davies, E. A. Hyrons, John H. Jones, C. R. M'Lean, Louis X. Railton. Junior Division—Certificates (in alphabetical order), Sheridan Deans, James Gillies, John Humphries, Charles Jackson, Henry Mason, John W. Owen, Thomas H. Williams, Charles S. Young. Class Prosecutors, E. A. Hyrons and L. X. Railton. Physiology—1st Prize, E. A. Hyrons; 2nd Prize, T. E. Flitcroft. Certificate, C. R. M'Lean. Surgery—Prizes: 1. Owen Williams; 2. E. A. Hyrons; 3. T. E. Flitcroft; 4. John Garey. Certificates, John T. Davies, Charles R. M'Lean, Michael Keily. Practice of Medicine—Prizes: 1. Michael Keily; 2. John Garey; 3. John T. St. Anholm; 4. Arthur Jones. Special Prize, John W. Rowlands. Materia Medica—Prize, Owen Williams; Certificate, Arthur Jones. *Summer Session, 1879.* Practical Medical Chemistry—Certificates: 1. C. S. Young; 2. Thos. H. Williams; 3. James Gillies. Forensic Medicine—1st Prize, Michael Keily; 2nd, Robert Wallace, John Jones, E. A. Hyrons (equal). Certificates, J. W. Rowlands, William Breadie, C. R. M'Lean, R. S. Howson. Midwifery—Prizes: 1. Michael Keily; 2. E. A. Hyrons; 3. Alex. H. Guest. Certificates, C. R. M'Lean, R. W. Stuart. Pathology—Prize, Joseph Sykes. Certificates, George Till and Ernest A. Hyrons (equal), Michael Keily, Robert Wallace.

ASSOCIATION INTELLIGENCE.

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. HABERSON (President-elect of the Branch), in the Chair. The following papers will be read.

1. On Double Extension in Diseased and Injured Spine and Pelvic Joints. By John Wood, F.R.S.
2. Pneumonia of the Apex. By F. T. Roberts, M.D.
3. An Unusual Sequela of Scarlatinal Dropsy. By J. F. Goodhart, M.D.

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 15th, 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,

SOUTH MIDLAND BRANCH.

THE autumnal meeting of this Branch will be held at the Bedford Arms, Woburn, on Thursday, October 23rd, at three o'clock.

The President, Dr. Goldsmith, Dr. Macdonald, G. H. Percival, M.B., and others have promised papers.

At two o'clock, there will be a luncheon at the hotel. Tickets, 3s. 6d. each.

G. F. KIRBY SMITH, *Honorary Secretary.*
Northampton, October 14th, 1879.

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 their 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.

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.

SOUTH-EASTERN BRANCH: WEST SURREY DISTRICT.

THE next meeting will be held at the Surrey County Hospital, Guildford, on Friday, October 24th, 1879, at 3.30 P.M.; Dr. JAMES R. STEADMAN in the Chair.

Dinner will be provided at the White Lion Hotel at 6 P.M.: charge 5s. 6d., exclusive of wine.

The following cases are promised.

1. Dr. J. Morton: A Case of Scirrhous of the Rectum.
2. Dr. J. Walters: On Antiseptics in Country Practice.
3. Mr. C. J. Sells: Three Cases of Pleuritic Effusion of the Left Chest treated by Aspiration. And some cases of interest in the hospital.

A. ARTHUR NAPPER, *Honorary Secretary.*

Broad Oak, Cranleigh, October 16th, 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
J. G. U. WEST, Stoke-upon-Trent } *Honorary Secretaries.*
Wolverhampton, October 6th, 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.

SOUTH-EASTERN BRANCH: EAST SURREY DISTRICT.

A MEETING of the East Surrey district was held at the White Hart Hotel, Reigate, on October 9th, 1879: Mr. HALLOWES in the Chair. Thirty members and visitors were present.

1. Dr. D. W. Chas. Hood read a paper on Croup and Diphtheria.

2. Mr. Hallowes read a Clinical Report on an Outbreak of Enteric Fever at Redhill in the early part of 1879.

3. Dr. John Walters read a paper on the Treatment of *Post Partum* Haemorrhage by Injections of Hot Water.

Twenty-nine members and visitors sat down to dinner.

EAST ANGLIAN AND CAMBRIDGE, AND HUNTINGDON BRANCHES.

THE Autumn Meeting of the above Branches was held at Tucker's Hotel, Cromer, on Friday, September 12th, under the Presidency of J. KILNER, Esq., F.R.C.S., of Bury St. Edmunds.

Report of Council: Election of President.—The Council reported the satisfactory state of the Branches, and proposed that J. Kilner, Esq., be re-elected President for the ensuing year, which was carried.

Next Meeting.—It was then proposed and carried: "That as the Annual General Meeting of the Association for 1880 will be held in Cambridge, there should be only one meeting of the East Anglian Branch in 1880, which should take place at Lowestoft the first Friday in October."

Papers.—An interesting paper on the History of Cromer was read by Dr. MACKELVIE, and after a vote of thanks, there was a general request that he would publish it.

Dr. BATEMAN'S paper on Certain Points in the Treatment of Glycosuria and Polyuria elicited a discussion in which Drs. Skrimshire, Latham, Kilner, and Amyot took part.

Excursion.—After the meeting, the members and friends were invited by Mrs. Bond Cabbell to Cromer Hall, where a very pleasant hour was spent in looking over the fine suite of rooms, library, and garden. Tea and coffee were provided for all visitors.

Dinner.—The members and friends afterwards dined at Tucker's Hotel, J. Kilner, Esq., in the Chair, and J. B. Pitt, Esq., Honorary Secretary, in the Vice-Chair.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

A COUNCIL meeting of this Association was held on the 7th instant, at the rooms of the Association, 3, Bolt Court, Fleet Street. Dr. J. Rogers, who occupied the chair, submitted for consideration the propositions relating to an amendment of the system of medical relief in the United Kingdom, which were formulated by him in the paper read at the Association meeting at Cork in August last. After some discussion, it was moved by Dr. Burchell, seconded by C. Frost, Esq., and resolved unanimously: "That the Chairman be requested to bring the question before the Parliamentary Bills Committee of the British Medical Association, with the view to inducing that Association to take the subject in hand at as early a date as possible prior to the advent of the pending general election."

THE DIFFUSION OF SCARLATINA.

A REPORT of much value as showing the terrible mortality from scarlatina that may occur in dirty crowded mining centres when the disease once gets a foothold, has recently been presented to the Local Government Board by Dr. William Ogle. The male population in the registration subdistrict of Pontypool, in Monmouthshire, is almost exclusively engaged in the unhealthy occupations of mining and puddling, and one would therefore expect the death-rate to be high. As a matter of fact, the general rate of mortality has averaged 22.0 for the last eight years; and remembering that males (who have invariably a higher death-rate than females) preponderate largely in the population, this rate, though high, cannot be looked upon as excessively so. It appears, however, that certain special diseases of these have caused much more than their average proportions of deaths. For the last eight years, there has been but one quarter in which no death was registered from scarlet fever; in many quarters, the number registered has been very high; and in the last two quarters of 1878 was successively thirty-nine and thirty-eight. Moreover, in the twenty years 1851-70, the published statistics show, also, that not only scarlet fever, but also other catching disorders, as small-pox, measles, whooping-cough, have on an average of a long period of years destroyed more than their due share. Pontypool subdistrict is in this matter not exceptional among large industrial communities; and like causes contribute to swell the mortality from these diseases there as they do in similar communities elsewhere. First amongst the causes comes aggregation of the population within a narrow area. In the Pontypool subdistrict, a great part of the area consists of uninhabited mountain tracts, and the population, though in some parts scattered, is in great measure concentrated in densely populated spots, with as little free space and ventilation close about them as in the alleys of any large town. Some influence must also be attributed to the peculiar composition of the population as regards age. Scarlet fever and like diseases prey especially upon the young; and in this subdistrict, and probably in other places where the occupation is of the same character, the proportion of persons under twenty years of age is much above the average, this being due to the constant influx of young lads from rural places to the works. Again, the influence of unwashed bodies and clothes, and generally of filthiness, whether of persons or houses, in the propagation of infectious diseases cannot be questioned; and all our senses tell us how much more prevalent such dirtiness is in crowded communities than elsewhere. The Pontypool subdistrict is no exception to the rule, Dr. Ogle's report revealing a shocking state of personal uncleanliness amongst its inhabitants.

It cannot be doubted that the constant habitation to filthy surroundings breeds a reckless indifference to all evils, physical or moral; a recklessness with which the adoption of the most ordinary precautions to escape infection, or to avoid infecting others, is quite incompatible. Dr. Ogle was told again and again that, in the late outbreak, people behaved as though the disease were not infectious at all; that sick and healthy intermingled as freely as ever; that goods were sold in shops and delivered by persons still visibly in process of desquamation; and he was shown, in one instance, a little close room in which milk was kept and sold, while a lad lay all the time in it with scarlet fever, the scales detached from his skin, no doubt, floating in the air and dropping into the fluid. No serious attempt seems to have been made by the authorities to hinder the action of these and similar causes. No arrange-

MILITARY AND NAVAL MEDICAL SERVICES.

GOOD SERVICE PENSION.

THE pension of £100 per annum for distinguished and meritorious service enjoyed by the late Surgeon W. H. Young, has been conferred by the Queen on Surgeon John Wyer, late 19th Foot, of Whitechurch Canonicorum, in the County of Dorset. Surgeon J. Wyer entered the Army Medical Department as hospital assistant in February 1811; and immediately joining the Forces in the Peninsula, was sent to Coimbra, where he attended the wounded from the battle of Busaco. He served on the Staff in the general hospitals, and at the head-quarters of the cavalry under Sir Stapleton Cotton at Salamanca and Vittoria, and in the Pyrenees, and was then appointed Assistant-surgeon to the 88th, with which regiment he was present at the engagements of Nivelle, Orthes, and Toulouse. He received the Peninsular Medal with five clasps. At the termination of the war, he embarked at Bordeaux with the 88th for Canada, for the struggle in America, and was present at the taking of Plattsburgh. On returning to Portsmouth, in June 1815, the regiment received urgent orders to proceed immediately to Ostend, from which place it marched to Paris, missing the battle of Waterloo by a few days. The 88th formed part of the army of occupation, and was quartered at Montmartre (Paris), and Valenciennes; and, serving with it, Surgeon Wyer remained nearly a year in France. The first battalion was reduced, and he went on half pay until 1824, when he was ordered to the Cape of Good Hope as Staff Assistant-Surgeon, and employed as acting surgeon to the 49th, and subsequently the 55th. While in South Africa, he went as district surgeon to Simon's Town, and on detachment duty to Fort Wiltshire and Hermann's Kraal on the Zulu border, and was afterwards appointed district surgeon to Port Elizabeth, where he and the other officers of the detachment entertained the notorious Chaka, Cetewayo's predecessor, at dinner, that notability having been brought round by sea from Natal by Lieutenant King. After a service of six years in South Africa, Surgeon Wyer returned to garrison duty at Chatham; thence he proceeded to Ireland, where he was gazetted surgeon to the 74th Foot, and with this regiment he went to the West Indies; from it he was transferred to the 19th. Returning home in 1835, he was finally placed on reduced pay, on account of ill-health in 1840. Surgeon J. Wyer volunteered for the Crimea War, and appeared before a medical board for examination, but his preferred service was not accepted. Mr. Wyer commenced his professional studies under the care of Mr. Oakes, surgeon, of Cambridge, and from him went as pupil to Mr., afterwards Sir Anthony, White, residing with his family and attending lectures and other surgical work at the Westminster Hospital.

PUBLIC HEALTH.—During last week, 3,227 deaths were registered in London and twenty-two other large towns in the United Kingdom. The annual death-rate was 19 per 1,000 in Edinburgh, 18 in Glasgow, and 29 in Dublin. The annual rates of mortality in the twenty English towns were as follow: Bristol 14, Wolverhampton 15, Leicester 15, Portsmouth 16, Birmingham 16, Hull 17, Newcastle-on-Tyne, 17, Bradford 18, Oldham 18, Brighton 18, Norwich 18, Sheffield 19, Leeds 19, London 20, Nottingham 20, Plymouth 20, Sunderland 22, Salford 23, Manchester 24, and the highest rate 25 in Liverpool. The annual death-rate from the seven principal zymotic diseases averaged 3.3 per 1,000 in the twenty towns, and ranged from 0.7 and 1.2 in Wolverhampton and Norwich, to 5.0, 5.3, and 5.8 in Sunderland, Salford, and Liverpool. In London, 1,366 deaths were registered, being 51 below the average; and the annual death-rate from all causes was 19.7 per 1,000. The 1,366 deaths included 30 from measles, 66 from scarlet fever, 17 from diphtheria, 28 from whooping-cough, 29 from different forms of fever, 60 from diarrhoea, and not one from small-pox; thus to the seven principal diseases of the zymotic class 230 deaths were referred, which were 33 below the average, and were equal to an annual rate of 3.3 per 1,000. At Greenwich, the mean temperature of the air was 51.5°, and 1.0° below the average. The general direction of the wind was north-easterly, and the horizontal movement of the air averaged 5.6 miles per hour, which was 4.5 below the average. No rain was measured during the week. The duration of registered bright sunshine in the week was equal to 19 per cent. of its possible duration.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, October 9th, 1879.

Hearnden, William Frank, Sutton, Surrey
Jackson, Mark, Great Torrington, Devon
Lavies, Joseph W. Y. H., 96, St. George's Road, S.W.
Moore, Thomas George James, Reading
Oglesby, Joseph William, Micklegate, York

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

Hurtley, William Maw, Leeds Hospital

UNIVERSITY OF CAMBRIDGE.—The following candidates have satisfied the Examiners in Sanitary Science.

In both Parts of the Examination.—J. W. Burman, M.D.; W. Collingridge, B.A., M.B.; C. C. Gibbs, M.D., M.C.; R. B. Low, M.D.; and H. M. Page, M.R.C.S.

In Part I.—G. G. Tatham, M.D.

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.

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

***KENT AND CANTERBURY HOSPITAL**—Assistant House-Surgeon and Dispenser. Salary, £50 per annum, with board, lodging, and washing. Applications on or before October 30th.

***MACCLESFIELD GENERAL INFIRMARY**—Junior House-Surgeon. Salary, £70 per annum, with board and residence. Applications on or before Oct. 27th.

***NORTHAMPTON GENERAL INFIRMARY**—Resident Medical Officer. Salary, £100 per annum, with furnished apartments, board, attendance, and washing. Applications on or before November 3rd.

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

***ROYAL FREE HOSPITAL**, Gray's Inn Road—Assistant Surgeon. Applications, with testimonials, on or before November 26th.

***ST. MARYLEBONE GENERAL DISPENSARY**—Honorary Physician. Applications on or before November 5th.

***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. Application on or before October 25th.

MEDICAL APPOINTMENTS.

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

***BUCK, W. Elgar, M.A., M.D.**, appointed Physician to the Leicester Infirmary and Fever House, vice J. W. Crane, M.D., 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 announcements.

BIRTHS.

EALES.—On October 3rd, at 56, Francis Road, Edgbaston, Birmingham, the wife of Henry Eales, M.R.C.S., of a son.

PEARSON.—On September 24th, at Stella House, Kingswinford, Staffordshire, the wife of Alfred W. Pearson, L.R.C.S., of a daughter (Mabel Rogers).

LAST Sunday being Hospital Sunday at Gravesend, collections were made at the churches and chapels in Gravesend and Milton, in aid of the funds of the local Dispensary and Infirmary.

ST. THOMAS'S HOSPITAL MEDICAL SCHOOL.—Mr. R. M. Williams has obtained the Entrance Science Scholarship of £60, and Mr. B. Relton that of £40.

ST. MARY'S HOSPITAL MEDICAL SCHOOL.—Messrs. G. W. Hill, and V. H. Veley, B.A., have gained the Open Scholarships in Natural Science.

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, 9 A.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. S.; 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.

MONDAY.—Medical Society of London, 8.30 P.M. The President (Dr. John Cockle) will deliver an Opening Address. Dr. B. W. Richardson, "On the Sphygmophone in Diagnosis".

TUESDAY.—Pathological Society of London, 8 P.M.: Exhibition of Specimens. 8.30 P.M.: 1. Mr. Butlin: Growth in Left Ventricle, with Embolism of the Brachial and other Arteries. 2. —: Mollities Ossium, with Myeloid Tumours. 3. Mr. A. Barker: Caries of Spine, affecting the Hip-Joint and Aorta. 4. Mr. Walsham: Small Round-celled Sarcoma. 5. Mr. Doran: Papilloma of Fallopian Tubes. 7. Dr. Moore: Disease of both Suprarenal Capsules without Bronzing. 9. Dr. Moore: Calvaria of Congenital Syphilis. 8. Dr. F. Taylor: Lymphadenoma. 9. Dr. Greenhow: Rupture of the Aortic Valves. Dr. Eve: Congenital Hernia, with undescended Testicle. 11. Dr. Eve: Syphilitic Disease of the Testicle. And other Specimens.

FRIDAY.—Clinical Society of London, 8.30 P.M. 1. Dr. Soutby: Two Cases of Acute Rheumatism. 2. Mr. Lawson: Cancer of the Breast following upon Eczema of the Nipple of long standing. 3. Dr. Wilks (Ashford): Case in which a man was struck by lightning.—Quekett Microscopical Club (University College), 8 P.M. A. Martinelli, Esq., "On the Germination of a Seed".

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*.

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

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

MEDICAL ETIQUETTE.

M.D.—If a friendly arrangement exist between A. and B., and A. is called to see B.'s patient, A. ought not to ask the patient whom he wishes to attend him. He ought to explain why he has called, and desire the patient to look to B. for his subsequent attendance. A. should not charge the patient. If he expect payment for his visit, he should arrange privately with B. In the case of a confinement, it is usual to tender at least half the fee to the friend who has attended as a substitute. The medical man who was engaged to attend the case should conduct the after-treatment. If the confinement have taken place at night, or if it have been accompanied by much delay or serious difficulty, a larger proportion of the fee should be demanded.

SIR.—Will any correspondent kindly inform me whether vaccinating with calf-lymph is attended with greater constitutional disturbance than vaccination performed in the ordinary way, from arm to arm?—I am, yours truly,

STOCKPORT.

XANTHELASMA PALPEBRARUM.

SIR.—In reply to "Follicle" as to the treatment of xanthelasma, I can assure him that there is no really reliable medical treatment for the above affection, careful removal with the scalpel being the only radical cure. For references to the literature of the subject, see Gräfe and Sämis, *Handbuch der gesammten Augenheilkunde*, vol. iv, part ii, page 425, *et seq.* As there seems to be some connection between the causation of this disease and a morbid state of the hepatic functions, chologagogues would probably tend to minimise the chance of recurrence after removal.—Faithfully yours,

CHAS. ED. GLASCOTT, M.D.

11, Saint John Street, Manchester, October 1879.

PRELIMINARY EDUCATION.

SIR.—In answer to "Paterfamilias", let me call his attention to Queen Elizabeth's Grammar School, Cranbrook. My eldest son was there for six years, and, without any other tuition, passed in the first division at the recent matriculation examination of the London University. I have another son there preparing for the same examination. The tone of the school is good, and its reputation for results beyond dispute. The very moderate terms can be obtained from the Rev. C. Crowden, M.A., Head Master.—Yours obediently,

HENRY LEWIS, M.D.

Folkestone, October 11th, 1879.

THYMOL.

SIR.—I shall be obliged if any of your correspondents will kindly inform me concerning thymol: 1. Whether it has proved as efficacious an antiseptic as carbolic acid in the treatment of disease—e.g., ozaena, sore-throat, ulcers, etc. 2. The usual strength for application externally or within the mouth. 3. The best formula for prescribing it, as it is almost insoluble (in 1000) in water.—I am, etc.,

?

CONVICT SERVICE.

SIR.—Will any of the numerous readers of the BRITISH MEDICAL JOURNAL be good enough to enlighten me on the following subjects, as regards the treatment of assistant-surgeons in Her Majesty's Convict Service, and oblige. 1. What is the scale of pay to assistant-surgeons on entering the service, and the mode of annual increment? 2. What is the length of daily duty, and that of recreation? 3. Are they supplied with quarters, rations, washing, fuel, etc.—Yours,

ANXIOUS.

CIDER AND RHEUMATISM.

THE member who wrote from Belfast on the 22nd ultimo may possibly get some information on the subject about which he asks from Dr. T. H. S. Pullin, Medical Officer of Health for Sidmouth, Devonshire. In the course of an interesting report on the mortality in his district during 1878, Dr. Pullin refers to the high proportion of cases of rheumatism and heart-disease, and observes: "There is a local conventional idea that the use of cider as a beverage is directly the cause of rheumatism, and thus indirectly of heart-disease. Careful statistical observations, however, completely disprove the fact, but point strongly to the absence of flannel next the skin, and the presence of damp feet and damp outer clothing as the cause."

CONDENSED MILK FOR INFANTS.

SIR.—Will you allow me to corroborate the observations of "A Member" in your last impression on the subject of condensed milk for infants. In opposition to the opinion of Mr. Laing, who writes to the JOURNAL of September 27th, I beg to state that I have recently had under my care several cases of infantile diarrhoea, in which condensed milk had been the only food. The last case was a very obstinate one, accompanied by much wasting. The usual remedies failed to do any good; but the child at once improved on changing its diet, and is now thriving well.—Yours faithfully,

W. WHITFIELD EDWARDES.

1, Oakley Square, N.W., October 11th, 1879.

SCIENCE IN OUR PUBLIC SCHOOLS.

SIR.—In one at least of our public schools—one celebrated for the liberty given to its pupils—the boys have applied their knowledge of anatomy and physiology in a very practical manner. A pretended feeling of illness has been so often disbelieved in by the doctor after recourse to the pulse, that these ingenious scholars have devised a means to overcome this little drawback. They arrange a pad, which they place in the axilla, and easily influence the brachial artery by pressing the arm against the side when the pulse is under examination.—I am, etc.,

E. NOBLE SMITH.

MAGNETIC BELTS.

SIR.—Mr. Fendick, whose letter appears in the BRITISH MEDICAL JOURNAL of to-day, had the vendor of the magnetic belt under his thumb. He should have refused to certify, and the local registrar would not have registered the death of "Mr. F." One inquest would go far towards carrying out the desired object.—I am, etc.,

BRISTOL, October 11th, 1879.

A MEMBER.

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

TREATMENT OF SICKNESS DURING PREGNANCY.

SIR.—In reply to "A Member", who desires to know how pepsine wine of a reliable quality may be prepared, I would state that it is indispensable to obtain fresh calves' stomachs: these should be opened and cleaned of any contents by simple removal. The ends of the stomach are rejected, as affording little or no pepsine; the mucous membrane is then scraped, and the scraped material added to marsala or sherry of good quality, and allowed to digest for some days. If the addition of the mucous material dilute the wine and render it liable to decomposition, it requires to be fortified by the addition of a little old French brandy. The quantity of calves' stomach and wine used can easily be estimated after a little practice. This is the process followed when a really good pepsine wine is desired: the usual plan of adding dried pepsine powder to wine and filtering off the undissolved starch does not yield a result worth much.

In recommending a fair trial of pepsine wine in repeated small doses for relieving different forms of nausea and vomiting, the mode of giving chicken-broth or jelly with it (referred to in my article in the JOURNAL of September 20th) must be remembered—that it is in small quantities at regular intervals, to the exclusion of all other drinks and food. This will be found of special advantage in the gastric affections of infancy and childhood, and seldom fails to relieve the distressing vomiting of pregnancy. In the latter condition, attention should be paid to the state of the bowels, which may require purgation. I do not recommend the pepsine and chicken-broth treatment as infallible, or the complete exclusion of other remedies; but it will often render all other treatment needless.—Yours faithfully,

Bournemouth, Sept. 30th, 1879.

WILLIAM FRASER, M.D.

P.S.—If the process indicated be considered too troublesome, Mr. Allen, a pharmaceutical chemist, of Henry Street, Dublin, can be relied on for supplying a really good wine, very different in its action from most of the common preparations sold under that name.

RECEIPTS FOR CHEAP DISHES.

SIR.—I have seriously taken in hand preparing the penny cookery book you suggested in a recent article. I find I have about twenty tried receipts available; but it has occurred to me that by making known what I am engaged in through your correspondence column, I could get assistance from many of your readers. I shall be much obliged, therefore, for tried receipts for cheap dishes, formed either entirely of vegetable productions, or into which flesh-meat enters in very small proportion. I want especially some good receipts for soups, stews, and mixtures to be fried by dipping in a deep frying-pan of melted fat; also for puddings to be made without eggs. Can any of your readers inform me what is the real nutritive value of Australian and American potted meat? I have a strong suspicion that the muscular fibre has been so altered in the process that it passes undigested through the alimentary canal. If your readers will help me in this project, I think I shall produce an unique cookery book.—Yours, etc., ALEX. W. WALLACE, M.D.

Parsonstown, Ireland, September 30th, 1879.

AN ADVERTISEMENT.

SIR.—I wish to have your opinion of the propriety of the enclosed advertisement, which has appeared in the local paper during the last four weeks.

"To the Poor of Hyde.—Reduced Medical Charges.—Advice and medicine, 1s.; visit and medicine (day-time), 1s.—Dr. Anderton, Surgeon, Great Norbury Street, Hyde."

Mr. Anderton is a member of the Royal College of Surgeons of England and a Licentiate of the Apothecaries' Society of London, and has been practising here some years.—I am, sir, yours truly,

T. * * There can be only one opinion: and the opinion of the profession is so well known, that to pronounce its condemnation is unnecessary, and to publish it in a professional journal is a painful task.

COLONIAL QUALIFICATIONS AND PRACTICE.

SIR.—Would you kindly inform me through the columns of the JOURNAL whether a medical man possessing a colonial medical and surgical qualification, and two medical ones of this country, would render himself liable to any punishment by law if he practised surgery in this country in a general practice, or whether it only disqualifies him from recovering his surgical fees by law? Also, if you know whether the possession of an English qualification entitled the holder to practise in the province of Ontario, Canada, without re-examination before the College of Physicians and Surgeons of Ontario?—Yours faithfully,

MEDICUS.

London, October 3rd, 1879.

* * * The law as to the query in the second part of the letter has been fully set forth in our JOURNAL already. As to the first part of the letter, "Medicus" would, we suppose, be doing what, till further legislation thereon, many singly qualified practitioners are now doing.

MEDICAL CERTIFICATES.

SIR.—Mr. Nourse attempts to solve the difficulty as to payment for certificates of death by recommending us never to fill one in until we have paid a visit to the house of our late patient and satisfied ourselves by personal observation that death has really taken place: we can then charge for the visit. But it seems to me that this mode of escape is provided against by the Registrar-General's later forms of certificates, where a blank space is left for the words "as I am informed", where the medical attendant does not personally know that the patient has really died.—I am, yours faithfully,

G. P.

CORONERS' INQUESTS.

SIR.—Not long since, I was called from my bed to visit a little child who had been taken suddenly ill. It died before my arrival. A coroner's inquest ensued, and a verdict of "Death from natural causes" was returned. The coroner knew of the death within a few hours of its occurrence, and after three days a form of inquest took place. The jury were taken from a cricket-field, and entered the poor woman's house without any previous information. No medical evidence was called, though some of the jury expressed a very decided wish that I should have been present; the constable saying to one of the jurymen, "We can do without the doctor", and the coroner quietly settled all inquiries, saying "I have heard from Dr. C." After the inquest, the coroner was good enough to call upon me, and I was surprised by some of his remarks. "Medical men often expect to be called on inquests when they are not. He had lately a very broad hint—in fact, a rap on the knuckles—regarding expensive inquests. It was the duty of the coroner to use his discretion in the calling of medical evidence, so as to avoid expense, there being nothing

suspicious regarding the case, as the parents were very respectable, fond of the child, and properly cared for it, and that the child died of natural causes."

I was afterwards greatly blamed by the child's relatives in that I was not present, and for the inquest not taking place earlier. We, I presume, have no protection.—I am, sir, yours faithfully,

J. B. C. R.

HYPODERMIC INJECTION OF MORPHIA.

DR. H. H. Kane of New York City, who has for some time past been collecting statistics on the hypodermic injection of morphia, would consider it a great favour if members of the profession who see this and have had experience with the instrument will answer the following questions. 1. What is your usual dose? 2. Do you use it alone or with atropia? 3. What is the largest amount you have ever administered? 4. Have you had inflammation or abscess at the point of puncture? 5. Have you had any deaths or accidents caused by this instrument? 6. Do you know of any cases of opium habit thus contracted? Where there has been a necropsy (5), please state the fact and the results obtained therefrom. All communications will be considered strictly confidential, the writer's name being used only when he gives his full consent thereto. Address all letters to Dr. H. H. Kane, 366, Bleeker Street, New York.

THE TREATMENT OF POST PARTUM HÆMORRHAGE.

SIR.—I would like to mention one way of applying cold in the treatment of *post partum* hæmorrhage that I have found most useful—namely, by the stomach—a most effective way. A tumblerful of cold spring-water, with perhaps a flavouring of brandy, will be most agreeable to the patient, especially just after the second stage is completed, and will act like magic. If the uterus have become filled with clots, they will quickly be expelled. If hæmorrhage be expected, I give this immediately the child is born, and at the same time open the window for two or three minutes, and even take off some of the bedclothes: this adds greatly to the patient's comfort and safety. In the cold stage of collapse, hot water and brandy with egg would be better. I would be glad to know how much pure ether should be given hypodermically in collapse; and also what is the proper hypodermic dose of Langenbeck's solution of ergotine; and whether chloroform tends, as I think, to cause *post partum* hæmorrhage.—Yours, etc.,

THOS. M'CLURE, F.R.C.S.I.

Worle, Weston-super-Mare, Oct. 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; The Wexford Independent; etc.

* * * We shall be greatly obliged if correspondents forwarding newspapers will kindly mark the passages to which it is desired to direct attention.

COMMUNICATIONS, LETTERS, etc., have been received from:—

Dr. J. J. Charles, Dublin; Dr. C. J. B. Williams, London; Dr. James Sawyer, Birmingham; Dr. Markham, London; Dr. W. Fairlie Clarke, Southborough; Mr. Jessop, Leeds; Dr. Fergus, Glasgow; Dr. Wade, Birmingham; Dr. Collie, London; M.D., Manchester; Mr. John Glaister, Glasgow; Mr. H. Morris, London; M.B., M.A.; Juvenal; Mr. John Postgate, Birmingham; Dr. Rutherford, Edinburgh; Dr. Sheen, Cardiff; Dr. Knox, London; Mr. R. W. S. Barracough, Herne Hill; Mr. R. Barwell, London; A Member; Mr. W. Reynolds, Southampton; Dr. E. Williams, Wrexham; Mr. J. H. Wolstenholme, Rhyl; Dr. T. C. Leah, Hyde; Dr. E. C. Seguin, New York; Mr. W. J. Mackie, Bedford; An Associate; Dr. R. MacLaren, Carlisle; Mr. W. T. Grant, Birmingham; M.B.; Dr. C. Meymott Tidy, London; Dr. Lombe Athill, Dublin; Mr. Wm. Adams, London; The Secretaries of the Medical Society of London; Mr. Morton Smale, London; Mr. Teeven, London; Mr. W. G. Clements, Rochester; Dr. T. S. Dowse, London; Subscriber; Dr. Miller, Dundee; J. M. S.; Dr. Mackenna, London; Dr. H. W. Boddy, Manchester; Dr. J. B. Gill, Hastings; The Secretary of Apothecaries' Hall; Dr. Alfred Carpenter, Croydon; Dr. J. Dougall, Glasgow; Dr. Rabagliati, Bradford; Mr. J. Brown, Bacup; The Senior Physician to One of the London Hospitals; Dr. H. Hastings, London; Mr. J. Naish Smart, Bristol; G. P.; Dr. W. G. Smith, Dublin; Dr. J. H. Chapman, Dublin; The Registrar-General of England; Mr. Skelding, Reigate; Dr. De Chaumont, Netley; Dr. H. Lewis, Folkestone; W. G.; The Registrar-General of Ireland; Mr. A. D. H. Leadman, Boroughbridge; Mr. L. S. Thorn, Abergavenny; Mr. R. Lloyd, St. Albans; Mr. M. R. J. Behrendt, Doncaster; Dr. Clifford Albutt, Leeds; Dr. Elder, Nottingham; Mr. C. Priddham, London; Mr. F. Toumlin, London; Mr. S. Campbell, Devonport; Mr. F. W. Lowndes, Liverpool; Dr. Alexander, Hull; Carbo; Dr. J. B. Pitt, Norwich; Dr. A. Duncan, Glasgow; Mr. F. Vacher, Birkenhead; Mr. J. Startin, London; Mr. Weller, Wanstead; Mr. G. E. Stanger, Nottingham; Dr. C. E. Glasco, Manchester; Mr. P. H. White, London; Mr. J. Blackett, London; Dr. H. Dunbar, Greenock; Mr. F. R. Fisher, London; Dr. Vallance, Stratford; Mr. C. H. Hough, Derby; Dr. Bernard Roth, Brighton; The Secretary of the Quekett Microscopical Club; Dr. Shorthouse, Croydon; Mr. R. Bowes, Richmond, Yorkshire; Dr. Tripe, London; Mr. E. Nettleship, London; Mr. Lawson Tait, Birmingham; Mr. F. J. Gant, London; Our Glasgow Correspondent; W. H. D. B.; Dr. Hoggan, London; Dr. Litton Forbes, London; Alpha; Mr. F. W. Jordan, Heaton Chapel; Librarian; Dr. A. M. Cash, Torquay; Dr. E. M. Skerritt, Clifton; Mr. Brodhurst, London; Dr. Woodward, Worcester; Dr. S. H. Munro; etc.

BOOKS, ETC., RECEIVED.

The French Exhibition of Horrors: a Sermon on the Sin of Torturing Animals. By the Rev. John Moffatt. Toronto: Hunter, Rose, and Co. 1879.

Color-Blindness: its Dangers and Detection. By B. J. Jefferies. Boston: Houghton, Osgood, and Co. London: Trübner and Co. 1879.