

the term, is the true Maine Liquor Law. At the present moment, although every facility is given to the poor man to procure any quantity of intoxicating liquor, there are no facilities of a like nature for his procuring nourishing food. What food he gets is notoriously spoiled in the cooking; and the question arises—and we ourselves have often suggested its solution in a like manner—Cannot we provide large cooking establishments, where cheap and wholesome food (the great enemy to intoxicating drink) may be provided for the poor? Mr. McLeod is clearly of this opinion; and he also suggests that here young girls may be trained in the art of cooking. Such methods of reform as these may be very tedious, and require time for the accomplishment of their object; but we feel certain they will prove the only effectual means of checking the preventable drunkenness so commonly met with.

There is a class of drunkenness, however, which cannot be touched by these means—we allude to that which bears the psychological term of dipsomania. Here the objections to legal restraint become reduced to the minimum point, even if they exist at all. We are glad to see that our associate Dr. Alexander Peddie, brought this very important phase of drunkenness before the Congress, and very ably discriminated the cases which should, in his opinion, be rendered the subjects for legal restraint.

“Thus, he averred that, while dipsomania in some instances results from acquired vicious habits, it occurs likewise from an insane transmitted tendency, and is most frequently visited on children for the sins of their parents—especially when the latter have suffered from repeated attacks of *delirium tremens*, or have been confirmed dipsomaniacs, and is sometimes met with even in the offspring during the years of childhood. Dr. Peddie then proceeded to notice, that the affinities of dipsomania to insanity, was further illustrated by the fact, that while several extreme cases of the drinking propensity are found in certain families, there are also found often in the same families marked instances of mental disorder in other forms. Dr. Peddie then stated that when dipsomania occurs from constitutional organisation, the disease is of the worst type—more difficult to manage and more imperatively demanding control than when it has sprung out merely from a vicious habit. With it there is generally more eccentricity of habit and deportment, more perversity of mind and disposition, more untruthfulness and deceit. The victims of it are more unscrupulous in the means which they employ to gratify the ruling passion of existence. When the disease is fairly developed and allowed to take its course unrestrainedly, the moral sense becomes still more perverted, the whole conduct more vicious—in some leading to the commission of crimes which would not otherwise, perhaps, have been perpetrated—and the mental faculties at last become feebler, even until complete imbecility or hopeless mania, is the result. Dr. Peddie further remarked that, in whichever way the disease occurs, the pathological results and mental phenomena are the same. There is impaired volition, complete loss of self-respect and self-control; the sole desire of existence is to obtain stimulating drinks; and, to gratify for one moment the insane impulse, the victim of it would stake even his eternal welfare.”

No physician accustomed to treat such cases would have the slightest difficulty in recognising such forms of drunkenness as simple phases of cerebral disease, and as much requiring restraint as any other form of lunacy. It is true, the number of such cases is not very large; but the misery they produce is not by any means in proportion to their numbers; and at present the law has no power over them, notwithstanding the manifest ruin they bring upon all persons dependent upon them.

For the treatment of dipsomania, Dr. Peddie proposes separate asylums, or sanatoria of a private nature, but subject to inspection, in which patients who offered themselves voluntarily should be treated only so long as they themselves deter-

mined; and, with regard to the compulsory patients, he would give the power to the sheriff to place them under care at the instance of any friend or public board. Of course, such a power would have to be watched narrowly, lest it should impinge upon the liberty of the subject.

There is one weak point, however, in Dr. Peddie's plan, which is common to all schemes for the treatment of patients of this character; namely, “that no one is to be detained longer than is essential to his recovery”. Now, if Dr. Peddie means by this “temporary recovery”, we fear the reformatory process will be of little avail, inasmuch as the paroxysm is pretty certain to return; and the individual would thus spend his time between qualifying himself for the asylum and qualifying himself for society—society, unfortunately, getting the worst of this system of alternation. It may be said, that we should not treat the dipsomaniac worse than a person afflicted with any other form of insanity. But the stages of sanity and insanity in his case are of very much shorter duration than in the other; indeed, the total prohibition of all stimulants is the only method of treatment available with the dipsomaniac; and when the case is confirmed, we do not see that any other means than that of permanent detention would be of much value. We do not deny that there are very many cases in which there is sufficient moral control in the individual to render the threat of temporary incarceration in an asylum effectual; but the larger power of permanent detention would undoubtedly be required in some cases to meet the evil; and we do not think that reformers in this direction should blink the truth. Where reform cannot be counted upon, permanent detention is imperatively called for.

Association Intelligence.

BRANCH MEETING TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
BIRMINGHAM AND MIDLAND COUNTIES. [General Meeting.]	Hen and Chickens Hotel, Birmingham.	Friday, October 19th, 6 P.M.

Reports of Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, OCTOBER 8TH, 1860.

A. B. GARROD, M.D., F.R.S., President, in the Chair.

This was the first meeting of the session. There was a good attendance of members.

ON SOME CHEMICAL QUESTIONS IN CONNECTION WITH DISEASES OF THE LIVER AND THEIR TREATMENT.
BY J. L. W. THUDICHUM, M.D.

Dr. THUDICHUM commenced by referring to a paper on gallstones, formerly read by him before the Society, and published, with illustrations, in the *BRITISH MEDICAL JOURNAL* nearly a year ago. In it he had stated that he had observed, in the centre of some biliary calculi, certain peculiar pathological formations which he interpreted as casts of the biliary ducts; and that this interpretation had been confirmed by many others to whom he had shewn the specimens.

The casts of the biliary ducts, thus described, were found by Dr. Thudichum to contain a large quantity of choleochrome (colouring matter of bile) precipitated in a granular form. The presence of this substance was evidently not due to mere imbibition, but denoted the breaking up of the process by which it had been held in solution in the healthy bile. This

yellow tongue, constipation, sickness and vomiting, headache, yellow appearance of face, and albuginea, he had found the use of blue pill mostly hurtful. Whenever he had been called upon to treat such an attack, his treatment had to deal with the effects of the biliosity and blue pill combined. In cases where such attacks, without previous excesses, become habitual, gall-stones are not rarely developed. He had known two cases to end in phthisis. One, that of a gentleman, married, about forty years of age, was yet under observation. In many cases of phthisis, in which gall-stones are found after death, this habitual biliosity did not rarely precede the disease of the lungs. But phthisis may also produce gall-stone disease.

Lastly, he adverted to the use of soluble phosphates. He had made the observation that bile contains no small amount of phosphate of soda. Without this salt, the assimilation of the fats must be imperfect. Considering, therefore, that the absence of the phosphate may be hurtful, and that its presence never has been found to be so, he was inclined to give it a further trial. It should be given in the food, together with chloride of sodium, or in a dilute solution in water. Since he exhibited before this Society the action of phosphates upon fatty acids, with which they produce an emulsion ready for transition into the blood, he had thought of combining the acids of cod-oil with phosphates, in order to make this substance more generally digestible.

Liebig has long since shown that the most pleasant manner of giving soluble phosphates consists in the administration of beef-tea; but where this extract cannot be had in a quite reliable form, a weighed quantity of the ordinary phosphate of soda, say to the amount of half a drachm or a drachm per day, or more where it is liked and well borne, is preferable.

In bile, soda preponderates over potassa. In the substance of the liver, the proportions are reversed. The relations of these two bases require further study. It is not probable that the one may substitute the other, and *vice versa*; and hence the want of potassa may become a source of disease. It is known that this base prevails in the muscles, soda in the blood.

By thus attacking the liver from all sides, we shall soon succeed in obtaining a surrender of its secrets. This organ can in this way only be stimulated, while it is out of the reach of so-called medicinal stimulants. Torpid liver, sluggish liver, and the like, may be useful practical denominations; but they are not based upon any positive evidence. We much less want cholagogues than we require remedies to appease, subdue, and change the activity of the liver. The organ is accused of much of which it is not guilty. It is by the mouth that most diseases enter; and it is from the insults received from the direction of the intestinal cavity, that this patient and enduring organ—the liver—mostly derives its detriment.

Editor's Letter Box.

THE NEW OPERATION FOR STAPHYLOMA.

LETTER FROM J. V. SOLOMON, ESQ.

SIR,—In the very valuable address on Ophthalmic Surgery delivered by Mr. Square at the recent meeting of the Association at Torquay, that excellent surgeon has fallen into the error of assigning to my friend, Mr. Critchett, the merit of first treating staphyloma by stitching the conjunctiva over the wound made by the removal of the tumour.

This plan was originated by me, and communicated in a letter to Mr. Critchett in May 1857, with a request that he would give it an extended trial at Moorfields. In my letter, I claimed for the operation the following advantages over the old surgical methods:—the prevention of a large loss of vitreous humour; diminished liability to intraocular hæmorrhage; and the preservation of a good stump for the adaptation of an artificial eye. These results have been obtained in all the cases (seven) where I have applied the operation, which I term “the treatment of staphyloma by conjunctival occlusion.” I may remark that temporary conjunctival occlusion forms an important element in an operation which I have devised, and practised with complete success, for the cure of the marked divergent strabismus which sometimes follows a badly performed myotomy of the internal rectus.

I am, etc., J. VOSE SOLOMON, F.R.C.S.,
Surgeon to the Birmingham Eye Infirmary.

New Hall Street, Birmingham, Oct. 9th, 1860.

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—

BUTLER, J. H., Esq., Surgeon-Major Bengal Army, at Haileybury College, on October 3.

* HODGES, Richard, M.D., Rochford, on October 4.

OBRIST, Caspar, M.D., at Kilchberg, near Zurich, on Sept. 24.

PRANCE, R. Rooke, M.D., Hampstead, on October 8.

TANNER, T. H., M.D., Charlotte Street, Bedford Square, on October 4.

Of daughters, the wives of—

ALFORD, Henry J., Esq., Surgeon, Taunton, on October 3.

* NICOL, David, L.R.C.P., Swansea, on October 7.

PARTRIDGE, Richard, Esq., New Street, Spring Gardens, on October 6.

TUKE, J. Kingdon, Esq., Surgeon, Brighton, on October 7.

MARRIAGES.

BAIN, James, M.D., H.M. Bombay Army, to Elizabeth, third daughter of the late Edward PIPER, Esq., of Edinburgh, at Hamilton, Lanarkshire, on October 4.

CURTEIS, Frederick W., Esq., of Wissingen, Kent, to Maria L., eldest daughter of *W. RICHARDSON, M.D., Tunbridge Wells, on October 9.

NELSON, Thomas, M.D., R.N., to Jane, second daughter of Commander G. F. MAURICE, R.N., of Islington, at Holloway, on October 4.

DEATHS.

CLARK. On October 6th, at Sutton, Surrey, Eliza, wife of *Willington Clark, Esq.

DEMPSY, Charles, Esq., Inspector-General of Hospitals, at Woolwich, aged 55, on October 5.

FORSYTH. On October 8, at Henley-in-Arden, aged 59, Rosetta M., wife of John Forsyth, Esq., Director-General of the Bengal Medical Establishment, Calcutta.

HARGOOD, Charles B., Esq., Surgeon, late of Battle, Sussex, on October 10.

HORWOOD, William, M.D., of Ridware, Staffordshire, in Holles Street, Cavendish Square, on October 5.

MORRIS, Harvey, Esq., Staff-Surgeon R.N., at New Cross, on October 4.

RATHKE, M., Professor of Zoology and Medicine in the University of Königsberg, of apoplexy, lately.

VENABLES. On October 6th, at Blackheath Hill, Mary Ann, wife of R. Venables, M.D.

WILSON. On October 4th, at Runcorn, Horace, infant son of *H. Wilson, Esq.

PATHOLOGICAL SOCIETY OF LONDON. The first meeting of the Pathological Society will be held at the rooms, 53, Berners Street, on Tuesday evening, the 16th instant, at eight o'clock precisely.

ADULTERATION OF SNUFF WITH LIME. In the Report of the Excise Laboratory at Somerset House, it is stated that, in the manufacture of snuff known as “Irish” and “Welsh, the law permits the use of lime water; and some manufacturers have been in the habit of abusing this permission by using, not lime water alone, which is sufficient for the proper preparation of the snuff, but a thick mixture of that fluid and powdered lime, to an extent constituting an adulteration in its worst form, being physically injurious to the consumer, as well as a serious fraud on the revenue. It is not easy to suppress this practice, from the fact that a certain but undefined amount of lime is necessary in the manufacture of the snuffs in question; it being consequently difficult to obtain a conviction upon an analysis of the finished article. Within the past year, however, two manufacturers have been detected in the act of adding large quantities of a thick mixture of lime and water to the tobacco-stalks in process of being made into snuff, and have paid penalties in consequence, besides forfeiting the adulterated materials.

UNIVERSITY OF ST. ANDREWS.—MEDICAL EXAMINATION PAPERS. SEPTEMBER, 1860.

THE following were the questions proposed to the candidates for the degree of M.D. at the recent examination:—

First Examination. First Part. To be translated into English. Cognitis indicibus, quæ nos vel spe consolentur, vel metu terrent, ad curationes morborum transeundum est. Ex his quædam communes sunt, quædam propriæ: communes, quæ pluribus morbis opitulantur: propriæ, quæ singulis. Ante de communibus dicam: ex quibus tamen quædam non ægros solum, sed sanos quoque sustinent; quædam in adversa tantum valetudine abhibent. Omne vero auxilium corporis, aut demit aliquam materiam, aut adjicit, aut evocat, aut reprimat, aut refrigerat, aut calefacit; simulque aut durat, aut molliat. Quædam non uno modo tantum, sed etiam duobus inter se non contrariis adjuvant. Demitur materia, sanguinis detractio, cucurbitula, dejectione, vomitu, frictione, gestatione, omnique exercitatione corporis, abstinencia, sudore. De quibus protinus dicam. Give the origins or primary meanings of the following words: Astragalus, Blastema, Condyle, Cysticercus, Hemiplegia, Lithority, Peroneal, and Scaphoid.

First Examination. Second Part. Chemistry. 1. Water boils at 212° F. and freezes at 32° F. Is this statement universally true or only true under certain conditions? What are the corresponding boiling and freezing points in the Centigrade thermometer? Explain the method of converting degrees from one of these scales to the other. Reduce 100° F. to the Centigrade scale and 256° C. to the Fahrenheit scale. In the Arctic Regions would you prefer mercurial or spirit thermometers? 2. What compounds does Oxygen form with Carbon, Hydrogen, Sulphur and Phosphorus, and what are their respective formulæ? 3. Write down the formulæ expressing the composition of Nitre, Borax, Alum and Corrosive Sublimate, and explain the method of obtaining any two of these substances in a state of purity.

First Examination. Third Part. Materia Medica and Therapeutics. 1. Name the principal medicines which are commonly regarded as Diuretics and describe the modes in which they respectively act. Do these substances increase the aqueous portion or the solid constituents of the urine, or both? What effect upon the solid constituents of the urine is produced by copious water-drinking? 2. Are you acquainted with any substances which have the power of checking the general metamorphosis or disintegration of the tissues? If so, describe them; and explain their mode of action, and the cases in which their administration may be of service. 3. Quinine is sometimes adulterated with one or more of the following substances—gypsum, chalk, boracic acid, sugar, starch, and salicine. How would you detect these impurities? Supposing that any other acid had been mixed with Hydrocyanic Acid, how would you detect the adulteration? How would you determine the strength of any given specimen of Hydrocyanic Acid? 4. What is the preparation of Bismuth that is commonly used in medicine? How is it prepared? What are its uses? Describe the symptoms which would lead you to prescribe it and write a Latin prescription, (without symbols or abbreviations) for a draught containing it.

Second Examination. Anatomy and Physiology. 1. Describe the muscles which flex the leg upon the thigh. 2. What parts must be removed to expose the Pterygoid muscles? Describe these muscles, noticing their relations to adjacent structures, the source from whence they derive their nerves, and their actions. 3. Describe the boundaries and contents of the Axilla. (N.B. Candidates who prefer answering this question fully may neglect the two preceding questions.) 4. What are the respective numbers of the temporary and the permanent teeth? State, as nearly as you can, the period at which you would expect the different teeth to appear. Describe the structures which occur in the composition of a tooth. If you have studied Comparative Anatomy you may describe the peculiarities of dentition in the ruminants and in the rodents. 5. Describe the appearance and structure of the Villi, and explain the part which they are supposed to take in the process of intestinal absorption. 6. What are the different refracting media of the eye through which the rays of light must pass before they reach the Retina? Explain how these different media modify the direction of the rays. What are the conditions giving rise to Myopia and Presbyopia? Explain the way in which glasses remedy these defects.

Third Examination. [N.B. In answering the practical questions, the Examiners require every Candidate to specify

the mode of treatment, which he is in the habit of adopting, and the doses of the medicines which he prescribes.] *Medicine.*

1. State what you know of the general doctrines of the Hamorrhagic affections, especially as to their origin, causes, nature and varieties; and name the special hamorrhagic affections. 2. Describe the general principles applicable in the detection of valvular disease of the heart, the diseases to which the valves of that organ are liable, and the means of detecting the particular valves affected, and the nature of the affection. 3. What advantages are gained by a selection of climate for invalids, what affections are likely to be benefited by such selection, and what climates would you select, 1st, for incipient phthisis, 2nd, for chronic bronchitis, in this country and abroad? 4. What are the different forms of Lithiasis, and what treatment would you adopt in each? 5. A robust young man was seized four days ago with headache and shivering. He went to bed and slept well all night, but on the following morning was seized with pain (severe and stabbing) below right nipple, his pulse then became rapid and skin hot. At the period of observation pulse 108, skin pungently hot, tongue covered with a thick white fur, rubbing sound with fine crepitation below right nipple. What disease does the patient labour under? What would your prognosis be? How would you treat such a case? 6. A patient æt. 50 is losing flesh and weight rapidly, subject to headache and palpitation, appetite voracious—urine plentiful; sp. grav. 1.040; sample of urine turned claret colour by liquor potassæ. What is the disease, and how would you treat it?

Fourth Examination. Surgery. 1. What is Iritis? What are its symptoms and diagnostic marks, the results if it proceeds unchecked, and the treatment? 2. What is Hydrocele? Mention its varieties. With what other tumours of the scrotum might it be confounded, and state how it may be distinguished from them? 3. Describe the various forms of the dislocation of the hip-joint. 4. Describe the process of formation of an Aneurism. Mention the methods of treatment. 5. A man falls from a height on the top of his head, and is taken up insensible. On examination no depression or other sign of fracture is found on the surface of the cranium. His breathing is laboured and his eye is insensible to light. He remains unconscious and his urine and fæces are passed involuntarily. At first blood, then watery fluid flows from the ear. Ultimately he dies comatose. What injury has been received? Explain how it has been produced, account for some of the most prominent symptoms. What appearances will probably be found on post mortem examination?

Fifth Examination. Midwifery. 1. Mention the various circumstances which may make it proper to induce premature labour; and describe the different ways in which this may be effected, stating which you would prefer, and why so. 2. Recount the symptoms and signs of pregnancy, stating the circumstances which may in particular cases obscure the diagnosis. 3. What are the points in the history, the symptoms, and the physical signs of a case, which enable us to distinguish Ovarian Dropsy from Ascites? 4. A woman, on the day after a very severe labour, in which turning had to be performed, had a rigor, which recurred from time to time during the next week, being always followed by perspiration, and accompanied by gradually increasing asthenic fever. Her pulse was extremely rapid and feeble, her tongue dry and brown, her skin of a dusky yellowish colour; the lochia were fetid, and the milk suppressed. She became very restless and sleepless, and died before the end of the fortnight, the region of the uterus having been only slightly tender on pressure. What was the nature of her disease, what the morbid appearances to be expected in the dead body, and what treatment ought to have been employed?

HEALTH OF LONDON—OCTOBER 6TH, 1860.

[From the Registrar-General's Report.]

	Births.		Deaths.
During week	{ Boys.. 982	1816	1075
	{ Girls.. 834		
Average of corresponding weeks 1850-9	1465		1101

Among the causes of death were—bronchitis, 75; pneumonia, 68; phthisis, 121; small-pox, 6; scarlatina, 52; measles, 52; diphtheria, 12; hooping-cough, 39. The deaths from pulmonary diseases (exclusive of phthisis) were 157, being 44 above the corrected average.

Barometer:
Highest (Th.) 30.239; lowest (Fri.) 29.942; mean 30.088.

Thermometer:
In sun—highest (Wed.) 109.0 degs.; lowest (Mon.) 66.0 degs.
In shade—highest (Sat.) 65.3 degs.; lowest (Th.) 38.6 degs.
Mean—51.9 degrees; difference from mean of 43 yrs.—1.3 degree.
Range—during week, 26.7 degrees; mean daily, 15.6 degrees.

Mean humidity of air (saturation=100), 85.

Mean direction of wind, W, NW, & SW.—Rain in inches, 0.00.

TO CORRESPONDENTS.

T. L. We believe that you would be exempt from passing the preliminary examination.

Communications have been received from:—MR. P. C. PRICE; DR. P. H. WILLIAMS; DR. LIONEL BEALE; MR. JNO. WORKMAN; MR. KEMPTON; MR. JOHN GRANTHAM; MR. FRASMUS WILSON; DR. WILLIAM ADDISON; MR. AUGUSTIN PRICHARD; DR. ADAM MARTIN; T. L.; MR. HENRY WILSON; MR. HENRY THOMPSON; MR. J. V. SOLOMON; DR. A. T. H. WATERS; MR. JOHN BARKER; DR. G. M. HUMPHRY; MR. HENRY ORMEROD; DR. NICOL; and DR. PEDDIE.

BOOKS RECEIVED.

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

1. The Baths and Mineral Waters of Bath. By *Randle W. Falconer, M.D. Third Edition. London: Simpkin, Marshall and Co. 1860.
2. Report of Cases treated at the Bath General or Mineral Water Hospital, between November 1, 1859, and May 1, 1860.
3. On the Climate of Worthing. By *W. G. Barker, M.B. London: John Churchill. 1860.
4. A System of Instruction in Quantitative Chemical Analysis. By Dr. C. Remigius Fresenius. Third Edition. Edited by J. Lloyd Bullock, F.C.S. London: John Churchill. 1860.
5. A Practical Treatise on Diseases of the Urinary and Generative Organs (in both Sexes). By William Acton. London: John Churchill. 1860.
6. On Organic Polarity. By H. F. Baxter. London: John Churchill. 1860.
7. A Year-Book of Medicine, Surgery, and their Allied Sciences for 1859. London: New Sydenham Society. 1860.
8. Clinical Memoirs on Abdominal Tumours and Intumescence. By the late Richard Bright, M.D., F.R.S. London: New Sydenham Society. 1860.
9. De l'Amputation de la Cuisse dans l'Articulation de la Hanche, avec un Cas de Succès. Rapport lu à la Société de Chirurgie par M. H. Baron Larrey, sur un Mémoire de M. Wm. Sands Cox. Paris: 1860.

ADVERTISEMENTS.

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

A Guide to the Treatment of Diseases of the SKIN: for the Use of the Student and General Practitioner. By THOMAS HUNT, Surgeon to the Western Dispensary for Diseases of the Skin. This edition contains two new chapters; one on the Vegetable Parasites of the Human Skin, the other on Metastasis in its practical bearings.

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All communications in future to be addressed to the Editor.
Copies forwarded post free on receipt of a remittance for the Subscription.

The Diseases of the Breast, and their TREATMENT. By JOHN BIRKETT, F.R.C.S.E., F.L.S., Surgeon to Guy's Hospital. 8vo, 12 plain and coloured Plates, 12s. 6d.

London: LONGMAN & Co.

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An Essay on the History, Pathology, and Treatment of DIPHTHERIA. By EDWARD COPEMAN, M.D. Norwich: HENRY W. STACY. London: JOHN CHURCHILL.

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