

intellects clear; the abdominal organs vigorous; and, in fact, the only thing the mother could see was, that they were of a very "consumptive nature" as regarded food, which, however, seemed to make them sleep heavily, yet restlessly; and they also had the fits. They both confess to always feeling "blown out" after their meals. In case of any worms, they were first ordered a succession of calomel and aloes purges, followed up by the exhibition of male fern. This latter agent expelled no worm; but, on the other hand, fits occurred shortly after its being taken. On the next visit, purgative pills were prescribed at night, with quinine, zinc, and silver, thrice a day; and the liquor pepsinæ after each meal. Of course these meals were ordered to be reduced and made simple. From that time, through a period of between two and three months, no "blowing out", nor night restlessness, nor epileptic fit, took place. They continue well, and are instances of epileptic convulsions occurring in robust bodies from over-charging of the stomach, in which cases all that is wanted is restoration of digestive power.

CASE VIII. Mr. T. J., aged about 70, and who had once before had an attack of apoplexy, had ventured upon an excursion into the country, with two or three of his sons. He was in good health and spirits in the morning, and, before departure, partook of a hearty breakfast of meat and eggs. He enjoyed himself, and felt well appetised after reaching the place of destination by horse-carriage, and dined almost voraciously, and without much chewing, as he was defective in his teeth. He also enjoyed the return home, felt again hungry, and had some roast veal. Before going to bed, he began to feel sensible of the weight at his stomach; but no alarm arose. In the course of the night, his wife remarked that his snoring was remarkably loud and deep, and, on endeavouring to rouse him, she could not succeed. Her experience of the former attack excited her fears. The family were summoned, and first a surgeon, and afterwards myself, were requested to attend. The poor old gentleman was quite insensible, and his eyes fixed. The pulse was slow and full, and the only thing that excited a groan was pressure of the epigastrium. The first appearance and the history of the case reminded me much of that of the late Duke of Wellington—stupefaction supervening upon a heavy meal in an aged subject. Leeches were ordered to his head, and powerful injections by the bowels; while it struck me that the liquor pepsinæ might aid the favourable issue by dissolving any crude food, an emetic not being justifiable, under the impression of cerebral congestion, in so old a man. The leech-bites bled freely; and, while the injections were acting, vomiting also spontaneously occurred, and he ejected from the stomach an immense quantity of solid material, including vegetable fibre, and especially masses of hard gristle belonging to the veal. He was now able for a few times to be got out of bed, but afterwards relapsed into stupor, from which he only partially emerged to move his right hand over his right eye, and groan deeply; while his left arm was paralysed, and his mouth drawn to one side. He was now blistered over the forehead, put under a course of mercury and iodide of potassium, and went on with liquor pepsinæ and spoon-food. His first exhibition of improved consciousness consisted in a desperate warfare of the right hand against the blister; and his first essay in the use of the tongue was in answering "yes" to every possible question. He next observed objects fixedly, but without recognising them. One of his earliest blundering attempts resulted in his calling his wife "the old clock"; and, on another occasion, after attentively studying the face of my watch, he first said "twelve"; then, carrying his finger on to the 1, and 2, and so midway to the 3, he exclaimed, "Twopence halfpenny to 12 o'clock;" and seemed exhausted with the effort. From this condition, however, he gradually and slowly recovered, with the loss of vision in one eye, and some impairment of memory. On my meeting him lately, he lifted his hat and repeated my name. He can walk the streets by himself, and, with care, remains in good health. Though liquor pepsinæ can have no power over the essential nature of apoplexy, yet I believe life may often be saved by its solution of crude food, and maintenance of a sound digestion, while more active means are being carried out.

[To be continued.]

MEDICAL SOCIETY OF LONDON. On this (Saturday) evening, a paper will be read by H. Hancock, Esq., "On a Case of Excision of the Floor of the Acetabulum and Head of the Thigh-bone, where Carious Perforation existed with Pelvic Abscess."

Association Intelligence.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
BATH AND BRISTOL. [Ordinary Meeting.]	White Lion, Bristol.	Thurs., Feb. 19, 8 p.m.
METROP. COUNTIES. [Adjourned Meeting.]	37, Soho Square, London.	Tues., March 3, 4 p.m.

ADMISSION OF NEW MEMBERS.

THE LAWS of the BRITISH MEDICAL ASSOCIATION, with regard to the admission of new members, are the following:—

Any qualified medical practitioner, not disqualified by any bye-law, who shall be recommended as eligible by any three members, shall be admitted a member at any time by the Committee of Council, or by the Council of any Branch.

The subscription to the Association shall be One Guinea annually; and each member on paying his subscription shall be entitled to receive the publications of the Association of the current year. The subscription shall date from the 1st January in each year.

The names of new members should be forwarded to the Secretary, Dr. P. H. WILLIAMS, Worcester; or to any of the Secretaries of the Branches.

British Medical Journal.

SATURDAY, FEBRUARY 14TH, 1857.

THE NEW COUNTERBLAST TO TOBACCO.

THERE is a class of persons who employ themselves with all the energy of despair in raising some cry of alarm, and making everybody about them unnecessarily uncomfortable. They parade their bugaboo with a desperation which ensures a temporary public attention, and, as soon as this dies out, they start another of a still more attractive appearance. The vegetarians would reduce mankind to live upon sky-blue and an apple, or at best an egg; the Maine Law liquor men would legislate all spirituous and malt liquors off the face of the earth; and now we are to have an anti-tobacco-smoking agitation, which is to end in the entire demolition of the "Stygian weed". It is quite clear that this restless class of individuals will not "let a body be", and we may think ourselves lucky if hereafter we are not reduced by them to have our diet regulated by act of Parliament. The anti-tobacco-smoking agitation is the last issue of the not very unpleasant brood, and we believe we are indebted to Mr. John Lizars, of Edinburgh, for the hatching, rearing, and sending it forth in a little pamphlet, termed *Practical Observations on the Use and Abuse of Tobacco*, which has already gone through six editions. Upon taking up this publication the other day, we were certainly not a little surprised at some of the statements therein contained, which are calculated, we must confess, to shake the nerves of all smokers already enervated by the abuse of tobacco. The art of making an immediate and startling impression has, however, its drawbacks. Accuracy of detail and sequential reasoning must be sacrificed to a breadth and startlingness of effect. When the urchin sets up his turnip-ghost in the churchyard, he cares little for the Phidian accuracy of its countenance, so long as its goggle eyes at once prostrate Tommy as he comes round the corner.

ON THE CONTRACTION OF THE BRONCHI DURING INSPIRATION.

SIR,—I have long delayed replying to Dr. Bell's able communication of Nov. 29th, 1856, in which he advances the original idea of bronchial contraction in inspiration, to which I offer the following as explanation; long expecting that, before I did so, some one might have advanced one better.

During inspiration the capacity of the chest is increased in every direction, therefore the bronchi become elongated (in the same ratio as the capacity of the chest is increased), and contraction must necessarily ensue in proportion to the elongation of the bronchi; and I would suggest that, during the elongation and contraction, the air present in the tubes is drawn along towards the air-cells, which could not take place if the tubes dilated during inspiration. It is not unreasonable to suppose that the involuntary muscular fibres, passing from one extremity of the cartilages to the other, may, by their contraction, assist to lessen the diameter of the tubes.

Dr. Bell considers the prolonged expiration in phthisis to depend in a great measure upon the tissue of the lungs being interspersed with tubercle, thus rendering partially inert the elastic tissue of the bronchi, which we suppose to assist in expiration.

I am also led to notice a few remarks made by Dr. Smith in his Second Lecture, published 17th January (page 47). He says: "We have also yet to learn more in reference to the varying capacity of the bronchi, before we can fully account for the continued reception of the usual quantity of tidal air, after the destruction of so large a portion of the air-cells."

My explanation of Dr. Bell's original remarks, together with the knowledge that the bronchi still remain patulous after destruction of the air-cells, will show why the quantity of tidal air varies so little in phthisis from the healthy state, as we should at first be led to expect. And it is very questionable whether what Dr. Smith asserts be true, that the bronchi serve no better purpose than "iron tubes" do to convey water; for, if the bronchi were inelastic, like "iron tubes", they would prevent the alternate expansion and contraction of the chest.

It is true that, in proportion to the diminished vital capacity or degree of expansion of the chest during inspiration, so would the number of inspirations be correspondingly increased also, shewing the amount of healthy surface destroyed, and *vice versa*. The practice of wearing the stays tight, or any other means that may hinder the due expansion of the chest, and thus, according to Dr. Smith, the lessened vital capacity of the chest thus acquired, acts as a great cause of the disease; thus causing an increased number of inspiratory acts to become necessary, much more than would occur if the inspirations were of the full depth. Dr. Smith says: "As the air vesicles are endowed with especial nervous power, there would be special liability to disease." It follows that the part most used, or subject to increased inspiratory action (when the vital capacity is lessened), would be the most liable to disease. And, as Dr. Smith says the lower lobes are most used, it would follow that they should become the first affected with the disease, which is not the case: therefore, as the upper lobes are first affected with deposit, it follows that they are the most used.

Dr. Smith also says: "The direction of the bronchi and trachea is downwards; the direction of the expansion of the chest and of the indrawing of the air is downwards; and the greatest degree of expansion of the chest is downwards, or at the base: and hence it would follow that the air would more readily pass from the trachea to the lowest part of the lungs, and those parts would be most readily distended with air."

I submit that the direction of the bronchi is influenced by the shape of the chest; that the amount of breathing surface and tubes exists in a large amount in proportion to its capacity at the apex, as at the base; but, as the lower lobes are larger, so must the vital capacity or expansibility of that part be likewise increased: but this expansibility is only apparently greater at the base, not actually, when compared with the small size of the apex.

The air-cells of the apex might, *a priori*, be expected to be first filled, the distance from the bifurcation of the trachea being least: and, again, the vesicular murmur is most audible at the apex, thus receiving a greater part of the inspiratory force than any other part, when compared to its bulk.

I beg you will insert these remarks, if you consider them deserving.

I am, etc., J. R.

DR. FELL'S TREATMENT OF CANCER.

LETTER FROM J. W. FELL, M.D.

SIR,—In your article of February 7th, while you state with much candour and perspicuity the prominent features of my mode of treating cancer, you are mistaken when you assert that I employ no general or constitutional treatment. While I admit that cancer is in many cases a local disease, still for its development there must be a predisposition. To remove this, I invariably employ internal remedies; and to the administration of these I impute much of my success in the treatment of these cases. I am, etc., J. W. FELL.

70, Warwick Square, Belgrave Road, Feb. 10th, 1857.

Parliamentary Intelligence.

HOUSE OF COMMONS.—Wednesday, February 4th.

Mr. E. BALL presented a petition from medical officers, praying for relief from the Poor-Law restrictions.

Thursday, February 5th.

POOR-LAW MEDICAL RELIEF.

Mr. RICE asked the President of the Poor-Law Board if it was his intention to propose, during the present Session, any measure on the subject of medical relief.

Mr. BOUVERIE said he had no intention of bringing in such a Bill.

POISONOUS DRUGS.

Mr. BRADY asked the Secretary of State for the Home Department, if it was the intention of Her Majesty's Government to introduce any measure this Session for the better regulation of the sale of poisonous drugs.

Sir G. GREY said it was his intention to bring in such a Bill; indeed, the Bill had been prepared. [*Cheers.*]

Friday, February 6th.

CRIMINAL LUNATICS.

Mr. FLOYER asked the Secretary of State for the Home Department whether it was his intention to take any steps in the present Session of Parliament towards making adequate provision at the public expense for the maintenance and care of criminal lunatics?

Sir G. GREY hoped a beginning might be made in providing such an establishment, but was unable to say whether a vote would be taken in the present Session. Inquiries were being made with regard to the site and the expense.

Medical News.

BIRTHS, MARRIAGES, DEATHS, AND APPOINTMENTS.

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

BIRTHS.

- *COLEBROOKE. On February 9th, at Southborough, Tunbridge Wells, the wife of Henry Colebrooke, M.D., of a daughter.
- *CROMPTON. On February 8th, at Cavendish Place, Manchester, the wife of Samuel Crompton, Esq., Surgeon, of a son.
- DAY. On February 8th, at 38, Kensington Park Gardens, the wife of Charles Day, Esq., Surgeon, of a son.
- MENNIE. On December 27th, 1856, at the Fort, Bombay, the wife of John Mennie, Esq., Assistant-Surgeon H.E.I.C.S., of a daughter.
- NOURSE. On February 9th, at West Cowes, Isle of Wight, the wife of William E. C. Nourse, Esq., of a daughter.
- SQUIRE. On February 1st, at Brightonsea, Essex, the wife of Samuel Nathaniel Squire, Esq., Surgeon, prematurely, of twin sons.

MARRIAGES.

- ARNOLD—WORKMAN. ARNOLD, the Rev. Dr. John Muehleisen, Chaplain to St. Mary's Hospital, to Maria, daughter of Thomas Workman, Esq., of 10, Inverness Road, Bayswater, at St. James's, Paddington, on February 10th.

BAILLIE—GRAHAM. BAILLIE, James, M.D., of Brook Street, to Margaret, daughter of the late James Graham, Esq., of Lancefield, Glasgow, at St. George's, Hanover Square, on February 4th.

BIANCHI—DOUBLEDAY. BIANCHI, Robert, Esq., Surgeon, of 43, Stamford Street, to Catherine, only daughter of the late John Doubleday, Esq., of Long Clawson, Leicestershire, and niece of *Edward Doubleday, Esq., Surgeon, Southwark.

KEYS—KEMP. KEYS, George Francis, Esq., Surgeon, of Warwick Street, Regent Street, to Caroline, widow of John Kemp, Esq., late of H.M. Inland Revenue Office, and Acton, Middlesex, at St. Mary's, North End, Fulham, on Jan. 31st.

DEATHS.

COULL. On January 27th, at Elgin, Mrs. Coull, widow of the late James Coull, M.D., of Ashgrove.

SEAMAN. On January 29th, at Bradford, Yorkshire, aged 69, Mary Ann, widow of the late Charles Seaman, Esq., Surgeon, of London.

WATSON, James C., M.D., H.E.I.C.S., Bengal Presidency, in London, aged 34, on January 27th.

APPOINTMENTS.

***PROPERT,** John, Esq., has been appointed High Sheriff of Cardiganshire.

SANDWICH, Humphry, M.D., late of Kars, has been appointed Colonial Secretary of the Mauritius, in the room of Mr. C. J. Bayley, now Governor of the Bahamas.

VÉLPEAU, M., the celebrated Parisian Surgeon, has been elected a Honorary Member of the Royal Medical and Chirurgical Society.

PASS LISTS.

ROYAL COLLEGE OF SURGEONS. MEMBERS admitted at the meeting of the Court of Examiners on Friday, February 6th, 1857:—

ASKHAM, Henry Francis, Eckington, Derbyshire
BRADSHAW, Alexander Fredk., Bishopsgate Street Within
FULLER, Charles Chinner, Osnaburg Street, Regent's Park
HUNTLEY, William Albert, Brixton
HUTCHESON, Robert William, Eleuthera, Bahamas, West Indies

MACKENZIE, John Thomas, Toronto, Canada West
MASON, Benjamin Earnshaw, Calcutta
MEREDYTH, Adolphe Aschele William Leodore Colomiati, Angers

NOYES, Alfred William Finch, Stokesbay, Gosport, Hants

SCOTT, Walter, Tasmania

SKINNER, Frederick, Hendon, Middlesex

TIMES, Henry Gorsuch, Thayer Street, Manchester Square

At the same meeting of the Court—

EVANS, Richard, passed his examination for Naval Surgeon.

This gentleman had previously been admitted a member of the College: his diploma bearing date the 20th of February, 1850.

HEALTH OF LONDON:—WEEK ENDING FEBRUARY 7TH, 1857.

[From the Registrar-General's Report.]

THE deaths registered in London, which had been in the first week of January 1135, and in the last week of the same month 1209, rose in the week that ended last Saturday to 1368. In the years 1847-56, the average number of deaths in the weeks corresponding with last week was 1180. If this average is raised for the purpose of comparison, proportionally to increase of population, it will become 1298; and hence it appears that the rate of mortality which prevailed last week was higher than the average rate in the beginning of February.

The increase, which the present return shows, on the deaths in January, arises from the recent depression of temperature, which commenced towards the end of that month, and continued till near the end of last week. The weather was generally mild in the first three weeks of the year; the mean temperature was 37°; in the fourth week it fell to 31·2°, and last week it was 32·3°; and on two days since the 28th ult. it has been 12° below the average.

The deaths from diseases of the respiratory organs, the class which more than others rises and falls with the fluctuations of heat and cold, rose last week to 359; they had been for some previous weeks about 280. The average of this class, corrected

for increase of population, for ten weeks corresponding with last week, is 285. The deaths from bronchitis in the last four weeks were 170, 164, 166, and 224. The increase of pneumonia in the last week is much less considerable. Phthisis, which was fatal in the previous week in 146 cases, numbered last week 184. Hooping-cough carried off 61 children; and as regards the extent to which it was fatal, showed little change on recent weeks. A child died of hooping-cough at 2, Church-court, Westminster, being the fourth fatal case of this complaint in the same house. Four children died of measles in the Marylebone workhouse; the total number of deaths from this disease was 38. Only 3 deaths from small-pox were registered last week in London.

The deaths of four nonagenarians were returned; the two oldest of these aged persons, namely, a widow in Queen-street, Ratcliffe, and a lady in Southampton-row, had attained the age of 96 years.

Last week the births of 976 boys and 915 girls, in all 1891 children, were registered in London. In the ten corresponding weeks of the years 1847-56 the average number was 1620.

At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29·762 in. The lowest reading in the week was 29·41 in.; the highest occurred on Wednesday, and was 30·14 in. The mean temperature of the week was 32·3°, which is 5·7° below the average of the same week in 43 years. The mean temperature of Sunday (the 1st), was 24·5°, which is 12·7° below the average of the same day; the *lowest* temperature on Sunday, which was also the lowest in the week, was 20°. The mean daily temperature continued below the average till Friday, on which day it was 42·2°. The *highest* reading in the week was obtained on Friday, and was 47·7°. The range of temperature in the week was 27·7°. The mean dew-point temperature was 29°, and the difference between this and the mean air temperature was 3·3°. The wind blew at the beginning of the week generally from the south-east, on Wednesday from the north-east, and on the last three days from the south-west. Scarcely any rain fell; on Monday and Wednesday there was snow, but of small amount.

MUNIFICENT BEQUESTS. We stated some time ago that the late Sir Hugh Richard Hoare, of Stourhead, Wilts, and Lillingstone Lovell, Bucks, who died on the 10th ult., upon entering his 70th year, in November last, presented £1,000 to the Bucks Infirmary. We have now the pleasure to state that he has, by his will, made the following munificent bequests, viz.: To the poor of Stourton, Wilts, £2,000; Westminster Hospital, £2,000; St. George's Hospital, £1,000; Middlesex Hospital, £1,000; Cancer Hospital, £1,000; Consumption Hospital, £500; Medical College, £500; Sarum Infirmary, £500; Wilts Friendly Society, £500; Society for the Propagation of the Gospel, £500; Corporation of the Sons of the Clergy, £500—making a total of £11,000. (*Oxford Journal*.)

TO CORRESPONDENTS.

LETTERS and other COMMUNICATIONS for the JOURNAL should be directed to the private address of the Editor, 39, Curzon Street, May Fair.

To CONTRIBUTORS. The Editor would feel glad if Members of the Association and others, would cooperate with him in establishing as a rule, that in future no paper for publication shall exceed two pages of the Journal in length. If the writers of long communications knew as well as the Editor does, that lengthy papers *always* deter the reader from commencing them, this great evil would never arise. Brevity is the soul of medical writing—still more than of wit.

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

NOTICE.—DR. WYNTER will feel obliged if the Associates will address all Post Office Orders in payment of Subscriptions, to the Publisher, Mr. HONEYMAN; and he would also feel obliged by their sending all communications respecting the non-receipt of the Journal, to the same address; as both these matters are out of the province of the Editor.

LONGSIGHT. The Royal College of Surgeons of England has no power to prevent a member of the Royal College of Surgeons of Dublin, or any other College, from practising in England.

MR. BARBER's Letter shall appear next week.

Communications have been received from:—DR. JAMES ARNOTT; DR. HAYES JACKSON; MR. T. HOLMES; MR. CHARLES COATES; MR. WALTER JOHN BRYANT; MR. JOSEPH GODDEN; MR. G. REEDAL; MR. JAMES JAMES; MR. CHARLES HASTINGS; DR. BOWER HARRISON; MR. HENRY COOPER; DR. G. WEBSTER; MR. THOMAS NUNNELEY; DR. G. G. ROGERS; J. R.; MR. A. T. H. WATERS; DR. W. O. MARKHAM; MR. R. J. METCALFE; MR. HENRY DUNCALFE; DR. DAVID NELSON; MR. J. V. SOLOMON; MR. GEORGE ROSS; DR. FELL; MR. McDERMOT; MR. EDWARD BARBER; MR. LANCELOT NEWTON; DR. J. R. NICHOLSON; SIR JOHN FORBES; MR. JAMES LONG; DR. RADCLIFFE HALL; MR. JAMES SCHOLFIELD; MR. WESTALL (with enclosures); and DR. EDWARD SMITH.