

Association Intelligence.

THIRD LIST OF SUBSCRIPTIONS.

DR. WILLIAMS will feel obliged if the Honorary Secretaries will forward any subscriptions they may have in hand, either to Sir Charles Hastings or himself, not later than the 29th inst., so that they may be published in the JOURNAL.

Worcester, September 4th, 1860.

SOUTH-EASTERN BRANCH:

ROCHESTER, MAIDSTONE, GRAVESEND, AND DARTFORD
DISTRICT MEETINGS.

THE first meeting for the present session will be held at the Bull Inn, Dartford, on Friday, September 28th, at 3.45 p.m. Dinner (punctually at 5.30 p.m.) will be prepared for those who may be able to remain.

Trains will leave Dartford for Rochester, Maidstone, and Sittingbourne, at 8 p.m., and for London at 8.40.

Gentlemen intending to dine, are requested to give an intimation thereof on or before Wednesday, Sept. 26th, to Mr. Culhane of Dartford, Dr. Spurrell of Bexley Heath, or to

JAMES DULVEY, *Honorary Secretary.*

Brompton, Chatham, September 1860.

Reports of Societies.

BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

PHYSIOLOGICAL SUBSECTION.

ON THE NATURE OF DEATH FROM THE ADMINISTRATION OF
ANÆSTHETICS, ESPECIALLY CHLOROFORM AND ETHER, AS
OBSERVED IN HOSPITALS. BY CHARLES KIDD, M.D.

FROM data already collected and tabulated, it appeared not difficult to explain and to offer some new directions as to the nature of death from anæsthetics, a subject of serious importance in medical practice: and the author having collected and tabulated 109 deaths from chloroform and 24 from ether (including 2 from amylene) believes himself in a position to give an explanation of these accidents.

Of these 133 deaths, 90 occurred in male patients; and about half, or 43, were females, though anæsthetics have been largely used in midwifery practice. Accidents in children, too, have been almost unknown, though chloroform has been used in such cases very extensively; this immunity from danger in diseases of children and women being very marked.

There have been already about from 250,000 to 300,000 operations of various kinds performed under the influence of anæsthetics, chiefly under chloroform, including every variety of serious surgical accident; several hundreds of the patients had been, for such very serious operations as resections of joints, large amputations, ovariectomy and other female cases, ligature of large arteries, etc., more than an hour fully anæsthetised; yet in this large mass of serious surgical operations, there had not been any well attested instance of death from stoppage of the functions of life, or narcotism of the system by the chloroform. On the contrary, fully 80 per cent. of the deaths, and nearly all the deaths from chloroform, had occurred in trivial operations, from very small doses, *suddenly* before the anæsthetic had produced its full effect. It was not sought to be argued (though not very clearly established) that death in the human subject might not be produced by long continued inhalation of chloroform; it seemed only established that this was not at all the mode in which death had been observed to occur in hospital practice.

The author suspected that, anæsthesia once established in a favourable subject, respiratory action was diminished, and that inhalation or normal respiration continued on a diminished scale also, almost after the manner of hybernation in warm-blooded animals; but, respiration once disturbed, attended by spasm of the glottis through the recurrent laryngeal nerves, especially in strong healthy but nervous subjects, for trivial operations, as tooth-drawing, whitlow, strabismus, caustic to warts, etc., death might occur, and usually had oc-

curred, from a few drops of chloroform. Nevertheless, a law of tolerance of chloroform had been long established in hospitals, that where a patient was labouring under old disease, pain of a neuralgic kind, etc., he bore chloroform best; patients with long continued stertor had taken thus a pint of chloroform in well regulated doses at a single inhalation; one lady had sixty-two ounces in twelve days for intense pain, with good effect; another, two hundred ounces in six months, also with beneficial result!

The best mode of examining the statistics for future use, according to Dr. Kidd, was twofold: first, inductively; and then by comparing certain large groups of facts loosely one with another, and forming other conclusions deductively for application in every day practice.

Single positive instances, the author thought, did mischief logically in a subject so essentially deductive, as the examination of groups of facts connected with anæsthetics. A single instance in a purely physical science will determine the fixed atomic relations of a salt or oxide, or the diagonal of two forces, or measurements of angles, tangents, or equations, etc.; but in disease and discussions on disease, the single facts are, though positive, so varying and exceptional, the disturbing forces in disease so active and numerous, that we must have recourse to groups of similar facts, or facts tending in a particular direction (statistics), and see how we may reason from what is known to what is still dubious or unknown.

It seemed well established that excitation of certain parts of the excito-motor apparatus in the nervous system, produced contraction or spasm of distant parts, such as bloodvessels, muscles, etc.; thus there are spasms of the parts of the neck, laryngismus, trachelismus, spasm of the glottis, and in actual practice under chloroform these are more to be feared than deep insensibility with stertor.

As to the somewhat casual or accidental nature of some of the deaths from chloroform, there was every year additional proof. Of 45 deaths collected by Dr. Snow, he believed five or six were from fright on the operating-table. Chloroform, it might be remembered, has now to bear the obloquy of all the preliminary mischief in operations formerly placed to the account of something else. It was curious that nearly all the deaths happened before operations, and seldom, indeed never, as the result of a long tedious operation. In 85 deaths classified, 17 were operations for hæmorrhoids, fistulæ, etc.; 14 were operations for removal of toe-nail, necrosed finger-bone, etc.; 10 were cases of tooth-extraction; 11 were operations for removal of tumours and such like; 9 were deaths in minor amputations; 6 were strabismus operations, cysts of eyelids, etc.; 9 were operations on the testis; 5 were reduction of dislocations; 1 was hernia; and 5 were delirium tremens. The broad general fact that, in 300,000 operations of all kinds, chloroform had decidedly saved 6 to 10 per cent. of lives, also tended to show that the cause of death was of a casual nature.

Looking broadly at the facts, it was found by the author that the deaths from chloroform were all sudden, and many of the nature of "fit". Chloroform has a powerful irritant action on the pneumogastric in the lung; and a like irritation by electricity, as now known, stops the action of the heart. Hence syncope may possibly occur, if this irritation or spasm of the pneumogastric and laryngeal nerves be reflected to the heart.

Chloroform, as a general fact, had had a good effect on the general result of operations in surgery. Where it has acted badly, as shown by statistics, it has probably been from a tendency of patients themselves to put off surgical operations too long, changing primary into bad secondary operations. Probably 10 per cent. of lives are still directly saved by chloroform yearly (comparing the present surgical death-rates and those in existence immediately prior to the discovery of anæsthetics in 1846). This showed, according to the author, that the cause of deaths from chloroform must be also of a casual or accidental nature, rather than as arising *ex necessitate rei*. A large number (one-fourth) of the patients also in whom death had occurred had taken chloroform before with perfect safety; one patient, a hundred times. This also corroborated the view that the cause of death is more of a casual nature than due to idiosyncrasy or the general tendency of anæsthetics.

This fact of deaths from chloroform occurring in trivial operations, and early in the administration, or in the stage of excitement, had been remarked by all the chief observers—M. Robert of Paris, M. Denonvilliers, Mr. Paget, Dr. Snow, etc. It was believed to be due to diseased heart; but this opinion had not been borne out by any group of facts; while there was the larger negative clinical fact that hundreds of surgical patients with diseased heart have had chloroform with entire

safety; and that, in by far the largest number of cases of death, the heart was healthy, and the symptoms were referrible to the brain. Thus, in 18 deaths, the only instances where *post mortem* or other examination has shown any lesion, 5 deaths were the result of delirium tremens; 8 had cysts in the brain, meningitis, etc.; 2 had chorea; and there were only 3 where traces of diseased heart were suspected or found. Then, of 45 deaths collected by Dr. Snow, he believed 6 were from fright or emotional depression on the operating-table, evinced by intense nervousness; while, as regards the 24 deaths from ether, they seem to have occurred from extreme muscular relaxation, exhaustion, and hæmorrhage, favoured by this condition, after, not before, operations.

There had been probably twice as many patients saved from impending death by chloroform by proper restoratives, as the number that have succumbed to its influence. All these restoratives have been directed to excite the brain and reflex system of nerves; and it is to be feared some patients were lost by venesection, used on the theory of fatty or obstructed heart. The author had found that intoxication, or delirium tremens, and hysteria, strongly contraindicate the use of chloroform; and a fact of a very curious kind, belonging to the same category, had been somewhat recently dwelt on in the battles of the Crimea, in India, at Solferino, etc., that all nervous frightened prisoners are acted on with much difficulty, and not without danger, by chloroform; excess of emotion acting like excess of sensation, necessitating very large doses of anæsthetics—a state of “exaltation of sensibility” not very far removed from that which causes spasm of the glottis, tracheismus, etc., in fatal cases. As to delirium tremens, Dr. Snow does not seem to have suspected it; but of 45 deaths, the author collected (independent of suicide cases, all through these researches omitted), he finds 9 cases probably due to intoxication or delirium tremens, though some were put down to other affections or surgical operations.

In ten cases very carefully described by accurate observers, in four there was evident sign of the heart still beating, though the respiration had ceased—one by Langenbeck; one by Mouatt in the Crimea, the single case of accident there (“death from removal of finger; patient became violent; spasm of larynx occurred; heart’s action continued even after pulse and respiration”); and two others; so that it is not impossible that, if this phenomenon were watched, it would be detected more often. It appeared to the author, indeed, that we should never be safe in chloroform administration, if the heart, as he believes it to be, were not one of the *very last parts*, if not the last, to be depressed by chloroform; he rather feared implication of the respiratory tract, in the laryngeal nerves, *nœud vitale*, pneumogastries, etc., and a disturbance of their delicate balance.

The chief conclusions arrived at were—

1. There is little, if any, benefit in choosing ether in preference to chloroform, as an anæsthetic. In “ether mixtures”, the ether is first inhaled pure. Ether is to be especially avoided where we have excessive hæmorrhage or muscular relaxation to fear; though in such cases as reduction of dislocations, and in midwifery, it has some points in its favour, but not in the shape of mixture with chloroform.

2. There is less cause of apprehension in administration of anæsthetics in the cases of children and females, and in serious surgical operations, provided the anæsthetic is administered skilfully, than in the cases of men of robust frame, especially if given to intoxicated habits, or the operation be connected with tendinous parts, so often followed by syncope without chloroform.

3. All hospital experience tends to corroborate the view that there is a very remarkable “law of tolerance” of chloroform observable in all bad surgical cases. Once the conjunctiva of the eyelids is insensible, the eyelids closed and normal, anæsthesia kept up with ordinary skill, there is a period of safety, with diminution of respiratory action, established almost like hibernation, but which leaves the heart unaffected. That this, rather than a single instance of death from diseased valves and chloroform; that this, seen in tens of thousands of cases, should encourage the most hopeful views on the diffusion of anæsthetics.

4. Idiosyncrasy has probably very little to do with these accidents, if we omit intoxicated habits, hysteria, tendency to “fits”, etc.; so that “*trials d’essai*”, so common hitherto, or placing a patient under several doses of chloroform on previous days to a surgical operation, is a mistake. A patient may have chloroform a hundred times, but die of its effects as surely on the next or hundred and first.

5. There are evidently two modes in which our common anæsthetics may cause death, which require watching; ether, at some distant but uncertain interval during the first twenty-four hours after a surgical operation; but chloroform, like lightning, in an instant, if the inhalation be not stopped. Probably in one-half of the latter cases, at least, the heart, as in asphyxia, is still beating; the action being more like an irritant one on the laryngeal recurrent, and pneumogastric nerves; the other cases are instances of syncope, of convulsive fits, etc.

6. In several cases of death—as in delirium tremens cases, to wit—death occurs because ordinary restoratives do not act, as we have an imperfect reflex and nervous system to work with; but, in all cases of impending death, we are justified in at once having recourse to such means, viz., artificial respiration by pressure, as it acts also on the cavities of the heart; tracheotomy, if we have to fear this form of spasm or asphyxia (the engagement of the double respiratory centre of the pneumogastric being very puzzling under chloroform, but rather of the nature of spasm); sudden cold dashing of water, to wake up the respiratory nerves; fresh air fanned on the face, etc.; too much not to be done at first, as the spasm may subside. Acupuncture of the muscles of the neck is also recommended, so as to irritate the spinal accessory, and phrenic, but not the eighth pair of nerves.

7. Hitherto our experience of this spasmodic irritant condition, and our experience of oxygen gas, galvanism, etc., as restoratives, have not been encouraging; these agents being too irritating, and requiring very exquisite skill to apply them, especially galvanism, which hitherto has only, it is to be feared, done mischief. A better restorative seems to be the injection of warm wine into the rectum, or, as tried in animals poisoned by chloroform, transfusion of any simple saline fluid into the veins, as in the analogous collapse of cholera.

[This abstract was not received until within the present week. EDITOR.]

Medical News.

BIRTHS, MARRIAGES, DEATHS, AND APPOINTMENTS.

* In these lists, an asterisk is prefixed to the names of Members of the Association.

BIRTHS.

Of sons, the wives of—

GENET, Frederick J., Esq., Surgeon, Brompton, on Sept. 16.

*METFORD, J. Seymour, Esq., Clifton, on September 17.

Of a daughter, the wife of—

HUNT, John, Esq., Surgeon, Tachbrook Street, on Sept. 12.

MARRIAGES.

*FITZPATRICK, William H., Esq., of Knotty Ash, Liverpool, to Harriet, only child of the late John W. MULLENEUX, Esq., of Liverpool, at Folkestone, on September 13.

KEATE, Robert W., Esq., Governor of Trinidad, to Henrietta J., daughter of Thomas MURRAY, Esq., of Woodbrook, in the same island, at St. Saviour’s, Paddington, on September 11.

MORGAN, Howel, Esq., Surgeon, to Ann, second daughter of the late Hugh JONES, Esq., of Hengwrcucha, Merionethshire, at Llanfechreth, North Wales, on September 13.

*RAMSDEN, Walter Henry, Esq., L.R.C.P., Park House, Royston, to Catherine, youngest daughter of the late John KAYE, Esq., of Prestwich, on September 12.

DEATHS.

GODDARD. On June 26th, at Brisbane, Australia, aged 22, Leonard, eldest son of L. M. Goddard, Esq., Surgeon, of Clerkenwell.

MAGRATH, Nicholas, M.D., Surgeon Royal Navy, at Guernsey, aged 57, on September 10.

APPOINTMENTS.

MAUNDER, C. F., Esq., elected Assistant-Surgeon to the London Hospital.

PASS LISTS.

APOTHECARIES' HALL. LICENTATES admitted on *Thursday, September 13th, 1860* :—

BENNETT, Charles Henry, College House, Hammersmith
The following gentlemen also, on the same day, passed their first examination :—

BECK, William R., Great Russell Street
HOLMAN, Henry, Crediton, Devon

SOCIAL SCIENCE CONGRESS AT GLASGOW. As the day approaches for the commencement of the present year's congress of the members of the Social Science Association, the 24th inst., at Glasgow, public interest increases, as is shown by the numerous applications for members' and associates' admission tickets. The Right Hon. Lord Brougham will preside; the Hon. the Lord Provost of Glasgow, Sir Archibald Alison, Bart., D.C.L., Sheriff of Lanarkshire, and the Very Rev. Principal Barclay, D.D., will officiate as vice-presidents; and the Lord Advocate, Sir James Kay Shuttleworth, Bart., the Hon. Arthur Kinnaird, M.P., Viscount Ebrington, and Sir James Emerson Tennent, are the presidents of departments. The order of proceedings has been published, and throughout they seem most satisfactory. On Monday, at two o'clock, the proceedings will be appropriately inaugurated by a service in the cathedral, when the Rev. Dr. Robertson will preach. At five p.m., a dinner party will meet, by invitation of the Lord Provost, in the Corporation Galleries, to which the most eminent men of the time have been invited. At eight p.m., on Monday, the opening address will be delivered in the City Hall by the president. The proceedings of the four succeeding days will be commenced by general addresses to members and associates by the presidents of departments. On Tuesday morning, the Lord Advocate, the president of the Jurisprudence and Amendment of the Law Department, will deliver an address in the common hall of the university, after which the several departments will commence business. The same evening, a conversazione of members and associates will be held, by invitation of the Lord Provost and corporation, in the McLellan Galleries. On Wednesday, Sir James Kay Shuttleworth, president of the Education Department, will deliver an address in the Common Hall; and the same night, a great meeting of working men will be held in the City Hall, at which Lord Brougham will preside, and deliver an address. Other noblemen and gentlemen will also address the meeting. The members and associates will promenade that evening in the Corporation Galleries. Thursday's proceedings will be commenced by an address by the Hon. Arthur Kinnaird, M.P., president of the Punishment and Reformation Department; and in the evening, a conversazione, on the invitation of the association, will take place in the Queen's Rooms. Sir James Emerson Tennent, president of the Social Economy Department, will give an address on Friday morning; and in the afternoon, a public dinner will take place in the City Hall, at which ladies as well as gentlemen will be present. The concluding meeting, which will take place on Saturday, will be chiefly devoted to transacting the business of the association.

MORTALITY OF THE BLIND. At the meeting of the Association for the Advancement of Science, Dr. Elliott presented interesting statistics on the mortality of the blind. From 1,252 cases furnished by Dr. Howe, he constructed a life table, which shows a lower average of life among this class, which he attributed: 1. To inherent deficiency in vital power; 2. Narrow range of employments; 3. Accidents arising from inability to protect themselves. In the north temperate zone, there has been for ages, about the same average proportion of blind people, four or five thousand in every ten millions. Is this essential, or accidental? Dr. Elliott believed it to be accidental, and that it may be guarded against. The causes of congenital blindness are found in general habits of disregard of natural laws. Of those who become blind, the vast majority are born with deficiency of vital power; that is, with the conditions of blindness, which may be developed like any other congenital affection, by circumstances that the healthy subject will resist. The eyes are not easily destroyed, when there is full vital power in the system. Witness workers in mosaic, who show an astonishing power of endurance in the eyes. Men often work in smoke and dust, and wipe out great quantities of ashes and cinders from their eyes at night. In fact, it is almost incredible what wear and tear this delicate organ will sustain. The three chief causes of blindness are, scrofula, a general depraved bodily condition, and intermarriage between

blood relations. Disease seldom destroys sight in persons whose eyes were originally strong. (*American Med. and Surg. Reporter.*)

THE ANCIENT FLORA OF THE NORTH AMERICAN CONTINENT. At the late meeting of the Association for the Advancement of Science, Dr. Newberry gave a sketch of different floras on the North American continent, remarking that the Devonian and Carboniferous floras had been characterised by the prevalence of cryptogamous plants, as ferns, etc.; and that the floras of America during these ages strikingly resembled the European of the same epoch. At the beginning of the cretaceous era, the flora of the continent was revolutionised; the broad-leaved *dicotyledonous* plants were introduced, and the vegetation assumed the general aspect which it wears at the present day. Dr. Newberry concluded by saying, that the aspects of vegetation on America are of an antique type, and that the plants as well as many of the fishes are old fashioned forms.

AMERICAN MEDICAL YEAR-BOOK. Dr. O. C. GIBBS, of Frewsburg, New York, has issued a circular expressing his intention of issuing a yearly volume with the following title: *Year-Book of American Contributions to Medical Science and Literature*. It is designed that part first of each volume shall comprise an arranged and classified summary of, and index to, all the important and original papers found in the various medical journals of this country for the year immediately preceding. Part second will comprise a summary of, and index to, all papers found in the published transactions of the national and the various state and county medical societies. Part third will embrace reviews of all medical books of American authorship published during the year, with a summary of all the novelties in opinion or practice therein. To the above plan and arrangement, such other additions shall be made as time and circumstances may suggest. The first volume will be issued early in the spring of 1861. The work is to contain from 500 to 1000 pages, and furnished at the price of three dollars.

FORMULE FOR CREASOTE. M. Lebert employs a lotion consisting of from one to four parts of creasote to 1,000 of water, as an application in burns, and in putrid or cancerous ulcers; and in the treatment of wounds and ulcers M. Guibert applies charpie, soaked in a mixture composed of four ounces of glycerine and twelve drops of creasote. (*Bulletin de Thérapeutique*, July, p. 26, and *Dublin Hospital Gazette*.)

COD-LIVER OIL INCORPORATED WITH BREAD. Take seven ounces of crumb of bread and toast it slightly; boil it then with one pound of water, and reduce to half; strain and heat again gently until you get a mass resembling gelatine. Add then three ounces of white sugar, and two drachms of isinglass. Take the mixture from the fire and allow it to cool. To four ounces of this mass, add the following compound: cod-liver oil, two ounces; cinnamon water, half an ounce; essence of lemon, twelve drops; the whole to be well pounded in a glass mortar. M. Balsi, who gives this formula, says that the white oil should be preferred, and that it should be recent and of good quality. (*Dublin Hospital Gazette*.)

HEALTH OF LONDON—SEPTEMBER 15TH, 1860.

[From the Registrar-General's Report.]

		Births.	Deaths.
During week		{ Boys.. 890 } 1732 ..	962
		{ Girls.. 842 }	
Average of corresponding weeks 1850-9		1536 ..	1183
Among the causes of death were—bronchitis, 54; pneumonia, 51; phthisis, 123; small-pox, 7; scarlatina, 35; measles, 36; diphtheria, 4; hooping-cough, 25. The deaths from pulmonary diseases (exclusive of phthisis) were 121, being 43 above the corrected average.			
Barometer:			
Highest (Wed.) 30.171; lowest (Sat.) 29.335; mean 29.846.			
Thermometer:			
In sun—highest (Mon.) 116.0 degs.; lowest (Sun.) 83.0 degs.			
In shade—highest (Th. & Fri.) 67.2 degs.; lowest (Wed.) 35.7 degs.			
Mean—52.6 degrees; difference from mean of 43 yrs.—4.6 degrees.			
Range—during week, 31.5 degrees; mean daily, 21.7 degrees.			
Mean humidity of air (saturation = 100), 83.			
Mean direction of wind, S.W.—Rain in inches, 0.08.			

TO CORRESPONDENTS.

ANONYMOUS CORRESPONDENTS should always enclose their names to the Editor; not for publication, but in token of good faith. No attention can be paid to communications not thus authenticated.

Members should remember that corrections for the current week's JOURNAL should not arrive later than Wednesday.

Communications have been received from:—DR. WOLLASTON; MR. W. SANDS COX; DR. A. T. H. WATERS; MR. RICHARD SEPHTON; W. H. W.; MR. J. STREETFIELD; MR. WM. SANKEY; DR. T. FRASER; DR. T. SKINNER; MR. N. CRISP; MR. T. L. PRIDHAM; MR. THOS. T. GRIFFITH; MR. J. V. SOLOMON; DR. E. SMITH; MR. J. POSTGATE; DR. H. DOBELL; DR. HINDS; DR. WHYTEHEAD; MR. W. J. SQUARE; MR. P. C. PRICE; DR. KIDD; MR. A. PRICHARD; DR. T. ROBINSON; and MR. J. S. METFORD.

BOOKS RECEIVED.

[* An Asterisk is prefixed to the Names of Members of the Association.]

1. Urethro-Vaginal and Vesico-Vaginal Fistules: General Remarks. By N. Bozeman, M.D. New Orleans: 1860.
2. Application of the Button Suture to the Treatment of Varicose Dilatation of Veins. By N. Bozeman, M.D. New Orleans: 1860.
3. Cellular Pathology as based upon Physiological and Pathological Histology. By Rudolph Virchow. Translated from the Second Edition of the original, by Frank Chance, B.A., M.B., M.R.C.P. With Notes and numerous Emendations, and illustrated by 144 Engravings on Wood. London: John Churchill. 1860.
4. Chapters on Diseases of the Ovaries, translated by permission from Kiwisch's Clinical Lectures on the Special Pathology and Treatment of the Diseases of Women: With Notes and an Appendix on the Operation of Ovariectomy. By *John Clay. London: John Churchill. 1860.

ADVERTISEMENTS.

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By J. COOPER FORSTER, Assistant-Surgeon to, and Lecturer on Anatomy at, Guy's Hospital; and Surgeon to the Royal Infirmary for Children.

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HUGHES and BUTLER, Medical Booksellers and Publishers, 15, St. Martin's-le-Grand.

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THE NEW MEDICAL ACT. An Address to the Graduates in Medicine, by J. HUGHES BENNETT, M.D., Professor of the Institutes of Medicine in the University of Edinburgh.

Edinburgh: A. & C. BLACK. London: LONGMAN & CO.

THE NEW SYDENHAM SOCIETY.

Frerichs's Clinical Treatise on Dis-

EASES of the LIVER. Vol. I. has already been issued as part of the Series for the Current year. The undermentioned will complete that Series.

Dr. Bright's Clinical Memoirs on

ABDOMINAL TUMOURS and INTUMESCENCE. Edited by DR. BARLOW, and copiously illustrated.

A Year-Book of Medicine and Surgery for 1859.

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ILLUSTRATIONS of DISEASES of the SKIN, copied from those of HEBRA.
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The Council has the pleasure to announce that the Society now numbers 2850 Members.

A few copies of the Five Volumes which constituted the Series for 1859 still remain on hand, and may be obtained on payment of the Subscription for that year.

14, Finsbury Circus, E.C.

JONATHAN HUTCHINSON,
Secretary.

Fourth Edition, just published, price 2s. 6d., by post for 32 stamps.

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London: T. RICHARDS, 37, Great Queen Street.

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—*The Critic*.

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