

## SELECTIONS FROM JOURNALS.

## MIDWIFERY AND DISEASES OF WOMEN.

**SPONTANEOUS EXPULSION OF A FIBRO-MYOMA.**—At a meeting of the Obstetric and Gynaecological Society of Berlin (*Berliner Klinische Wochenschrift*, October 6th), Dr. Eggele related the following case, which had occurred in his practice. A woman aged 32, who had been married four and a half years, but was sterile, and had for nine months suffered from profuse metrorrhagia, consulted him in October 1878 on account of her anæmic condition. Extending about two-and-a-half or three inches above the symphysis pubis, was a tumour belonging to the left half of the anterior wall of the uterus. The sound entered about three inches, somewhat to the right. She was ordered ergotin, liquor ferri, and, when the bleeding ceased, salt baths. On March 6th, the patient again presented herself, and reported that the menses had appeared very profusely on February 20th; and that consequently, by the advice of a female friend, she had on the fifth or sixth day used a hot vaginal injection—first, it was stated, at a temperature of 122° Fahr., and then, as this could not be borne, at 104° Fahr. This was followed by continuous pain in the hypogastrium. On March 16th, prolonged dancing was followed by a renewed loss of blood, and the patient observed that a foreign body was escaping from the vagina. In attempting to remove it, the patient tore away several firm flesh-like pieces varying in size from a plum-stone to a little finger. The mass of the tumour was of the same structure. Dr. Eggele, on March 18th, ascertained it to be a tough irregularly lobed mass, having a multipartite or a folded pedicle, and firmly embraced by the external os uteri. There was abundant discharge of a sero-sanguinolent fluid, smelling like glue. The temperature was slightly raised; the hypogastrium was tender. Ergot, cold bandages, and carbolio acid injections were ordered. During the following days, small portions of the tumour were discharged with much pain; on the morning of the fifth day, the whole mass was thrown off. The patient recovered. Dr. Eggele believed that the hot injections had produced inflammation and softening of the mucous membrane covering the myoma. Dr. Ruge had seen a myoma of the size of an apple thrown off spontaneously on the third day of childbirth.

**UTERUS BICORNIS: DOUBLE PREGNANCY.**—An interesting case of this kind is reported by Dr. E. Goutermann in the *Berliner Klinische Wochenschrift* for October 13th. Frau E., born in 1844, first menstruated at the age of 15, and from that time regularly, but very profusely. She was married in 1869; and in the next six years all her pregnancies, though unattended with any special disturbance, ended in abortion at the third month; the catamenia appeared regularly two or two-and-a-half months afterwards. In September 1875, she again became pregnant, and was delivered in the following June, after an easy labour, of a living and healthy female child. In the end of January 1877, she had another abortion, which was followed by such profuse metrorrhagia as to demand medical aid; this had not occurred in her previous abortions. In November 1877, she again became pregnant, the catamenia having been in the meantime very profuse, but regular in duration (four or five days). On December 30th, she had another abortion, which was attended with labour-like pains, chiefly limited to the right side. In the middle of February 1878, the catamenia returned, and appeared at intervals of twenty-eight days with remarkable intensity; on the first day, large masses of coagula, not having an offensive smell, were discharged. On examining her at the end of March—three months after the abortion—Dr. Goutermann was astonished to find indications, in the enlargement of the uterus and the movements of the fœtus, that she was five months advanced in pregnancy. After consideration, he was led to suspect that the case was one of twin-pregnancy in an uterus bicornis; that one of the embryos had continued to develop itself after and in spite of the extrusion of the other; and that it was the emptied half of the uterus which menstruated. External and internal examination tended to confirm this view, but did not render it absolutely certain. The woman being very fat, the form of the fundus uteri could not be made out by palpation; the vaginal portion was normal, and the os was closed. Exploration with a sound was, of course, not attempted. She was ordered to rest, and to take easily digestible food. In the night of May 12th, Dr. Goutermann was called to the patient. He found the left hand of the fœtus, much swollen, protruding from the genital organs; the back lay forward, and the face to the right side. There were no pains nor hæmorrhage. The fœtus, a male, of about six months and a half, was easily brought into the world, but died some time afterwards. As the pains were insufficient to expel the placenta, Dr. Goutermann attempted to remove it by gentle traction and friction

with pressure over the fundus uteri, but in vain. He then proceeded to introduce his hand, following the course of the umbilical cord. In doing this, he found that the os externum was formed as usual, but that the os internum, with the whole cavity of the uterus, was divided into a right and a left half by a septum. The right half, which had smooth walls and was empty, scarcely admitted the hand; in the left half, the placenta was adherent over the septum. The patient made a good recovery. In August 1879, Frau E. was delivered of a living male child, which presented in the breech-position, from the left division. On this occasion, also, there had been abortion at the second month from the right division, and subsequent menstruation.

## PATHOLOGY.

**COMMUNICATION BETWEEN THE AORTA AND PULMONARY ARTERY.**—At a meeting of the Berlin Medical Society in March, Dr. B. Baginsky exhibited a heart and large vessels, in which there was a direct communication between the aorta and pulmonary artery, the ductus arteriosus being obliterated. He had shown it to Professor Virchow, who was unable to remember having seen anything similar; nor was a similar malformation depicted by Rokitsansky in his Atlas of defects of the cardiac septum. The specimen was taken from a boy aged 4, who had been under Dr. Baginsky's observation almost from birth. When eight days old, the child had symptoms of bronchial catarrh; it had an aphonic hoarse cough, but there was not much dyspnoea. In a few days, Dr. Baginsky examined the heart, and found at various points a large number of systolic and diastolic murmurs, with resistant dulness over the right ventricle, and rather irregular action of the heart. The pulse was irregular. Dr. Baginsky came to the conclusion that there was a malformation of the heart, but of what kind he could not determine. In the course of the succeeding four years, the child had numerous attacks of bronchial catarrh; it grew normally, however, and was strong, but pigeon-breasted. Last year it had nephritis, probably of scarlatinal origin, followed by hæmaturia and afterwards by suppression of urine. In December, symptoms resembling whooping-cough appeared. Convulsions of the whole body took place repeatedly, and the child died. Dr. Baginsky examined the body. The heart weighed 250 grammes (about 8¾ ounces), and was 1½ centimètres (nearly 5 inches) in width. There was considerable hypertrophy of the right ventricle, the wall being 1.4 millimètres thick. The left ventricle was less hypertrophied, but was much dilated. The semilunar valves on both sides were normal. The musculi papillares of the auriculo-ventricular valves were atrophied. The ductus arteriosus was normally obliterated. Between the aorta and the pulmonary artery, there was a communication, about a centimètre in extent, with a thickened and indurated edge. The opening was nearly triangular, and its base was on a level with the upper free edge of the posterior semilunar valve of the pulmonary artery, and about half a centimètre above the free edge of the aortic valves. Professor Virchow was of opinion that the hypertrophy of the right ventricle was probably congenital, and that the dilatation of the left ventricle had taken place after birth. There was parenchymatous nephritis on both sides. The remaining organs were normal.

**THE HISTOLOGICAL LESIONS OF THE MALPIGHIAN BODIES IN NEPHRITIS.**—According to M. Langhans (*Virchow's Archiv*, Band lxxvi, p. 85), the glomerule is that part of the kidney which has been least studied by anatomo-pathologists. In his opinion, everything, or nearly everything, remains to be done; nevertheless, the fibrous transformation of these small organs in renal atrophy, and their amyloid degeneration, are sufficiently well known. The glomerule is composed, as we know, of a capillary tube twisted several times on itself, and surrounded by a fibrous capsule. Three elements susceptible of change besides the capsule are distinguished in it; the glomerular epithelium, the capsular epithelium, and the capillary itself. It contains no connective tissue, or at least Langhans has not been able to discover it. The three elements in question are studied separately in the memoir, both from the purely anatomical aspect, and from the lesion point of view. Finally, all three are susceptible of proliferation in the case of the capillaries. There are nuclei. When the glomerular capsule is inflamed, a quantity of cells, generally of a polyhedral form, are observed between the capsule and the glomeruli, as it happens "in a crowd of catarrhs of the mucous membranes with desquamation of the superficial layers of the epithelium". This is a very common lesion. When it is the capsular epithelium which proliferates, the result is nearly the same; but it appears as if the glomerule was more easily deranged in its function. M. Langhans frequently meets with the two lesions in question, desquamative glomerular nephritis and proliferation of the capsular epithelium. Whether they have any influence on the

functions of the kidney, is not as yet determined. There existed, in one case of classic interstitial nephritis, a curious symptom; the urine was at once very copious and very albuminous. *Post mortem* examination only showed the existence of the first-named change in the kidney. In a second case, capsular nephritis being very advanced, the quantity of urine was much reduced. It is, therefore, evident that it would be unwise to enunciate any conclusions; but these are clinical data useful to bear in mind. Traube insisted on the preponderant part played by the glomerule in renal pathology, but his ideas fell into oblivion because they were not supported by anatomical facts.

#### THERAPEUTICS.

SCILLAINÉ.—Herr M. V. Jarnersted (*Archiv für exp. Pathol. und Pharmak.*, t. xi, p. 22) proposes this name for a new alkaloid, the extract of *Urgenia Scilla*, of which it represents a large part of the active elements. It is a white or yellowish matter, without smell, bitter, slightly soluble in water, ether, and chloroform, very soluble in alcohol. It reduces Barreswil's liquor, and is transformed by heat into a resinous mass, which decomposes easily. It dissolves in concentrated hydrochlorine, to which it gives a bright red tint, vanishing when heat is applied. It also gives a fluorescent brown colour to sulphuric acid, passing to red on the addition of bromide of potassium. This new product, which is the only one meriting the name of alkaloid of squill, has not hitherto been employed in medicine. Experiments made on animals show that, in large doses, it brings on diarrhoea and sickness, and that it exercises an entirely special action on the heart. In the first stage, there is elevation of the blood-pressure, with diminution of the frequency of the pulse; in the second period, there is, on the contrary, diminution of the pressure and increase of the frequency of the pulse. Its physiological effects being exactly those of digitaline, the conclusion is, that the diuretic action of squill can only be produced in cases in which the difficulty of diuresis is in connexion with disorder of the circulation.

#### SURGERY.

WOUND OF THE BLADDER IN OVARIOTOMY.—In a recent number of the *Journal des Sciences Médicales de Lille*, Dr. G. Eustache describes a case where this grave complication occurred during operation, without being followed by fatal results, although the ovarian cyst was suppurating and universally adherent. The patient was a single lady aged 43, who had observed a gradual increase in the size of her abdomen for six years, commencing in an attack of severe pain in the right iliac region. The abdomen at length became very large, and frequent attacks of pain and feverishness, dyspnoea, tenesmus, and oedema of the lower extremities, supervened. The urine was also highly albuminous. She was tapped; but the peritoneal cavity soon filled again, so that ovariectomy was performed on May 14th. All instruments, sponges, and towels used for the operation were previously soaked in a five per cent. solution of carbolic acid; and the spray was employed. In making the abdominal incision, the bladder was wounded; urine, taken at the time for ascitic fluid, escaping from the lower extremity of the wound, which was about five inches above the symphysis. The cyst was tapped and detached from its adhesions with considerable difficulty; the spray was then discontinued—for what reason we are not informed. The pedicle was secured by a stout wire twisted round it, and a silk ligature was tied very tightly below it; then the tumour, a multilocular cyst of the right ovary, was cut away. Two catgut ligatures were applied to the omentum. After the peritoneal cavity was sponged out, the bladder was found to have been wounded by an incision nearly an inch long below the anterior peritoneal reflexion. The wound was sewn up by three catgut sutures passed through all the coats of the bladder, including the mucous membrane; the ends of the threads were cut short. On beginning the closure of the abdominal walls, the spray was again employed. The intestines had previously been protected by small pieces of flannel soaked in a solution of carbolic acid. The ends of the ligatures of the wounded omentum were brought out through the upper part of the incision; the pedicle was brought into apposition with the lower; the wire was removed; and, to prevent retraction, a pin was passed through the pedicle and the integument on each side of it. A drainage-tube was placed above the pedicle, and a second below it. On the second day, urine was passed freely and without pain. On the sixth day, the omental ligatures came away; black, sanious, stinking discharge escaped from the drainage-tube. On the ninth day, the pin was removed from the pedicle, which was sloughy. The drainage-tubes were removed on May 27th, and the pedicle came away on the sixteenth day. After an attack of bronchitis, the patient recovered completely, with no difficulty in performing micturition. The urine had been quite clear from the first. The success-

ful issue of this case is highly satisfactory, considering the serious nature of the injury and the other complications. Some of the details of the treatment would have been arranged otherwise by English operators of the present period; but, from the paper itself, it is clear that great precautions were carried out by the operator in the after-treatment.

## REPORTS OF SOCIETIES.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, OCTOBER 28TH, 1879.

JOHN ERIC ERICHSEN, F.R.C.S., F.R.S., President, in the Chair.

#### REPORT OF COMMITTEE ON THE TREATMENT OF PERSONS APPARENTLY DROWNED.

A BRIEF preliminary report was presented by the Committee appointed to investigate the subject of suspended animation, and the comparative merits of the method at present used by the Royal Humane Society and that proposed by Dr. Benjamin Howard of New York for the recovery of persons apparently drowned. Owing to the difficulty of obtaining subjects suitable for experiments, the Committee were unable to present a final report to the Society. They had, however, compared Dr. Howard's method with that recommended by the Royal Humane Society in a series of experiments on two subjects, in order to determine by which method the greater quantity of air could be introduced into the lungs. The results were as follows. In the first subject, a woman aged 56, moderately fat, five feet four inches in height, dead five days, with no rigor mortis nor signs of decomposition, the average of ten experiments by Dr. Howard's method gave 6.1 cubic inches; while the average result of ten experiments by the Royal Humane Society's method was 9.1 cubic inches. In the second subject, a man aged 35, well-developed, very muscular, killed by accident twenty-eight hours previously, ten experiments by Dr. Howard's method gave an average of 7.5 cubic inches; and ten experiments by the Royal Humane Society's method, 10.7 cubic inches. The Committee were of opinion that Dr. Howard's suggestions as to the following points were very valuable, and might be adopted with advantage: 1. The removal of fluid from the air-passages and stomach; 2. The position of the head and trunk during the performance of artificial respiration. The more fully extended position of the head as advised by Dr. Howard was preferable to that of the Humane Society, inasmuch as it secured greater patency of the superior aperture of the larynx, and was less likely to offer any impediment to the ingress or egress of air.

The PRESIDENT called attention to a point on which much stress was laid by Dr. Howard—the necessity of keeping the glottis patent. In the process followed by the Royal Humane Society, there was no provision for preventing the occlusion of the glottis by mud, ooze, etc., in drowning; and, in cases where anaesthetics were used, the tongue was liable to roll back into the pharynx. Nothing was easier than to scoop out the mud and ooze, and to draw forward the tongue. This would often excite inspiration. In cases of artificial respiration during anaesthesia, pulling forward the tongue was regarded as essential; and it should also be tried in cases of apparent death from drowning. The mode of carrying the apparently drowned on a bier or litter, with the head thrown back and the chest compressed, was faulty. If they were carried in the prone position, with the head downwards, the slime and ooze could escape; and the holding backwards of the arms would facilitate the entrance of air into the chest.—Mr. CLOVER said that, in advanced narcosis from anaesthetics, the muscles of the tongue were relaxed, and a kind of valve was formed, which allowed air to pass out of the lungs, but not to enter them. In such circumstances, artificial respiration did more harm than good, by emptying the lungs of air and favouring a rush of blood to the heart. It was not of much consequence that Howard's method gave less air than Silvester's; very little air was sufficient.—Mr. SAVORY said that, in a former investigation made by a Committee of the Society in 1862, the amount of air varied from nine to forty-four cubic inches. It must also be remembered that it was often necessary to remove water from the lungs. Silvester's method was preferable to Howard's as regarded time.—Mr. HOLMES thought that Dr. Howard's method was more easily learned than Dr. Silvester's by person's uninstructed in other respects. He considered also that Dr. Howard's method had an advantage in favouring the escape of mud and slime. He hoped that the Committee would consider the matter in its practical as well as in its scientific aspect. He agreed with Mr. Clover that a small amount of air was sufficient.—Mr. HULKE had tried both methods, and preferred that of Dr. Silvester as bringing the patients round more quickly, and as being more easy of application.

## ASSOCIATION INTELLIGENCE.

## 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 OF IRELAND BRANCH.

THE fourth annual meeting of this Branch will be held at the Royal Cork Institution on Saturday, November 8th, at four o'clock P.M. An address will be delivered by the President, JAMES A. EAMES, M.D.

Business to be transacted:—Election of officers for 1880; election of new members; report of Council.

Dinner at 7 P.M., at Lloyd's Hotel. Charge, 7s. each, exclusive of wine.

Members intending to be present are requested to notify the same to Dr. P. J. CREMEN, Camden Place, on or before November 4th.

P. J. CREMEN, M.D., } *Honorary Secretaries.*

T. G. ATKINS, M.D., }

Cork, October 28th, 1879.

## SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT.

A MEETING of the above district was held at the Castle Hotel, Hastings, on Friday, September 26th: Dr. B. H. ALLEN in the Chair. Nineteen members and visitors were present.

*Communications.*—The following communications were read.

1. Dr. Allen: Remarks on Provident Dispensaries.
2. Mr. Gabb: Case of Psoriasis followed by Varicella.
3. Dr. J. Williams (London): On Antiseptics in Midwifery.
4. Mr. Campbell: Case of Perineal Section.
5. Mr. Crothers: Davos; the effect of its Climate on Pulmonary Affections.

*Next Meeting.*—The next meeting will be held at Lewes at the end of November, Mr. R. Turner being nominated as Chairman.

*Dinner* at the Castle Hotel followed the business proceedings.

## NORTH OF ENGLAND BRANCH: AUTUMNAL MEETING.

THE autumnal meeting of this Branch was held in Bishop Cosin's Library, Durham, on Tuesday, September 23rd, at 2 P.M.; there were present the President, G. H. PHILIPSON, M.A., M.D., in the chair, and forty-three members and three visitors.

*New Members.*—The following gentleman was unanimously elected a member of the Association and Branch: Hugh Torrington Bowman, M.B., Newcastle-on-Tyne. The following gentleman, being already a member of the Association, was unanimously elected a member of the Branch: Arthur Woolsey Blacklock, M.D., Gateshead.

*Papers.*—The following papers were read.

1. Dr. PHILIPSON, the President, read a paper on Progressive Muscular Atrophy, and recorded the details of a case which he had successfully treated with electricity in the Newcastle Infirmary. The case was remarkable as illustrating the theory that progressive muscular atrophy is a primary muscular affection.

2. Mr. EDWARD JEPSON read notes of a case of Fracture of the Base of the Skull, and exhibited the patient, in whom there was complete loss of sight and partial loss of hearing. The most remarkable feature was that the man had survived.

3. Mr. JEPSON read notes of a case of Amputation at the Shoulder-joint, and exhibited the patient.

4. Dr. GIBSON read an interesting paper on Acute Articular Rheumatism.—The discussion on this paper was adjourned.

5. Dr. T. W. BARRON showed a patient in whom he had Ligatured the External Iliac Artery for Femoral Aneurism. Two attempts had previously been made to cure the aneurism by continuous pressure with the fingers and with the tourniquet, but without success. The deligation of the artery was accomplished without any difficulty, with Lister's antiseptic precautions, carbolised catgut being employed for the ligature. The patient made a very rapid recovery, the temperature never rising more than a degree above the normal.

*Votes of Thanks.*—On the motion of the PRESIDENT, votes of thanks were unanimously passed to the Trustees for the use of Dr. Cosin's Library, and to the authorities of the Durham University for the use of the Castle Hall.

After the meeting, many of the members attended service in the Cathedral.

*Dinner.*—The members and their friends, to the number of thirty-eight, afterwards dined together in the Common Room of the Castle; the President in the chair, and Dr. T. W. Barron in the vice-chair. There were also present the Rev. A. Plummer, Master of University College, and Mr. Arthur Bearlands.

## BIRMINGHAM AND MIDLAND COUNTIES BRANCH: ORDINARY MEETING.

THE first meeting of the session 1879-80 was held at the Queen's College on the 9th inst.: Present, Dr. JAMES JOHNSTON, President, in the chair, and fifty-eight members and visitors.

*New Members.*—Dr. Fitch of Chaddesley was elected a member of the Branch.

*Communications.*—The following communications were read.

1. Mr. TAIT showed two Gall-stones: one in a state of detritus, from a case in which he had performed Cholecystotomy.

2. Mr. TAIT showed an Ovarian Tumour, in which the adhesions were so firm that in removing the tumour he made rents in the edge of the liver and gall-bladder; the hæmorrhage from these was somewhat profuse, but it was ultimately controlled by the application of solid perchloride of iron.

3. Another tumour shown by Mr. TAIT was a Myoma, from the impaction of which in the pelvis a large effusion of ascitic fluid had been produced. He expressed a fear that some damage had been done to an ureter at the time of the operation, and that the patient was not doing well.

4. Mr. HUGH THOMAS showed a specimen of Uterine Hydatids. The patient, aged 21, had miscarried twice previously, and when again advanced to the fourth month of pregnancy had a sanguineous discharge, which lasted upwards of three weeks. She then became jaundiced, and miscarried with a quantity of hydatids, which required much care in completely removing. She subsequently did well.

5. Dr. JAMES THOMPSON showed a Vaginal Speculum of the ordinary Ferguson shape, with a handle attached at a right angle near the outer opening; this he found to allow facility in moving and more convenient than the one in use.

6. Mr. FURNEAUX JORDAN read a paper on a Method of performing Lithotomy.

7. Dr. SAWYER read a paper entitled Therapeutic Notes, in which he drew attention to the value of arsenious acid in the treatment of chorea, and of chloride of calcium in phthisis, and pointed to the important part of diathetic states in the causation of eczema, and the use of ointments of the oleates of zinc and lead as local applications to the diseased skin.

## STAFFORDSHIRE BRANCH: ORDINARY MEETING.

THE third ordinary meeting of this session was held at the Bell Medical Library, Cleveland Road, Wolverhampton, on Thursday, May 29th, 1879; present, E. F. WESTON, Esq., President, in the chair, and fifty-six members.

The meeting, to which the members of the Shropshire and Mid-Wales Branch had been invited, was commemorative of the gift of the Library and of a sum of £1,000, the interest of which is to be yearly spent in the purchase of valuable medical and surgical books of reference for the use of the medical profession of the town and district.

*Address by the Chairman.*—The CHAIRMAN, in opening the meeting, said it was hardly necessary for him to remind those present that their gathering was signalled by a more than ordinary amount of interest and importance. Beyond the pleasurable and instructive character of their meetings generally, with their means of renewing old acquaintances and forming new ones, and their benefits in the interchange of thought and opinions, on cases of interest that were brought before them, they had in connection with the present meeting a circumstance which would make it memorable. That circumstance was the opening of the room in which they were assembled, which, through the liberality of two private individuals, had been built and endowed for the benefit of the medical profession in Wolverhampton and the immediate neighbourhood, and which would henceforth be known as the Bell Medical Library. It was quite impossible for them to mark too thoroughly their high appreciation of the kindness of the two founders of that library,

who had so nobly placed it at the disposal of the medical profession here; and it was impossible to overestimate the advantages that would hereafter be derived from the possession of such a room as that in which they were assembled, which was an addition to the grand hospital by whose side it stood, and an addition of the facilities already in existence in this town for the improvement and advancement of medical and surgical science. The interest of the present meeting was further enhanced by the attendance of members of the neighbouring Branch Association of Shropshire and Mid-Wales, who had accepted the invitation held out to them to come and do honour to the occasion. It might not be inappropriate to touch upon the circumstances under which the new library originated. He believed that some years ago it was thought a library of reference was very desirable to have in connection with the hospital at Wolverhampton; and, after some discussion, the Weekly Board placed at the disposal of the medical staff a room for the purpose; and then Mr. Pugh, a member of the Weekly Board, generously came forward and offered to build a larger room at his own cost; and Mrs. Bell, the widow of a physician, supplemented Mr. Pugh's noble offer by giving a donation of £1,000, the interest of which was to be spent in the yearly purchase of books suitable for a medical reference library. He had no doubt that they were inaugurating for the library a long career of usefulness; and he had great pleasure in moving: "That the hearty thanks of this meeting be accorded to Mrs. Bell and Mr. Pugh for their noble gifts to the medical profession of Wolverhampton and district; and this meeting expresses its opinion that the library is not only a handsome, but in every way a convenient room for the purpose for which it has been erected, and that there cannot be the slightest doubt that year by year its importance will be increased and its usefulness extended."

Mr. R. GARNER seconded the resolution; and it was carried with applause.

**New Members.**—The following members of the Association were duly elected members of the Branch: Alfred Parkes, Esq., Longton; John Cameron, Esq., Bilston; Dr. Horton, Chasetown, near Cannock; Dr. Archer, Birmingham.

**Specimens and Cases.**—The following were exhibited.

1. Mr. LAWSON TAIT exhibited preparations from seven cases of Abdominal Section which he had performed during the preceding ten days; these included five cases of ovariectomy, one case of hydrosalpinx, and one case of extra-uterine gestation. All the cases were doing well, except one of the ovariectomy patients, who had died quite suddenly of valvular disease of the heart.

2. Mr. FOLKER showed a large Tumour recently removed from the posterior aspect of the Right Gluteal Region of a man. The tumour, which was encapsuled, was found to be attached by a short pedicle to the sciatic ligament and coccyx.

3. Mr. SPANTON exhibited Vaginal and Anal Specula, made of porcelain, and lined with platinum plating.

4. Mr. SPANTON also showed an Uterus with Ovaries, the former containing a large Interstitial Fibroid, and the latter a large Multilocular Cystic Tumour, which had been removed three days previously from a widow (aged 46) according to Freund's method. The operation was followed by death.

5. Mr. VINCENT JACKSON brought under the notice of the meeting a man aged 83, admitted to hospital with retention of urine of three days' duration, and due to a very tight organic Stricture of the Urethra. A No. ½ silver catheter was, after a very tedious but careful manipulation, introduced into the bladder and tied in for two days; it was then replaced by No. 2 silver catheter; and the next day this was withdrawn, and Holt's dilator introduced and the stricture split; afterwards No. 12 catheter was easily passed, and has daily been so.

6. Mr. V. JACKSON showed a man, aged 37, admitted to hospital with Obstruction of the Bowels due to a Cancerous Stricture of the Rectum, which had existed for three years, the obstruction having lasted three weeks. A left colotomy was performed, followed by instant relief and no bad symptom.

7. Mr. V. JACKSON exhibited a boy, aged 16, admitted with acute Left Morbus Coxæ of the femoral variety. Counterirritation was applied over the articulation by means of the actual cautery, and when the wound which followed the separation of the slough was healed, a Sayre's splint was fitted to the limb, and, a patten having been fixed to the boot worn on the right foot, he got up and walked with crutches with ease, the foot of the diseased limb being prevented from dropping by being slung.

8. Mr. V. JACKSON exhibited a young woman aged 24, admitted with severe Congenital Talipes Equinus of the left foot. During infancy, all treatment was prevented by the medical attendant telling her mother that cutting the tendons was a serious operation, and might cause death. A perfect cure had been accomplished by incising the tendo Achillis

and afterwards gradually flexing the foot by means of India-rubber cords properly adjusted. Photographs of cases before, during, and after the treatment were exhibited.

9. Mr. JACKSON showed a man aged 19, admitted with extensive Compound and Depressed Fracture of the Right Side of the Skull. Trephining elevation had been performed, and large fragments had been removed. Secondary and uncontrollable hæmorrhage from the middle meningeal artery set in six weeks afterwards. Ligation of the common carotid artery was performed. Recovery was complete.

**Communication.**—Dr. MILLINGTON read a paper, entitled Brief Practical Remarks on the Treatment of Syphilis leading to Miscarriage in Pregnant Women.

**The Poroplastic and Plaster-of-Paris Jackets.**—The meeting adjourned to the theatre of the hospital, where the application of Cocking's poroplastic corset was demonstrated on one of the hospital patients. The facility and quickness with which the corset was adapted were very satisfactory, and an efficient support the result.

Dr. T. J. WALKER of Peterborough showed his method of applying the plaster-of-Paris jacket in the recumbent position. A full description of his plan was given in the BRITISH MEDICAL JOURNAL of March 1st.

### SHROPSHIRE AND MID-WALES BRANCH: ANNUAL MEETING.

THE annual meeting of this Branch was held at the Salop Infirmary, Shrewsbury, on Tuesday, September 30th; JAMES BRATTON, F.R.C.S., President, in the chair.

A large number of members of the Branch were present, and also several Staffordshire members, an invitation having been sent them to attend the meeting and dinner, in return for their hospitality at their recent meeting at Wolverhampton; a few other visitors were also present.

**A Vote of Thanks** to the retiring President was carried unanimously.

**President's Address.**—The PRESIDENT gave an address, in which he alluded to the changes and improvements which had taken place during the fifty years he had belonged to the profession.

**New Members.**—The following gentlemen were elected members of the Branch: E. Cureton, Esq., Shrewsbury; Samuel Butler, Esq., Shrewsbury; T. Chillingworth, Esq., Shrewsbury; and Wm. Aylmer-Lewis, Esq., Oswestry.

**Representatives in the General Council.**—The following gentlemen were elected to represent the Branch at the meetings of the General Council: The President; J. R. Humphreys, Esq.; J. D. Harries, Esq.; and the Honorary Secretary.

**Council of the Branch.**—The following gentlemen were elected on the Branch Council: The President; T. B. Barrett, Esq.; J. Sides Davies, Esq.; Wm. Eddowes, jun., Esq.; H. J. Elliot, Esq.; Dr. S. Tayleur Gwynne; J. D. Harries, Esq.; J. R. Humphreys, Esq.; J. Rider, Esq.; H. J. Rope, Esq.; R. W. O. Withers, Esq.; and the Honorary Secretary.

**Honorary Secretary.**—Mr. Henry Nelson Edwards was reappointed Honorary Secretary and Treasurer.

**Papers.**—The following were read.

1. Dr. CHEYNE: On some of the Results obtained from the Antiseptic Treatment.

2. Mr. WM. EDDOWES, jun.: Notes on the cases of several children who had been struck by Lightning.

3. Mr. H. O. THOMAS of Liverpool demonstrated the method of applying some of the Splints invented by him for the Cure of Disease of the Joints; and several of his appliances were exhibited.

4. Dr. ANDREW gave a short address on Antiseptic Ice Treatment; and demonstrated the readiness with which solutions of several of the substances used in antiseptic surgery become frozen.

**Dinner.**—Members of both Branches, to the number of fifty, dined at the Lion Hotel. The usual toasts were given and responded to, and the intervals were filled up by some very excellent glee singing. The meeting and dinner were most successful.

**LIVERPOOL MEDICAL STUDENTS' DEBATING SOCIETY.**—On Saturday evening, October 25th, the first meeting of the sixth session of this Society was held, under the presidency of Dr. Glynn. Dr. Carter was elected president for the ensuing session. Mr. Prothero read an able and interesting paper on Alcohol, which evoked an animated discussion. There was a large attendance of members. Books or instruments, to the value of eighteen guineas, will be awarded as prizes for papers, reports of medical and surgical cases, debating, and exhibition of specimens during the session.

# UNIVERSITY INTELLIGENCE.

## UNIVERSITY OF OXFORD.

**EXAMINATIONS FOR THE DEGREE OF M.B. AND IN PREVENTIVE MEDICINE AND PUBLIC HEALTH.**—The Regius Professor of Medicine notifies that examinations for the degree of Bachelor of Medicine, both for the first (or scientific) and the second (or practical) portions, and an examination for the certificate in State Medicine and the Public Health, will commence early in December. The days and hours for each examination will be hereafter notified. Intending candidates are requested to send their names to the Professor at the Museum, on or before Friday, November 14th.

## 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 23rd, 1879.

Henslow, Frederick Wakefield Doyle, Wermingay Lynn, Norfolk Sheppard, Charles Edward, Addison Gardens, South Kensington Smith, Robert Percy, Abbey Farm, Belvedere, Kent

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

Newnham, Ernest Edmund, Charing Cross Hospital  
Walker, William Frederick, Charing Cross Hospital

## 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.

**CASTLERA UNION.**—Medical Officer for Castlereas Dispensary District. Salary, £100 per annum as Medical Officer, with £25 yearly as Medical Officer of Health, together with Registration and Vaccination Fees. Election on Nov. 1st.

\***CLAYTON HOSPITAL AND DISPENSARY, Wakefield.**—House-Surgeon. Salary, £120 per annum, with residence, coals, and gas. Application, with testimonials, on or before November 13th.

\***DURHAM COUNTY ASYLUM.**—Assistant Medical Officer. Application, with testimonials, stating age, qualifications, etc., to Dr. R. Smith.

**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.

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

**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.

## MEDICAL APPOINTMENTS.

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

**KRAUSS, Adolphus, M.D.,** appointed Resident Medical Officer to the German Hospital, *vice* Max Altdorfer, M.D., resigned.

**TREVES, Frederick, M.R.C.S.,** appointed Assistant-Surgeon to the London Hospital.

## 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.*

### MARRIAGES.

**LAW—PRICE.**—On the 22nd October, at St. Mary's, Eastbourne, by the Rev. Charles Marshall, M.A., Prebendary of St. Paul's and Vicar of St. Bride's, Fleet Street, uncle of the bride, assisted by the Rev. J. H. Usill, M.A., Incumbent of All Saints, Eastbourne, William Thomas Law, M.D., F.R.C.S. (Exam.), Resident Medical Officer at the Brompton Hospital for Consumption, to Georgiana Charlotte Elizabeth, second daughter of Edwin Plumer Price, Esq., Q.C., Recorder of York, and Judge of County Courts for West Norfolk, and of Lucy, elder daughter and co-heir of John Harrison, Esq., and granddaughter of Robert Harrison, Esq., of Benningholme Hall, Ruisthorpe, county York, and Ripley Court, county Surrey.

**BRYAN—BARKER.**—On October 18th, at St. Peter's, Brighton, by the Rev. L. L. Roxby, M.A., Incumbent of All Saints', Brighton, assisted by the Rev. J. C. B. W. Warwick, M.A., Rector of Astley Abbotts, brother-in-law of the bridegroom, Francis Charles Bryan, Surgeon, Little Hampton, second son of Dr. Bryan, F.R.C.S., Northampton, to Ada Mary, second daughter of Dr. Barker of Brighton.

### DEATHS.

**LEONARD.**—On October 13th, at Rockleigh House, Clifton, \*Crosby Leonard, Esq., F.R.C.S. Edin., M.R.C.S., late Senior Surgeon of the Bristol Royal Infirmary, aged 51.

**SANDWELL.**—On October 23rd, at 10, Charles Street, Soho, W., Mary Jane, the dearly loved wife of Dr. Edward Sandwell, and second daughter of the late James Fernandez Clarke, Esq., aged 37.

**THE SAMARITAN HOSPITAL.**—Her Royal Highness the Duchess of Connaught, having become a Patroness of the Samaritan Free Hospital for Women and Children, has evinced her interest by sending a donation of £25 in aid of the funds.

The Recreation Grounds Committee, Sheffield, have unanimously resolved to recommend the Town Council to accept the offer of the Water Company to sell upwards of five acres of land on Crookes Moor, at £400 per acre, on condition that it is kept as an open space for ever.

**LADY MEDICAL STUDENTS.**—Fourteen new students have joined the London School of Medicine for Women this winter session, making thirty-seven in attendance at the School; and at the Royal Free Hospital, seventy students in all have entered the school since its foundation.

**WEST KENT MEDICO-CHIRURGICAL SOCIETY.**—The first meeting of the twenty-fourth session was held, at the Royal Kent Dispensary, Greenwich Road, on Friday, October 3rd—Mr. A. Roper (president), in the chair. After the officers for the ensuing session (1879-80) had been elected, Mr. Roper vacated the chair in favour of Mr. J. P. Purvis, who delivered an inaugural address, in which he considered the several advances made in surgery, etc.; and then dwelt on vaccination and its prophylactic action, citing the report of the Small-pox Hospital. He then considered the advisability of adopting animal vaccination, and said he hoped the day would not be far distant when the Government would establish animal vaccine stations at various parts.

**ST. THOMAS'S HOSPITAL.**—On the 18th instant, Miss Airy, who has for many years been one of the most popular and respected of the "Nightingale" sisters at St. Thomas's Hospital, was presented with a testimonial from members of the staff and students, consisting of a photographic album, containing portraits of the hospital staff, house-surgeons, and dressers; a handsome time-piece; and a purse containing a sum of money with which to purchase a piano or a harmonium. This testimony of regard and esteem is, as all old St. Thomas's men who have had the pleasure of working in Miss Airy's ward can testify, but a slight mark of their appreciation of the skill and humanity she always displayed in the performance of duties, at all times onerous, and often difficult and complex. The occasion was that of Miss Airy's leaving St. Thomas's Hospital to assume the post of Lady Superintendent of the York County Hospital.

**PUBLIC HEALTH.**—During last week, 3,608 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 22 deaths annually in every 1,000 persons living. It was 19 in Edinburgh, 18 in Glasgow, and 32 in Dublin. The annual rates of mortality in the twenty English towns were as follow: Wolverhampton 15, Bristol 16, Portsmouth 16, Bradford 18, Leicester 19, Norwich 20, Sheffield 20, Birmingham 20, Newcastle-upon-Tyne 21, Brighton 22, Plymouth 22, Hull 22, Nottingham 22, Leeds 22, Sunderland 22, London 23, Salford 24, Oldham 25, and the highest rate 26, both in Manchester and Liverpool. The annual death-rate from the seven principal zymotic diseases averaged 3.3 per 1,000 in the twenty towns, and ranged from 0.0 and 0.7 in Wolverhampton and Plymouth to 5.5 and 5.7 in Liverpool and Newcastle-upon-Tyne. Scarlet fever showed the largest proportional fatality in Bradford, Manchester, Liverpool, Sunderland, and Newcastle-upon-Tyne. In London, 1,561 deaths were registered, exceeding the average by 61, and giving an annual death-rate of 22.5. During the past four weeks of the current quarter, the death-rate has averaged 20.7, against 20.4 in the corresponding period both of 1877 and 1878. The 1,561 deaths included 5 from small-pox, 30 from measles, 79 from scarlet fever, 10 from diphtheria, 34 from whooping-cough, 31 from different forms of fever, and 35 from diarrhoea; in all, 224 deaths, against 230 and 220 in the two preceding weeks. These 224 deaths were 26 below the average, and were equal to an annual rate of 3.2 per 1,000. The deaths referred to diseases of the respiratory organs, which had been 190 and 318 in the two preceding weeks, further rose to 396 last week, and exceeded the corrected weekly average by 82. Different forms of violence caused 58 deaths; 47 were the result of negligence or accident, including 25 from fractures and contusions, 5 from burns and scalds, 3 from drowning, and 11 of infants under one year of age from suffocation. At Greenwich, the mean temperature of the air was 49.4°, and 0.7° below the average. The general direction of the wind was westerly, and the horizontal movement of the air averaged 12.6 miles per hour, which is 1.5 above the average. Rain fell on six days of the week, to the aggregate amount of 0.48 of an inch. The duration of registered bright sunshine in the week was equal to 15 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, 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. 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.

**MONDAY**.—Medical Society of London, 8.30 P.M. Dr. Drysdale, "On the Mortality of the Rich and Poor"; Mr. Rose, "On the Treatment of Fractured Patellæ, by drilling fragments and wiring them together"; Mr. H. A. Reeves, "On the Treatment of some Affections of the Urethra and Bladder in the Female". Odontological Society of Great Britain, 8 P.M. Communications from Mr. C. S. Tomes and Mr. S. J. Hutchinson, etc.

**TUESDAY**.—Pathological Society of London, 8.30 P.M. Dr. F. Taylor: Lymphadenoma. Dr. Greenhow: Rupture of Aortic Valves. Dr. Coupland: Primary Cancer of the Liver. Dr. Crocker: Specimens illustrating the Histology and Pathology of Morphaea. Mr. F. Eve: Lymph-Sarcoma of Pericardium and Mediastinal Glands. Mr. John Wood (for Mr. De la Tour of Christchurch): Colotomy in a Sheep performed by a Parrot. Dr. N. Moore: Calvaria from a Case of Congenital Syphilis. And other Specimens.

**WEDNESDAY**.—Epidemiological Society of London, 8.30 P.M. The President will deliver an Inaugural Address.—Obstetrical Society of London, 8 P.M. Specimens: Solid Tumours of Ovaries, by Mr. C. J. Cullingworth; Parts from Tubal Gestation, by Dr. Godson. Papers: Mr. Lawson Tait, "On a new Method of Operation for repair of the Female Perinæum"; Dr. Matthews Duncan, "On Expression of the Cord".

## 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.

## A MISTRANSLATION.

SIR,—In your number of September 13th, you published on page 16 of the advertisement sheet an advertisement, without signature or address, in favour of a well known bitter water, giving what purports to be a translation of a letter from Professor Virchow of Berlin. The letter, as translated in your columns, is made to say:

"I have known and used the Friedrichshall bitter water for a long time, and experience has proved to me its many excellent properties. Although I do not wish to undervalue the merits of other bitter waters, I feel that, in justice to the bitter waters of Friedrichshall, I must record my opinion that it is the best and most useful of the bitter waters, and as such I can confidently and gladly recommend it."

The actual text in the German is published in full in the *Deutsche Medicinische Wochenschrift* of September 27th, by Messrs. C. Oppel and Co., proprietors of the Friedrichshall spring, and it runs thus:

"Auf ihre gefällige Mittheilung erwidere ich, dass ich das natürliche Friedrichshaller Bitterwasser seit Decennien kenne und anwende und dass ich die vortreflichen Eigenschaften desselben nach wie vor schätze. Es ist nicht meine Absicht gewesen, indem ich mich über ein anderes Bitterwasser günstig aussprach, dadurch das Friedrichshaller herabsetzen zu wollen, und ich bezeuge daher recht gern, dass es mir fern gelegen hat, irgend ein anderes ähnliches Wasser als das unter allen Verhältnissen vorzuziehende und als das absolut beste zu empfehlen.—Berlin, 8 Juli, 1879.—(Gez.) RUD. VIRCHOW."

Of this the literal translation is as follows:

"To your polite communication I reply that for upwards of twenty years (seit Decennien) I have known and employed the natural Friedrichshall bitter water, and that now, as heretofore, I appreciate its excellent qualities. In giving a favourable opinion of another bitter water, I did not intend thereby to depreciate the Friedrichshall water, and I quite willingly affirm that it was far from me to recommend any other similar water as that which is to be preferred under all circumstances, and as the absolutely best.—Berlin, July 8th, 1879.—(Signed) RUD. VIRCHOW."

We must request you to publish this correction of the regrettable mistranslation which has been given currency in your paper, as it is one having an obvious tendency to misinterpret the facts and to injure the Hunyadi János water, in favour of which Professor Virchow's first letter was given, and at which the present unfair mistranslation is unmistakably aimed.—We are, sir, yours truly, the Apollinaris Company, JULIUS C. PRINCE, Secretary.

19, Regent Street, S.W., October 16th, 1879.

**ECONOMY**.—1. If you cannot procure a pipkin strong enough to stand the heat of the fire for the preparation of a *pot-au-feu*, an ordinary iron saucepan, tinned inside, will do. It is better, however, to use a strong earthenware pipkin; and such a vessel should last some time, as after the *pot-au-feu* has once boiled, it should be skimmed, drawn on one side, and allowed to simmer at a very gentle heat on the top of the kitchener, or by the side of the open range. 2. The oil used for fish-frying should not be salad-oil, but ordinary olive-oil, supplied by many grocers and Italian ware-houses for the purpose, at 8s. per gallon. If there be any oil left after the frying is finished, it should be poured into a basin to cool and settle, and when wanted again for frying, should be strained through muslin. It may be used in this way three or four times, if any be left; but the perfection of frying is so to apportion the quantity of oil to the material to be fried, that there shall be none left when the frying is finished.

## THE IODIDE AND BROMIDE OF POTASSIUM IN THE TREATMENT OF EPILEPSY.

SIR.—A short time ago, a correspondent wrote in your columns about the superior therapeutic value of a combination of iodide with bromide of potassium in the treatment of epileptiform diseases. My JOURNAL was laid carefully apart for future reference, but unfortunately in the meantime I cannot lay hands on it. It will, therefore, be a great favour if your correspondent would repeat his information either privately or through your columns. I would be also greatly obliged if he would furnish the dose of each, as well as the data which have brought him to the conclusion that the combination is so much better than the plain bromide.

Epilepsy seems endemic to this district, and I have at present two or three which I would gladly make test cases, and in which the bromide alone has been somewhat disappointing.—Yours, etc., ALEXANDER FERGUSON, M.D.

Peebles, October 8th, 1879.

DR. JOHN ROSE.—Messrs. Salt and Son of Birmingham, Messrs. Mottershead and Co. of Manchester, and the India-Rubber and Gutta Percha Company, 100, Cannon Street, E.C., all supply galvanic batteries well suited for your purpose.

## CREMATION.

SIR.—Could the editor kindly give me the name and address of the secretary of the Cremation Society, and the names of any works published on the subject of cremation, and where they are published?—Yours, J. W. HAMILL, M.D.

Woodlands, Higher Broughton, Manchester, October 1879.

\* The secretary of the Cremation Society is Mr. W. Eassie, C.E., 11, Argyll Street, Regent Street. The reports of the Society, which are very interesting documents, and an excellent monograph on cremation by Mr. Eassie, are published by Smith, Elder, and Co., 15, Waterloo Place.

## HOMES FOR INVALID CHILDREN.

SIR.—In reference to Dr. Coumbe's inquiry in the JOURNAL of Oct. 18th, I can mention a home which would, in my opinion, be very suitable. I allude to a home for invalid children at Cliftonville, Margate, presided over by Mrs. John Moore, a widow lady, who is admirably endowed with qualities to suit her for the care of helpless or invalid children.—I am, sir, yours truly, J. L.

London, October 20th, 1879.

of Plymouth. Mr. William Adams introduced it at the British Medical Association at Bath, and Mr. Fisher has ably advocated its worth in the medical journals. Twelve hundred are already in use, in most instances to the displacement of plaster; and surely Mr. Sayre overrates his influence if he suppose such a mass of evidence can be disposed of by an invective delivered at the request of Mr. Berkeley Hill. The argument is soon summed up: Dr. Sayre, familiar with the use of plaster only, favours plaster; men who know both plaster and poroplastic, favour poroplastic.

One thing the lecture has done: it has decided my future course of action. Hitherto I have gone on quietly, endeavouring only to perfect the manufacture, leaving to others the application; but I now see that in the teeth of the excellent rules given in Mr. Ernst's and Messrs. Coxeter's pamphlets for the application of the jacket, some are ill fitted. I shall, therefore, on my return from Paris (where with M. de Saint Germain I have shortly to demonstrate my method) make a lengthened stay in London, and, whilst there, shall be pleased to give the practical information needed to those members of the profession and surgical instrument-makers interested in the subject. The field is a wide one, as it includes not only spinal but almost every other form of surgical support.—Your obedient servant,

Plymouth, Oct. 20th, 1879.

J. T. COCKING.

#### INFANTILE DIARRHŒA AND SWISS MILK.

SIR,—It strikes me, in reading the remarks of some of your correspondents on the subject of Swiss milk as a food for infants, that the truth lies, as is its wont, *in medio*. We may grant to the uncompromising and somewhat illogical party, which condemns this article of diet because some children do not thrive on it, that given for a prolonged time it is often followed by a bad result, on account, probably, of its large proportion of sugar, and perhaps in some cases of its improper dilution. It is practically known that hand-reared children may become rickety under a protracted course of preserved milk, even though all other circumstances be apparently in their favour. But for a time—say the first three months of life—almost all children do well on it; and though perhaps unnecessary and even unadvisable in the case of the upper classes, who are able to get the best cow's milk and administer it properly, it is valuable to others as a means of giving milk of an uniform strength and quality—an end which is often difficult to attain.

There are innumerable instances of very healthy babies who have had nothing but Swiss milk for the first few months of life, or even longer, as there are of diseased babies who have never had anything but the best cow's milk; and diarrhœa will often occur in an apparently healthy child on any course of diet, to disappear on a change. We want a much more accurate collection of facts than has at present been quoted to justify a general attack on preserved milks, which, properly used, not only appear harmless, but fill a most important place in the substitution-dietary of young children.—I am, yours, etc.,

H. DONKIN.

SIR,—I am surprised to find any protest being made against the use of condensed milk as a food. I have always been led to look upon the introduction of the preparation as a very great blessing to humanity. Differing as it does in its chemical constituents but little from human milk, it is difficult to account for any deficiency in nutrition that may arise from its use. Cow's milk has a larger proportion of fat and casein, but a less proportion of sugar than human milk; the addition of sugar of milk, therefore, scarcely transforms cow's milk into "an unnatural food," as Dr. Neale would have us to believe.

Condensed milk is not only as close a representation of human milk as can possibly be obtained, but it proves in cases which come before our daily notice a diet to be much preferred even to the supply the mother affords. I have used it both at home and abroad extensively, and I can but think that a doubt expressed as to its value must prove misleading to those whose experience has been but limited.—I am, etc.,

GEO. WORTHINGTON, M.K. & Q.C.P.I.

ERRATUM.—In the JOURNAL of October 18th, page 627, column 2, line 9, for "Reeves" read "Treves".

#### TYPHOID FEVER IN ADVANCED LIFE.

SIR,—I read with interest your comment on the death of Dr. Fleming of Glasgow, from typhoid fever, having lately had a well marked case of that disease in my practice, the patient's age being 74.—I am, sir, yours truly,

October 25th, 1879.

J. A. ERSKINE STUART.

AN ASSOCIATE asks for the names of medical men in Devon and West Somerset who receive lunatics into their houses as patients.

#### KALA HIZAR.

SIR,—With reference to your paragraph about "kala hizar" in the "Caro" Hills in the JOURNAL of this date, I wish to say that "kala" is the Hindee for black, and "hizar," or "haize," the Hindee for cholera, so that the "new" disease is most probably a malignant form of cholera. This idea is strengthened by the paragraph below referring to cholera prevalent in the province of Assam during the past season, having been of the most deadly nature. The Jarow Hills are in the province of Assam. This "kala hizar," then, is one and the same disease that is prevalent in Assam, and with which Dr. Cooper is nobly battling.—I am, sir, yours obediently,

GEO. K. POOLE, M.D., Surgeon-Major H.M.I.S., retired.  
Upper Norwood, October 25th, 1879.

SIR,—Those gentlemen who have written to me in answer to my inquiry are thanked for their letters: and, unless answered by me, may consider their place not to suit.—Yours truly,

Narboro', Leicester, October 29th, 1879.

H. G. CARTWRIGHT.

#### HYDROPATHIC ESTABLISHMENTS.

SIR,—From a happy personal experience, I can fully endorse the favourable opinion given in the JOURNAL of August 30th, of Dr. Grindrod's hydropathic establishment here, by Surgeon-General Francis. There is no finer air in England; and the whole surroundings of Malvern are such as to favour speedy and permanent recovery from the debility following disease and accident. My own rapid restoration, after a recurrence of blood-poisoning symptoms from a *post mortem* wound, has been greatly hastened by Dr. Grindrod's careful and scientific application of the hydropathic treatment. Few of us know (and I am ashamed to confess my former ignorance of the fact) that Dr. Grindrod, who has been thirty years at this work, has always eschewed the quackery which has but too often discredited hydropathy, and has employed it, as all enlightened physicians do, only as one means among many of therapeutic treatment. He aims at receiving patients on the advice of their family

medical attendant, and at co-operating with the family doctor in the attempt at cure. For wearied brain-workers (medical men, clergymen, and lawyers especially), I know no safer haven of rest, quiet, and comfort, with the hope of restoration to health on a sound basis, than is afforded in this favourite and most pleasant hygienic home.—I am, sir, yours, etc.,

NORMAN KERR.

Townshend House, Great Malvern, October 15th, 1879.

A WESTERN PROFESSOR thus relieves his overcharged intellect. "Anatomy, physiology, chemistry, botany, and microscopy, have assumed for medicine the morning of a vast and glorious kingdom, whose temple of fame will cope with the hand of war and accompany time through eternity." "This," says the *St. Louis Clinic*, "is certainly a genuine sunflower of rhetoric".

#### HYGIENE OF DWELLINGS.

SIR,—Can any of your correspondents inform me if positive danger to health is to be expected from residence in a cottage, the wooden floors and rafters of which are extensively pervaded by fungous growths of various kinds? Illnesses of somewhat suspicious kind—sore-throats and feverish attacks—have occurred in the family; but I desire further exact information as to the deleterious influence of such circumstances. The house is only three years old; the site is a compact wet clay; but rafters are nearly two feet above the soil, and the under space has abundant ventilation provided.—I am, yours, etc.,

DAVID BRODIE, M.D.

Columbia Lodge, Liberton, Edinburgh, Oct. 16th, 1879.

ERRATUM.—In the paragraph headed "Aberdeen University Court," in the JOURNAL of October 25th, page 668, column 2, the name "Clement Gordon, M.D.," should be "Clement Godson, M.D."

#### THE TITLE OF DOCTOR.

SIR,—Every extra-licentiate of the Royal College of Physicians can confirm what your correspondent "J. F. M." states as to the "title of Doctor being accorded by Colleges of Physicians from their foundation". After the examination for the Extra-Licentiate was passed at the Royal College of Physicians, the successful candidate was immediately addressed as "Doctor" by the authorities and officials of the College. The College of late years has had the sad courage to withdraw the title it conferred, imagining it may play fast and loose at its pleasure, and break its word without discredit.—I am, very faithfully yours,

October 27th, 1879.

EXTRA-LICENTIAE.

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:—

The Regius Professor of Medicine, Oxford; Dr. T. Clifford Allbutt, Leeds; Dr. Alfred Carpenter, Croydon; Mr. Reginald Harrison, Liverpool; Dr. John Davidson, Chester; Dr. A. Grant, London; Meldreth; Mr. G. A. Tunton, Fulham; Mr. J. G. Macaskie, Bury; Dr. Rabagliati, Bradford; Dr. Meredith, Wellington; Dr. G. F. Elliott, Hull; Justus; O. I.; Dr. G. K. Poole, Upper Norwood; Practitioner; R. R. S.; Dr. A. S. Taylor, London; R. N.; Mr. William Sedgwick, London; Mr. Rushton Parker, Liverpool; Economy; Mr. Richard Davy, London; Mr. Edmund Owen, London; A Junior Physician to a London Hospital; One Interested; Mr. F. Toulmin, London; The Secretary of the Odontological Society; M.D.; Mr. G. Eastes, London; The Secretary of the Epidemiological Society; Dr. F. Barnes, London; The Secretary of the Obstetrical Society; Dr. Wm. Roberts, Manchester; The Secretary of the Pathological Society; Mr. Whitehead, Manchester; Mr. A. S. May, Forest Hill; Mr. A. S. Verity, Bridging; Mr. S. Benton, London; Dr. de Pietra Santa, Paris; Mr. J. Hogg, London; The Honorary Secretary of the London School of Medicine for Women; Dr. D. B. Lees, London; Mr. J. Hawkins, London; Dr. G. Parsons, Bristol; Dr. Lush, Weymouth; Nemo; F. A.; A London Undergraduate; Mr. J. L. Green, Salisbury; Mr. J. Butler, Nottingham; Dr. R. Bruce Low, Helmsley; Mr. H. C. Wright, Leicester; Dr. Jas. Gardner, Bath; Dr. Wolfe, Glasgow; E. T. W.; Messrs. Baillière, Tindall, and Cox, London; Messrs. W. H. Smith and Son, London; Mr. P. Mead, Whitby; Dr. F. A. Mahomed, London; etc.

#### BOOKS, ETC., RECEIVED.

Proceedings of the Medical Society of London. Vol. IV: 1877-1879. Edited by F. De Havilland Hall, M.D., and D. H. Goodsall, F.R.C.S. London: J. E. Adlard. 1879.

A Handbook of Physical Diagnosis: comprising the Throat, Thorax, and Abdomen. By Dr. Paul Guttman. Translated from the Third German Edition. By Alex. Napier, M.D. London: The New Sydenham Society. 1879.

The Functional Stage of Granular Kidney. By Robert Saundby, M.D. Birmingham: White and Pike. 1879.

Observations and Comments on Certain Convulsive Disorders. By Henry Day, M.D. London: J. and A. Churchill. 1879.

St. George's Hospital Reports. Edited by W. H. Dickinson, M.D., and T. P. Pick. London: J. and A. Churchill. 1879.

Poems. By W. F. Smith, M.B. Second Edition. London: Smith, Elder, and Co. 1879.

The Riviera: Sketches of the Health Resorts. By Edward I. Sparks, M.A. M.B.Oxon. London: J. and A. Churchill. 1879.

Glaucoma: its Causes, Symptoms, Pathology, and Treatment. By Priestley Smith With Lithographic Plates. London: J. and A. Churchill. 1879.

St. Thomas's Hospital Reports: new series. Edited by Dr. Robert Cory and Mr. Francis Mason. Vol. ix. London: J. and A. Churchill. 1879.